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Rhode Island Medicaid Fee Schedule

10000 Series Surgery/Integumentary System and Anesthesia

Procedure Code	Procedure Description	Allowed Amount
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	$40.00
01996	DAILY MANAGEMENT OF EPIDURAL OR SUBARACHNOID DRUG ADMINISTRATION	$50.40
03170KV	BYPASS RIGHT BRACHIAL ARTERY TO SUPERIOR VENA CAVA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH	$0.00
03170ZV	BYPASS RIGHT BRACHIAL ARTERY TO SUPERIOR VENA CAVA, OPEN APPROACH	$0.00
041R4JQ	BYPASS RIGHT POSTERIOR TIBIAL ARTERY TO LOWER EXTREMITY ARTERY WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH	$0.00
10004	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION	$30.75
10005	FINE NEEDLE ASPIRATION OF FIRST LESION USING ULTRASOUND GUIDANCE	$74.10
10006	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING ULTRASOUND GUIDANCE	$35.29
10007	FINE NEEDLE ASPIRATION OF FIRST LESION USING FLUOROSCOPICE GUIDANCE	$166.98
10008	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING FLUOROSCOPICE GUIDANCE	$94.12
10009	FINE NEEDLE ASPIRATION OF FIRST LESION USING CT GUIDANCE	$273.27
10010	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING CT GUIDANCE	$164.71
10011	FINE NEEDLE ASPIRATION OF FIRST LESION USING MR GUIDANCE	$0.00
10012	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING MR GUIDANCE	$0.00
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	$49.33
10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$455.52
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE, FIRST LESION	$313.32
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE, EACH ADDITIONAL LESION	$272.45
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	$10.80
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
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

Procedure Code	Procedure Description	Allowed Amount
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	$25.20
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	$25.20
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, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	$30.00
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
11102	TANGENTIAL BIOPSY OF SINGLE SKIN LESION	$57.79
11103	TANGENTIAL BIOPSY OF ADDITIONAL SKIN LESION	$31.17
11104	PUNCH BIOPSY OF SINGLE SKIN LESION	$72.65
11105	PUNCH BIOPSY OF ADDITIONAL SKIN LESION	$35.71
11106	INCISIONAL BIOPSY OF SINGLE SKIN LESION	$87.93
11107	INCISIONAL BIOPSY OF ADDITIONAL SKIN LESION	$42.11
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
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	$23.12

Procedure Code	Procedure Description	Allowed Amount
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
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
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
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
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
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
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
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

Procedure Code	Procedure Description	Allowed Amount
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
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPA	$84.00
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
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
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
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
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	$15.48
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
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
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
11755	BIOPSY OF NAIL UNIT, ANY METHOD	$49.95
11760	REPAIR OF NAIL BED	$53.66

Procedure Code	Procedure Description	Allowed Amount
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
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	$16.80
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	$25.20
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 PELLET 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
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
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	$25.20
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

Procedure Code	Procedure Description	Allowed Amount
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
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
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
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

Procedure Code	Procedure Description	Allowed Amount
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
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
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
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
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
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	$330.66
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
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
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
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENTOF 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
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
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

Procedure Code	Procedure Description	Allowed Amount
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
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
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
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
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

Procedure Code	Procedure Description	Allowed Amount
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION	$84.00
15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S)	$913.11
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE	$568.22
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPOI	$622.71
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
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	$286.07
15770	GRAFT; DERMA-FAT-FASCIA	$281.48
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	$341.59
15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC IN	$107.74
15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR	$344.69
15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR	$104.44
15777	IMPLANTATION OF BIOLOGIC IMPLANT(EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK	$129.83
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
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	$60.00
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	$63.60
15820	BLEPHAROPLASTY, LOWER EYELID;	$255.11

Procedure Code	Procedure Description	Allowed Amount
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
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
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

Procedure Code	Procedure Description	Allowed Amount
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
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
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	$11.62
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
170	THIS IS A CPT CODE (NOT AN ICD-9 CODE), TO BE USEDONLY 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 PREMALIGNAN	$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
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
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM OVER 50.0 SQ	$58.80
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
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

Procedure Code	Procedure Description	Allowed Amount
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
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
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
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	$21.67
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	$25.20
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	$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

Procedure Code	Procedure Description	Allowed Amount
19100	BIOPSY OF BREAST; NEEDLE (SEPARATE PROCEDURE)	$56.00
19101	BIOPSY OF BREAST; INCISIONAL	$84.00
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	$1,030.35
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
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
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT) CONCUR	$97.42
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR FOR INTERSTITIAL RADIOELEMENT	$193.60
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
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
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

Procedure Code	Procedure Description	Allowed Amount
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
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
19499	UNLISTED PROCEDURE, BREAST	$0.00

20000 Series Surgery/Musculoskeletal System

Procedure Code	Procedure Description	Allowed Amount
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL	$25.20
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	$322.60
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	$101.96
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	$124.87
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	$168.01
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISIO	$566.16
20200	BIOPSY, MUSCLE; SUPERFICIAL	$50.40
20205	BIOPSY, MUSCLE; DEEP	$50.40

Procedure Code	Procedure Description	Allowed Amount
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	$43.34
20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	$50.40
20225	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	$33.60
20240	BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	$50.40
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	$84.00
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	$151.20
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	$176.40
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	$25.20
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	$22.70
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	$50.40
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	$100.80
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC; CORTICOSTEROID), CARPAL TUNNEL	$35.09
20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD(IE, DUPUYTREN'S CONTRACTURE)	$46.03
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST	$25.20
20551	INJECTION; TENDON ORIGIN/ INSERTION	$35.09
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	$35.09
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	$35.09
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL	$177.71
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)	$25.18
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	$41.69
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR	$25.18
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	$45.82
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL	$25.20
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	$52.63
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	$31.58
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	$25.20
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	$42.00
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	$42.00
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	$126.00
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	$100.80
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	$100.80

Procedure Code	Procedure Description	Allowed Amount
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY (EG, PEDIATR	$258.62
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	$38.60
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	$80.00
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	$160.00
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	$100.80
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG,	$100.80
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW	$100.80
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	$120.00
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	$580.81
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	$682.98
20700	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P	$50.36
20701	REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$37.56
20702	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	$83.80
20703	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$60.06
20704	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	$87.31
20705	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$71.83
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	$1,505.00
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLETE AMPUTATION	$1,505.00
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION	$1,505.00
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDO	$743.82
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION); COMPLETE AMPUTATION	$1,068.12
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUTATION	$1,292.06
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	$1,098.25
20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	$1,505.00
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	$58.80
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	$226.80
20910	CARTILAGE GRAFT; COSTOCHONDRAL	$58.80
20912	CARTILAGE GRAFT; NASAL SEPTUM	$58.80
20920	FASCIA LATA GRAFT; BY STRIPPER	$194.22
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	$226.80
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	$226.80

Procedure Code	Procedure Description	Allowed Amount
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	$78.84
20932	DONOR BONE AND JOINT GRAFT TO JOINT SURFACE AND NEIGHBORING BONE	$423.95
20933	HALF-CYLINDRICAL DONOR BONE GRAFT	$388.86
20934	CYLINDRICAL DONOR BONE GRAFT	$423.74
20937	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	$121.57
20938	AUTOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL, BICORTICAL OR TRICORTICAL	$131.48
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITIC	$40.04
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE M	$25.20
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	$1,505.00
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	$1,427.46
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	$1,478.86
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL	$0.00
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GRE	$1,505.00
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	$1,505.00
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	$1,505.00
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	$1,505.00
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	$93.91
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	$118.73
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	$8.88
20982	ABLATION, BONE TUMOR RADIOFREQUENCY, PRECUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	$2,357.09
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS INCLUDING ADJACENT SOFT TISSUE	$4,053.28
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS	$81.94
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	$0.00
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	$126.00
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	$175.23
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	$187.62
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM	$272.24
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER	$289.79
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; LESS THAN 2 CM	$210.00
21016	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER	$582.67
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	$201.03

Procedure Code	Procedure Description	Allowed Amount
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	$166.98
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	$168.00
21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	$142.80
21031	EXCISION OF TORUS MANDIBULARIS	$125.28
21032	EXCISION OF MAXILLARY TORUS PALATINUS	$142.80
21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	$285.60
21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE	$104.85
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	$252.00
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	$252.00
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGRESSIVE O	$504.24
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG LC	$622.30
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGRESSIVE OR DESTRUCT	$518.89
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG, LOCA	$589.48
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	$378.00
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	$378.00
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	$320.13
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE	$191.13
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	$632.82
21077	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	$1,591.55
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	$0.00
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	$0.00
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	$0.00
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	$0.00
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	$0.00
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	$0.00
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	$0.00
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	$0.00
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	$0.00
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	$0.00
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	$0.00
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)	$100.80

Procedure Code	Procedure Description	Allowed Amount
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	$227.45
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	$25.20
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	$141.60
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	$285.60
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMM	$318.06
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	$404.40
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	$159.60
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAF	$277.20
21137	REDUCTION FOREHEAD; CONTOURING ONLY	$243.60
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGR	$319.20
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	$336.00
21141	RECONTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	$679.88
21142	RECONTRUCTION MIDFACE, LEFORTI; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	$705.06
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	$732.93
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENTMOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	$722.19
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	$757.90
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES,SEGMENT MOVEMENT IN ANY DIRECTIONS, REQUIRING BONE GRAF	$786.38
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	$45.04
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	$150.00
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	$173.90
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	$228.24
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRI	$619.51
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRI	$611.00
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRA	$219.13
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PL	$296.13
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC	$155.10
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GR	$193.60
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	$142.40
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	$180.02
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	$543.20
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	$543.20

Procedure Code	Procedure Description	Allowed Amount
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	$504.00
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL"C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	$628.49
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES	$728.18
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	$629.93
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	$694.54
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	$624.77
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	$568.22
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	$517.44
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	$458.41
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	$336.00
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	$168.00
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	$168.00
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	$397.90
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	$268.62
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$302.40
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	$302.40
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	$302.40
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	$504.00
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	$498.66
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	$451.19
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR H	$814.80
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	$801.45
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (	$776.06
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	$791.75
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	$814.80
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	$814.80
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	$718.07
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL	$814.80
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	$168.00
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	$168.00
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	$168.00

Procedure Code	Procedure Description	Allowed Amount
21282	LATERAL CANTHOPEXY	$168.00
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	$52.84
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	$164.29
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	$0.00
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	$25.20
21315	CLOSED TREATMENT, NASAL BONE FRACTURE; WITHOUT STABILIZATION	$58.80
21320	CLOSED TREATMENT, NASAL BONE FRACTURE; WITH STABILIZATION	$58.80
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	$168.00
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	$168.00
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	$168.00
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	$168.00
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	$35.45
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	$168.00
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	$168.00
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAI	$168.00
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	$168.00
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL	$168.00
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATIO	$168.00
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	$310.80
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES	$310.80
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAF	$302.17
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION	$75.60
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	$75.60
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	$210.00
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	$310.80
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	$310.80
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)	$310.80
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	$310.80
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	$310.80
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT	$310.80
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING	$310.80

Procedure Code	Procedure Description	Allowed Amount
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION	$25.20
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	$58.80
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	$261.30
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	$310.80
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	$310.80
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION	$84.00
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	$310.80
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL	$352.80
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SP	$252.00
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION	$327.56
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL	$394.80
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL F	$453.60
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERN	$512.40
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	$33.60
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	$245.41
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	$42.00
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	$252.00
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	$42.00
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	$100.80
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	$336.00
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	$336.00
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	$336.00
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	$336.00
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION,	$336.00
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	$36.74
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG, RECURRENT REQUIRING	$42.00
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	$377.71
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	$206.38
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	$0.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	$42.00
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY	$142.80

Procedure Code	Procedure Description	Allowed Amount
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	$126.00
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	$25.20
21552	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBCUTANEOUS; 3 CM OR GREATER	$250.57
21554	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBFASCIAL, (EG,INTRAMUSCULAR); 5 CM OR GREATER	$411.56
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBCUTANEOUS; LESS THAN 3 CM	$33.60
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBFASCIAL, (EG,INTRAMUSCULAR); LESS THAN 5 CM	$33.60
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTERIOR THORAX	$67.20
21558	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTERIOR THORAX	$772.56
21600	EXCISION OF RIB, PARTIAL	$142.80
21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	$705.27
21602	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	$945.93
21603	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	$1,046.86
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	$285.60
21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	$378.00
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	$378.00
21620	OSTECTOMY OF STERNUM, PARTIAL	$142.80
21627	STERNAL DEBRIDEMENT	$107.27
21630	RADICAL RESECTION OF STERNUM; FOR TUMOR	$168.00
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	$252.00
21685	HYOID MYOTOMY AND SUSPENSION	$508.78
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	$220.44
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	$309.60
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION	$205.16
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION	$226.80
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	$420.00
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT	$0.00
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THOR	$0.00
21750	CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)	$391.54
21811	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THRORACOSCOPIC VISUALIZATION WHEN PERFORMED	$314.55
21812	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THRORACOSCOPIC VISUALIZATION WHEN PERFORMED	$376.47
21813	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THRORACOSCOPIC VISUALIZATION WHEN PERFORMED	$514.56

Procedure Code	Procedure Description	Allowed Amount
21820	CLOSED TREATMENT OF STERNUM FRACTURE	$42.00
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	$67.20
21899	UNLISTED PROCEDURE, NECK OR THORAX	$0.00
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	$25.20
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	$58.80
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	$84.00
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	$262.33
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	$377.09
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	$415.90
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; LESS THAN 5 CM	$168.00
21936	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER	$804.75
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHO	$447.68
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	$443.76
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENTS (EG SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY	$392.00
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	$392.00
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	$392.00
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINSIC BONY LESION; EACH ADDITIONAL	$101.96
22110	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE	$142.80
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	$142.80
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	$142.80
22116	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION; EACH ADDITIONAL VERTEBRAL SEGMENT	$100.93
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; THORACIC	$1,258.21
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; LUMBAR	$1,242.12
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; EACH ADDITION	$319.09
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; CERVIAL	$708.17
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	$795.67
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	$747.58
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL	$247.68
22220	OSTEMTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	$814.80
22222	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	$741.60
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	$781.02

Procedure Code	Procedure Description	Allowed Amount
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGNENT; EACH ADDITIONAL VERTEBR	$247.68
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING	$98.41
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S), AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH OR	$294.00
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S)AND OR DISLOCATION(S),ANTERIOR APPROACH,WITHOUT GRAFTIN	$823.33
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S)AND OR DISLOCATION(S), ANTREIOR APPROACH; WITH GRAFTING	$930.04
22325	OPEN TREATMENT AND/OR REDUCITON OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); LUMBAR	$563.06
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); CERVICAL	$529.20
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); THORACIC	$529.20
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED VERTEB	$200.83
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	$67.20
22510	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	$1,010.53
22511	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	$1,001.04
22512	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	$559.55
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	$4,263.19
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	$4,247.30
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	$2,577.32
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	$1,109.19
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	$897.84
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC	$0.00
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR	$0.00
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR	$210.94
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE,CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION	$814.80
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND	$1,055.53
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND	$246.03
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; CERVICAL	$730.80
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC	$730.80
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR	$730.80
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; EACH ADDITONA	$84.00
22586	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT LOWER SPINAL COLUMN WITH POSTERIOR INSTRUMENTATION AND IMAGE	$516.00
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	$730.80
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	$730.80

Procedure Code	Procedure Description	Allowed Amount
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	$730.80
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT LATERAL TRANSVE	$730.80
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL TRANSVERS	$730.80
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT	$268.53
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	$730.80
22632	ARTHRODISIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE	$227.87
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHINQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING	$1,130.87
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHINQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING	$305.06
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, UP TO 6 VERTEBRAL SEGMENTS	$730.80
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	$730.80
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	$1,402.08
22808	ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	$961.00
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	$730.80
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	$730.80
22818	KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND	$1,340.16
22819	KYPHECTOMY: 3 OR MORE SEGMENTS	$1,435.31
22830	EXPLORATION OF SPINAL FUSION	$389.64
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PEDICLE	$730.80
22842	POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTEBRAL SEGMENTS	$730.80
22843	POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL SEGMENTS	$390.51
22844	POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS	$477.20
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	$719.72
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	$360.58
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	$400.62
22848	PELVIC FIXATION(ATTACHMENT OF CAUDAL END OF INSTRMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	$261.30
22849	REINSERTION OF SPINAL FIXATION DEVICE	$413.17
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	$250.60
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	$282.68
22853	INSERTION OF DEVICE INTO INTERVERTEBRAL DISC SPACE OF SPINE AND FUSION OF VERTEBRAE	$157.69
22854	INSERTION OF DEVICE INTO GAP LEFT BY REMOVAL OF PART OF VERTEBRA AND FUSION OF VERTEBRAE	$204.13
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	$297.96

Procedure Code	Procedure Description	Allowed Amount
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION	$890.62
22857	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE, LUMBAR, SINGLE INTER	$810.95
22858	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION; SECOND LEVEL	$387.41
22859	INSERTION OF DEVICE INTO GAP LEFT BY REMOVAL OF PART OF VERTEBRA	$204.13
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	$1,078.23
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	$987.83
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	$1,001.25
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	$961.82
22867	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SINGLE LEVEL WITH OPEN DECOMPRESSION	$589.27
22868	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT ADDITIONAL LEVEL WITH OPEN DECOMPRESSION	$147.37
22869	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SINGLE LEVEL	$324.05
22870	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SECOND LEVEL	$85.86
22899	UNLISTED PROCEDURE, SPINE	$0.00
22900	EXCISION, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	$97.18
22901	EXCISION, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	$371.11
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	$234.06
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	$245.20
22904	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; LESS THAN 5 CM	$581.22
22905	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER	$753.36
22916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	$637.57
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	$0.00
23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, ANY METHOD	$126.00
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	$210.00
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	$42.00
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	$33.60
23035	INCISION , BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	$126.00
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	$294.00
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	$294.00
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	$25.20
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	$25.20
23071	EXCISION,TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	$233.03

Procedure Code	Procedure Description	Allowed Amount
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	$386.38
23075	EXCISION,TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	$33.60
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	$119.18
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA;LESS THAN 5 CM	$449.69
23078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	$783.91
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	$294.00
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STEROCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILA	$284.83
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	$336.00
23106	ANTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	$230.96
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	$353.77
23120	CLAVICULECTOMY; PARTIAL	$142.80
23125	CLAVICULECTOMY; TOTAL	$294.00
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	$142.80
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	$142.80
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING	$336.00
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	$142.80
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	$285.60
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRA	$336.00
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	$285.60
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	$126.00
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	$126.00
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	$126.00
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	$142.80
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA	$142.80
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU	$219.96
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	$142.80
23195	RESECTION HUMERAL HEAD	$324.23
23200	RADICAL RESECTION OF TUMOR; CLAVICLE	$168.00
23210	RADICAL RESECTION OF TUMOR; SCAPULA	$455.11
23220	RADICAL RESECTION OF TUMOR, PROXIMAL HUMERUS	$504.00
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	$25.20

Procedure Code	Procedure Description	Allowed Amount
23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	$268.53
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	$633.85
23335	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	$755.84
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	$25.20
23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	$315.07
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	$458.40
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	$336.00
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	$126.00
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	$126.00
23410	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE	$277.20
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	$277.20
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	$277.20
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	$277.20
23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	$277.20
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS	$277.20
23450	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	$504.00
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	$378.00
23460	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	$458.23
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	$498.05
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	$434.09
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	$470.63
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	$571.20
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER	$571.20
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	$996.29
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	$1,076.38
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	$126.00
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBT	$126.00
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE	$464.19
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUME	$591.54
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	$79.67
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	$100.80

Procedure Code	Procedure Description	Allowed Amount
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$252.00
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	$75.54
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	$84.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	$210.00
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	$210.00
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	$80.50
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	$100.80
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	$260.40
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAF	$260.40
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	$84.42
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT S	$100.80
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION	$252.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	$109.20
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOU	$209.29
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	$369.60
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	$739.20
23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	$109.20
23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	$50.45
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$355.01
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	$100.80
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	$159.55
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	$364.50
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION	$100.80
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR WITHOUT INTERNAL	$378.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	$100.80
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR	$378.00
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUD	$50.40
23800	ARTHRODESIS, GLENOHUMERAL JOINT	$546.00
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	$546.00
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	$672.00
23920	DISARTICULATION OF SHOULDER;	$504.00

Procedure Code	Procedure Description	Allowed Amount
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	$60.00
23929	UNLISTED PROCEDURE, SHOULDER	$0.00
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	$42.00
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	$33.60
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	$126.00
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	$268.80
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)	$268.80
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	$25.20
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	$25.20
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER	$226.21
24073	EXCISION, TUMOR,SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL (EG, INTRAMUSCULAR), 5 CM OR	$388.24
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS; LESS THAN 3 CM	$33.60
24076	EXCISION, TUMOR,SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL (EG, INTRAMUSCULAR)	$67.20
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA	$134.40
24079	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM	$722.81
24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	$199.59
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	$268.80
24102	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	$294.00
24105	EXCISION, OLECRANON BURSA	$142.80
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	$285.60
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$392.00
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	$285.60
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	$277.81
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGR	$392.00
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGR	$285.60
24130	EXCISION, RADIAL HEAD	$285.66
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	$278.92
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	$300.00
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	$300.00
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	$228.52
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD	$300.00

Procedure Code	Procedure Description	Allowed Amount
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PR	$164.53
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PRO	$577.09
24150	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	$504.00
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	$364.71
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	$470.40
24160	IMPLANT REMOVAL; ELBOW JOINT	$180.00
24164	IMPLANT REMOVAL; RADIAL HEAD	$180.00
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	$25.20
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	$75.49
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	$25.20
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	$200.83
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	$277.20
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW,EACH TENDON	$176.40
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	$126.00
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE P	$427.45
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	$277.20
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	$277.20
24332	TENOLYSIS, TRICEPS	$277.61
24340	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	$277.20
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXLUDES ROTATOR CUF	$319.09
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	$277.20
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	$366.77
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	$553.56
24345	REPAIR MEDICAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	$366.77
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	$553.56
24357	TENOTOMY, ELBOW, LATERAL OR MEDICAL; PERCUTANEOUS	$10.91
24358	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	$266.05
24359	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACH	$339.94
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE	$504.00
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	$504.00
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	$504.00

Procedure Code	Procedure Description	Allowed Amount
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	$504.00
24365	ARTHROPLASTY, RADIAL HEAD;	$346.34
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	$446.24
24370	REVISION OF TOTAL ELBOW ARTHOPLASTY, INCLUNDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT	$941.60
24371	REVISION OF TOTAL ELBOW ARTHOPLASTY, INCLUNDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT	$1,084.84
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	$294.00
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	$294.00
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	$504.00
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	$420.00
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$519.89
24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	$223.91
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	$188.95
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL	$485.25
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	$109.20
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	$208.88
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	$369.60
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE A	$369.60
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	$75.60
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	$201.60
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYL	$201.60
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	$378.00
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	$378.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	$75.60
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	$151.20
24566	PERCUTANIOUS SKELETAL FIXATION OF HUMERAL EPICONDULAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	$151.20
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	$378.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	$75.60
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	$151.20
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$378.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	$151.20
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	$378.00

Procedure Code	Procedure Description	Allowed Amount
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	$378.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	$100.80
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	$100.80
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	$310.80
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOC	$168.00
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCAT	$523.20
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	$25.20
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	$58.80
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	$126.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;	$277.20
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WIT	$277.20
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION	$75.60
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION	$151.20
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	$252.00
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	$470.40
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	$470.40
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	$370.69
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)	$347.37
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	$336.00
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	$390.92
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	$504.00
24935	STUMP ELONGATION, UPPER EXTREMITY	$504.00
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	$458.25
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	$0.00
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	$142.80
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)	$167.80
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT	$142.80
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	$142.80
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/O DEBRIDEMENT OF NONVIABLE	$389.48
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/ DEBRIDEMENT ON NONVIABLE MU	$167.80
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	$142.80

Procedure Code	Procedure Description	Allowed Amount
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	$33.60
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)	$126.00
25040	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	$268.80
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	$25.20
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	$25.20
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS; 3 CM OR GREATER	$236.95
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER	$294.95
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS; LESS THAN 3 CM	$33.60
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 3 CM	$33.60
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	$300.00
25078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	$631.17
25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	$210.00
25100	ARTHROTOMY, WRIST JOINT; FOR BIOPSY	$192.98
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR F	$227.87
25105	ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY	$220.87
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX	$250.98
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	$270.18
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	$146.96
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	$264.88
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	$264.88
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	$232.82
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	$232.80
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	$277.20
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	$392.00
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	$285.60
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	$142.80
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$252.00
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	$142.80
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	$126.00
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	$298.04
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	$209.87

Procedure Code	Procedure Description	Allowed Amount
25170	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	$453.25
25210	CARPECTOMY; ONE BONE	$210.00
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	$210.00
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	$150.97
25240	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	$184.80
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	$25.20
25248	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	$25.20
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	$267.29
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	$300.00
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	$198.56
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	$229.50
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	$210.00
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT),	$261.59
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	$134.40
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	$168.00
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WR	$333.41
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXE	$353.77
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	$142.80
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	$126.00
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	$180.00
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	$277.20
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	$277.20
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	$277.20
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (IN	$352.80
25315	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;	$300.00
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	$277.20
25320	CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY, WRIST (INCLUDES SYNOVECTOMY, RESECTION OF CAPSULE, TENDON INSE	$398.97
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION	$378.00
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	$378.00
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	$395.26
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	$252.00

Procedure Code	Procedure Description	Allowed Amount
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	$252.00
25360	OSTEOTOMY; ULNA	$126.00
25365	OSTEOTOMY; RADIUS AND ULNA	$126.00
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	$126.00
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	$126.00
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	$419.61
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	$504.00
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	$462.00
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	$504.00
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	$412.39
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	$316.60
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$378.58
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	$394.80
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$515.24
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	$494.59
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	$528.97
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARII PROCEDURE)	$363.88
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDONG CARPAL SCAPHOID (NAVICULAR)(INCLUDES OBTAINING GRAFT), EACH BONE	$359.55
25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT	$383.99
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	$378.00
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	$378.00
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	$302.54
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	$302.54
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	$391.97
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	$378.00
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	$322.40
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	$339.22
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	$175.00
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	$237.82
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	$400.00
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA	$414.85

Procedure Code	Procedure Description	Allowed Amount
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND UL	$492.78
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	$75.60
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	$151.20
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$294.00
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE/DISL	$263.99
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLO	$394.80
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR W	$394.80
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	$48.36
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	$142.80
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$260.40
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	$101.14
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	$218.40
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	$381.43
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	$394.80
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOU	$63.60
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOU	$151.20
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPERATION	$332.51
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPERATION, WITH INTERNAL FIXATION	$370.90
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPERATION; WITH INTERNAL FIXATION OF 2	$424.77
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3	$542.21
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	$67.20
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	$142.80
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$294.00
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH B	$109.19
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	$109.20
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	$252.00
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	$75.60
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	$216.31
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	$319.30
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION	$100.80
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	$260.40

Procedure Code	Procedure Description	Allowed Amount
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	$263.57
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	$100.80
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	$260.40
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	$142.80
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	$294.00
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	$67.20
25695	OPEN TREATMENT OF LUNATE DISLOCATION	$168.00
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOME	$420.00
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT	$420.00
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCL	$420.00
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	$324.85
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$298.57
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT	$395.26
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	$220.76
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	$199.78
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	$55.82
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	$205.49
25915	KRUKENBERG PROCEDURE	$246.40
25920	DISARTICULATION THROUGH WRIST;	$252.00
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	$90.00
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	$73.20
25927	TRANSMETACARPAL AMPUTATION;	$210.00
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	$90.00
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	$240.62
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	$0.00
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	$25.20
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	$58.80
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	$75.60
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	$126.00
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	$210.00
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	$126.00

Procedure Code	Procedure Description	Allowed Amount
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	$298.42
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	$293.09
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	$75.60
26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	$75.60
26055	TENDON SHEATH INCISION FOR TRIGGER FINGER	$135.81
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	$25.20
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	$136.02
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH	$144.56
26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	$93.83
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	$145.18
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	$144.56
26110	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	$93.83
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS; 1.5 CM OR GREATER	$229.52
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL, (EG,INTRAMUSCULAR);	$301.96
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS; LESS THAN 1.5 CM	$50.40
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL, (EG,INTRAMUSCULAR);	$50.40
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM	$295.21
26118	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER	$592.99
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	$392.80
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	$405.60
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	$136.80
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	$228.90
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGI	$257.38
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	$142.80
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON	$100.80
26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	$84.00
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH	$114.30
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON	$110.02
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	$199.18
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	$142.80
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$392.00

Procedure Code	Procedure Description	Allowed Amount
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	$142.80
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOG	$392.00
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL	$142.80
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR	$142.80
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHAL	$142.80
26250	RADICAL RESECTION OF TUMOR, METACARPAL	$168.00
26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	$168.00
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	$168.00
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	$84.00
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	$151.70
26341	MANIPULATION, PALMAR FACIAL CORD POST ENZYME INJECTION, SINLGE CORD	$59.86
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY OR SECONDARY WITHOUT FREE	$216.52
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBT	$222.79
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY, EACH TENDON	$174.68
26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	$313.24
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINI	$158.24
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON	$175.37
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT, EACH	$112.40
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE GRAFT,EACH	$274.38
26390	EXCISION FLEXOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH TENDON	$193.14
26392	REMOVAL OF PROSTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER,(INCLUDES OBTIANING GRAFT) EACH	$303.60
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	$134.40
26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAF	$224.00
26415	EXCISION OF EXTENSOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	$318.13
26416	REMOVAL OF PROSTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	$303.60
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	$134.40
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GR	$268.80
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG,BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUD	$168.00
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	$278.64
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER	$134.40
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)	$134.40

Procedure Code	Procedure Description	Allowed Amount
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRA	$241.28
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	$168.00
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON	$142.80
26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	$142.80
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	$142.80
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	$142.80
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	$126.00
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	$58.80
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	$111.87
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	$126.00
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	$126.00
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	$171.93
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	$176.40
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	$176.40
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	$176.40
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH TENDON	$277.20
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDE	$279.60
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	$279.60
26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT),	$271.83
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSER TYPE, EACH TENDON	$279.60
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON	$279.60
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	$279.60
26496	OPPONENSPLASTY; OTHER METHODS	$279.60
26497	TRANSFER TO TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	$279.60
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	$447.60
26499	CORRECTION CLAW FINGER, OTHER METHODS	$365.53
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	$124.69
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	$151.28
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	$143.74
26510	CROSS INTRINSIC TRANSFER	$205.78
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	$187.94

Procedure Code	Procedure Description	Allowed Amount
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	$325.46
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	$338.29
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	$192.14
26525	CAPSULECTOMY OR CAPSULOTOMY;INTERPHALGEAL JOINT, EACH JOINT	$185.41
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	$168.00
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	$182.40
26535	ARTHROPLASTY INTERPHALANGEAL JOINT; EACH JOINT	$168.00
26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	$218.40
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	$208.12
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR	$259.98
26542	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	$271.00
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	$172.67
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL I	$370.28
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	$299.90
26550	POLLICIZATION OF A DIGIT	$185.96
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT	$1,929.43
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE	$1,916.01
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE	$2,286.09
26555	TRNASFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	$211.26
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	$1,948.62
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	$210.00
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	$294.00
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	$378.00
26565	OSTEOTOMY METACARPAL, EACH	$126.00
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	$126.00
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	$252.00
26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	$168.00
26590	REPAIR MACRODACTYLIA	$168.00
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	$116.41
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	$151.34
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	$379.16

Procedure Code	Procedure Description	Allowed Amount
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	$58.80
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	$84.00
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE	$126.00
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	$126.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE	$159.60
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	$67.20
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	$84.00
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPUL	$84.00
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR	$159.60
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	$67.20
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	$67.20
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WI	$168.00
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT IN	$168.00
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAY	$168.00
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	$33.60
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	$33.60
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION	$67.20
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$100.80
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATI	$33.60
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION,	$58.80
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR TH	$58.80
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTE	$126.00
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITHO	$33.60
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH	$58.80
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT, WITH OR	$126.00
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	$33.60
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	$58.80
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	$58.80
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,	$126.00
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	$33.60
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	$33.60

Procedure Code	Procedure Description	Allowed Amount
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	$58.80
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE	$100.80
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	$126.00
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	$126.00
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINI	$252.00
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;	$126.00
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$252.00
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	$126.00
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING	$126.00
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	$126.00
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT	$99.90
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	$126.00
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	$126.00
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	$142.80
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	$100.80
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	$142.80
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	$0.00
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	$42.00
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	$33.60
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)	$126.00
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	$25.20
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	$58.80
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	$168.00
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	$126.00
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	$126.00
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	$210.00
27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	$461.51
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	$394.80
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	$394.80
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR	$394.80
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FLEXOR MUC	$522.40

Procedure Code	Procedure Description	Allowed Amount
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	$25.20
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	$33.60
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; 3 CM OR GREATER	$261.92
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA;SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	$416.52
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; LESS THAN 3 CM	$33.60
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA;SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	$33.60
27049	RADICAL RESECTION OF TUMOR, (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM	$70.80
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	$263.20
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	$354.39
27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	$420.00
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	$355.01
27059	RADICAL RESECTION OF TUMOR, (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	$1,021.06
27060	EXCISION; ISCHIAL BURSA	$181.20
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	$181.20
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF F	$168.00
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	$252.00
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	$545.10
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL	$168.00
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR IN	$252.00
27075	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	$504.00
27076	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABU	$504.00
27077	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	$504.00
27078	RADICAL RESECTION OF TUMOR; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	$473.07
27080	COCCYGECTOMY, PRIMARY	$210.00
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	$25.20
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP	$33.60
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	$240.00
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITH	$480.00
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	$25.20
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	$25.20
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	$230.14

Procedure Code	Procedure Description	Allowed Amount
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	$187.44
27098	TRANSFER, ADDUCTOR TO ISCHIUM	$271.68
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	$334.33
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	$348.68
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	$414.70
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	$435.48
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	$714.00
27122	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	$714.00
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	$714.00
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT	$814.80
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	$814.80
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	$1,060.00
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	$814.80
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	$814.80
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	$543.20
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	$126.00
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	$554.40
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	$420.00
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	$554.40
27158	OSTEOTOMY, PELVIS, BILATERAL(EG, CONGENITAL MALFORMATION)	$420.00
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	$420.00
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	$420.00
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)	$336.00
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	$201.60
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	$478.23
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAF	$554.40
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	$474.51
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	$513.11
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	$554.40
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER	$252.00
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK	$586.75

Procedure Code	Procedure Description	Allowed Amount
27197	CLOSED TREATMENT OF FRACTURE AND OR DISLOCATION OF PELVIS AND/OR SACRUM	$69.14
27198	CLOSED TREATMENT OF FRACTURE AND OR DISLOCATION OF PELVIS AND/OR SACRUM WITH MANIPULATION	$176.27
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	$42.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	$210.00
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACTURE(S) WHICH	$420.00
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM, SACROILIA	$252.00
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION, (INCLUDES PUBIC SYMPHYSIS	$310.80
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION (INCLUDES ILIUM, SACROILIA	$462.00
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	$168.00
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	$383.90
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION	$252.00
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING T	$336.00
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-FRACTURE A	$462.00
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	$151.20
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	$302.40
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY DISPLACED, OR IMPA	$529.20
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT (DIRECT FR	$542.40
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULAT	$151.20
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION	$302.40
27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH PLATE/SCREW TYP	$504.00
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH INTRAMEDULLARY	$554.40
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	$151.20
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$514.97
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	$208.88
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	$210.00
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	$470.40
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT	$470.40
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	$140.00
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	$210.00
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEME	$470.40
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEME	$470.40

Procedure Code	Procedure Description	Allowed Amount
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	$138.00
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA	$138.00
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	$220.23
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	$272.04
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; INCLUDES INTERNAL FIXATION, WHEN PERFORMED	$651.60
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	$67.20
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE, WITH IMAGE GUIDANCE, INCLUDES OBTAINING	$330.86
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	$491.64
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	$441.90
27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	$613.20
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	$613.20
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	$756.00
27295	DISARTICULATION OF HIP	$504.00
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	$0.00
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	$33.60
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)	$126.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	$206.19
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)	$25.20
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	$25.20
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)	$336.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	$25.20
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	$33.60
27325	NEURECTOMY, HAMSTRING MUSCLE	$281.32
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	$251.60
27327	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBCUTANEOUS; LESS THAN 3 CM	$33.60
27328	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 5 CM	$42.00
27329	RADICAL RESECTION OF TUMOR EXCISION, TUMOR(EG, MALIGNANT NEOPLASM),SOFT TISSUE OF THIGH OR KNEE AREA; LESS TH	$360.00
27330	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	$126.00
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	$336.00
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	$344.40
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	$344.40

Procedure Code	Procedure Description	Allowed Amount
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	$420.00
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	$300.00
27337	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBCUTANEOUS; 3 CM OR GREATER	$233.64
27339	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBFASCIAL, (EG, INTRAMUSCULAR); 5 CM OR GREATER	$420.85
27340	EXCISION, PREPATELLAR BURSA	$142.80
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	$243.60
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	$184.73
27350	PATELLECTOMY OR HEMIPATELLECTOMY	$302.40
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	$285.60
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	$285.60
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$285.60
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355	$208.05
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBUL	$252.00
27364	RADICAL RESECTION OF TUMOR EXCISION, TUMOR(EG, MALIGNANT NEOPLASM),SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR	$879.06
27365	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	$504.00
27369	INJECTION OF CONTRAST FOR IMAGING OF KNEE JOINT	$83.80
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	$126.00
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	$134.40
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	$268.80
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	$210.00
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	$420.00
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	$126.00
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	$126.00
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	$252.00
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE	$170.40
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	$260.40
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	$352.80
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	$277.20
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	$352.80
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	$277.20
27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR; KNEE	$352.80

Procedure Code	Procedure Description	Allowed Amount
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	$410.74
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	$410.94
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	$529.20
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	$408.26
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	$730.04
27416	OSTEOCHINDRAL AUTOGRAFT(S), KNEE OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT)	$510.01
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	$302.40
27420	RECONSTRUCTION DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	$378.00
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE	$450.30
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	$477.68
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	$249.78
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	$396.88
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	$416.16
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	$519.30
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	$388.91
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	$210.00
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	$409.70
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	$420.00
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	$485.04
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	$425.60
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S); KNEE	$613.20
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	$613.20
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	$814.80
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	$588.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (	$814.80
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	$420.00
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	$420.00
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)	$462.00
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	$336.00
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	$336.00
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	$462.00

Procedure Code	Procedure Description	Allowed Amount
27466	OSTEOPLASTY, FEMUR; LENGTHENING	$504.00
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	$714.00
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	$473.99
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLU	$814.80
27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	$355.83
27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	$378.00
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	$462.00
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	$364.50
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	$814.80
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	$814.80
27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN APPLICA	$690.00
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR	$719.92
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	$142.80
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMEN	$168.00
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	$201.60
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/O	$235.20
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	$151.20
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, W	$151.20
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	$302.40
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION; W	$302.40
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY	$542.40
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	$504.00
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION	$100.80
27509	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE, WITH OR WITHOUT INTERCONDYL	$243.76
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	$210.00
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, WITH OR WIT	$403.20
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, WITH OR WITHOU	$403.20
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH OR WITHOUT INTERNAL OR EXTERNA	$403.20
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	$217.75
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL	$302.40
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$554.40

Procedure Code	Procedure Description	Allowed Amount
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	$58.80
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT T	$302.40
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	$100.80
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION	$210.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT	$327.60
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	$403.20
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION	$224.00
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O	$522.19
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	$142.80
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	$142.80
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS	$411.60
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE	$411.60
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE	$411.60
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	$58.80
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	$58.80
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	$294.00
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICE	$50.00
27580	FUSION OF KNEE, ANY TECHNIQUE	$546.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	$378.00
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	$403.20
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	$252.00
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	$168.00
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	$168.00
27598	DISARTICULATION AT KNEE	$252.00
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	$0.00
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	$94.80
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	$90.00
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	$168.00
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	$42.00
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	$33.60
27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	$25.20

Procedure Code	Procedure Description	Allowed Amount
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	$25.20
27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	$126.00
27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	$268.80
27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	$268.80
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	$25.20
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	$179.20
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; LESS THAN 5 CM	$300.00
27616	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER	$717.45
27618	EXCISION, TUMOR,SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS; LESS THAN 3 CM	$33.60
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBFASCIAL (EG, INTRAMUSCULAR) ; LESS THAN 5 CM	$163.19
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	$263.57
27625	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	$294.00
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	$294.00
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	$151.20
27632	EXCISION, TUMOR,SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS; 3 CM OR GREATER	$230.76
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBFASCIAL (EG, INTRAMUSCULAR) ; 5 CM OR GREATER	$376.06
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	$285.60
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$395.26
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	$285.60
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); TIBIA	$449.13
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); FIBULA	$347.16
27645	RADICAL RESECTION OF TUMOR; TIBIA	$504.00
27646	RADICAL RESECTION OF TUMOR; FIBULA	$502.79
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	$168.00
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	$25.20
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	$134.40
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	$352.80
27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	$277.20
27656	REPAIR, FASCIAL DEFECT OF LEG	$167.60
27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	$126.00
27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	$210.00

Procedure Code	Procedure Description	Allowed Amount
27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	$134.40
27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	$168.00
27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	$168.00
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	$168.00
27680	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	$210.00
27681	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	$275.13
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	$176.40
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	$260.40
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	$251.19
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI	$277.20
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG ANTERIOR TIBIAL OR	$277.20
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	$235.20
27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	$403.20
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	$403.20
27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	$477.82
27700	ARTHROPLASTY, ANKLE;	$463.78
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	$546.00
27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	$546.00
27704	REMOVAL OF ANKLE IMPLANT	$120.00
27705	OSTEOTOMY; TIBIA	$336.00
27707	OSTEOTOMY; FIBULA	$224.00
27709	OSTEOTOMY; TIBIA AND FIBULA	$336.00
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	$336.00
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	$504.00
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)	$462.00
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	$480.09
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	$520.13
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	$479.47
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	$481.12
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	$501.14
27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA	$235.50

Procedure Code	Procedure Description	Allowed Amount
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	$201.60
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	$346.34
27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	$378.00
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FE	$378.00
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA	$411.15
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION	$100.80
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHO	$201.60
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS	$374.00
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT	$378.00
27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR	$378.00
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	$75.60
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	$151.20
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$302.40
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITHOUT MANIPULATION	$132.51
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITH MANIPULATION	$208.26
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	$361.82
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	$58.80
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	$109.20
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$193.20
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	$67.20
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	$126.00
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$260.40
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION	$109.20
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION	$218.40
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$386.40
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	$117.60
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	$235.20
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	$420.00
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	$420.00
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	$280.00
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	$280.00

Procedure Code	Procedure Description	Allowed Amount
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	$420.00
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	$420.00
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	$420.00
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIX	$306.09
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	$280.00
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	$142.80
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR W	$142.80
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	$100.80
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION	$100.80
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNA	$285.60
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL O	$285.60
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	$33.60
27870	ARTHRODESIS, ANKLE, ANY METHOD	$470.40
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	$365.53
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	$344.40
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	$344.40
27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)	$252.00
27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	$168.00
27886	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	$168.00
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE	$344.40
27889	ANKLE DISARTICULATION	$344.40
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE	$229.60
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERV	$229.60
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONV	$260.06
27899	UNLISTED PROCEDURE, LEG OR ANKLE	$0.00
28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	$33.60
28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BU	$75.60
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE	$159.60
28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	$126.00
28008	FASCIOTOMY, FOOT AND/OR TOE	$126.00
28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	$25.20

Procedure Code	Procedure Description	Allowed Amount
28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	$109.20
28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOI	$126.00
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	$94.80
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	$142.21
28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	$150.00
28039	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	$265.22
28041	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL, (EG, INTRAMUSCULAR); 1.5 CM OR GREATER	$249.54
28043	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	$97.20
28045	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 1.5 CM	$120.00
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; LESS THAN 3 CM	$300.00
28047	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER	$525.49
28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	$160.15
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	$76.51
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	$75.19
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	$330.45
28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	$126.00
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	$126.00
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	$202.89
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	$166.56
28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	$151.20
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	$168.00
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	$159.75
28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	$158.93
28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	$84.00
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	$142.80
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDE	$392.00
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	$142.80
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;	$142.80
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	$392.00
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	$142.80
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	$142.80

Procedure Code	Procedure Description	Allowed Amount
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	$142.80
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	$142.80
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	$142.80
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	$142.80
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METAT	$142.80
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	$142.80
28118	OSTECTOMY, CALCANEUS;	$142.80
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	$142.80
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELIT	$142.80
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOS	$142.80
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOS	$142.80
28126	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	$142.80
28130	TALECTOMY (ASTRAGALECTOMY)	$294.00
28140	METATARSECTOMY	$168.00
28150	PHALANGECTOMY OF TOE, SINGLE, EACH	$142.80
28153	RESECTION, HEAD OF PHALANX, TOE	$142.80
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	$142.80
28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	$168.00
28173	RADICAL RESECTION OF TUMOR; METATARSAL	$168.00
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	$241.69
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	$25.20
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	$33.60
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	$117.60
28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	$134.40
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING G	$210.00
28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	$134.40
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING	$168.00
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE	$168.00
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	$252.00
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE	$126.94
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	$168.84

Procedure Code	Procedure Description	Allowed Amount
28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	$58.80
28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	$58.80
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	$58.80
28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	$277.20
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	$58.80
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)	$126.00
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	$126.00
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	$176.40
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR R	$436.80
28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	$210.00
28270	CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPAR	$156.45
28272	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	$140.00
28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)	$156.66
28285	HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	$151.20
28286	HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)	$151.20
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL	$151.20
28289	HALLUX RIGIDUN CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARS	$211.35
28291	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING IMPLANT	$436.33
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE	$226.80
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHO	$559.34
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CH	$327.60
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	$344.40
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	$252.00
28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)	$327.60
28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	$126.00
28302	OSTEOTOMY; TALUS	$126.00
28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	$126.00
28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER T	$252.00
28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	$126.00
28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	$126.00
28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	$126.00

Procedure Code	Procedure Description	Allowed Amount
28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	$126.00
28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	$142.80
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	$142.80
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDUR	$142.80
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	$142.80
28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	$142.80
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	$144.35
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	$288.13
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	$344.07
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	$170.49
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	$233.57
28360	RECONSTRUCTION, CLEFT FOOT	$543.86
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	$84.00
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	$168.00
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	$252.00
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;	$336.00
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTH	$378.00
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	$84.00
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	$155.71
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	$192.98
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$336.00
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT(S))	$625.60
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	$50.40
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	$121.36
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH	$140.00
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	$269.15
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	$42.00
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	$84.00
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	$145.10
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	$210.00
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	$33.60

Procedure Code	Procedure Description	Allowed Amount
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	$33.60
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	$67.20
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$100.80
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	$33.60
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	$42.00
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL F	$113.52
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	$43.96
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	$48.00
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	$56.00
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	$76.37
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION	$126.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$210.00
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	$72.80
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	$109.20
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	$144.89
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$252.00
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	$53.25
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	$67.20
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION	$84.00
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$168.00
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	$58.62
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	$67.20
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	$117.44
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$158.52
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	$25.20
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	$25.20
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	$67.20
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	$126.00
28705	PANTALAR ARTHRODESIS	$370.81
28715	TRIPLE ARTHRODESIS	$436.80
28725	SUBTALAR ARTHRODESIS	$436.80

Procedure Code	Procedure Description	Allowed Amount
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	$252.00
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION	$436.80
28737	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	$394.22
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	$252.00
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	$210.00
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	$180.39
28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK	$210.00
28800	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	$252.00
28805	AMPUTATION, FOOT; TRANSMETATARSAL	$252.00
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	$142.80
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	$84.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	$84.00
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANETHESIA OTHER THAN LOCAL	$194.84
28899	UNLISTED PROCEDURE, FOOT OR TOES	$0.00
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	$89.99
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	$117.60
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	$117.60
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	$83.80
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	$94.53
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	$94.53
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	$103.82
29049	APPLICATION; PLASTER FIGURE-OF-EIGHT	$78.40
29055	APPLICATION; SHOULDER SPICA	$58.80
29058	APPLICATION; PLASTER VELPEAU	$43.14
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	$23.60
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	$30.96
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	$30.55
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	$30.96
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	$30.55
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	$22.40
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	$25.80

Procedure Code	Procedure Description	Allowed Amount
29130	APPLICATION OF FINGER SPLINT; STATIC	$16.80
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	$21.05
29200	STRAPPING; THORAX	$24.18
29240	STRAPPING; SHOULDER (EG, VELPEAU)	$26.29
29260	STRAPPING; ELBOW OR WRIST	$21.14
29280	STRAPPING; HAND OR FINGER	$19.41
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	$87.72
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	$94.94
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	$53.87
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	$58.20
29358	APPLICATION OF LONG LEG CAST BRACE	$84.00
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	$33.60
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	$23.92
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	$43.96
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	$52.84
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	$56.00
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	$77.61
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	$33.60
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	$28.07
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	$25.20
29520	STRAPPING; HIP	$19.61
29530	STRAPPING; KNEE	$20.43
29540	STRAPPING; ANKLE	$17.54
29550	STRAPPING; TOES	$16.80
29580	STRAPPING; UNNA BOOT	$19.40
29581	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	$49.54
29584	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND AND FINGERS	$42.31
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	$25.20
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	$25.20
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	$25.20
29720	REPAIR OF SPICA, BODY CAST OR JACKET	$20.02

Procedure Code	Procedure Description	Allowed Amount
29730	WINDOWING OF CAST	$22.08
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	$25.20
29750	WEDGING OF CLUBFOOT CAST	$25.20
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	$204.34
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	$240.20
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPERATE PROCEDURE)	$205.37
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	$571.93
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	$556.66
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	$294.00
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	$294.00
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	$294.00
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	$294.00
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	$294.00
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE	$348.61
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	$294.00
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOU	$294.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	$593.81
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	$481.94
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	$245.00
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	$268.80
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	$268.80
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	$268.80
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	$268.80
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	$268.80
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	$192.78
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	$257.17
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	$265.22
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	$268.80
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT	$268.80
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	$268.80
29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	$179.20

Procedure Code	Procedure Description	Allowed Amount
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	$336.00
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	$336.00
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL	$336.00
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL	$336.00
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	$281.74
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	$418.17
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPL	$460.07
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVESTOMY	$420.02
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE	$569.87
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	$680.71
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION)	$922.81
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	$224.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	$292.06
29873	ARTHOSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	$274.31
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENT	$336.00
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	$336.00
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	$336.00
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	$336.00
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	$336.00
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	$336.00
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	$336.00
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	$336.00
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	$336.00
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	$336.00
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERN	$336.00
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	$313.11
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	$336.00
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	$336.00
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	$336.00
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OR OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING	$392.78
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFON	$405.16

Procedure Code	Procedure Description	Allowed Amount
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	$224.56
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	$268.80
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	$268.80
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	$268.80
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	$268.80
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS),SURGICAL; WITH ANKLE ARTHRODESIS	$545.72
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY	$247.47
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	$272.86
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT	$292.88
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	$322.81
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	$347.58
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	$366.15
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	$449.33
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	$625.80
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	$637.57
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	$637.57
29999	UNLISTED PROCEDURE, ARTHROSCOPY	$0.00

30000 Series Surgery/Respiratory System, Surgery/Cardiovascular System, and Surgery/Hemic & Lymphatic System

Procedure Code	Procedure Description	Allowed Amount
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	$42.00
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	$42.00
30100	BIOPSY, INTRANASAL	$25.20
30110	EXCISION, NASAL POLYP(S), SIMPLE	$50.40
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	$75.60
30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH	$75.60
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY	$75.60
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	$75.60

Procedure Code	Procedure Description	Allowed Amount
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	$42.00
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	$42.00
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE	$84.00
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	$84.00
30150	RHINECTOMY; PARTIAL	$364.50
30160	RHINECTOMY; TOTAL	$261.50
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	$24.97
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	$25.20
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	$57.76
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	$25.20
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	$25.20
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	$25.20
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	$244.40
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELE	$378.00
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	$294.00
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	$84.82
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	$190.87
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	$351.50
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	$396.00
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	$795.67
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	$445.41
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	$294.00
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	$285.60
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	$419.32
30560	LYSIS INTRANASAL SYNECHIA	$25.20
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	$243.60
30600	REPAIR FISTULA; ORONASAL	$168.00
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	$294.00
30630	REPAIR NASAL SEPTAL PERFORATIONS	$199.51
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG, ELECTROCAUTERY	$25.20
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG; ELECTROCAUTERY, RADIO	$25.20

Procedure Code	Procedure Description	Allowed Amount
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	$25.20
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	$25.20
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	$58.80
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT	$58.80
30915	LIGATION ARTERIES; ETHMOIDAL	$210.00
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	$210.00
30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	$25.20
30999	UNLISTED PROCEDURE, NOSE	$0.00
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	$25.20
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	$42.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	$120.54
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS	$304.44
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS	$345.31
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	$242.28
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	$243.60
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	$243.60
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	$192.78
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)	$378.00
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	$378.00
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	$378.00
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	$378.00
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	$378.00
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	$378.00
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	$378.00
31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)	$571.20
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	$168.00
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	$252.00
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	$243.60
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	$243.60
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	$369.60
31231	NASAL ENDOSCOPY, DIAGNOSTICS UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	$67.20

Procedure Code	Procedure Description	Allowed Amount
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	$77.81
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	$126.00
31237	NASAL/SINUS ENDOSCOPY, SURGICAL;WITH BIOPSY, POLYPECTOMY OR DIBRIDMENT	$93.91
31238	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH CONTROL OF EPISTAXIS	$112.00
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	$126.00
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	$104.00
31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH LIGATION OF SPHENOPALATINE ARTERY	$264.81
31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REM	$296.80
31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL	$233.03
31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR (TOTAL)	$351.09
31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	$154.18
31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	$264.19
31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TIS	$280.08
31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLYPS	$237.36
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM SINUS	$306.92
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPENOIDOTOMY;	$194.82
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	$217.74
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION	$194.82
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	$194.82
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION	$194.82
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION	$194.82
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	$194.82
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG,BALLOON DILATION) TRANSNASAL	$106.50
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	$127.14
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	$104.23
31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)	$2,266.27
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	$0.00
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	$547.58
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	$613.20
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	$714.00
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	$613.20

Procedure Code	Procedure Description	Allowed Amount
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	$714.00
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	$613.20
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	$613.20
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	$613.20
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	$613.20
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	$613.20
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	$613.20
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	$336.00
31420	EPIGLOTTIDECTOMY	$210.00
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	$42.00
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	$27.45
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	$21.08
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	$26.96
31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	$48.90
31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	$61.88
31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	$123.43
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	$64.40
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	$84.00
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	$84.00
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE	$84.00
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	$84.00
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL	$84.00
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT	$42.00
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	$155.01
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE	$168.00
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	$126.00
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	$126.00
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	$168.00
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH O	$168.00
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMOCOSAL REMOVAL OF NON	$209.29
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-PLASTI	$319.51

Procedure Code	Procedure Description	Allowed Amount
31551	REPAIR OF NARROWED VOICE BOX WITH GRAFT IN PATIENT YOUNGER THAN 12 YEARS OF AGE	$840.87
31552	REPAIR OF NARROWED VOICE BOX WITH GRAFT IN PATIENT AGE 12 YEARS OR OLDER	$850.16
31553	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT IN PATIENT YOUNGER THAN 12 YEARS OF AGE	$926.94
31554	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT IN PATIENT AGE 12 YEARS OR OLDER	$976.07
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	$168.00
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	$168.00
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	$126.00
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE	$126.00
31572	DESTRUCTION OF ABNORMALITY OF ONE SODE OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	$292.06
31573	INJECTION OF DRUG INTO ONE SIDE OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	$155.42
31574	INJECTION OF SUBSTANCE TO AUGMENT VOICE BOX USING A FLEXIBLE ENDOSCOPE	$601.86
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	$42.00
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	$96.26
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	$135.60
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	$165.74
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC; WITH STROBOSCOPY	$84.00
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	$587.00
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	$613.20
31587	LARYNGOPLASTY, CRICOID SPLIT	$334.78
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	$733.19
31591	REPAIR OF ONE SIDE OF VOICE BOX BY MOVING VOCAL CORD TO MIDDLE	$616.10
31592	EXCISION OF PART OF WINDPIPE AND CRICOID CARTILAGE	$996.91
31599	UNLISTED PROCEDURE, LARYNX	$0.00
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	$172.34
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	$184.80
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	$184.80
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	$172.76
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	$184.80
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOI	$279.74
31612	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS (TRANSTRACHEAL ASPIRATION)	$56.00
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	$131.71

Procedure Code	Procedure Description	Allowed Amount
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	$284.01
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	$84.00
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING	$117.60
31623	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER	$130.65
31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	$122.19
31625	BRONCHOSCOPY; WITH BIOPSY	$126.00
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL	$241.90
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED	$666.47
31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	$126.00
31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	$117.60
31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	$126.00
31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	$126.00
31632	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY	$40.25
31633	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE	$49.54
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION,	$125.49
31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	$182.25
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S)	$131.48
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL MAJOR BRONCHUS	$46.85
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REVISION OF TRACHEAL OR BRONCHIAL	$145.92
31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR	$210.00
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR	$210.00
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S)	$102.58
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	$117.60
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	$58.80
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	$137.05
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	$143.24
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	$45.00
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	$47.68
31652	BRONCHOSOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND	$530.65
31653	BRONCHOSOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND	$564.09
31654	BRONCHOSOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOU	$84.62

Procedure Code	Procedure Description	Allowed Amount
31660	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 1 LOBE	$137.46
31661	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	$145.10
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	$61.51
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEOBRONCHIAL	$25.20
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	$56.02
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN THERAPY	$78.00
31750	TRACHEOPLASTY; CERVICAL	$397.11
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	$236.84
31760	TRACHEOPLASTY; INTRATHORACIC	$630.00
31766	CARINAL RECONSTRUCTION	$814.80
31770	BRONCHOPLASTY; GRAFT REPAIR	$584.22
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	$606.22
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	$742.01
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	$814.80
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	$550.68
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	$613.20
31800	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; CERVICAL	$259.65
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	$497.84
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	$126.00
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	$126.00
31830	REVISION OF TRACHEOSTOMY SCAR	$174.82
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	$0.00
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	$301.96
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	$302.40
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S), UNILATERAL	$500.52
32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES), UNILATERAL	$500.52
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	$470.39
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	$403.20
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	$386.40
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	$386.40
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	$386.40

Procedure Code	Procedure Description	Allowed Amount
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDURE	$386.40
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEURAL PROCEDURE	$403.20
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	$386.40
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	$403.20
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	$386.40
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	$403.20
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	$395.05
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	$756.00
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	$369.17
32310	PLEURECTOMY; PARIETAL (SEPARATE PROCEDURE)	$554.40
32320	DECORTICATION AND PARIETAL PLEURECTOMY	$554.40
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	$27.66
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	$58.80
32440	PNEUMONECTOMY, TOTAL	$756.00
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL ANASTOM	$756.00
32445	PNEUMONECTOMY, EXTRAPLEURAL; WITHOUT EMPYEMECTOMY	$756.00
32480	LOBECTOMY, TOTAL OR SEGMENTAL;	$756.00
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	$756.00
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	$756.00
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS FOLLOWED	$756.00
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A PORTION	$756.00
32491	EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BOULLOUS) FOR LUNG VOLUME REDUCTION, STERNAL SPLIT	$819.82
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHO- PLASTY)WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTEC	$200.21
32503	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	$1,021.27
32504	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	$1,168.02
32505	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION, INITIAL	$577.30
32506	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION, EACH ADDITIONAL RESECTION, IPSILATERAL	$97.42
32507	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	$97.42
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY);	$623.12
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	$403.72
32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED	$96.80

Procedure Code	Procedure Description	Allowed Amount
32552	REMOVAL OF INDWELLING TUNNELED PLERUAL CATHETER WITH CUFF	$103.41
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUT	$332.51
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	$543.04
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE	$396.29
32556	PLUERAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE	$362.23
32557	PLUERAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE	$588.03
32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	$154.39
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOYLTIC AGENT FOR BREAK UP OF MULTI	$53.87
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOYLTIC AGENT FOR BREAK UP OF MULTI	$47.88
32601	THORACOSCOPY, DIAGNOSTIC(SEPARATE PROCEDURE);LUNGS AND PLEURAL SPACE, WITHOUT BIOPSY	$142.80
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	$151.20
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	$151.20
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILITRATE(S), UNILATERAL	$191.75
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES), UNILATERAL	$235.50
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	$162.85
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS, ANY METHOD	$170.64
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	$170.64
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS	$181.44
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	$170.64
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	$170.64
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE	$170.64
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	$170.64
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC	$170.64
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINA	$170.64
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	$170.64
32662	THORACOSCOPY, SURGICAL; WITH EXISION OF MEDIASTINAL CYST, TUMOR, OR MASS	$170.64
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	$181.44
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	$170.64
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	$170.64
32666	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION, INITIAL UNILATERAL	$539.94
32667	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION, EACH ADDITIONAL RESECTION, IPSILATERAL	$97.42

Procedure Code	Procedure Description	Allowed Amount
32668	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	$98.04
32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT	$831.79
32670	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES	$992.58
32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG	$1,101.97
32672	THORACOSCOPY, SURGICAL; WITH RESECTION-PILCATION FOR EMPHYSEMATOUS LUNG FOR VOLUME	$942.63
32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	$742.83
32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY	$133.54
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY, ENTIRE COURSE OF TREATMENT	$135.19
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	$302.40
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)	$403.10
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	$814.80
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	$744.00
32851	LUNG TANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	$1,355.64
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	$1,470.19
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	$1,505.00
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	$1,505.00
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	$252.00
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	$252.00
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BRONCHOPLEURAL FISTULA	$403.20
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	$403.20
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	$58.80
32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY T	$3,616.13
32997	TOTAL LUNG LAVAGE (UNILATERAL)	$182.87
32998	ABLATION THERAPY FOR REDUCTION OR ERADICTION OF ONE OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL	$1,541.40
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	$0.00
33016	PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	$141.38
33017	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUDING FLUOROSCOPY AND/OR ULTRASOUND GUIDANCE, WH	$146.54
33018	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUDING FLUOROSCOPY AND/OR ULTRASOUND GUIDANCE, WH	$166.98
33019	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUDING CT GUIDANCE	$135.60
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	$555.22
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	$568.43

Procedure Code	Procedure Description	Allowed Amount
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	$781.20
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	$737.47
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	$488.96
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	$781.20
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	$736.02
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	$737.05
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE	$152.94
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG,THORACOTOMY, MEDIAN STERNOTOMY	$435.09
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PERICARDIOSCOPY)	$434.68
33206	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	$294.00
33207	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	$294.00
33208	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); AV SEQUENTIAL	$294.00
33210	INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	$144.27
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	$144.48
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULS	$126.00
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	$210.00
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES RE	$210.00
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR (RIGHT ATRIAL	$170.69
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	$227.66
33217	INSERTION OF 2 TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	$227.45
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT	$210.00
33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACEMAKER OR	$212.59
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	$217.13
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	$237.15
33223	REVISION OF SKIN POCKET FOR CARDIOVERTER-DEFIBRILLATOR	$263.57
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, WITH ATTACHMENT TO PREVIOUS	$275.13
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF PAC	$243.76
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) ELECTRODE (INCLUDING REMOVAL,	$265.02
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD	$207.23
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD	$216.10
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD	$224.98

Procedure Code	Procedure Description	Allowed Amount
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	$233.64
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	$242.52
33233	REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	$115.17
33234	REMOVAL OF TRANSVENOUS PACEMAKER AND ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	$192.57
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	$183.36
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODEBY THORACOTOMY;SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULA	$230.03
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODESBY THORACOTOMY;DUAL LEAD SYSTEM	$230.03
33238	REMOVAL OF PERMASNENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	$309.42
33240	INSERION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	$277.20
33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	$108.15
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	$371.30
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	$309.42
33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER	$371.30
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE	$674.31
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE	$814.80
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)	$761.00
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIO	$916.83
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY	$1,095.78
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	$330.03
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	$373.17
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	$489.58
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS	$814.80
33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	$225.18
33263	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	$234.06
33264	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	$242.93
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED, WITHOUT CARDIOPULMONARY	$761.00
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE, WITHOUT CARDIOPULMONAR	$1,042.53
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRO	$378.74
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	$287.93
33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	$256.56
33273	REPOSITIONING OF PREVIOSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	$231.79

Procedure Code	Procedure Description	Allowed Amount
33274	INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER INTO LOWER RIGHT CHAMBER OF HEART VIA CATHETER USING IMAGING GUIDANC	$293.29
33275	REMOVAL OF PERMANENT LEADLESS PACEMAKER INTO LOWER RIGHT CHAMBER OF HEART VIA CATHETER USING IMAGING GUIDANCE	$311.66
33285	INSERTION OF HEART RHYTHM MONITOR UNDER SKIN	$3,014.88
33286	REMOVAL OF HEART RHYTHM MONITOR FROM UNDER SKIN	$78.43
33289	INSERTION OF WIRELESS PRESSURE SENSOR INTO LUNG ARTERY VIA CATHETER	$196.29
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	$646.80
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	$646.80
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITHOUT BYPASS	$633.44
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULMONARY BYPASS	$775.24
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS	$665.64
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	$910.22
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	$814.80
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT BYPASS	$705.68
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	$814.80
33340	REPAIR OF LEFT UPPER HEART	$479.26
33361	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	$820.44
33362	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE;OPEN FEMORAL ARTERY APPROACH	$897.63
33363	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	$929.42
33364	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH	$988.86
33365	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE;TRANSAORTIC APPROACH	$1,084.43
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE	$1,149.44
33367	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH PERCUTANEOUS	$380.81
33368	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH OPEN	$461.51
33369	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH CENTRAL	$609.29
33390	SIMPLE REPAIR OF AORTIC VALVE BY OPEN PROCEDURE ON HEART-LUNG MACHINE	$1,142.84
33391	COMPLEX REPAIR OF AORTIC VALVE BY OPEN PROCEDURE ON HEART-LUNG MACHINE	$1,354.19
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	$814.80
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE	$814.80
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH HOMOGRAFT VALVE (FREEHAND)	$756.00
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE	$1,237.16
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP	$781.20

Procedure Code	Procedure Description	Allowed Amount
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)	$781.20
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLO- GOUS PULMONARY VALVE WITH HOMOGRAFT REPLACEMENT OF PULM	$781.20
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT	$615.97
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS	$781.20
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPH	$781.20
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	$781.20
33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;	$1,024.78
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;	$329.00
33420	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); CLOSED	$781.20
33422	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	$781.20
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	$781.20
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	$1,392.53
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	$1,505.63
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	$814.80
33440	REPLACEMENT OF AORTIC VALVE BY TRANSLOCATION OF PULMONARY VALVE, REPLACEMENT OF PULMONARY VALVE WITH CONDUIT, AND ENLARGEMENT	$2,024.78
33460	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS;	$781.20
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	$927.36
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	$992.78
33465	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS; REPLACEMENT	$781.20
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	$781.20
33470	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); CLOSED (TRANSVENTRICULAR)	$566.77
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY	$781.20
33474	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	$752.74
33475	REPLACEMENT, PULMONARY VALVE	$781.20
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY	$615.97
33477	TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-STENTING OF VALVE	$775.44
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION	$744.00
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)	$1,291.24
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIO-PULMONARY BYPASS	$814.80
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARDIO-PULMONARY BYPASS	$714.97
33502	ANOMALOUS CORONARY ARTERY; LIGATION	$731.48

Procedure Code	Procedure Description	Allowed Amount
33503	ANOMALOUS CORONARY ARTERY; GRAFT, WITHOUT CARDIOPULMONARY BYPASS	$732.51
33504	ANOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY BYPASS	$814.80
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)	$814.80
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	$814.80
33507	REPAIR OF ANOMALOUS AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION	$985.15
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OR VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST	$9.29
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	$814.80
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	$814.80
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	$814.80
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	$814.80
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	$814.80
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	$814.80
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADD	$543.20
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADD	$543.20
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN A	$543.20
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN AD	$543.20
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS GRAFTS (LIST SEPARATELY IN AD	$543.20
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE VENOUS GRAFTS (LIST SEPARATEL	$543.20
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION	$543.20
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	$814.80
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	$814.80
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	$814.80
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL GRAFTS	$814.80
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	$814.80
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION	$814.80
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHESTIC PATCH, WHEN PERFORMED	$1,296.81
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY	$171.52
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID)BY SUTURE OR PATCH	$730.80
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	$730.80
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	$730.80
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY CONTRUCTION	$730.80

Procedure Code	Procedure Description	Allowed Amount
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES(EG.SINGLE VENTRICLEWITH SUBAORTIC OBSTRUCTION)BY SURGICAL ENLARGEMENT OF	$730.80
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	$730.80
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;WITH REPAIR OF RIGHT VENTRICULAR	$730.80
33615	REPAIR OF COMPLEXCARDIAC ANOMALIES BY CLOSURE OFATRIAL-SEPTAL DEFECT AND ANASTOMOSIS OF ATRIA OR VENA CAVA TO	$730.80
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG. SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE	$730.80
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA	$756.00
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG HYBRID APPROACH STAGE1)	$1,050.58
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE (EG, HYBRID APPROACH	$564.09
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG. SINGLE VENTRICLE OR HYPOPLASTICLEFT HEART) WITH PALLIATION	$2,212.20
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	$730.80
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE	$730.80
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE	$730.80
33660	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT;	$712.83
33665	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT; WITH REPAI	$730.80
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	$730.80
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS	$1,210.33
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	$1,248.31
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND. WITH OR WITHOUT GUSSET	$1,297.64
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	$611.00
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	$549.90
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WIT	$770.00
33690	BANDING OF PULMONARY ARTERY	$672.09
33692	COMPLETE REPAIR TETRALOGY OF FALLOT;	$733.19
33694	COMPLETE REPAIR TETRALOGY OF FALLOT; WITH TRANSANNULAR PATCH	$770.00
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT VENTRI	$770.00
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	$733.19
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VENTRICULAR SEPTAL DEFECT	$770.00
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	$770.00
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	$770.00
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDROME)	$869.15
33726	REPAIR OF PULMONARY VENOUS STENOSIS	$1,146.14

Procedure Code	Procedure Description	Allowed Amount
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)	$733.19
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE	$733.14
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED (BLALOCK-HANLON TYPE OPERATION)	$504.00
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	$577.50
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION	$577.50
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	$756.00
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	$756.00
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	$756.00
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	$756.00
33766	SHUNT; VENA CAVA TO PULMONARY ARTERY (GLENN TYPE OPERATION)	$756.00
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	$756.00
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA	$244.79
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS;	$756.00
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES...; WITH SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT	$756.00
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	$756.00
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	$756.00
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	$756.00
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	$756.00
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);	$756.00
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	$756.00
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	$756.00
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	$756.00
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAIDOH PROC	$1,876.59
33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAIDOH PROC	$2,028.50
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	$637.56
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	$654.50
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA) (SEPARATE PROCEDURE)	$590.30
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	$672.09
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	$756.00
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	$616.00
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	$756.00

Procedure Code	Procedure Description	Allowed Amount
33820	PATENT DUCTUS ARTERIOSUS; LIGATION (PRIMARY PROCEDURE)	$504.00
33822	PATENT DUCTUS ARTERIOSUS; DIVISION, UNDER 18 YEARS	$504.00
33824	PATENT DUCTUS ARTERIOSUS; DIVISION, 18 YEARS AND OLDER	$504.00
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT ANASTOMOSIS	$756.00
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT	$664.13
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEF	$693.00
33852	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR OF HYPOPLASTIC O	$693.00
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITH CARDIOPULMONARY	$693.00
33858	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISSECTION	$2,033.87
33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISEASE OTHER THAN D	$1,460.07
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS,WITHOR WITHOUT VALVE SUSPENSION;WITH CORONARY RECONSTRUCTIO	$756.00
33863	ASCENDING AORTA GRAFT-...;WITH AORTIC ROOT REPLACEMENT USING COMPOSITE PROSTHESIS AND CORONARY RECONSTRUCTION	$756.00
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION	$1,792.38
33866	GRAFT TO HALF OF AORTIC ARTERY ARCH	$616.10
33871	TRANSVERSE AORTIC ARCH GRAFT, WITH CARDIOPULMONARY BYPASS, WITH PROFOUND HYPOTHERMIA, TOTAL CIRCULATORY ARREST AND ISOLATED C	$1,955.43
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	$756.00
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPULMONARY BYPASS	$756.00
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN, INITIAL	$1,016.52
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN,	$873.28
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INITIAL EXTEN	$646.24
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION	$240.25
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA	$558.11
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF	$480.50
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN CONJUNCTION	$613.01
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	$756.00
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT BYPASS	$512.40
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS	$814.80
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH 0R GRAFT	$756.00
33918	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY UNIFOCALIZATION OF PULMONARY ARTERIES; WITHOUT	$756.00
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGH	$730.80
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	$730.80

Procedure Code	Procedure Description	Allowed Amount
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEAR	$212.18
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CARDIOPULMONARY BYPASS	$1,007.23
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDIOPULMONARY BYPASS	$1,360.80
33927	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH RECIPIENT CARDIECTOMY	$1,523.85
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	$1,505.00
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	$1,505.00
33946	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INITIATION	$188.86
33947	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; DAILY MANAGEMENT	$205.78
33948	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; DAILY MANAGEMENT	$144.27
33949	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; DAILY MANAGEMENT	$140.76
33951	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	$233.03
33952	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	$227.04
33953	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	$259.44
33954	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	$252.84
33955	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	$534.37
33956	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	$505.27
33957	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	$177.92
33958	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	$174.00
33959	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	$205.37
33962	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	$196.08
33963	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION OF CENTRAL	$334.57
33964	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION OF CENTRAL	$338.70
33965	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	$176.06
33966	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	$194.84
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	$147.16
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	$23.94
33969	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	$204.96
33970	INTRA-AORTIC BALLOON COUNTERPULSATION; INSERTION ONLY	$346.13
33971	INTRA-AORTIC BALLOON COUNTERPULSATION; REMOVAL OF BALLOON INCLUDING REPAIR OF ARTERY, WITH OR WITHOUT GRAFT	$273.76
33973	INSERTION OF INTR-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	$346.13
33974	REMOVAL OF INRRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORT	$273.76

Procedure Code	Procedure Description	Allowed Amount
33975	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	$273.76
33976	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	$365.00
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	$273.76
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	$300.00
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	$1,178.13
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	$0.00
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP	$0.00
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE, PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT	$0.00
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE, PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIO	$0.00
33984	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	$200.62
33985	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF CENTRAL	$379.16
33986	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF CENTRAL	$361.41
33987	ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT TO FACILITATE ARTERIAL PERFUSION FOR ECMO/ECLS	$152.12
33988	INSERTION OF LEFT HEART VENT BY THORACIC INCISION FOR ECMO/ECLS, INCISION OF LEFT HEART VENT	$443.76
33989	REMOVAL OF LEFT HEART VENT BY THORACIC INCISION FOR ECMO/ECLS, REMOVAL OF LEFT HEART VENT	$296.39
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION;	$266.88
33991	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION;	$388.86
33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPERATE AND DISTINCT SESSION FROM INSERTION	$126.94
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPERATE AND DISTINCT SESSION	$111.46
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	$0.00
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCIS	$394.80
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC INCISION	$501.35
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY A	$388.65
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION	$338.08
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY ABDOMIN	$512.40
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION	$387.00
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION	$394.80
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION	$420.00
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION	$302.40
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION	$420.00
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	$277.20

Procedure Code	Procedure Description	Allowed Amount
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION	$302.40
34501	VALVULOPLASTY, FEMORAL VEIN	$504.00
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	$504.00
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	$504.00
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	$616.00
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	$504.00
34701	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DE	$737.26
34702	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DE	$1,101.35
34703	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROC	$830.76
34704	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROC	$1,381.85
34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCE	$915.18
34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCE	$1,377.51
34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECT	$687.52
34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECT	$1,106.51
34709	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) OR PROXIMAL TO THE RENAL ARTERY(IES) FOR ENDOVASCULA	$193.60
34710	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC AN	$479.88
34711	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC AN	$178.74
34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG, ANCHOR, SCREW, TACK) AND ALL ASSOCIATED RADIOLOGICAL	$410.12
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER), INC	$77.19
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIO	$162.02
34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION	$181.01
34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT	$224.77
34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY AT THE TIME OF AORTO-ILIAC ARTERY ENDOGRAFT PLACEMENT BY DEPLOYMENT OF AN ILIAC BRANCHED END	$267.08
34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY, NOT ASSOCIATED WITH PLACEMENT OF AN AORTO-ILIAC ARTERY ENDOGRAFT AT THE SAME SESSION, BY DEP	$744.69
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE	$125.28
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOCVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL	$205.16
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR	$145.72
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCULSION DURING ENDOVASCULAR THER	$296.18
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, TUBE PROSTHESIS	$1,026.63
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BI-ILIAC PROSTHESIS	$1,109.81
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BIFEMORAL PROSTHESIS	$1,109.81

Procedure Code	Procedure Description	Allowed Amount
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR	$364.92
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR PROSTHESI	$171.72
35001	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$756.00
35002	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$718.68
35005	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$605.16
35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$550.26
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$697.84
35021	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$756.00
35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$756.00
35045	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$512.08
35081	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$814.80
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$814.80
35091	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$814.80
35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$814.80
35102	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$814.80
35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$814.80
35111	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$751.30
35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$625.80
35121	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$756.00
35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$756.00
35131	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$746.76
35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$756.00
35141	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$638.40
35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$701.76
35151	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$706.09
35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	$555.63
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	$437.98
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	$332.21
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	$466.05
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	$475.34
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	$940.50

Procedure Code	Procedure Description	Allowed Amount
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	$503.20
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	$432.41
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	$357.55
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	$450.98
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	$625.28
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	$493.86
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	$285.60
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	$285.60
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	$285.60
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	$285.60
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	$285.60
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	$285.60
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	$285.60
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	$285.60
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	$285.60
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	$455.04
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	$623.44
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	$540.48
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	$285.60
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	$285.60
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION	$638.40
35302	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT; IF PERFORMED; SUPERFICIAL FEMORAL ARTERY	$647.89
35303	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY	$712.08
35304	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK ARTERY	$740.98
35305	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL	$712.08
35306	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY	$267.70
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION	$638.40
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	$551.50
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	$756.00
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	$756.00
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	$756.00

Procedure Code	Procedure Description	Allowed Amount
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	$694.33
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	$756.00
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	$756.00
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	$526.73
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	$640.54
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION	$108.15
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION T	$114.35
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	$504.00
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	$504.00
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	$504.00
35470	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	$504.00
35473	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; ILIAC	$504.00
35474	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL	$504.00
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	$541.18
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	$504.00
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	$504.00
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	$504.00
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC	$504.00
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	$504.00
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL ARTERY	$541.18
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	$504.00
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	$504.00
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL	$504.00
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC	$504.00
35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	$504.00
35500	HARVEST OF UPPER EXTREMETY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BYPASS PROCEDURE	$189.89
35501	BYPASS GRAFT, WITH VEIN; CAROTID	$756.00
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN	$756.00
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	$756.00
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID	$756.00
35510	BYPASS GRAFT, WITH VEIN; CAROTID BRACHIAL	$726.12

Procedure Code	Procedure Description	Allowed Amount
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	$577.92
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN BRACHIAL	$712.29
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	$635.92
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	$738.91
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	$720.75
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	$737.47
35522	BYPASS GRAFT, WITH VEIN; AXILLARY BRACHIAL	$691.85
35523	BYBASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR RADIAL	$729.83
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL BRACHIAL	$660.69
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	$708.57
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	$756.00
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	$756.00
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	$1,172.56
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	$756.00
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	$1,252.64
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	$1,399.60
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	$1,315.39
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	$1,466.68
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	$756.00
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	$677.61
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	$756.00
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	$504.00
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	$727.15
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS	$756.00
35570	BYPASS GRAFT, WITH VEIN;	$905.27
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL VESSELS	$756.00
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCEDURE (EG, AORTIC, VENA CAVAL, C	$206.81
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	$756.00
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	$756.00
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	$756.00
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE	$154.18

Procedure Code	Procedure Description	Allowed Amount
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	$756.00
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	$756.00
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	$711.67
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	$714.56
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	$744.28
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	$521.16
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	$756.00
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	$756.00
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	$1,113.32
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	$1,202.28
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	$1,089.59
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL	$756.00
35637	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	$996.50
35638	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	$1,012.39
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	$608.26
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	$612.60
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL	$983.08
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	$888.35
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	$697.01
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	$814.80
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	$746.34
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	$655.32
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	$717.86
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	$730.86
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	$756.00
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	$756.00
35681	BYPASS GRAFT, COMPOSITE	$595.88
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS	$256.76
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS FROM TWO OR MORE LOCATIONS	$294.53
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT	$123.01
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS)	$101.76

Procedure Code	Procedure Description	Allowed Amount
35691	TRANSPOSITION AND-OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	$756.00
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	$520.13
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	$602.48
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	$602.48
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY	$91.23
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL-ANTERIOR TIB-IAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL	$104.23
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; CAROTID ARTERY	$259.65
35702	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; UPPER EXTREMITY (EG, AXILLARY, BRACHIAL, RADIAL, ULNAR)	$245.62
35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POP	$249.33
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	$319.20
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	$437.77
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	$359.34
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	$263.20
35870	REPAIR OF GRAFT-ENTERIC FISTULA	$731.50
35875	THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	$424.98
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT	$429.00
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	$545.52
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITION	$598.15
35883	REVISION, FEMORAL ANASTOMOSIS OF SYSNTHETIC ARTERIAL BYPASS GRAFT IN GRION, OPEN; WITH NONAUTOGENOUS PATCH	$726.94
35884	REVISION, FEMORAL ANASTOMOSIS OF SYSNTHETIC ARTERIAL BYPASS GRAFT IN GRION, OPEN; WITH AUTOGENOUS VEIN PATCH	$772.14
35901	EXCISION OF INFECTED GRAFT; NECK	$313.55
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	$313.55
35905	EXCISION OF INFECTED GRAFT; THORAX	$451.07
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	$451.07
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	$16.80
36002	INJECTION PROCEDURES (EG, THROMBIN)FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM	$102.99
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	$25.20
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	$50.40
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	$67.20
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, P	$84.00
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	$50.40

Procedure Code	Procedure Description	Allowed Amount
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	$67.20
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	$84.00
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	$123.63
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	$33.60
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	$84.00
36200	INTRODUCTION OF CATHETER, AORTA	$84.00
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A V	$76.70
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN	$119.18
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHAL	$204.75
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR B	$32.09
36221	NON SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL	$707.33
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	$875.96
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	$958.32
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF IPSILATERAL	$1,040.88
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	$951.30
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	$1,061.10
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	$152.74
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES,	$728.39
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BR	$235.20
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY BRANC	$235.20
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWE	$235.20
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PE	$235.20
36251	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	$891.65
36252	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	$978.75
36253	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	$1,364.10
36254	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	$1,419.21
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)	$352.80
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	$201.60
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	$201.60
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	$0.00
36400	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL, JUGULAR OR SAGITTAL SINUS	$5.40

Procedure Code	Procedure Description	Allowed Amount
36405	VENIPUNCTURE, UNDER AGE 3 YEARS; SCALP VEIN	$12.84
36406	VENIPUNCTURE, UNDER AGE 3 YEARS; OTHER VEIN	$6.91
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR DIAGN	$49.75
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF SPECIMEN(S)	$1.80
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	$33.23
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	$28.00
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	$21.26
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	$25.20
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	$145.60
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	$124.98
36456	PARTIAL EXCHANGE TRANSFUSION, NEWBORN	$63.78
36460	TRANSFUSION, INTRAUTERINE, FETAL	$100.10
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLU	$931.28
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLU	$973.59
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK	$21.00
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	$21.00
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	$21.00
36473	MECHANICOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE; FIRST VEIN TRE	$875.55
36474	MECHANICOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE; SUBSEQUENT V	$160.37
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	$1,207.03
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	$236.12
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	$1,111.67
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	$238.39
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	$25.20
36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE	$1,239.64
36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE	$84.21
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	$25.20
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	$25.20
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	$51.60
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	$51.60
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	$51.60

Procedure Code	Procedure Description	Allowed Amount
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	$51.60
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSIO	$51.60
36522	PHOTOPHERESIS, EXTRACORPOREAL	$98.56
36555	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE	$184.11
36556	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER	$157.90
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	$398.35
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR	$390.10
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5	$746.76
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER	$739.94
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	$693.09
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA	$595.67
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS	$622.50
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	$214.66
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER	$180.39
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, UNDER 5 YEARS OF AGE	$957.70
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, AGE 5 YEARS OR OLDER	$35.50
36572	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION USING IMAGING GUIDANCE, PATIENT YOUNGER THAN 5 YEARS	$245.62
36573	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION USING IMAGING GUIDANCE, PATIENT 5 YEARS OR OLDER	$231.17
36575	REPAIR OF TUNNELED OR NON TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, CENTRAL	$95.15
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCANTEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE	$237.15
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP,CENTRAL OR	$302.17
36580	REPLACEMENT, COMPLETE, OF A NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS	$151.50
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	$357.28
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	$669.77
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	$391.75
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	$158.52
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	$843.76
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHERER. WITHOUT SUBCUTANEOUS PORT OR PUMP	$95.77
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL	$207.02
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	$11.35
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	$14.04

Procedure Code	Procedure Description	Allowed Amount
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	$24.56
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	$470.59
36596	MECHANICAL REMOVAL OF INTRALUMINAL OBSTUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	$107.95
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	$91.85
36598	CONTRAST INJECTIONS FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY,	$71.00
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	$11.95
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTAN	$33.60
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	$42.00
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	$75.60
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	$50.40
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	$35.09
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN	$93.52
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	$151.20
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE	$143.04
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	$401.04
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	$458.21
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VWIN TRANSPOSITION	$455.94
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	$354.60
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULATION INCLUDING REGIONAL CHEMOTH	$692.68
36825	CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT	$504.00
36830	CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT	$504.00
36831	THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION	$228.69
36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT	$504.00
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY	$365.95
36835	INSERTION OF THOMAS SHUNT	$212.52
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION, UPPER EXTREMITY HEMODIALYSIS ACCESS	$678.85
36860	CANNULA DECLOTTING; WITHOUT BALLOON CATHETER	$49.31
36861	CANNULA DECLOTTING; WITH BALLOON CATHETER	$67.20
36901	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$333.96
36902	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND BALLOON DILATION OF DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGI	$710.22
36903	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLO	$3,256.99

Procedure Code	Procedure Description	Allowed Amount
36904	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUIT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED	$1,035.51
36905	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUIT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED	$1,325.09
36906	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WIT	$3,949.46
36907	BALLOON DILATION OF DIALYSIS SEGMENT, ACCESSED THROUGH THE SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	$424.98
36908	INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	$1,565.34
36909	PERMANENT BLOCKAGE OF DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$1,141.80
37140	ANASTOMOSIS; PORTOCAVAL	$756.00
37145	ANASTOMOSIS; RENOPORTAL	$756.00
37160	ANASTOMOSIS; CAVAL-MESENTERIC	$756.00
37180	ANASTOMOSIS; SPLENORENAL, PROXIMAL	$756.00
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)	$756.00
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTA	$513.11
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTAL	$238.39
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	$1,674.11
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT, INC	$545.72
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	$1,130.45
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	$1,628.91
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	$1,408.27
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLDING ACCESS, VESSEL SELECTION, AND	$1,620.86
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSELL SELE	$1,087.11
37193	RETRIEVAL OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELEC	$1,037.57
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	$169.66
37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY, INCLUDES RADIOLOGICAL SUPERVISION	$961.20
37200	TRANSCATHETER BIOPSY	$132.92
37211	TRANCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLO	$246.65
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION	$217.75
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	$152.32
37214	TRANCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	$89.37
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC	$596.29
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITHOUT DISTAL EMBO	$574.41
37217	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY	$670.80

Procedure Code	Procedure Description	Allowed Amount
37218	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY	$481.53
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	$265.02
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	$322.40
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	$120.33
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	$140.76
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	$291.85
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH ATHERECT	$393.19
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	$323.84
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	$474.93
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	$474.93
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	$460.48
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;WITH	$444.17
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	$482.77
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	$129.00
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	$211.97
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	$176.68
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	$250.78
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	$1,649.34
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	$716.41
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	$2,411.78
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	$1,198.77
37241	VASCULAR EMBOLIZATION OR OCCULUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	$2,669.99
37242	OCCULUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	$4,497.25
37243	OCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	$5,677.24
37244	VASCULAR EMBOLIZATION OR OCCULUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	$3,975.06
37246	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PRCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND IN	$1,250.78
37247	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PRCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND IN	$506.09
37248	BALLOON DILATION OF FIRST VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AN	$866.47
37249	BALLOON DILATION OF ADDITIONAL VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISI	$371.31
37252	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; INITIAL NONCORONARY	$821.88
37253	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; EACH ADDITIONAL	$127.76

Procedure Code	Procedure Description	Allowed Amount
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	$414.86
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	$0.00
37565	LIGATION OF INTERNAL JUGULAR VEIN	$201.60
37600	LIGATION; EXTERNAL CAROTID ARTERY	$210.00
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	$231.99
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP	$252.00
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	$197.52
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	$100.80
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	$256.56
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	$302.40
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	$378.00
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	$210.94
37619	LIGATION OF INFERIOR VENA CAVA	$1,007.03
37650	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, INTRAVASCULAR DEVICE	$168.00
37660	INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY LIGATURE, INTRAVASCULAR DEVICE	$294.00
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	$151.20
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	$226.42
37722	LIGATION, DIVISION, AND STRIPPING, LONG SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	$269.76
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER A	$413.01
37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT	$100.80
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	$328.38
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	$254.90
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	$309.81
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	$100.80
37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG	$42.00
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	$231.00
37790	PENILE REVASCULARIZATON, ARTERY, WITH OR WITHOUT VEIN GRAFT	$252.22
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	$0.00
38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	$464.19
38101	SPLENECTOMY (SEPARATE PROCEDURE); PARTIAL	$439.84
38102	SPLENECTOMY; TOTAL, IN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE	$161.40

Procedure Code	Procedure Description	Allowed Amount
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	$378.00
38120	LAPAROSCOPY, SURGICAL SPLENECTOMY	$0.00
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	$0.00
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	$58.80
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC	$44.58
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	$44.58
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE	$0.00
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN HARVEST	$0.00
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; WASHING OF HARVEST	$0.00
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL DEPLETION WITHIN HARVEST, T-CELL DEPLE	$0.00
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	$0.00
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	$0.00
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	$0.00
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION	$0.00
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA, MONONUCLEAR, OR BUFFY	$0.00
38220	BONE MARROW ASPIRATION	$118.68
38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	$126.94
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	$99.90
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	$150.35
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	$112.49
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC	$149.74
38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	$103.90
38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS	$50.77
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	$70.59
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	$33.60
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	$33.60
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	$175.03
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	$280.00
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	$420.00
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	$316.41
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)	$58.80

Procedure Code	Procedure Description	Allowed Amount
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)	$50.36
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)	$58.80
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD	$58.80
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)	$33.60
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)	$33.60
38531	OPEN BIOPSY OR EXCISION OF LYMPH NODES IN GROIN	$260.06
38542	DISSECTION, DEEP JUGULAR NODE(S)	$214.66
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; SIMPLE	$118.22
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCUALR DISSECTION; COMPLEX	$270.18
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	$361.20
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	$361.20
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	$301.55
38571	LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	$382.25
38572	LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING	$443.35
38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PER	$693.30
38589	UNLISTED LAPAROSCOPY PROCEDURE,LYMPHATIC SYSTEM	$0.00
38700	SUPRAHYOID LYMPHADENECTOMY	$361.20
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	$504.00
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	$616.10
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	$248.92
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	$374.20
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	$148.61
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, PARA-AORTIC AND VENA CAVA NODES	$165.12
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	$335.81
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILI	$546.00
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)	$609.91
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENCTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES (SEPARATE	$711.05
38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	$80.08
38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	$21.47
38794	CANNULATION, THORACIC DUCT	$84.00
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S),INCLUDES INJECTION OF NON-RADIO	$83.39

Procedure Code	Procedure Description	Allowed Amount
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	$0.00
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH	$252.01
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; TRANSTHORACIC	$493.92
39200	EXCISION OF MEDIASTINAL CYST	$542.21
39220	EXCISION OF MEDIASTINAL TUMOR	$680.40
39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN PERFORMED	$186.79
39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	$243.96
39499	UNLISTED PROCEDURE, MEDIASTINUM	$0.00
39501	REPAIR, LACERATION OF DIAPHRAGM	$515.59
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDOPLASTY, VAGOTOMY, AND/OR PYLOROPLAS	$613.63
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION OF VE	$730.80
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	$626.42
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL	$642.32
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL, WITH DILATION OF STRICTURE (WITH	$563.68
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	$549.85
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	$572.97
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION; PARALYTIC	$452.02
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	$454.29
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL LOCAL MUSCLE FLAP)	$622.92
39599	UNLISTED PROCEDURE, DIAPHRAGM	$0.00

40000 Series Surgery/Digestive System

Procedure Code	Procedure Description	Allowed Amount
40490	BIOPSY OF LIP	$25.20
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	$210.00
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	$100.80
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	$100.80
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)	$210.00

Procedure Code	Procedure Description	Allowed Amount
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)	$210.00
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	$210.00
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	$182.66
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	$210.00
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	$271.83
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	$369.60
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE	$542.40
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES	$477.61
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	$336.00
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECT	$504.00
40799	UNLISTED PROCEDURE, LIPS	$0.00
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	$40.45
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	$42.00
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	$38.60
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	$42.00
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	$16.80
40808	BIOPSY, VESTIBULE OF MOUTH	$25.20
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	$50.40
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	$50.40
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR	$50.40
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	$50.40
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	$50.40
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	$50.40
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	$25.20
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	$25.20
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	$50.40
40840	VESTIBULOPLASTY; ANTERIOR	$38.50
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	$38.50
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	$57.75
40844	VESTIBULOPLASTY; ENTIRE ARCH	$220.00
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	$96.25

Procedure Code	Procedure Description	Allowed Amount
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	$0.00
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	$42.00
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFI	$40.04
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, S	$50.40
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	$50.40
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	$50.40
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	$50.40
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	$33.64
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL	$50.40
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	$50.40
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	$50.40
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	$50.40
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION FOR SUBSEQUENT INTERS	$262.33
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	$25.20
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	$25.20
41108	BIOPSY OF FLOOR OF MOUTH	$25.20
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	$50.40
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	$50.40
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	$50.40
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	$50.40
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	$25.20
41116	EXCISION, LESION OF FLOOR OF MOUTH	$33.60
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	$302.40
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	$302.40
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	$504.00
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NECK DISSECTION	$504.00
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RADICAL NECK DISSECTION	$814.80
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK	$814.80
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION	$814.80
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECT	$814.80
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	$50.40

Procedure Code	Procedure Description	Allowed Amount
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	$58.80
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	$67.20
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	$84.00
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	$323.22
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	$92.40
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	$1,606.00
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	$0.00
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	$14.02
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	$33.61
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	$93.29
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	$104.00
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	$38.50
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	$51.34
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	$66.01
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	$84.00
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	$83.93
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR	$115.82
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT (SPECIFY)	$69.30
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	$84.00
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	$23.10
41870	PERIODONTAL MUCOSAL GRAFTING	$100.00
41872	GINGIVOPLASTY	$77.00
41874	ALVEOPLASTY	$69.06
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	$0.00
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	$39.22
42100	BIOPSY OF PALATE, UVULA	$25.20
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	$50.40
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	$50.40
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	$183.97
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	$309.39
42140	UVULECTOMY, EXCISION OF UVULA	$42.00

Procedure Code	Procedure Description	Allowed Amount
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	$422.89
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	$67.85
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	$103.41
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	$116.74
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	$367.60
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	$431.58
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBT	$492.26
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	$355.01
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	$268.32
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	$356.04
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	$378.00
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	$351.91
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	$284.63
42260	REPAIR OF NASOLABIAL FISTULA	$168.00
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	$76.37
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	$71.21
42299	UNLISTED PROCEDURE, PALATE, UVULA	$0.00
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	$62.13
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	$67.20
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	$55.73
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	$112.00
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	$71.00
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	$124.67
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	$168.00
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	$34.88
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	$42.00
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	$100.80
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	$134.40
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION	$302.40
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	$588.00
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	$672.00

Procedure Code	Procedure Description	Allowed Amount
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE	$378.00
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION	$672.00
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	$218.40
42450	EXCISION OF SUBLINGUAL GLAND	$233.68
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	$191.75
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	$210.00
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	$235.71
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS	$378.00
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCT	$338.91
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	$25.20
42600	CLOSURE SALIVARY FISTULA	$186.79
42650	DILATION SALIVARY DUCT	$25.20
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	$25.20
42665	LIGATION SALIVARY DUCT, INTRAORAL	$50.40
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	$0.00
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	$50.40
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH	$84.00
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH	$210.00
42800	BIOPSY; OROPHARYNX	$25.20
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	$25.20
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	$25.20
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	$42.00
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	$42.00
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	$141.80
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	$339.94
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE	$325.91
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE	$520.13
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER FLAP	$814.80
42860	EXCISION OF TONSIL TAGS	$50.40
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	$75.60
42890	LIMITED PHARYNGECTOMY	$543.20

Procedure Code	Procedure Description	Allowed Amount
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR	$547.79
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	$808.47
42900	SUTURE PHARYNX FOR WOUND OR INJURY	$206.40
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	$389.27
42953	PHARYNGOESOPHAGEAL REPAIR	$323.43
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	$114.60
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE	$60.00
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE COMPLICATED, REQUIRING	$120.00
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE WITH SECONDARY SURGICAL	$150.00
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NAS	$66.00
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); COMPLICATED, REQUIRING HOS	$120.00
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL IN	$150.00
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	$0.00
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	$336.00
43030	CRICOPHARYNGEAL MYOTOMY	$378.95
43045	ESOPHAGOTOMY, THORACIC APPROACH; WITH REMOVAL OF FOREIGN BODY	$504.00
43100	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	$403.20
43101	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC APPROACH	$551.71
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROST	$1,117.04
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	$1,293.72
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOM	$1,146.35
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	$1,314.15
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING	$1,232.41
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT P;	$1,207.65
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORA- COTOMY AND SEPARATE ABDOMINAL INCISION,...WITH COLON	$1,273.28
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH	$1,098.87
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMOMY; WITH	$1,098.87
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH...;WITH COLON INTERPOSITION OR SMALL BOWEL	$1,273.28
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERVICAL ESOPHAGOSTOMY	$1,066.06
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL APPROACH	$420.00
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC APPROACH	$603.51

Procedure Code	Procedure Description	Allowed Amount
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL ESOPHAGUS, WITH	$313.52
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN	$75.13
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECT SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	$89.58
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	$106.71
43194	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH REMOVAL OF FOREIGN BODY	$96.80
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL;WITH BALLOON DILATION (LESS THAN 30MM DIAMETER)	$106.92
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE	$117.24
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	$108.15
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	$120.74
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE	$93.91
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	$137.26
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR	$107.33
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INJECTION SCLEROSIS OF ESOPHAGEAL VARICES	$134.40
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	$137.67
43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES	$255.94
43211	REMOVAL OF TISSUE LINING OF ESPHAGUS USING AN ENDOSCOPE	$145.72
43212	PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE	$114.96
43213	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); WITH DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR	$721.78
43214	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$117.24
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF FOREIGN BODY	$154.18
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYPS(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEP	$149.23
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF POLYPOID LESION(S)	$19.20
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR DILATION, DIRECT, ANY METHOD	$118.47
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF WIRE TO GUIDE DILATION	$124.67
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASE	$185.55
43229	DESTRUCTIOB OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	$425.60
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	$127.35
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE	$147.99
43233	BALLOON DILATION OF ESPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL USING ENDOSCOPE	$139.11
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$168.00
43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APP	$160.17

Procedure Code	Procedure Description	Allowed Amount
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE	$120.95
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	$149.64
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$184.80
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSMURAL DRAINAGE OF PSEUDOCYST	$224.77
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$184.80
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSENDOSCOPIC ULTRASOOUND-GUIDED INTRAMU	$161.61
43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$222.09
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC	$166.98
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$184.80
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$226.83
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$184.80
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF	$115.17
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH ...WITH BALLOON DILATION OF ESOPHAGUS	$143.04
43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	$184.93
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$196.91
43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL	$161.40
43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	$167.60
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$218.58
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	$166.36
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH ENDOSCOPIC ULTRASOUND EXAMINATION	$142.83
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN;	$259.44
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; WITH BIOPSY, SINGLE OR MULTIPLE	$262.75
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	$277.20
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	$261.10
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	$277.20
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	$277.20
43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	$138.70
43270	DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING ENDOSCOPE	$424.36
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(S) AND/OR PANCREATIC DUCT(S)	$71.83
43274	PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$287.10
43275	REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$236.74

Procedure Code	Procedure Description	Allowed Amount
43276	REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$298.66
43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$238.19
43278	DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCPE	$270.80
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED	$674.72
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	$575.24
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT	$881.53
43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH	$991.55
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	$99.69
43284	PLACEMENT OF AUGMENTATION DEVICE IN SPHINCTER OF ESOPHAGUS USING LAPAROSCOPE	$387.83
43285	REMOVAL OF AUGMENTATION DEVICE IN SPHINCTER OF ESOPHAGUS	$392.37
43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND MEDIASTINAL ESOPHAGUS AND PROXIMAL GAS	$1,879.48
43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL	$2,146.56
43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH THORACOSCOPIC MOBILIZATION OF THE UPPER, MIDDLE, AND LOWER MEDIASTINAL ESOPHAGUS, WITH	$2,239.44
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	$0.00
43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS	$467.50
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL	$661.10
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS	$672.00
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL	$672.00
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;W/O REPAIR OF CONG	$1,500.94
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION),THORACIC APPROACH; WITH REPAIR OF CON	$1,648.52
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY; ABDOMINAL APPROACH	$567.81
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	$588.00
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	$588.00
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	$492.06
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	$501.76
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE;THORACOTOMY	$737.05
43330	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); ABDOMINAL APPROACH	$504.00
43331	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THORACIC APPROACH	$504.00
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL	$718.68
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL	$780.40
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT	$788.86

Procedure Code	Procedure Description	Allowed Amount
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL	$849.96
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEP	$931.28
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT	$1,016.52
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	$82.77
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	$588.00
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	$558.52
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	$336.00
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	$336.00
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR	$1,065.23
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAG- ECTOMY, FOR OBSTRUCTING ESOPHAGEAL...WITH COLON INTERPO	$1,232.41
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	$336.00
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION	$656.56
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	$416.93
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH	$604.80
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	$336.00
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	$568.43
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; INITIAL SESSION	$45.82
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING	$50.40
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	$50.40
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	$0.00
43499	UNLISTED PROCEDURE, ESOPHAGUS	$0.00
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	$310.01
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER OR ESOPHAGOGASTRIC LACERATION	$336.00
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, MALLORY-WEISS)	$541.39
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTIC TUBES	$336.00
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	$257.17
43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	$50.40
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	$320.54
43610	EXCISION, LOCAL, OF ULCER OR TUMOR OF STOMACH	$369.60
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	$458.00
43620	GASTRECTOMY, TOTAL; INCLUDING INTESTINAL ANASTOMOSIS	$730.80

Procedure Code	Procedure Description	Allowed Amount
43621	EXCISION, LOCAL; WITH ROUX-EN-Y RECONSTRUCTION	$730.80
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	$730.80
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	$680.29
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	$680.29
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTON	$689.79
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	$730.80
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY	$672.00
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE	$504.00
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)	$504.00
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY	$870.39
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION	$938.71
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	$0.00
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	$0.00
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	$327.56
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE	$394.43
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE(EG, STAMM PROCEDURE)	$265.64
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	$0.00
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL	$12.59
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN(EG, ACID ANALYSIS)	$19.20
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC	$35.09
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR	$31.58
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPE	$45.61
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM FOR	$55.92
43762	REPLACEMENT OF STOMACH STOMA TUBE ACCESSED THROUGH SKIN	$130.24
43763	REPLACEMENT OF STOMACH STOMA TUBE ACCESSED THROUGH SKIN WITH REVISION OF STOMA OPENING	$193.40
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND	$549.44
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	$632.62
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	$482.15
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPO	$632.82
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBUTANEOUS PORT	$483.39
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	$740.15

Procedure Code	Procedure Description	Allowed Amount
43800	PYLOROPLASTY	$361.20
43810	GASTRODUODENOSTOMY	$399.59
43820	GASTROJEJUNOSTOMY;	$420.00
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	$504.00
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	$259.86
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEONATAL, FOR FEEDING	$261.10
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE)	$336.00
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	$378.00
43842	GASTROPLASTY, VERTICAL-BANDED, FOR MORBID OBESITY	$728.30
43843	GASTROPLASTY, OTHER THAN VERTICAL-BANDED, FOR MORBID OBESITY	$728.30
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILESOSTOMY	$0.00
43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID OBESITY	$635.71
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL BOWEL RECONSTRUCTION TO LIM	$633.03
43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE)	$829.73
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITHOUT VAGOTOMY	$604.80
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH VAGOTOMY	$604.80
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC	$604.80
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC	$604.80
43870	CLOSURE OF GASTROSTOMY, SURGICAL	$279.47
43880	CLOSURE OF GASTROCOLIC FISTULA	$336.00
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN	$0.00
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN	$0.00
43886	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	$152.53
43887	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	$149.43
43888	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	$211.97
43999	UNLISTED PROCEDURE, STOMACH	$0.00
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	$319.20
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	$352.80
44015	TUBE JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY	$235.20
44020	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	$352.80
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)	$352.80

Procedure Code	Procedure Description	Allowed Amount
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	$352.80
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	$352.80
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)	$352.80
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	$50.40
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI	$378.54
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI	$411.60
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ANASTOMOSIS	$511.87
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS	$150.88
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH DOUBLE-BARREL ENTEROSTOMY	$543.04
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL	$1,112.29
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS WITH TAPERI	$1,279.06
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS, EACH ADDIT	$137.88
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE; (SEPARATE PROCEDURE)	$436.80
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	$2,524.48
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	$0.00
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY	$75.75
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	$546.00
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	$639.60
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	$622.92
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA	$617.55
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	$714.00
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	$714.00
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	$714.00
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY	$714.00
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	$633.03
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	$739.20
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	$716.62
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUDES LOOP ILEOSTOMY, AND RECTAL	$1,137.06
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVIOR	$1,166.57
44160	COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	$604.96
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS	$464.81

Procedure Code	Procedure Description	Allowed Amount
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY	$326.94
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	$540.15
44188	LAPAROSCOPY, SURGICAL,COLOSTOMY OR SKIN LEVEL CECOSTOMY	$592.57
44202	LAPAROSCOPY, SURGICAL; INTESTINAL RESECTION, WITH ANASTOMOSIS (INTRA OR EXTRACORPOREAL)	$707.54
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	$134.16
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	$775.44
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	$682.98
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE	$830.55
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	$908.99
44208	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROTOSTOMY (LOW PELVIC ANASTOMOSIS) WIT	$982.88
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	$870.18
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, CREATION OF	$1,080.50
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY	$1,009.71
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY	$106.50
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	$836.33
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	$0.00
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE)	$313.11
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE (SEPARATE PROCEDURE)	$344.00
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	$125.90
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	$306.22
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	$515.79
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY; (SEPARATE PROCEDURE)	$344.40
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR HIRSCHSPRUNG DISEASE) (SEPARATE PROCEDURE)	$344.40
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	$46.80
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	$332.10
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)	$352.80
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; DIAGNOSTIC	$235.20
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH BIOPSY AND/OR COLLECTION OF SP	$235.20
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF FOREIGN BODY	$235.20
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF POLYPOID LESION(S)	$235.20
44365	SMALL INTESTINAL ENDOSCOPY,...WITH REMOVAL OF TUMORS, POLYPS, OR OTHERLESIONS BY HOT BIOPSY FORCEPS OR BIPOLAR	$194.43

Procedure Code	Procedure Description	Allowed Amount
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONTROL OF HEMORRHAGE (EG, ELE	$237.15
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH ABLATION OF TUMOR OR MUCOSAL L	$267.70
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH TRANSENDOSCOPIC STENT PLACEMEN	$126.94
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH PLACEMENT OF PERCUTANEOUS JEJU	$239.84
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONVERSION OF PERCUTANEOUS GAS	$235.20
44376	SMALL INTESTINAL ENOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR	$196.29
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	$207.64
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	$235.20
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND BEYOND PORTION OF DUODENUM, INCLUDING THE ILEUM, WITH TR	$207.23
44380	FIBEROPTIC ILEOSCOPY THROUGH STOMA;	$84.96
44382	FIBEROPTIC ILEOSCOPY THROUGH STOMA; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	$111.66
44385	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH;	$108.36
44386	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY	$80.08
44388	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY;	$143.02
44389	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	$101.76
44390	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF FOREIGN BODY	$141.38
44391	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGU	$211.56
44392	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF POLYPOID LESION(S)	$160.44
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY SNARE TECHNIQUE	$204.96
44500	INTRODUCTION OF LONG GASTROINTESTIAL TUBE (EG. MILLER-ABBOTT) (SEPARATE PROCEDURE)	$13.21
44602	SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE;SINGLE PERFORAT	$388.86
44603	SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE; MULTIPLE	$394.80
44604	SUTURE OF LARGE INTESTINE FOR PERFORATED ULCER,DIVERT- ICULUM, WOUND, INJURY OR RUPTURE; WITHOUT COLOSTOMY	$394.80
44605	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPT	$394.80
44615	INTESTINAL STRICTUROPLASTY WITH OR WITHOUT DILATION FOR INTESTINAL OBSTRUCTION	$384.32
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	$319.20
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	$420.00
44626	CLOSURE OF ENTEROSTOMY WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	$750.47
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	$319.20
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	$319.20
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	$319.20

Procedure Code	Procedure Description	Allowed Amount
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH BOWEL AND/OR BLADDER RESECTION	$319.20
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	$319.20
44700	EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISSUE (EG, BLADDER OR OMENTUM)	$580.40
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$90.40
44799	UNLISTED PROCEDURE, INTESTINE	$0.00
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT	$336.00
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	$302.40
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	$302.40
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	$0.00
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	$260.40
44950	APPENDECTOMY;	$248.30
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE)	$104.44
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	$350.40
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	$285.45
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	$0.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	$128.79
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	$72.24
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	$134.40
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	$128.80
45108	ANORECTAL MYOMECTOMY	$155.83
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY, ONE OR TWO STAGES	$747.60
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM	$606.61
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES	$747.60
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY,ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR, WITH OR WITHO	$910.43
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH, ONE OR TWO STAGES	$747.60
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TYPE)	$670.80
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF	$941.80
45120	PROCTECTOMY, COMPLETE; (EG, FOR CONGENITAL MEGACOLON, SWENSON, DUHAMEL, OR SOAVE TYPE OPERATION)	$630.00
45121	PROCTECTOMY, COMPLETE; WITH SUBTOTAL OR TOTAL COLECTOMY, WITH MULTIPLE BIOPSIES (EG, FOR COLONIC AGANGLIONOSIS	$630.00
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	$568.22
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	$302.40

Procedure Code	Procedure Description	Allowed Amount
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL APPROACH	$302.40
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	$869.98
45150	DIVISION OF STRICTURE OF RECTUM	$201.60
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROACH	$302.40
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS)	$332.10
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)	$456.35
45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG,ELECTRODESICCATION) TRANSANAL APPROACH	$290.20
45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	$25.20
45303	PROCTOSIGMOIDOSCOPY; WITH DILATION, DIRECT, INSTRUMENTAL	$25.20
45305	PROCTOSIGMOIDOSCOPY; WITH BIOPSY	$33.60
45307	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF FOREIGN BODY	$66.05
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPO	$66.87
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	$66.87
45315	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF MULTIPLE EXCRESCENCES, PAPILLOMATA OR POLYPS	$67.20
45317	PROCTOSIGMOIDOSCOPY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	$67.20
45320	PROCTOSIGMOIDOSCOPY; WITH ABLATION OF TUMOR (EG, ELECTROCOAGULATION, PHOTOCOAGULATION, HOT BIOPSY/FULGURATION)	$84.00
45321	PROCTOSIGMOIDOSCOPY; WITH DECOMPRESSION OF VOLVULUS	$80.50
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	$49.74
45330	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	$50.16
45331	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	$65.84
45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	$67.20
45333	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF POLYPOID LESION(S)	$67.20
45334	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION	$67.20
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	$80.70
45337	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH DECOMPRESSION OF VOLVULUS	$81.60
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMORS, POLYPS OR OTHER LESIONS BY SNARE TECHNIQUE	$81.60
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	$184.11
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	$110.63
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATIO	$127.56
45378	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLON DECOMPRESSION	$172.14
45379	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY	$220.02

Procedure Code	Procedure Description	Allowed Amount
45380	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH	$192.57
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	$217.96
45382	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHO	$252.63
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	$256.76
45385	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF POLYPOID LESION(S)	$261.30
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BT BALLOON, 1 OR MORE STRICTURES	$414.45
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	$154.39
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED	$194.84
45395	LAPAROSCOPY, SURGICAL;PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	$987.21
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE, WITH CREATION OF COLONIC	$1,072.45
45399	UNLISTED PROCEDURE; COLON	$0.00
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	$576.48
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	$781.43
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	$0.00
45500	PROCTOPLASTY; FOR STENOSIS	$285.04
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	$269.76
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	$19.72
45540	PROCTOPEXY FOR PROLAPSE; ABDOMINAL APPROACH	$249.60
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	$302.40
45550	PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROACH	$369.60
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	$210.00
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	$429.31
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY	$677.20
45800	CLOSURE OF RECTOVESICAL FISTULA;	$420.00
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	$420.00
45820	CLOSURE OF RECTOURETHRAL FISTULA;	$420.00
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	$420.00
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	$25.20
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	$42.00
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	$42.00
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	$62.54

Procedure Code	Procedure Description	Allowed Amount
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	$56.97
45999	UNLISTED PROCEDURE, RECTUM	$0.00
46020	PLACEMENT OF SETON	$128.17
46030	REMOVAL OF ANAL SETON, OTHER MARKER	$25.20
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)	$75.60
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	$75.60
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	$33.60
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY, SUBMUSCULAR	$266.80
46070	INCISION, ANAL SEPTUM (INFANT)	$75.60
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	$75.60
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	$33.60
46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	$109.20
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)	$33.60
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	$42.00
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	$33.60
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	$67.20
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;	$210.00
46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	$226.80
46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	$226.80
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;	$210.00
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	$226.80
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	$226.80
46270	FISTULECTOMY; SUBCUTANEOUS	$137.67
46275	FISTULECTOMY; SUBMUSCULAR	$193.20
46280	FISTULECTOMY; COMPLEX OR MULTIPLE	$193.20
46285	FISTULECTOMY; SECOND STAGE	$137.67
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	$231.79
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	$33.60
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	$25.20
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	$124.87
46600	ANOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	$16.92

Procedure Code	Procedure Description	Allowed Amount
46604	ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	$25.20
46606	ANOSCOPY; FOR BIOPSY	$25.20
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT, WITH BIOPSY, SINGLE	$113.11
46608	ANOSCOPY; FOR REMOVAL OF FOREIGN BODY	$42.00
46610	ANOSCOPY; FOR REMOVAL OF POLYP	$52.43
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	$51.81
46612	ANOSCOPY; FOR MULTIPLE POLYP REMOVAL	$66.87
46614	ANOSCOPY; WITH COAGULATION FOR CONTROL OF HEMORRHAGE AND/OR FULGURATION OF MUCOSAL LESION	$67.20
46615	ANOSCOPY; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESIONS NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIP	$92.47
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	$285.45
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	$280.00
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	$78.43
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA)	$254.08
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; TRANSPERINEAL APPROACH	$519.10
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; COMBINED TRANSPERINEAL AND TRANSABDOMINAL APPROACH	$1,088.55
46715	REPAIR OF CONGENITAL ANOVAGINAL FISTULA ("CUT-BACK" TYPE PROCEDURE)	$235.62
46716	PERINEAL TRANSPLANT OF ANOVAGINAL FISTULA	$293.99
46730	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; PERINEAL OR SACROCOCCYGEAL APPROACH	$420.00
46735	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; COMBINED ABDOMINAL AND PERINEAL APPROACH	$336.00
46740	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF URINARY FISTULA	$336.00
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMBINED TRANSABDOMINAL AND SACROP	$502.00
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH	$502.00
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPR	$552.00
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED...;WITH VAGINAL LENGTHENING BY	$552.00
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	$302.58
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	$266.46
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	$247.89
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	$25.20
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	$336.00
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)	$336.00
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	$42.00

Procedure Code	Procedure Description	Allowed Amount
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; EL	$42.00
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CR	$42.00
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA	$42.00
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU	$42.00
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE,	$60.00
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	$97.83
46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	$31.79
46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQU	$30.86
46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE	$50.40
46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES	$151.20
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	$178.74
46948	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DEARTERIALIZATION, 2 OR MORE HEMORRHOID COLUMNS/GROUPS, INCLUDING ULTRA	$262.33
46999	UNLISTED PROCEDURE, ANUS	$0.00
47000	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE;	$72.45
47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS	$72.45
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	$346.75
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC OR ECHINOCOCCAL)CYST(S) OR ABCE	$343.86
47100	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	$223.94
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	$520.80
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	$520.80
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	$520.80
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	$520.80
47135	LIVER TRANSPLANT, WITH OR WITHOUT RECIPIENT HEPATECTOMY	$2,524.48
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	$1,505.00
47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY	$1,701.56
47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY	$2,054.71
47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY	$2,262.76
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	$373.38
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	$378.00
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVERWOUND OR INJURY, WITH OR WITHOUT HEPATIC ARTERY LIGATIO	$378.00
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE	$950.47

Procedure Code	Procedure Description	Allowed Amount
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING	$339.53
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	$537.47
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	$506.71
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	$0.00
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	$631.17
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	$623.95
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	$376.06
47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	$4,462.37
47399	UNLISTED PROCEDURE, LIVER	$0.00
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	$504.00
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS	$554.40
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS	$554.40
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY (SEPARATE PROCEDURE)	$630.00
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)	$356.66
47490	PERCUTANEOUS CHOLECYSTOSTOMY	$210.12
47531	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING	$218.58
47532	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING	$481.12
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	$784.94
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCEI	$967.40
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER, PERCUTANEOUS	$648.92
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED,	$478.85
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING DIAGNOSTIC	$236.74
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	$2,642.54
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	$2,887.74
47540	PLACEMENT OF STENT AND DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH THE IMAGING INCLUDING	$3,002.29
47541	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, BALLOON DILATION	$693.09
47542	BALLOON DILATION OF BILE DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION	$303.41
47543	BIOPSY OF BILE DUCT OR LIVER DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATI	$778.13
47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE	$479.05
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY)	$102.79
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC	$160.99

Procedure Code	Procedure Description	Allowed Amount
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHIN	$225.18
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR REMOVAL OF STONE(S)	$286.48
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT S	$221.05
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITH STEN	$304.38
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	$354.60
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	$384.94
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	$470.59
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	$410.74
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	$0.00
47600	CHOLECYSTECTOMY;	$411.15
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	$444.79
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	$524.05
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	$529.20
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH O	$529.20
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOU	$478.64
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	$504.00
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAHEPATIC	$674.52
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC	$789.69
47715	EXCISION OF CHOLEDOCHAL CYST	$462.00
47720	CHOLECYSTOENTEROSTOMY; DIRECT	$462.00
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	$462.00
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	$545.93
47741	ROUX-EN-Y WITH GASTROENTEROSTOMY	$693.50
47760	ANASTOMOSIS, DIRECT, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	$709.40
47765	ANASTOMOSIS, DIRECT, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	$714.00
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	$714.00
47785	ANASTOMOSIS. ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	$829.93
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS	$694.74
47801	PLACEMENT OF CHOLEDOCHAL STENT	$368.84
47802	U-TUBE HEPATICOENTEROSTOMY	$462.00
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	$645.62

Procedure Code	Procedure Description	Allowed Amount
47999	UNLISTED PROCEDURE, BILIARY TRACT	$0.00
48000	DRAINAGE OF ABDOMEN FOR PANCREATITIS	$336.00
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOMY, GASTROSTOMY, AND JEJUNOSTOM	$525.29
48020	REMOVAL OF PANCREATIC CALCULUS	$378.00
48100	BIOPSY OF PANCREAS (SEPARATE PROCEDURE)	$67.20
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	$67.20
48105	RESECTION OR DEBRIDEMENTOF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS	$1,457.39
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	$420.00
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	$672.00
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREATICOJEJUNOSTOMY	$672.00
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)	$672.00
48148	EXCISION OF AMPULLA OF VATER, SIMPLE	$506.92
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH PANCREATICODUODENECTOMY (WHIPPLE TYPE PROCEDURE), AND PANCREATIC JEJUN	$672.00
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,....; WITHOUT PANCREATOJEJUNOSTOMY	$672.00
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJEUNOS	$672.00
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, ...; WITHOUT PANCREATOJEJUNOSTOMY	$672.00
48155	PANCREATECTOMY, TOTAL;	$672.00
48160	PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION	$0.00
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY	$66.25
48500	MARSUPIALIZATION OF CYST OF PANCREAS	$420.00
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	$420.00
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	$420.00
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y	$420.00
48545	PANCREATORRHAPHY FOR TRAUMA	$420.00
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA	$420.00
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS	$849.75
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	$1,285.05
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	$471.42
48999	UNLISTED PROCEDURE, PANCREAS	$0.00
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	$302.40
49002	REOPENING OF RECENT LAPAROTOMY	$316.80

Procedure Code	Procedure Description	Allowed Amount
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	$302.40
49013	PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH PELVIC TRAUMA, INCLUDING LOCAL EXPLORATION	$262.33
49014	RE-EXPLORATION OF PELVIC WOUND WITH REMOVAL OF PREPERITONEAL PELVIC PACKING, INCLUDING REPACKING, WHEN PERFORMED	$216.93
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, OPEN	$302.40
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	$344.28
49060	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	$302.40
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	$417.34
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	$99.48
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	$187.62
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	$59.65
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	$25.20
49185	INJECTION OF ABNORMAL FLUID ACCUMULATION USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$583.49
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL	$617.76
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL	$788.65
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL	$903.00
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	$482.40
49220	STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSIE	$496.80
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	$210.00
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	$218.16
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, W/OR W/OUT COLLECTION OF SPECIMENS BY	$175.03
49321	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM, WITH BIOPSY (SINGLE OR MULTIPLE)	$183.70
49322	LAPAROSCOPY, SURGIGAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST (SINGLE OR MULTIPE)	$194.43
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL	$302.79
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT	$202.27
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL	$217.96
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE)	$100.31
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE	$80.29
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	$0.00
49400	PNEUMOPERITONEUM (SEPARATE PROCEDURE); INITIAL	$42.00
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	$437.77
49405	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$510.63

Procedure Code	Procedure Description	Allowed Amount
49406	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$510.43
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE VAGINA OR RECTUM	$431.38
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG,FIDUCIAL MARKERS, DOSIMETER), PERCUT	$288.75
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG, FIDUCIAL MARKERS,DOSIMETER),OPEN	$50.16
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION,	$142.62
49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR. PERMANENT (IE, TOTALLY IMPLANTA	$227.25
49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY	$25.20
49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT	$25.20
49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	$222.91
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCED	$55.52
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)	$28.90
49425	PERITONEAL-VENOUS SHUNT (EG, LEVEEN SHUNT)	$361.20
49426	REVISION OF PERITONEAL-VENOUS SHUNT	$313.11
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT	$8.40
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	$67.29
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	$215.48
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE	$64.60
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	$94.94
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION	$613.63
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	$726.32
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	$592.37
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	$604.13
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	$421.26
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	$447.06
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	$547.99
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY	$21.60
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY,	$93.71
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	$366.98
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH ORWITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	$450.98
49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE	$240.04
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGU	$297.84

Procedure Code	Procedure Description	Allowed Amount
49500	REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY	$227.25
49501	REPAIR INITIAL INGUINAL HERNIA, 6 MONTHS TO UNDER 5 YRS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRAN	$274.51
49505	REPAIR INGUINAL HERNIA, AGE 5 OR OVER;	$241.28
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YRS OR OVER; INCARCERATED OR STRANGULATED	$277.40
49520	REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT	$295.15
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	$320.13
49525	REPAIR INGUINAL HERNIA, ANY AGE; SLIDING	$283.59
49540	REPAIR LUMBAR HERNIA	$168.00
49550	REPAIR FEMORAL HERNIA, GROIN INCISION	$243.96
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	$266.67
49555	REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	$303.41
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	$329.62
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	$340.35
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	$375.44
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	$334.57
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	$394.02
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN	$165.12
49570	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE	$201.65
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	$247.27
49580	REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS	$196.00
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	$218.58
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	$211.97
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	$230.76
49590	REPAIR SPIGELIAN HERNIA	$276.58
49600	REPAIR OF OMPHALOCELE; SMALL, WITH PRIMARY CLOSURE	$325.49
49605	REPAIR OF OMPHALOCELE; LARGE OR GASTROSCHISIS, WITH OR WITHOUT PROSTHESIS	$352.80
49606	REPAIR OF OMPHALOCELE; WITH STAGED CLOSURE OF PROSTHESIS, REDUCTION IN OPERATING ROOM, UNDER ANESTHESIA	$352.80
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	$344.89
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	$352.80
49650	LAPAROSCOPY, SURGICAL, REPAIR INITIAL INGUINAL HERNIA	$211.35
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	$278.85

Procedure Code	Procedure Description	Allowed Amount
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; REDUCIBLE	$410.12
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; INCARCERATED OR	$511.87
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	$470.59
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED	$566.57
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; REDUCIBLE	$596.29
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; INCARCERATED OR STRANGULATED	$682.15
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORGRAPHY, HERNIOTOMY	$0.00
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	$137.82
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)	$782.05
49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SEPARATELY IN ADDITION TO CODE F	$224.36
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	$0.00
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	$0.00

50000 Series Surgery/Urinary System, Surgery/Male Genital System, Surgery/Female Genital System, and Maternity Care & Delivery

Procedure Code	Procedure Description	Allowed Amount
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	$433.85
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN	$336.00
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	$420.00
50045	NEPHROTOMY, WITH EXPLORATION	$420.00
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	$512.40
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	$512.40
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	$512.40
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC PYE	$504.00
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	$504.00
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	$504.00
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	$336.00
50120	PYELOTOMY; WITH EXPLORATION	$420.00
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	$420.00

Procedure Code	Procedure Description	Allowed Amount
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYELOLITHOTOMY)	$504.00
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	$504.00
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	$42.00
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	$336.00
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION;	$529.20
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; COMPLICATED BECAUSE OF PREV	$529.20
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMP	$529.20
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	$604.80
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	$604.80
50240	NEPHRECTOMY, PARTIAL	$529.20
50250	ABLATION,OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORM	$630.35
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	$495.60
50290	EXCISION OF PERINEPHRIC CYST	$495.60
50300	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF HOMOGRAFT; FROM CADAVER DONOR, UNILATERAL OR BILATERAL	$488.80
50320	DONOR NEPHRECTOMY, OPEN FROM LIVING DONOR (EXCLUDING PREPARATION AND	$488.80
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	$527.15
50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	$1,312.08
50365	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	$1,471.01
50370	REMOVAL OF TRANSPLANTED HOMOGRAFT (EG, INFARCTED OR REJECTED KIDNEY)	$500.73
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	$529.20
50382	REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGI	$868.12
50384	REMOVAL OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION	$838.60
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH,	$729.62
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF	$472.24
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL REQUIRING FLUOROSCOPIC GUIDANCE,	$420.64
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE	$287.93
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	$42.00
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY	$75.96
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	$56.14
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URE	$537.60
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URE	$537.60

Procedure Code	Procedure Description	Allowed Amount
50430	INECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUERVISION AND INTER	$305.88
50431	INECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUERVISION AND INTER	$95.15
50432	PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETAT	$495.98
50433	PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION	$667.50
50434	CONVERSION OF NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH STUDY C	$528.18
50435	REPLACEMENT OF KIDNEY DRAINAGE CATHETER ACCESSED THROUGH THE SKIN WITH IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	$277.20
50436	ENLARGEMENT OF EXISTING OPENING INTO URINARY TRACT ACCESSED THROUGH SKIN USING IMAGING GUIDANCE	$90.20
50437	ENLARGEMENT OF EXISTING OPENING INTO URINARY TRACT ACCESSED THROUGH SKIN AND CREATION OF NEW ACCESS INTO URINE COLLECTING SYSTE	$150.47
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	$420.00
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	$720.45
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; ABDOMINAL APPROACH	$420.00
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; THORACIC APPROACH	$391.20
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR B	$420.00
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	$486.28
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	$613.01
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	$770.70
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	$669.97
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE)	$726.94
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY	$621.68
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY FROM LIVING DONOR(EXCLUDING PREP AND MAINTENANCE OF ALLOGRAFT)	$798.56
50548	LAPAROSCOPICALLY ASSISTED NEPHROURETERECTOMY	$729.42
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	$0.00
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	$168.63
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	$134.74
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	$241.16
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	$248.09
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	$248.11
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH RESECTION OF TUMOR	$325.70
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	$236.53
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	$296.65
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	$394.43

Procedure Code	Procedure Description	Allowed Amount
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, ...; WITH ENDOPYELOTOMY (INCLUDES CYSTOSCOPY, URETEROSCOPY,	$429.93
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	$429.93
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	$333.96
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	$126.00
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	$1,168.84
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	$2,565.14
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	$411.60
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	$411.60
50606	BIOPSY OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$310.01
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	$453.60
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	$453.60
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	$453.60
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	$453.60
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERINEAL APPROACH	$453.60
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHET	$25.20
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	$25.20
50688	CHANGE OF URETEROSTOMY TUBE	$25.20
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SER	$25.20
50693	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$621.26
50694	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$684.22
50695	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$834.27
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	$512.40
50705	OCCLUSION OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$1,000.21
50706	BALLOON DILATION TREATMENT F STRICTURE OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$448.71
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS	$512.40
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	$512.40
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA	$512.40
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	$256.80
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF FASCIAL DEFECT AND HERNIA	$256.80
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	$504.00
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	$504.00

Procedure Code	Procedure Description	Allowed Amount
50760	URETEROURETEROSTOMY	$504.00
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	$504.00
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	$504.00
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	$276.00
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	$722.40
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	$504.00
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	$504.00
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY, I	$504.00
50815	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	$600.00
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL ANASTOMOSIS (BRICKER OPERATION)	$620.00
50825	CONTINENT DIVERSION, INCLUDING BOWEL ANASTOMOSIS USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL (KOCK POUCH OR	$756.00
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY WITH	$756.00
50840	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING BOWEL ANASTOMOSIS	$504.00
50845	CUTANEOUS APPENDICO-VESICOSTOMY	$504.00
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	$453.60
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	$378.00
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	$378.00
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	$378.00
50940	DELIGATION OF URETER	$378.00
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	$514.14
50947	LAPARASCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT	$795.26
50948	LAPARASCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT	$729.21
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	$0.00
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	$162.23
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	$168.00
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	$168.00
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	$168.00
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	$168.00
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	$168.00
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	$168.00
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	$168.00

Procedure Code	Procedure Description	Allowed Amount
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	$168.00
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	$168.00
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL	$284.83
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	$231.17
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	$253.46
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	$241.69
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION	$290.20
51060	TRANSVESICAL URETEROLITHOTOMY	$319.20
51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCUL	$319.20
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	$168.00
51100	ASPIRATION OF BLADDER; BY NEEDLE	$36.12
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	$72.86
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	$191.95
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	$210.00
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	$327.60
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	$420.00
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	$420.00
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	$420.00
51550	CYSTECTOMY, PARTIAL; SIMPLE	$420.00
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)	$529.20
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)	$529.20
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	$714.00
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURAT	$714.00
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS;	$714.00
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS; WITH BILATERAL PELVIC LY	$714.00
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	$714.00
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS; WITH BILATERA	$714.00
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL T	$714.00
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY, WITH REMOVAL OF BLADDER AND URET	$714.00
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	$28.00
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN URETHROCYSTOGRAPHY	$30.55

Procedure Code	Procedure Description	Allowed Amount
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	$39.63
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	$28.00
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)	$32.82
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	$51.60
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLO	$71.62
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	$29.52
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	$42.00
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	$75.00
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME)	$84.00
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	$42.00
51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	$42.00
51727	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRESSURE PROFILE STUDIES	$166.56
51728	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES	$166.36
51729	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES AND URETHRAL	$179.16
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	$25.20
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	$25.20
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	$120.54
51785	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	$50.40
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)	$50.40
51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL)	$50.40
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	$11.35
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL NECK (ANTERIOR Y-PLASTY, VESICA	$420.00
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	$420.00
51840	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTE-KRANTZ, BURCH); SIMPLE	$310.80
51841	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR	$310.80
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PEREYR	$310.80
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	$302.40
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	$302.40
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	$252.00
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	$445.20
51920	CLOSURE OF VESICOUTERINE FISTULA;	$395.26

Procedure Code	Procedure Description	Allowed Amount
51940	CLOSURE OF BLADDER EXSTROPHY	$588.00
51960	ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	$588.00
51980	CUTANEOUS VESICOSTOMY	$391.75
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	$398.56
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG,FASCIA OR SYNTHETIC)	$433.85
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	$0.00
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	$50.40
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	$75.75
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	$84.00
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	$84.00
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RA	$84.00
52204	CYSTOURETHROSCOPY, WITH BIOPSY	$75.60
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTAT	$142.42
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN	$132.30
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDE	$168.00
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADD	$168.00
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDE	$168.00
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION	$126.00
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHES	$50.40
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA	$50.40
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	$126.00
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	$126.00
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	$126.00
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	$126.00
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTO	$112.28
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	$235.92
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	$113.93
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEA	$126.00
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	$187.62
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	$84.00
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	$84.00

Procedure Code	Procedure Description	Allowed Amount
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	$192.78
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	$84.00
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	$75.60
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	$75.60
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; S	$75.60
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; C	$75.60
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS	$176.40
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONI	$75.60
52327	CYSTOURETHROSCOPY; WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL	$190.71
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULU	$84.00
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	$84.00
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY	$84.00
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRUCTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INC	$180.39
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAU	$195.25
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND	$216.31
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTR	$231.17
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION	$246.44
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELE	$277.20
52351	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	$184.11
52352	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS	$227.87
52353	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)	$263.99
52354	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF LESION	$230.96
52355	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF TUMOR	$271.21
52356	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF DWELLING	$244.17
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENT	$322.60
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	$7.37
52441	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	$725.29
52442	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL	$563.47
52450	TRANSURETHRAL INCISION OF PROSTATE	$168.00
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	$277.20
52601	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTO	$514.14

Procedure Code	Procedure Description	Allowed Amount
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE	$399.38
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	$252.00
52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	$422.09
52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERE	$447.48
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	$569.46
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	$168.00
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	$82.56
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL	$144.27
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	$25.20
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	$25.20
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	$42.00
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	$33.60
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	$33.60
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	$50.40
53200	BIOPSY OF URETHRA	$25.20
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	$84.00
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	$536.85
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	$248.51
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	$252.00
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	$252.00
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	$227.25
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	$84.00
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	$26.48
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	$58.80
53270	EXCISION OR FULGURATION; SKENE'S GLANDS	$42.00
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	$120.00
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)	$302.40
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	$302.40
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	$302.40
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URET	$302.40
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	$302.40

Procedure Code	Procedure Description	Allowed Amount
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	$302.40
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	$302.40
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (EG, TENAGO, LEAD	$600.21
53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS	$400.00
53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	$262.20
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	$430.34
53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCT	$707.84
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF	$398.35
53447	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF	$382.31
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPINCTER INCLUDING PUMP, RESERVOIR AND CUFF THROUG	$717.65
53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE	$385.35
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	$183.90
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)	$198.14
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY	$398.35
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	$252.00
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	$252.00
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	$252.00
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	$252.00
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	$218.40
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL	$25.20
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT	$25.20
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDU	$25.20
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL	$25.20
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT	$25.20
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	$21.47
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	$21.05
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	$24.36
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	$347.16
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	$362.85
53854	DESTRUCTION OF PROSTATE TISSUE ACCESSED THROUGH URETHRA USING RADIOFREQUENCY GENERATED WATER VAPOR HEAT THERAPY	$1,074.31
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	$372.76

Procedure Code	Procedure Description	Allowed Amount
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS	$142.00
53899	UNLISTED PROCEDURE, URINARY SYSTEM	$0.00
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	$25.20
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	$25.20
54015	INCISION AND DRAINAGE OF PENIS, DEEP	$42.00
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	$33.60
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; E	$33.60
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	$30.00
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; L	$30.00
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; S	$42.00
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE	$30.00
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	$25.20
54105	BIOPSY OF PENIS; DEEP STRUCTURES	$25.20
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	$168.00
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	$168.00
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH	$168.00
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	$120.00
54120	AMPUTATION OF PENIS; PARTIAL	$168.00
54125	AMPUTATION OF PENIS; COMPLETE	$336.00
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	$588.00
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, H	$588.00
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	$25.20
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	$25.20
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN	$67.20
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	$125.70
54163	REPAIR INCOMPLETE CIRCUMCISION	$118.06
54164	FRENULOTOMY OF PENIS	$103.61
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	$25.20
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	$50.40
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	$87.31
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	$58.82

Procedure Code	Procedure Description	Allowed Amount
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOCACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE	$87.31
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)	$35.09
54240	PENILE PLETHYSMOGRAPHY	$44.93
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	$40.80
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URE	$168.00
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRA	$201.60
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM	$336.00
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM	$336.00
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED	$336.00
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)	$336.00
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT	$435.09
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	$504.00
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	$504.00
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CO	$504.00
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE	$504.00
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY U	$504.00
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION,	$319.92
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAP	$504.00
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND	$504.00
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES	$504.00
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	$168.00
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	$479.26
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE	$504.00
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXSTROPHY OF BLADDER	$504.00
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	$290.82
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	$347.37
54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RE	$421.68
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PRO	$401.45
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFATABLE PENILE PROSTHESIS	$413.01
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI- COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OP	$478.85
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI- COMPONENT INFLATABLE PENILE PROSTHESIS THROUGH AN INFECT	$532.10

Procedure Code	Procedure Description	Allowed Amount
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT F	$269.56
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE	$349.23
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUG	$434.27
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	$405.99
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	$384.00
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAP	$384.00
54437	REPAIR OF PENIS	$404.13
54438	REPLANTATION OF AMPUTATED PENIS	$814.66
54440	PLASTIC OPERATION OF PENIS FOR INJURY	$488.80
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	$25.20
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	$39.20
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	$58.80
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	$287.93
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROA	$168.00
54522	ORCHIECTOMY, PARTIAL	$327.35
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	$252.00
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	$439.63
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	$277.40
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	$388.65
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS	$210.00
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	$174.82
54640	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	$318.68
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	$201.60
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	$37.20
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	$172.36
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	$431.17
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	$371.73
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	$398.56
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	$0.00
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)	$84.00
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	$58.80

Procedure Code	Procedure Description	Allowed Amount
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	$58.80
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	$151.20
54860	EPIDIDYMECTOMY; UNILATERAL	$193.20
54861	EPIDIDYMECTOMY; BILATERAL	$294.00
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	$215.07
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	$210.00
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	$319.20
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION	$25.20
55040	EXCISION OF HYDROCELE; UNILATERAL	$176.40
55041	EXCISION OF HYDROCELE; BILATERAL	$268.80
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	$176.40
55100	DRAINAGE OF SCROTAL WALL ABSCESS	$42.00
55110	SCROTAL EXPLORATION	$42.00
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	$42.00
55150	RESECTION OF SCROTUM	$214.85
55175	SCROTOPLASTY; SIMPLE	$207.64
55180	SCROTOPLASTY; COMPLICATED	$260.10
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	$84.00
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	$84.00
55400	VASOVASOSTOMY, VASOVASORRHAPHY	$168.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	$184.80
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	$184.80
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)	$184.80
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH	$233.23
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR	$302.40
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	$213.00
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	$0.00
55600	VESICULOTOMY;	$84.00
55605	VESICULOTOMY; COMPLICATED	$126.00
55650	VESICULECTOMY, ANY APPROACH	$404.54
55680	EXCISION OF MULLERIAN DUCT CYST	$202.07

Procedure Code	Procedure Description	Allowed Amount
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	$42.00
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	$170.28
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMA	$225.60
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	$210.00
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	$210.00
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL	$537.60
55810	PROSTATECTOMY, PERINEAL RADICAL;	$714.00
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	$714.00
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC	$714.00
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR	$537.60
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR	$537.60
55840	PROSTATECTOMY, RETROPUBIC RADICAL;	$714.00
55842	PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	$714.00
55845	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRI	$714.00
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	$445.82
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(S) (LIMITED	$520.80
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH BILATERAL PELVIC LYMPHADENECT	$520.80
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	$906.10
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTITIAL CRYOSURGICAL PROBE PLACEM	$597.94
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN	$2,177.52
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSITIAL RADIOELEMENT APPLICATION, WITH	$458.83
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, PROSTATE, SINGLE OR MULTIPLE	$84.42
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	$0.00
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERST	$248.30
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	$33.60
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	$33.60
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	$117.60
56441	LYSIS OF LABIAL ADHESIONS	$80.50
56442	HYMENOTOMY, SIMPLE INCISION	$26.21
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD	$44.80
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD	$67.20

Procedure Code	Procedure Description	Allowed Amount
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	$44.80
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION	$44.80
56620	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); PARTIAL	$210.00
56625	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); COMPLETE	$352.80
56630	VULVECTOMY, RADICAL, PARTIAL;	$630.00
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	$630.00
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	$630.00
56633	VULVECTOMY, RADICAL, COMPLETE;	$630.00
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	$630.00
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	$630.00
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY	$630.00
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	$58.80
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	$117.60
56800	PLASTIC REPAIR OF INTROITUS	$117.86
56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	$471.46
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	$114.32
56820	COLPOSCOPY OF THE VULVA;	$66.87
56821	COLPOSCOPY OF THE VULVA; WITH BIOPY(S)	$86.69
57000	COLPOTOMY; WITH EXPLORATION	$100.80
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	$100.80
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	$42.00
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; POST-OBSTETRICAL	$88.75
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTERTRICAL (EG, POST-TRAUMA, SPONTANEOUS BLEEDING)	$88.75
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD	$25.20
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD	$50.40
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	$25.20
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	$73.27
57106	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL	$191.95
57110	COLPECTOMY, OBLITERATION OF VAGINA; COMPLETE	$352.80
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	$884.84
57120	COLPOCLEISIS (LE FORT TYPE)	$302.40

Procedure Code	Procedure Description	Allowed Amount
57130	EXCISION OF VAGINAL SEPTUM	$84.00
57135	EXCISION OF VAGINAL CYST OR TUMOR	$84.00
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEAS	$24.56
57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHTHERAPY	$218.16
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	$62.33
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	$24.97
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	$7.20
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (S	$25.20
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	$58.80
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	$84.00
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)	$188.65
57230	PLASTIC REPAIR OF URETHROCELE	$199.18
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	$243.60
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	$210.00
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	$373.58
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	$394.84
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE	$154.59
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	$302.58
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	$310.80
57280	COLPOPEXY, ABDOMINAL APPROACH	$310.80
57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	$385.35
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	$366.77
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGIL	$444.38
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); VAGINAL APPROACH	$357.28
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	$379.16
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	$510.63
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	$243.60
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	$351.18
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	$422.91
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	$264.19
57296	REVISION OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH	$513.73

Procedure Code	Procedure Description	Allowed Amount
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	$338.08
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	$368.84
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY	$363.06
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECONSTRUCTION, WITH OR WITHOUT	$383.49
57310	CLOSURE OF URETHROVAGINAL FISTULA;	$229.10
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	$278.43
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	$383.28
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	$436.54
57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	$352.74
57400	DILATION OF VAGINA UNDER ANESTHESIA	$25.20
57410	PELVIC EXAMINATION UNDER ANESTHESIA	$21.05
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	$25.20
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	$69.76
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)	$91.02
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); LAPAROSCOPIC APPROACH	$498.87
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	$498.46
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	$488.14
57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE)	$25.20
57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSIES, OR BIOPSY OF THE CERVIX	$42.00
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	$83.80
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	$79.26
57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTROSURGICAL EXCISION(S) OF THE CERVIX (LEEP)	$30.00
57461	COLPOSCOPY OF THE CERVIX INCLDUING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	$186.59
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	$25.20
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	$25.20
57510	CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL	$30.00
57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	$30.00
57513	CAUTERIZATION OF CERVIX; LASER ABLATION	$30.00
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,....;LOOP ELECTRODE EXCISION	$153.56
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	$151.20
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMP NODE SAMPLING	$901.56

Procedure Code	Procedure Description	Allowed Amount
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	$294.12
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	$253.87
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	$210.00
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR	$420.00
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	$390.51
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	$66.67
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	$126.11
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	$207.20
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	$67.20
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCER- VICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY	$25.20
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	$29.10
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); ABDOMINAL APPROACH	$327.60
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH	$327.60
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH	$611.15
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	$610.94
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	$671.83
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH RE	$711.67
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT	$739.32
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER, THAN 250 GRAMS; WITH REPAIR OF ENTEROCELE	$655.32
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	$30.35
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	$21.18
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEROSALPINGOGRAPHY	$32.20
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD	$33.60
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHTHERAPY	$232.61
58350	HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	$33.60
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	$121.98
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURETTAGE, WHEN PERFORMED	$289.37
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE	$257.79
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE	$274.31
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	$240.25
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	$310.80

Procedure Code	Procedure Description	Allowed Amount
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	$462.13
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OV	$573.38
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	$520.13
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/	$563.27
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 GRAMS OR LESS	$491.44
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL	$619.20
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC	$978.54
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR	$478.64
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	$615.07
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATHER THAN 250 GRAMS; WITH REMOVALOF TUBE(S)	$608.67
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPERATE PROCEDURE)	$126.11
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY W/ OR W/OUT D&C	$168.84
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	$186.79
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)	$211.77
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	$302.38
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	$157.28
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	$186.38
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERM	$1,192.37
58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERECTOMY FOR RESECTION OF MALIGNANCY (TUMOR DEBULKING), WITH OMENTECTOMY INCLUDING SALPINGO-(	$456.97
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	$0.00
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	$0.00
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) SEPERATE PROCEDURE	$363.88
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND SALPINGECTOMY)	$347.99
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL	$370.08
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	$191.75
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	$414.45
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	$445.20
58674	DESTRUCTION OF FIBROID TUMOR OF UTERUS USING A LAPAROSCOPE AND ULTRASOUND GUIDANCE AND MONITORING	$479.47
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	$0.00
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	$250.80
58750	TUBOTUBAL ANASTOMOSIS	$302.40

Procedure Code	Procedure Description	Allowed Amount
58752	TUBOUTERINE IMPLANTATION	$302.40
58760	FIMBRIOPLASTY	$280.00
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	$276.99
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH	$207.20
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDOMINAL APPROACH	$271.83
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	$207.20
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	$219.40
58825	TRANSPOSITION, OVARY(S)	$219.20
58862	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,PELVIC VISCERA, OR PERITONEAL SURF	$370.08
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	$243.14
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	$299.07
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	$296.60
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN MALIGNANCY, WITH PARA-AORTIC AND PELVIC L	$621.60
58950	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY;	$302.40
58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYS	$604.80
58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH RADICAL DISSECTION	$604.80
58953	BILATERAL SALPINGO-OOPHORECTOMY W/OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULK	$1,048.31
58954	BILATERAL SALPINGO-OOPHORECTOMY W/OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY W/PELVIC LYMPHADENECTOMY AND LIMIT	$1,139.53
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY	$723.84
58957	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY, WITH OMENTECTIMY, IF PERFORMED	$797.53
58958	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY, WITH OMENTECTIMY, IF PERFORMED;	$883.19
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY ("SECOND LOOK"), WITH OR WITHOUT OMENTECTOMY, PER	$543.04
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	$0.00
59000	AMNIOCENTESIS, ANY METHOD	$42.00
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)	$94.94
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	$42.00
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	$42.00
59020	FETAL CONTRACTION STRESS TEST	$42.00
59025	FETAL NON-STRESS TEST	$26.01
59030	FETAL SCALP BLOOD SAMPLING	$36.00
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPE	$48.00

Procedure Code	Procedure Description	Allowed Amount
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN; INTERPRETATION ONLY	$35.09
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	$220.64
59072	FETAL UMBILIBICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	$263.99
59074	FETAL FLUID DRAINAGE, INCLUDING ULTRASOUND GUIDANCE	$209.70
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	$262.13
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	$100.80
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPINGECTOMY AND/OR OOPHORECTOMY, ABDOMI	$340.77
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	$279.05
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	$304.85
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS	$339.32
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	$336.00
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	$247.06
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY	$344.40
59160	CURETTAGE, POSTPARTUM	$100.80
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	$25.20
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN	$58.80
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	$67.20
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	$67.20
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	$207.20
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS	$815.00
59409	VAGINAL DELIVERY ONLY	$428.40
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) INCLUDING POSTPARTUM CARE	$450.00
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)	$50.40
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	$62.75
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	$108.00
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	$151.20
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	$21.60
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	$815.00
59514	CESAREAN DELIVERY ONLY	$428.40
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE	$450.00
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS	$846.45

Procedure Code	Procedure Description	Allowed Amount
59612	VAGINAL DELIVERY ONLY, AFTER CEASAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	$547.37
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVER; INCLUDING POSTPARTUM CARE	$591.54
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTEDV	$950.47
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;	$629.31
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;INCLUDING POSTPAR	$674.10
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	$126.00
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	$100.80
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	$126.00
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	$126.00
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	$126.00
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	$126.00
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	$126.00
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	$126.00
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	$126.00
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES WITH OR WITHOUT CERVICAL DILATION, INCLUDING HOSPITAL	$184.11
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES ...WITH DILATION AND CURETTAGE AND/OR EVACUATION	$277.81
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES ...WITH HYSTEROTOMY (FAILED MEDICAL EVALUATION)	$337.88
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	$155.21
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	$126.00
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	$89.16
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	$0.00
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	$0.00
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	$0.00

60000 Series Surgery/Endoctrine System, Surgery/Nervous Sustem, Surgery/Eye & Ocular Adnexa, and Surgery/Auditory System

Procedure Code	Procedure Description	Allowed Amount
60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	$21.64
60100	BIOPSY THYROID, PERCUTANEOUS NEEDLE	$56.00

Procedure Code	Procedure Description	Allowed Amount
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	$285.60
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	$430.14
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRA- LATERALSUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY	$542.01
60220	TOTAL THYROID LOBECTOMY, UNILATERAL;	$369.60
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUS	$369.60
60240	THYROIDECTOMY, TOTAL OR COMPLETE	$487.20
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	$656.15
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	$448.80
60260	THYROIDECTOMY, SECONDARY	$310.80
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH	$504.00
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	$589.27
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	$301.96
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	$291.85
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	$61.51
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	$445.20
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	$672.00
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLORATION, STERNAL SPLIT OR TRANSTHORAC	$672.00
60512	PARATHYOID AUTOTRANSPLANTATION	$150.88
60520	THYMECTOMY, PARTIAL OR TOTAL (SEPARATE PROCEDURE)	$487.20
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICAL MEDIASTINAL DISSECTION	$697.63
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADICAL MEDIASTINAL DISSECTION	$779.37
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LU	$554.40
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LU	$554.40
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	$504.00
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	$504.00
60650	LAPAROSCOPY, SURGICAL,WITH ADRENALECTOMY, PARTIAL OR COMPLETE,OR EXPLORATION OF ADRENAL GLAND W/ OR W/O BIOPSY	$642.32
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	$0.00
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	$0.00
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL	$42.00
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS	$52.84
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO	$61.92

Procedure Code	Procedure Description	Allowed Amount
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO	$82.35
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)	$33.60
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TRE	$87.51
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	$25.20
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SURGERY	$339.53
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING VENTRICULAR CATHETER OR PRESSURE RECORDI	$260.68
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR DRAINAGE OF SUBDURAL HEMATOMA	$352.80
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIA	$340.97
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	$352.80
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	$352.80
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL ABSCESS OR CYST	$293.91
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	$235.20
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	$588.00
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S) OR PRESSURE RECORDING DEVICE (S	$392.00
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER	$352.80
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER SURGERY	$352.80
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	$352.80
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	$504.00
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	$504.00
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	$588.00
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRACEREBRAL	$588.00
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRADURAL OR SUBDURAL	$588.00
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRACEREBELLAR	$588.00
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY	$49.33
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	$638.40
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	$638.40
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSI	$998.36
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPER	$1,033.44
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	$626.22
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	$655.20
61340	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL), SUPRATENTORIAL	$614.25

Procedure Code	Procedure Description	Allowed Amount
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITH	$756.00
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	$420.00
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION	$504.00
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	$420.00
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	$420.00
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	$504.00
61501	CRANIECTOMY; FOR OSTEOMYELITIS	$504.00
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOM	$814.80
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	$814.80
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS, SUPRATENTORIAL	$814.80
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL	$814.80
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	$41.69
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTIN	$814.80
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MENINGIOMA	$781.20
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR	$814.80
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MIDLINE TUMOR AT BASE OF SKULL	$814.80
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	$814.80
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST	$814.80
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	$814.80
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBI	$814.80
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG TERM SEIZURE M	$780.60
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LONG TERM SEIZURE	$773.79
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF EPILEP	$504.00
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR REMOVAL OF EPIDURA	$399.18
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF CEREBR	$504.00
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING	$948.20
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LOBECTOMY WITH ELE	$814.80
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LOBECTOMY WITH ELE	$814.80
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT	$1,144.49
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR TRANSECTION OF COR	$814.80
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR PARTIAL OR SUBTOTA	$814.80

Procedure Code	Procedure Description	Allowed Amount
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OR COAGUL	$504.00
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF CRANIO	$814.80
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPROACH	$814.80
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	$672.00
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	$570.28
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	$672.00
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	$448.00
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	$448.00
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL); NOT REQUIRING BONE	$543.56
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH M	$613.25
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITHOUT OPTIC NERVE DE	$529.65
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITH OPTIC NERVE DECOM	$638.40
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	$1,132.93
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTION, WITH	$1,294.75
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	$638.40
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	$638.40
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LES	$814.80
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LES	$814.80
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSS; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY	$814.80
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORBITAL EXENTERATION	$814.80
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRA DURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY,	$814.80
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;INTRA- DURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY	$814.80
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL. INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND	$814.80
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL,...WITH ORBITAL EXENTERATION	$814.80
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH OR WITHOUT INTERNL	$976.27
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA, WITH OR WITHOUT DISARTICULATION OF THE MANDIBLE	$814.80
61591	INFRATEMPORAL POSTAURICULAR APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING MASTOIDECTOMY, RESECTION OF SIGMOID	$814.80
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING OSTEOTOMY OF ZYGOMA, CRANIOTOMY, EXTRA- OR	$814.80
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECT	$814.80
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHE	$814.80
61597	TRANSCONDYLAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING OCCIPITAL	$814.80

Procedure Code	Procedure Description	Allowed Amount
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIO	$814.80
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA;	$814.80
61601	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOS LESION...INTRADURAL, INCLUDING DURAL REPAIR	$814.80
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA,...EXTRADURAL	$814.80
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION,...INTRADURAL, INCLUDING DURAL REPAIR	$814.80
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS	$814.80
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA...INTRADUAL, INCLUDING	$814.80
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR	$224.56
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MAL- FORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION	$814.80
61615	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA-EXTRADU	$814.80
61616	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA-INTRADU	$814.80
61618	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR,MIDDLE OR POSTERIOR CRANIAL FOSSA...BY FREE TISSUE GRAFT	$599.18
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA...BY LOCAL OR REGIONALIZED	$643.14
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/INTRACRANIAL) INCLUDING SELECTIV	$303.20
61624	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	$779.99
61626	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	$643.14
61645	REMOVAL OF BLOOD CLOT AND INJECTION TO DISSOLVE BLOOD CLOT FROM HEAD ARTERY USING FLUOROSCOPIC GUIDANCE, ACCESSED THROUGH SKIN	$466.26
61650	INFUSION OF CHEMICAL AGENT INTO THE ARTERY OF BRAIN WITH INSERTION OF CATHETER AND IMAGING	$311.04
61651	INFUSION OF CHEMICAL AGENT INTO THE ARTERY OF BRAIN WITH INSERTION OF CATHETER AND IMAGING	$132.10
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	$814.80
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	$814.80
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	$814.80
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	$814.80
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	$814.80
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	$814.80
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	$1,813.22
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR CIRCULATION	$1,745.32
61700	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	$814.80
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR CIRCULATION	$814.80
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTE	$639.43
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL AND CERVICAL OCCLUSIO	$814.80

Procedure Code	Procedure Description	Allowed Amount
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL ELECTROTHROMBOSIS	$814.80
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION, INJEC	$814.80
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES	$814.80
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SIN	$697.20
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SIN	$661.31
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	$524.40
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR	$696.00
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	$720.00
61770	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); WITH INSERTION OF CATHETER(S) FOR BRACHYTHERAPY	$712.80
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL	$147.16
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL	$120.74
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL	$147.16
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	$426.00
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	$468.00
61795	STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCEDURE,	$171.60
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	$418.58
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	$114.35
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	$418.58
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	$158.10
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEROTACTIC RADIOSURGEY	$81.12
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORTICAL	$621.47
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL	$435.30
61863	TWIST DRILL, BURR HOLE, WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	$576.68
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, EACH ADDITIONAL ARRAY	$163.26
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTATIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE	$858.00
61868	TWIST DRILL, BURR HOLE, WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING, EACH ADDITIONAL ARRAY	$271.21
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	$224.36
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	$233.23
61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR	$95.98
61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIM PULSE GENERATOR WITH CONNECTION TO TWO OR MORE ELECTR	$318.06
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	$120.33

Procedure Code	Procedure Description	Allowed Amount
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	$168.00
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADURAL	$336.00
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT OF BRAIN	$588.00
62100	CRANIOTOMY FOR REPAIR OF DURAL/CSF LEAK, INCLUDING SURGERY FOR RHINORRHEA/OTORRHEA	$588.00
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY	$780.81
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTOMY AND RECONSTRUCTION WITH OR	$966.57
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	$504.00
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	$504.00
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	$336.00
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	$588.00
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	$378.00
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	$378.00
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	$504.00
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETER	$504.00
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM DIAMETER	$504.00
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO COD	$67.08
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT	$96.60
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRIC	$689.58
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYCST,INCLUDING PLACEMENT OF EXTERNAL	$885.66
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	$560.79
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR FOR	$957.49
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSPHENOIDAL APPROACH	$749.44
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	$613.21
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	$611.56
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMINUS	$594.84
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	$104.03
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	$699.90
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC METHOD	$476.00
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	$666.88
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	$670.39
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	$476.00

Procedure Code	Procedure Description	Allowed Amount
62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	$302.40
62252	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	$45.00
62256	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITHOUT REPLACEMENT	$278.85
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT AT SAME OPERATION	$641.70
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION OR MECHANICAL MEANS INCLUDING RADIOL	$237.57
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION, MULTIPLE ADHESIOLYSIS SESSIONS, 1 DAY	$332.51
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE	$78.84
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	$33.60
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	$25.20
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	$25.20
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)	$25.20
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	$39.60
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	$50.40
62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC	$78.23
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	$84.00
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERI	$84.00
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF	$84.00
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	$84.00
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	$84.00
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVEL	$352.80
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL	$84.00
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL	$141.80
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; THORACIC	$147.37
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LUMBOSACRAL	$139.73
62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; 2 OR MORE	$152.53
62320	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	$98.04
62321	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK USING IMAGING GUIDANCE	$145.72
62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	$91.44
62323	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	$143.04
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	$85.66
62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	$129.21

Procedure Code	Procedure Description	Allowed Amount
62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK USING IMAGING GUIDANCE	$89.99
62327	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK USING IMAGING GUIDANCE	$131.68
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC OR CT GUIDANCE	$152.74
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	$189.68
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	$222.09
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER; WITH LAMINECTOMY	$328.38
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	$185.14
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	$71.21
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGAMMABLE PUMP	$170.49
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING	$223.32
62365	REMOVAL OF SUBUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION	$184.11
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITHOU REPROGR	$0.00
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAMM	$34.06
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	$75.54
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	$79.05
62380	DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT IN LOWER BACK USING ENDOSCOPE	$0.00
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	$571.20
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	$571.20
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	$571.20
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	$476.58
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA A	$571.20
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	$571.20
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	$571.20
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	$571.20
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	$537.60
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	$537.60
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	$358.40
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	$537.60
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	$537.60
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	$537.60
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	$537.60

Procedure Code	Procedure Description	Allowed Amount
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	$537.60
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	$358.40
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;	$768.43
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERETEBRAL SEGMENTS; WITH RECONST	$874.31
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	$537.60
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	$537.60
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	$120.00
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	$537.60
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	$358.40
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	$537.60
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	$358.40
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THOR	$537.60
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THOR	$120.00
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF	$537.60
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF	$358.40
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSIO	$537.60
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSIO	$120.00
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DEC	$537.60
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DEC	$358.40
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPRO	$537.60
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPRO	$120.00
63101	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, THORACIC, SINGLE SEGMENT	$1,177.51
63102	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LUMBAR, SINGLE SEGMENT	$1,177.51
63103	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, THORACIC OR LUMBAR,	$137.67
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THORACOLUMBAR	$537.60
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	$537.60
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL SPACE	$537.60
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; ONE OR TWO SEGMENTS	$537.60
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; MORE THAN TWO SEGMENTS	$537.60
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	$571.20
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	$571.20

Procedure Code	Procedure Description	Allowed Amount
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	$571.20
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; CERVICAL	$630.00
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; THORACIC	$630.00
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE; CERVICAL	$630.00
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE; THORACIC	$630.00
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; CERVICAL	$630.00
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	$630.00
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	$668.74
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL	$730.80
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACIC	$730.80
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR	$730.80
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	$730.80
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	$730.80
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	$730.80
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL	$671.63
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; CERVICAL	$730.80
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; THORACIC	$730.80
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; LUMBAR	$730.80
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; SACRAL	$730.80
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	$730.80
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	$730.80
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	$730.80
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	$730.80
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, CERVICAL	$730.80
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, THORACIC	$730.80
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	$730.80
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	$730.80
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, CERVICAL	$730.80
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC	$730.80
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR	$730.80
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL	$730.80

Procedure Code	Procedure Description	Allowed Amount
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE	$173.79
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$730.80
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	$487.20
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AN	$545.72
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY	$487.20
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ;1 SPINAL LESION	$418.58
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ; EACH ADDITIONAL SPINAL LESION	$131.48
63632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	$45.41
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	$487.20
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	$588.00
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	$305.88
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING F	$392.99
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY	$453.25
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S)	$409.08
63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE	$294.00
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	$264.19
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	$458.25
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	$458.25
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	$504.00
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	$504.00
63707	REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY	$504.00
63709	REPAIR OF DURAL/CSF LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	$504.00
63710	DURAL GRAFT, SPINAL	$507.74
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDING LAMINECTOMY	$610.94

Procedure Code	Procedure Description	Allowed Amount
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEOUS, NOT REQUIRING LAMINECTOM	$457.38
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	$302.40
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	$252.43
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	$39.42
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	$33.60
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	$42.00
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	$42.00
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS,CONTINUOUS INFUSION BY CATHETER, INCLUDING DAILY MANAGEMENT FOR	$89.37
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	$42.00
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	$33.60
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	$25.20
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	$25.20
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	$42.00
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	$42.00
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	$42.00
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	$25.20
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER,INCLUDING DAILY MANAGEMENT FOR ANE	$92.47
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	$43.34
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER INCLUDING DAILY MANAGEMENT FOR AN	$85.04
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER	$83.80
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	$25.20
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR CC	$123.63
64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	$124.87
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S)	$28.07
64461	PARAVERTEBRAL BLOCK, THORACIC; SINGLE INJECTION SITE	$87.10
64462	PARAVERTEBRAL BLOCK, THORACIC; SECON AND ANY ADDITIONAL INJECTION SITE(S)	$49.33
64463	PARAVERTEBRAL BLOCK, THORACIC; CONTINUOUS INFUSION BY CATHETER	$94.74
64479	INJECTION, ANESTHETIC AGENT AND/OR STERIOD TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL	$124.87
64480	INJECTION, ANESTHETIC AGENT AND/OR STERIOD, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC EACH ADDITIONAL LEVE	$112.49
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL OR SACRAL,EACH,SINGLE LEVEL	$115.17
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL,EACH ADDITIONAL LEVEL	$106.30

Procedure Code	Procedure Description	Allowed Amount
64486	TRANSVERSUS ABDOMINIS PLANE BLOCK, UNILATERAL; INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	$72.03
64487	TRANSVERSUS ABDOMINIS PLANE BLOCK, UNILATERAL; CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	$88.13
64488	TRANSVERSUS ABDOMINIS PLANE BLOCK, BILATERAL; INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	$88.55
64489	TRANSVERSUS ABDOMINIS PLANE BLOCK, BILATERAL; CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	$123.22
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	$93.50
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	$46.03
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	$46.65
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	$84.62
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	$41.28
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	$41.90
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	$42.00
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	$42.00
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTIC PLEXUS	$104.85
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	$42.00
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	$42.00
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	$42.00
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	$42.00
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	$456.76
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	$18.16
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE	$389.89
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING	$384.94
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	$338.91
64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	$84.00
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	$84.00
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	$84.00
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	$424.36
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	$42.00
64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUC	$84.00
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	$42.00
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BR	$42.00
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE	$42.00

Procedure Code	Procedure Description	Allowed Amount
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER R	$42.00
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	$55.11
64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES ENERVATED BY FACIAL NERVE (EG,	$42.00
64615	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES INNERVATED BY FACIAL,TRIGEMINAL	$87.31
64616	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF NECK EXCLUDING VOICE BOX ACCESSED	$71.83
64617	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF VOICE BOX ACCESSED	$111.46
64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	$42.00
64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	$238.80
64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	$291.85
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	$42.00
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	$274.31
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	$125.70
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	$269.56
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	$113.11
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	$42.00
64642	CHEMODENERVATION OF ONE EXTREMITY, 1-4 MUSCLE (S)	$81.53
64643	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 1-4 MUSCLES	$53.66
64644	CHEMODENERVATION OF ONE EXTREMITY, 5 OR MORE MUSCLES	$93.09
64645	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES	$65.64
64646	CHEMODENERVATION OF TRUNK MUSCLE (S), 1-5 MUSCLES	$87.72
64647	CHEMODENERVATION OF TRUNK MUSCLE(S), 6 OR MORE MUSCLES	$101.55
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	$33.64
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	$38.80
64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	$75.60
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING, SUPERIOR HYPOGASTRIC PLEXUS	$258.41
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	$168.00
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	$219.82
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	$294.00
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	$294.00
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	$294.00
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	$294.00

Procedure Code	Procedure Description	Allowed Amount
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	$235.92
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	$276.16
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	$218.16
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	$201.24
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	$168.00
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	$112.00
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLAST	$143.04
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	$84.00
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	$84.00
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	$84.00
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	$84.00
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	$84.00
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	$84.00
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	$126.00
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	$168.00
64755	TRANSECTION OR AVULSION OF; VAGI LIMITED TO PROXIMAL STOMACH (SELECTIVE PROXIMAL VAGOTOMY, PROXIMAL GASTRIC VA	$504.00
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	$303.20
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	$168.00
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	$252.00
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	$252.00
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	$168.00
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	$151.20
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	$151.20
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)	$130.44
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	$151.20
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)	$151.20
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	$151.20
64786	EXCISION OF NEUROMA; SCIATIC NERVE	$151.20
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	$151.20
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	$151.20
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	$151.20

Procedure Code	Procedure Description	Allowed Amount
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	$151.20
64795	BIOPSY OF NERVE	$120.54
64802	SYMPATHECTOMY, CERVICAL	$306.30
64804	SYMPATHECTOMY, CERVICOTHORACIC	$579.60
64809	SYMPATHECTOMY, THORACOLUMBAR	$527.15
64818	SYMPATHECTOMY, LUMBAR	$386.40
64820	SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT	$351.29
64821	SYMPATHECTOMY; RADIAL ARTERY	$347.37
64822	SYMPATHECTOMY; ULNAR ARTERY	$347.37
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	$401.04
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	$168.00
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE	$84.00
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	$134.40
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	$268.80
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	$268.80
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	$84.00
64840	SUTURE OF POSTERIOR TIBIAL NERVE	$462.00
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	$462.00
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	$462.00
64858	SUTURE OF SCIATIC NERVE	$168.00
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	$84.00
64861	SUTURE OF; BRACHIAL PLEXUS	$336.00
64862	SUTURE OF; LUMBAR PLEXUS	$336.00
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	$336.00
64865	SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING	$336.00
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	$504.00
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	$504.00
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROR	$336.00
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO C	$366.60
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTU	$130.44
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	$504.00

Procedure Code	Procedure Description	Allowed Amount
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH	$504.00
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH	$504.00
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH	$504.00
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH	$504.00
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH	$504.00
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH	$504.00
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH	$504.00
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH	$504.00
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH	$504.00
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	$445.82
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	$504.00
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	$491.44
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	$504.00
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT, EACH NERVE	$374.82
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT, EACH NERVE	$455.94
64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	$462.13
64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$93.71
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	$0.00
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	$302.40
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	$357.48
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	$310.80
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	$363.47
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	$394.84
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY	$588.00
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF	$602.89
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE OR MYOCUTANEOUS	$655.11
65125	MODIFICATION OF OCULAR IMPLANT (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)	$90.00
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	$337.26
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	$336.00
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	$336.00
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	$366.15

Procedure Code	Procedure Description	Allowed Amount
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO	$485.04
65175	REMOVAL OF OCULAR IMPLANT	$120.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	$24.56
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLER	$25.20
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	$25.20
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	$25.20
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	$274.72
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE	$378.00
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	$378.00
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	$42.00
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION	$84.00
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPITALIZATION	$84.00
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY	$25.20
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	$84.00
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE	$168.00
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	$168.00
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	$244.58
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	$261.30
65410	BIOPSY OF CORNEA	$60.00
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	$178.54
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	$265.43
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	$25.20
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	$36.53
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	$25.20
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	$46.80
65600	TATTOO CORNEA, MECHANICAL OR CHEMICAL	$124.25
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	$604.80
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	$604.80
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	$604.80
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	$604.80
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	$567.19

Procedure Code	Procedure Description	Allowed Amount
65760	KERATOMILEUSIS	$604.80
65765	KERATOPHAKIA	$604.80
65767	EPIKERATOPLASTY	$433.44
65770	KERATOPROSTHESIS	$604.80
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	$210.00
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	$210.00
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SELF-RETAINING	$765.33
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE LAYER, SUTUREDI	$176.47
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	$424.77
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT	$647.48
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT	$558.31
65785	IMPLANTATION OF CORNEAL RING SEGMENTS	$1,235.72
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS	$140.00
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF AN	$84.00
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATIO	$84.00
65820	GONIOTOMY	$302.40
65850	TRABECULOTOMY AB EXTERNO	$302.40
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	$302.40
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	$222.29
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI	$280.29
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI	$254.90
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI	$268.73
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI	$292.88
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	$302.40
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	$302.40
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	$302.40
66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID	$87.72
66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION	$84.00
66130	EXCISION OF LESION, SCLERA	$126.00
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	$404.54
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	$373.58

Procedure Code	Procedure Description	Allowed Amount
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY	$436.80
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO	$436.80
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR	$302.40
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT	$596.70
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHI RETENTION OF DEVICE OR STENT	$676.58
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITHOUT GRAFT	$525.70
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	$512.40
66183	INSERTION ANTERIOUS SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVIOR, EXTERNAL	$627.87
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRAFT	$366.57
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	$302.40
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	$436.80
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	$168.00
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	$168.00
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE	$155.21
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	$302.40
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	$302.40
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)	$302.40
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)	$302.40
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDURE)	$302.40
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	$250.78
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNE	$285.66
66700	CILIARY BODY DESTRUCTION; DIATHERMY	$210.00
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	$210.00
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	$275.96
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	$210.00
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	$210.00
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)	$281.12
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIO	$302.40
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	$294.74
66820	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; STAB I	$199.38
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER	$209.91

Procedure Code	Procedure Description	Allowed Amount
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)	$210.00
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNE	$210.00
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	$480.00
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), W	$480.00
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	$575.24
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	$480.00
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	$480.00
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	$480.00
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, MANUAL OR MECHANICAL TECHNIQUE	$477.61
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	$573.59
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR	$604.34
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL	$435.92
66986	EXCHANGE OF INTRAOCULAR LENS	$210.00
66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIC	$0.00
66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIC	$0.00
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$46.85
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	$0.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL	$512.40
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANIC	$512.40
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)	$341.60
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRAT	$341.60
67027	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMIT	$420.23
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	$126.00
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	$307.12
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR M	$387.41
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	$411.60
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	$714.00
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	$714.00
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANE	$623.95
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA, INCLUDES,	$714.56
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE, INCLUDES,	$749.85

Procedure Code	Procedure Description	Allowed Amount
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBR	$427.04
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINA	$210.00
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING , WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTO-	$638.40
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLAS	$814.80
67110	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMORETINOPEXY)	$568.43
67113	REPAIR OF COMPLEX RETINAL DETACHMENT, WITH VITRECTOMY AND MEMBRANE PEELING, MAY INCLUDE AIR,GAS, OR SILICONE	$751.09
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	$276.16
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	$276.78
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	$425.60
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	$252.00
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	$252.00
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	$302.40
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	$302.40
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	$302.40
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID, ONE OR MORE SESSION	$419.20
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY	$183.90
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION	$24.97
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHER	$302.40
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOA	$210.00
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PRETERM	$541.39
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	$425.60
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	$547.58
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	$0.00
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSC	$332.10
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSC	$387.21
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE	$369.60
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICA	$448.71
67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	$294.95
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	$369.60
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	$369.60
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RET	$369.60

Procedure Code	Procedure Description	Allowed Amount
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSION	$299.07
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S	$246.40
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	$374.41
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)	$276.99
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	$67.20
67346	BIOPSY OF EXTRAOCULAR MUSCLE	$97.63
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	$0.00
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BONE BI	$252.00
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY	$252.00
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION	$420.00
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY	$294.00
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION	$294.00
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	$67.20
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION	$420.00
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	$420.00
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH DRAINAGE	$420.00
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	$420.00
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION FOR EXPLORATION,	$420.00
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	$25.20
67505	RETROBULBAR INJECTION; ALCOHOL	$56.00
67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	$25.20
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	$420.00
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	$397.94
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	$420.00
67599	UNLISTED PROCEDURE, ORBIT	$0.00
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	$25.20
67710	SEVERING OF TARSORRHAPHY	$25.20
67715	CANTHOTOMY (SEPARATE PROCEDURE)	$58.41
67800	EXCISION OF CHALAZION; SINGLE	$42.00
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	$50.40
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	$76.78

Procedure Code	Procedure Description	Allowed Amount
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	$50.40
67810	BIOPSY OF EYELID	$25.20
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	$25.20
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY	$25.20
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	$50.40
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	$252.00
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	$50.40
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	$50.40
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	$50.40
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	$126.00
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL P	$126.00
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	$159.60
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL	$365.33
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	$383.70
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	$302.40
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	$302.40
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	$262.13
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	$302.40
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	$280.50
67911	CORRECTION OF LID RETRACTION	$353.77
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LOAD	$547.37
67914	REPAIR OF ECTROPION; SUTURE	$224.98
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	$58.80
67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	$252.84
67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)	$300.93
67921	REPAIR OF ENTROPION; SUTURE	$154.39
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	$58.80
67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	$272.65
67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)	$294.53
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; PA	$104.03
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; FU	$213.21

Procedure Code	Procedure Description	Allowed Amount
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	$25.20
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	$168.00
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	$289.79
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	$361.20
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO	$420.00
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	$420.00
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	$420.00
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND ST	$281.32
67999	UNLISTED PROCEDURE, EYELIDS	$0.00
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	$39.42
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	$25.20
68100	BIOPSY OF CONJUNCTIVA	$42.00
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	$58.80
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	$67.20
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	$84.00
68135	DESTRUCTION OF LESION, CONJUNCTIVA	$54.49
68200	SUBCONJUNCTIVAL INJECTION	$22.08
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	$252.00
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	$252.00
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	$302.40
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	$310.80
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	$126.00
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	$176.40
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	$126.00
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	$126.00
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	$126.00
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	$200.83
68399	UNLISTED PROCEDURE, CONJUNCTIVA	$0.00
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	$50.40
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	$50.40
68440	SNIP INCISION OF LACRIMAL PUNCTUM	$25.20

Procedure Code	Procedure Description	Allowed Amount
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	$336.00
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	$336.00
68510	BIOPSY OF LACRIMAL GLAND	$25.20
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	$336.00
68525	BIOPSY OF LACRIMAL SAC	$25.20
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	$50.40
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	$336.00
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	$420.00
68700	PLASTIC REPAIR OF CANALICULI	$168.00
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	$25.20
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	$420.00
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	$321.16
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT	$420.00
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	$50.40
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	$25.20
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	$234.26
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION;	$27.45
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	$38.18
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATOIN; REQUIRING GENERAL ANESTHESIA	$79.05
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;WITH INSERTION OF TUBE OR STENT	$103.82
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	$328.38
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	$25.20
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	$25.20
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	$0.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	$25.20
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	$25.20
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	$25.20
69100	BIOPSY EXTERNAL EAR	$25.20
69105	BIOPSY EXTERNAL AUDITORY CANAL	$25.20
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	$126.00
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	$140.00

Procedure Code	Procedure Description	Allowed Amount
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	$294.00
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	$25.20
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	$336.00
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	$672.00
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	$25.20
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	$48.71
69209	REMOVAL OF IMPACTED EAR WAX BY WASHING	$7.43
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	$17.75
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	$25.20
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	$45.82
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	$302.40
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION), (SEPARATE	$450.36
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	$487.20
69399	UNLISTED PROCEDURE, EXTERNAL EAR	$0.00
69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN	$25.20
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	$302.40
69450	TYMPANOLYSIS, TRANSCANAL	$344.40
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	$344.40
69502	MASTOIDECTOMY; COMPLETE	$546.00
69505	MASTOIDECTOMY; MODIFIED RADICAL	$546.00
69511	MASTOIDECTOMY; RADICAL	$546.00
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	$546.00
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	$814.80
69540	EXCISION AURAL POLYP	$50.40
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	$378.00
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	$680.40
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	$680.40
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	$378.00
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	$378.00
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	$378.00
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	$378.00

Procedure Code	Procedure Description	Allowed Amount
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	$378.00
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH	$58.80
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	$302.40
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	$547.37
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	$630.00
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	$630.00
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	$630.00
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	$630.00
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	$630.00
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOU	$630.00
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH O	$630.00
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	$630.00
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	$630.00
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	$630.00
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	$630.00
69650	STAPES MOBILIZATION	$403.20
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	$632.82
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	$680.40
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	$680.40
69666	REPAIR OVAL WINDOW FISTULA	$566.16
69667	REPAIR ROUND WINDOW FISTULA	$558.11
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	$467.29
69676	TYMPANIC NEURECTOMY	$327.60
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	$168.00
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	$427.20
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	$400.62
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	$488.76
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY	$618.99
69717	REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	$503.41
69718	REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY	$626.42
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	$655.20

Procedure Code	Procedure Description	Allowed Amount
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION	$655.20
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION	$604.34
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GAN	$655.20
69799	UNLISTED PROCEDURE, MIDDLE EAR	$0.00
69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION	$504.00
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	$646.24
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	$680.40
69905	LABYRINTHECTOMY; TRANSCANAL	$604.80
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	$604.80
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	$604.80
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	$604.80
69949	UNLISTED PROCEDURE, INNER EAR	$0.00
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	$579.60
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	$655.20
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	$705.60
69970	REMOVAL OF TUMOR, TEMPORAL BONE	$705.60
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	$0.00

70000 Series Radiology/Diagnostic Radiology (Diagnostic Imaging)

Procedure Code	Procedure Description	Allowed Amount
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	$14.24
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	$16.92
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	$21.05
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	$18.99
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	$24.00
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	$24.00

Procedure Code	Procedure Description	Allowed Amount
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	$15.60
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	$15.60
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	$15.60
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$24.00
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	$19.81
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	$24.00
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	$18.58
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	$24.00
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	$16.00
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	$20.64
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	$29.52
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	$10.40
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	$13.83
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	$21.60
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	$16.31
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	$21.60
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	$300.00
70350	CEPHALOGRAM, ORTHODONTIC	$13.00
70355	ORTHOPANTOGRAM	$18.37
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	$16.00
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	$24.00
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	$60.00
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	$18.00
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$54.00
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	$126.52
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	$155.21
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	$162.00
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	$138.00
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	$162.00
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	$162.00

Procedure Code	Procedure Description	Allowed Amount
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	$135.60
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	$160.17
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	$162.00
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	$138.00
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	$162.00
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	$195.25
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	$206.40
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	$206.40
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	$300.00
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)	$317.03
70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	$569.87
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	$274.92
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	$274.92
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	$521.16
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)	$274.92
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)	$274.92
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	$521.16
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	$300.00
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	$339.53
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	$450.00
70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE	$340.97
70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR	$0.01
70557	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL	$0.00
70558	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL	$0.00
70559	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED	$0.00
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	$11.56
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$17.75
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	$22.70
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	$24.36
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	$16.80
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	$16.80

Procedure Code	Procedure Description	Allowed Amount
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	$16.80
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	$16.80
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	$16.80
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	$16.80
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	$138.00
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	$162.00
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	$227.66
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	$223.53
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	$300.00
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS	$321.57
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG,FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT	$570.49
71555	MAGNETIC RESONANCE IMAGING, CHEST	$287.72
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	$13.62
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	$19.61
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	$28.48
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	$35.09
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	$20.64
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	$22.29
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	$24.00
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	$21.05
72081	X-RAY OF SPINE, 1 VIEW	$22.50
72082	X-RAY OF SPINE, 2 OR 3 VIEWS	$36.12
72083	X-RAY OF SPINE, 4 OR 5 VIEWS	$39.22
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS	$46.85
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	$24.00
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	$28.90
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	$36.00
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	$25.59
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	$138.00
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	$162.00
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	$162.00

Procedure Code	Procedure Description	Allowed Amount
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	$138.00
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	$162.00
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	$162.00
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	$138.00
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	$162.00
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	$162.00
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	$300.00
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	$343.86
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	$312.70
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	$343.86
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	$308.77
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	$339.53
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	$450.00
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	$450.00
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	$450.00
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	$311.46
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	$16.10
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	$24.00
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	$216.31
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	$138.00
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	$162.00
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	$162.00
72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	$268.94
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	$300.00
72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES	$575.03
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	$287.52
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	$16.51
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	$18.00
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	$17.54
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00

Procedure Code	Procedure Description	Allowed Amount
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISON AND INTERPRETATION	$62.54
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
72291	RADIOLOGICAL SUPERVISON AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	$0.01
72292	RADIOLOGICAL SUPERVISON AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	$0.01
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	$15.60
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	$15.60
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	$14.86
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	$15.60
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	$15.60
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	$15.60
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	$15.60
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	$15.60
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	$15.60
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	$15.48
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	$15.48
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	$16.51
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	$15.48
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	$15.60
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	$13.00
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	$138.00
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	$160.99
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	$162.00
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	$194.43
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	$264.60
73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY0THER THAN JOINT; WITH CONTRAST MATERIEL(S)	$317.03

Procedure Code	Procedure Description	Allowed Amount
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	$300.00
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	$300.00
73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)	$317.03
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	$569.87
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	$284.63
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	$17.13
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	$23.94
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	$29.93
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	$22.91
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	$28.28
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	$32.82
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
73551	X-RAY OF FEMUR, 1 VIEW	$16.10
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	$18.78
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	$15.60
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	$15.60
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	$15.60
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	$15.60
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	$15.60
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	$15.48
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	$15.48
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	$15.60
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$48.00
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	$15.48
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	$15.60
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	$15.07
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	$13.00
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	$138.00
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	$160.99
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	$162.00

Procedure Code	Procedure Description	Allowed Amount
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	$194.43
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	$264.60
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	$317.03
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	$300.00
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	$300.00
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	$317.03
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	$569.87
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	$286.48
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	$15.89
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	$19.40
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	$22.70
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	$21.60
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	$138.00
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	$162.00
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHE	$162.00
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	$340.97
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND	$216.31
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	$131.48
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	$206.61
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	$261.51
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	$300.00
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	$321.57
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	$575.03
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	$287.52
74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$36.53
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	$24.00
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	$24.00
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (E	$63.16
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	$24.00
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	$78.00
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	$53.04

Procedure Code	Procedure Description	Allowed Amount
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	$56.97
74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY, INCLUDING MULTIPLE SERIAL IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	$47.88
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	$42.31
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE	$41.69
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	$233.85
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S)	$262.75
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	$48.00
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	$54.00
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	$25.59
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	$17.60
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	$33.44
74321	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC; COMPLETE PROCEDURE	$77.89
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$72.00
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$72.00
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	$72.00
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	$66.00
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$66.00
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	$72.00
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	$157.28
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	$50.40
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	$50.40
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	$50.40
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	$50.40
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	$36.00
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$30.00
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$30.00
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$54.00
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$36.00
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$42.00
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	$42.00
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$72.00

Procedure Code	Procedure Description	Allowed Amount
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	$32.82
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY	$279.67
74713	MAGNETIC RESONANCE IMAGING OF FETUS, EACH ADDITIONAL PREGNANCY	$134.57
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$36.00
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$72.00
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	$48.00
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	$301.14
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	$437.16
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	$405.58
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	$501.55
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	$52.43
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	$51.19
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY	$150.47
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE	$213.83
75574	COMPUTED TOMOGRAPHY,ANGIOGRAPHY, HEART,CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MAT	$331.89
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$216.00
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	$270.00
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC	$236.33
75669	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL; CATHETER, COMPLETE PROCEDURE	$54.00
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$300.00
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	$240.00
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$270.00
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	$240.00

Procedure Code	Procedure Description	Allowed Amount
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	$216.00
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$114.00
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$126.00
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$126.00
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$138.00
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$42.00
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$60.00
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$270.00
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$270.00
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$42.00
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$270.00
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	$270.00
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$240.00
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	$240.00
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	$216.00
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$360.00
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	$66.00
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	$55.11
75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO	$52.22
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INTITIA	$0.01
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY	$0.01
75958	PLACEMENT OF PROXIMAL EXTENTION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, RADIOLOGICAL	$0.01

Procedure Code	Procedure Description	Allowed Amount
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA,	$0.01
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$216.00
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	$60.00
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	$90.00
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$300.00
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$162.00
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$300.00
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$300.00
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	$162.00
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	$30.00
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	$15.60
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	$60.00
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$36.00
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	$13.83
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	$42.00
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	$48.00
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	$54.00
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	$30.00
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	$24.00
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	$14.86
76150	XERORADIOGRAPHY	$10.40
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	$18.56
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	$78.43
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	$100.72
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	$90.00
76390	MAGNETIC RESONANCE SPECTROSCOPY	$278.85
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	$137.46
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	$0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)	$0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	$0.00
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	$48.00

Procedure Code	Procedure Description	Allowed Amount
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER	$93.09
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	$48.00
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	$48.00
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	$48.00
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	$6.81
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	$36.00
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	$36.00
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	$36.00
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	$36.00
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	$36.00
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	$62.33
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	$51.19
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	$36.00
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	$48.00
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	$48.00
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	$54.90
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	$48.00
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	$48.00
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION	$84.42
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	$36.00
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR	$52.22
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	$40.87
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	$36.00
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	$48.00
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	$136.22
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	$81.12
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	$70.80
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	$47.27
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	$36.00
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	$36.00
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	$53.87

Procedure Code	Procedure Description	Allowed Amount
76818	FETAL BIOPHYSICAL PROFILE	$48.00
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	$53.25
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	$50.57
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	$56.35
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	$48.00
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	$46.44
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	$48.00
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	$18.00
76830	ECHOGRAPHY, TRANSVAGINAL	$42.00
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	$54.49
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	$42.00
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	$30.00
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	$42.00
76872	ECHOGRAPHY, TRANSRECTAL	$42.00
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING	$85.04
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	$48.92
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	$69.97
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	$18.37
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)	$54.90
76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO	$48.92
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$53.87
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI	$176.88
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	$19.20
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION	$94.32
76941	ULTRSONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET	$74.30
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$53.87
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$60.48
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$42.00
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	$42.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	$190.71
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	$30.00

Procedure Code	Procedure Description	Allowed Amount
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$56.76
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION,PERIPHERAL SITE(S), ANY METHOD	$36.18
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	$189.48
76979	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF ADDITIONAL LESION	$128.59
76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE	$62.75
76982	ELASTOGRAPHY ULTRASOUND OF FIRST LESION	$56.14
76983	ELASTOGRAPHY ULTRASOUND OF ADDITIONAL LESION	$34.47
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	$0.01
76999	UNLISTED ULTRASOUND PROCEDURE	$0.00
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	$63.36
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	$36.74
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	$29.72
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC	$437.16
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$77.81
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	$0.01
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	$113.11
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION	$234.06
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	$0.01
77046	MRI OF ONE BREAST	$144.89
77047	MRI OF BOTH BREASTS	$148.81
77048	MRI OF ONE BREAST WITH AND WITHOUT CONTRAST	$230.14
77049	MRI OF BOTH BREASTS WITH AND WITHOUT CONTRAST	$235.09
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$22.91
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISON AND INTERPRETATION	$45.82
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$32.61
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	$78.23
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	$99.07
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	$80.08
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF	$25.39
77072	BONE AGE STUDIES	$12.59
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	$20.02

Procedure Code	Procedure Description	Allowed Amount
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED	$38.60
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	$57.38
77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT	$55.52
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	$21.26
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	$101.96
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	$24.15
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	$20.02
77082	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT	$13.21
77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY	$331.68
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON, INCLUDING VERTEBR	$32.61
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	$20.64
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	$42.00
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	$60.00
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	$78.00
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	$161.82
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	$304.03
77293	RESPIRATORY MOTION MANAGMENT SIMULATION	$249.12
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME	$723.02
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	$0.00
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	$48.00
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	$807.64
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	$54.00
77306	TELETHERAPY ISODOSE PLAN; SIMPLE, INCLUDES BASIC DOSIMETRY CALCULATION(S)	$83.18
77307	TELETHERAPHY ISODOSE PLAN; COMPLEX, INCLUDES BASIC DOSIMETRY CALCULATION(S)	$162.23
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	$66.00
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	$90.00
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE. INCLUDES BASIC DOSIMETRY CALCULATION(S)	$106.71
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE, INCLUDES BASIC DOSIMETRY CALCULATION(S)	$139.73
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX, INCLUDES BASIC DOSIMETRY CALCULATION(S)	$201.45
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	$96.00
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	$66.00

Procedure Code	Procedure Description	Allowed Amount
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	$96.00
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	$138.00
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	$36.00
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	$42.00
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	$60.00
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	$90.00
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	$60.00
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND	$273.07
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	$66.00
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	$627.04
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	$475.96
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING	$887.52
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	$0.00
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	$0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	$0.00
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	$37.36
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	$37.36
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	$37.36
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	$37.36
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	$37.36
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	$44.17
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	$44.17
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	$44.17
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	$44.17
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	$48.00
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	$48.00
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	$48.00
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	$48.00
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	$12.59
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEPORALLY MOD	$333.96
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	$82.56

Procedure Code	Procedure Description	Allowed Amount
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR	$49.33
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	$240.00
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	$240.00
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	$92.88
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	$54.00
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S)	$275.75
77435	STEROTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS,	$377.71
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	$97.83
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	$240.00
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	$0.00
77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN	$0.00
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	$0.00
77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO	$0.00
77525	PROTON TREATMENT DELIVERY; COMPLEX	$0.00
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	$96.00
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	$126.00
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	$96.00
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	$126.00
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	$96.00
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	$138.00
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	$138.00
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	$162.00
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	$300.00
77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM	$131.06
77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM	$205.37
77770	HIGH DOSE BRACHYTHERAPY, 1 CHANNEL	$187.00
77771	HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS	$347.99
77772	HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS	$531.69
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	$360.00
77789	SURFACE APPLICATION OF RADIOELEMENT	$42.00
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	$0.00

Procedure Code	Procedure Description	Allowed Amount
78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPRESSION, OR	$50.36
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	$127.35
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	$147.16
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	$66.00
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	$78.00
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	$126.00
78020	THYROID CARCINOMA METASTASES UPTAKE	$52.84
78070	PARATHYROID IMAGING	$54.00
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	$219.40
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	$0.01
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	$114.00
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78102	BONE MARROW IMAGING; LIMITED AREA	$54.00
78103	BONE MARROW IMAGING; MULTIPLE AREAS	$72.00
78104	BONE MARROW IMAGING; WHOLE BODY	$90.00
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	$24.00
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	$54.00
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	$42.00
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	$60.00
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	$90.00
78130	RED CELL SURVIVAL STUDY;	$66.00
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	$96.00
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	$78.00
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	$60.00
78191	PLATELET SURVIVAL STUDY	$138.00
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	$90.00
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78201	LIVER IMAGING; STATIC ONLY	$80.00
78202	LIVER IMAGING; WITH VASCULAR FLOW	$80.00
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	$80.00
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	$72.00

Procedure Code	Procedure Description	Allowed Amount
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	$199.18
78227	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING	$272.65
78230	SALIVARY GLAND IMAGING;	$80.00
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	$72.00
78232	SALIVARY GLAND FUNCTION STUDY	$72.00
78261	GASTRIC MUCOSA IMAGING	$90.00
78262	GASTROESOPHAGEAL REFLUX STUDY	$90.00
78264	GASTRIC EMPTYING STUDY	$90.00
78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY	$240.04
78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY	$284.83
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	$6.59
78268	UREA BREATH TEST, C-14; ANALYSIS	$56.47
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	$108.00
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	$72.00
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	$72.00
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	$84.00
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	$103.61
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	$117.24
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	$126.00
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	$21.60
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78428	CARDIAC SHUNT DETECTION	$60.00
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR E	$0.00
78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRA	$0.00
78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRA	$0.00
78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULA	$0.00
78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULA	$0.00
78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST	$0.00
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	$54.00
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS	$127.14

Procedure Code	Procedure Description	Allowed Amount
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	$217.13
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR; SINGLE STUDY, AT REST OR STRESS	$110.63
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULITPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR	$106.50
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	$115.58
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	$66.00
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	$90.00
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	$0.00
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	$66.00
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	$78.00
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	$114.00
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	$126.00
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	$162.00
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	$114.00
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	$162.00
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	$0.00
78492	MYCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	$0.00
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH	$159.55
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION	$167.18
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	$105.88
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	$95.77
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	$195.25
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	$119.30
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION , INCLUDING IMAGING WHEN PERFORMED	$183.28
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	$80.00
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	$87.93
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	$88.55
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	$101.76
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	$0.01
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	$42.00

Procedure Code	Procedure Description	Allowed Amount
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	$108.00
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	$66.00
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	$72.00
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	$96.00
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	$54.00
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78700	KIDNEY IMAGING; STATIC ONLY	$80.00
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	$90.40
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	$120.00
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN	$128.38
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	$132.51
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	$48.00
78730	URINARY BLADDER RESIDUAL STUDY	$41.90
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	$60.00
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	$72.00
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	$72.00
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	$96.00
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	$114.00
78803	TUMOR LOCALIZATION (SPECT)	$138.00
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY	$124.25
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS	$25.39
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, (EG, CHEST, HEAD/NECK)	$1,294.00
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH	$1,294.00
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY	$1,294.00
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	$1,369.00
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	$1,369.00
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	$1,369.00
78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASC	$290.40
78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASC	$420.02
78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASC	$546.55

Procedure Code	Procedure Description	Allowed Amount
78835	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE AREA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$60.89
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	$0.00
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	$108.15
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	$126.32
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	$96.00
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	$157.48
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	$96.00
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	$126.32
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	$0.00

80000 Series Pathology and Laboratory

Procedure Code	Procedure Description	Allowed Amount
80009	AUTOMATED MULTICHANNEL TEST; 9 CLINICAL CHEMISTRY TESTS	$7.20
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	$12.23
80048	BASIC METABOLIC PANEL	$7.10
80050	GENERAL HEALTH PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: AUTOMATED CHEMISTRIES, 12 OR MORE (80012-80019) HE	$30.08
80051	ELECTROLYTE PANEL	$5.88
80053	EXECUTIVE PROFILE- AS OF 2000 COMPREHENSIVE METABOLIC PANEL	$8.86
80055	OBSTETRIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: HEMATOCRIT, HEMOGRAM, AUTOMATED, AND MANUAL DIFFERENTIA	$16.63
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASU	$11.23
80069	RENAL FUNCTION PANEL	$7.28
80074	ACUTE HEPATITIS PANEL	$39.49
80076	HEPATIC FUNCTION PANEL	$6.85
80081	BLOOD TEST PANEL FOR OBSTETRICS (CBC, DIFFERENTIAL WBC COUNT, HEPATITIS B, HIV, RUBELLA, SYPHILIS, ANTIBODY SCREENING, RBC, BLOOD TYPIN	$61.18
80145	ADALIMUMAB	$23.14
80150	AMIKACIN	$12.64
80155	CAFFEINE LEVELS	$11.58
80156	CARBAMAZEPINE	$12.20

Procedure Code	Procedure Description	Allowed Amount
80157	CARBAMAZEPINE; FREE	$11.11
80158	CYCLOSPORINE	$15.14
80159	CLOZAPINE LEVEL	$15.14
80162	DIGOXIN	$11.13
80163	DIGOXIN; FREE	$10.84
80164	DIPROPYLACETIC ACID (VALPROIC ACID)	$11.36
80165	VALPROIC ACID (DIPROPYLACETIC); FREE	$11.06
80168	ETHOSUXIMIDE	$13.70
80169	EVEROLIMUS LEVEL	$10.34
80170	GENTAMICIN	$13.74
80171	GABAPENTIN LEVEL	$10.85
80173	HALOPERIDOL	$12.20
80175	LAMOTRIGINE LEVEL	$10.85
80176	LIDOCAINE	$7.48
80177	LEVETIRACETAM LEVEL	$10.85
80178	LITHIUM	$5.54
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	$14.78
80183	OXCARBAZEPINE LEVEL	$10.85
80184	PHENOBARBITAL	$9.61
80185	PHENYTOIN; TOTAL	$11.11
80186	PHENYTOIN; FREE	$11.54
80187	POSACONAZOLE	$16.27
80188	PRIMIDONE	$13.91
80190	PROCAINAMIDE;	$14.05
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	$14.05
80194	QUINIDINE	$12.23
80195	SIROLIMUS	$10.60
80197	TACROLIMUS	$10.60
80198	THEOPHYLLINE	$11.86
80199	TIAGABINE LEVEL	$14.78
80200	TOBRAMYCIN	$7.48

Procedure Code	Procedure Description	Allowed Amount
80201	TOPIRAMATE	$10.00
80202	VANCOMYCIN	$11.36
80203	ZONISAMIDE LEVEL	$10.85
80230	INFLIXIMAB	$23.14
80235	LACOSAMIDE	$16.27
80280	VEDOLIZUMAB	$23.14
80285	VORICONAZOLE	$16.27
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	$11.48
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTIC	$8.98
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; READ BY INSTRUMENT ASSISTED DIRECT O	$11.97
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS, (	$47.89
80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	$27.34
80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	$72.88
80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	$49.56
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	$105.20
80410	CLACITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	$67.34
80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	$276.30
80414	CHORIONIC GONADOTROPIN STIMULATION PANEL; TESTOSTERON RESPONSE	$43.30
80415	CHORIONIC GONADOTROPIN STIMULATION PANEL; ESTRADIOL RESPONSE	$46.85
80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPROPRIL)	$110.63
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	$36.88
80418	COMBINED RAPID ANTERIOR PETUITARY EVALUATION PANEL	$485.86
80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	$60.38
80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	$38.63
80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	$39.18
80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	$124.44
80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, I-DOPA ADMINISTRATION)	$55.90
80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	$65.76
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	$113.24
80434	INSULIN TOLERANCE PANEL' FOR ACTH INSUFFICIENCY	$84.78
80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	$86.31

Procedure Code	Procedure Description	Allowed Amount
80436	METYRAPONE PANEL	$76.42
80438	THUROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR	$42.25
80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR	$56.33
80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS	$11.97
80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOSTIC PROBLEM, WITH REVIEW OF PATIENT'S HIS	$35.29
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	$2.66
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES,;AUTOMATED, WITH MICROS	$2.66
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	$2.14
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	$1.60
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	$1.82
81007	URINALYSIS; BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE, COMMERCIAL KIT (SPECIFY TYPE)	$2.15
81015	URINALYSIS; MICROSCOPIC ONLY	$2.54
81020	URINALYSIS; TWO OR THREE GLASS TEST	$3.09
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	$5.30
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	$2.51
81099	UNLISTED URINALYSIS PROCEDURE	$0.00
81519	ONCOLOGY, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTLILIZING FORMALIN	$3,443.36
81596	BIOCHEMICAL ASSAYS FOR EVALUATION OF CHRONIC HEPATITIS C VIRUS INFECTION	$43.31
82009	ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE	$3.79
82010	ACETONE OR OTHER KETONE BODIES, SERUM; QUANTITATIVE	$6.85
82013	ACETYLCHOLINESTERASE	$9.37
82016	ACYLCARNITINES;QUALITATIVE,EACH SPECIMEN	$11.62
82017	ACYLCARNITINES;QUANTITIVE,EACH SPECIMEN	$14.14
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	$32.38
82030	ADENOSINE; 5'-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	$21.63
82040	ALBUMIN; SERUM	$2.90
82042	ALBUMIN; URINE, QUANTITATIVE	$2.90
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	$4.85
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	$3.83
82045	ALBUMIN; ISCHEMIA MODIFIED	$28.46
82075	ALCOHOL (ETHANOL); BREATH	$10.10

Procedure Code	Procedure Description	Allowed Amount
82085	ALDOLASE	$8.14
82088	ALDOSTERONE;	$34.16
82103	ALPHA-1-ANTITRYPSIN; TOTAL	$11.26
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	$12.12
82105	ALPHA-FETOPROTEIN; SERUM	$14.06
82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	$14.06
82107	AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	$53.99
82108	ALUMINUM	$21.36
82120	AMINES,VAGINAL FLUID,QUALITATIVE	$3.15
82127	AMINO ACIDS;SINGLE,QUALITIVE,EACH SPECIMEN	$11.62
82128	AMINO ACIDS, QUALITATIVE	$11.62
82131	AMINO ACIDS, FRACTIONATION AND QUANTITATION, EACH	$14.14
82135	AMINOLEVULINIC ACID, DELTA (ALA)	$13.58
82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANMTITATIVE, EACH SPECIMEN	$14.14
82139	AMINO ACIDS 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	$14.14
82140	AMMONIA	$12.22
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	$4.94
82150	AMYLASE	$5.44
82154	ANDROSTANEDIOL GLUCURONIDE	$24.17
82157	ANDROSTENEDIONE	$24.54
82160	ANDROSTERONE	$20.96
82163	ANGIOTENSIN II	$17.21
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	$12.23
82172	APOLIPOPROTEIN, EACH	$12.99
82175	ARSENIC	$15.91
82180	ASCORBIC ACID (VITAMIN C), BLOOD	$8.29
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	$12.50
82232	BETA-2 MICROGLOBULIN	$13.57
82239	BILE ACIDS; TOTAL	$14.36
82240	BILE ACIDS; CHOLYLGLYCINE	$11.85
82247	BILIRUBIN; TOTAL	$4.21

Procedure Code	Procedure Description	Allowed Amount
82248	BILIRUBIN; DIRECT	$4.21
82252	BILIRUBIN; FECES, QUALITATIVE	$3.81
82261	BIOTINIDASE, EACH SPECIMEN	$14.14
82270	BLOOD, OCCULT; FECES, 1-3 SIMULTANEOUS DETERMINATIONS	$2.72
82271	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE; OTHER SOURCES	$2.72
82272	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE, FECES, SINGLE SPECIMEN	$2.72
82286	BRADYKININ	$5.77
82300	CADMIUM	$19.19
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	$24.82
82308	CALCITONIN	$22.45
82310	CALCIUM; TOTAL	$4.27
82330	CALCIUM; IONIZED	$5.38
82331	CALCIUM; AFTER CALCIUM INFUSION TEST	$4.34
82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	$5.06
82355	CALCULUS (STONE); QUALITATIVE ANALYSIS, CHEMICAL	$9.70
82360	CALCULUS (STONE); QUANTITATIVE ANALYSIS, CHEMICAL	$10.79
82365	CALCULUS (STONE); INFRARED SPECTROSCOPY	$10.81
82370	CALCULUS (STONE); X-RAY DIFFRACTION	$10.51
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	$15.14
82374	CARBON DIOXIDE (BICARBONATE)	$4.10
82375	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUANTITATIVE	$10.33
82376	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUALITATIVE	$5.02
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	$15.91
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	$14.14
82380	CAROTENE	$7.73
82382	CATECHOLAMINES; TOTAL URINE	$14.41
82383	CATECHOLAMINES; BLOOD	$19.59
82384	CATECHOLAMINES; FRACTIONATED	$19.59
82387	CATHEPSIN-D	$17.44
82390	CERULOPLASMIN	$9.01
82397	CHEMILUMINESCENT ASSAY	$11.84

Procedure Code	Procedure Description	Allowed Amount
82415	CHLORAMPHENICOL	$10.62
82435	CHLORIDE; BLOOD	$3.85
82436	CHLORIDE; URINE	$4.21
82438	CHLORIDE; SPINAL FLUID	$4.10
82441	CHLORINATED HYDROCARBONS, SCREEN	$5.03
82465	CHOLESTEROL, SERUM; TOTAL	$3.65
82480	CHOLINESTERASE; SERUM	$6.61
82482	CHOLINESTERASE; RBC	$6.44
82485	CHONDROITIN B SULFATE, QUANTITATIVE	$17.31
82495	CHROMIUM	$17.00
82507	CITRATE	$23.31
82523	COLLAGEN CROSS LINKS, ANY METHOD	$9.76
82525	COPPER	$10.40
82528	CORTICOSTERONE	$18.87
82530	CORTISOL; FREE	$14.01
82533	CORTISOL; TOTAL	$13.67
82540	CREATINE	$3.89
82542	COLUMN CHROMOTOGRAPHY/MASS SPECTROMETRY; QUANTITATIVE, SINGLE STATIONARY AND MOBILE	$15.14
82550	CREATINE KINASE (CK), (CPK); TOTAL	$5.46
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	$11.23
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	$8.96
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	$9.95
82565	CREATININE	$4.30
82570	CREATININE URINE	$4.34
82575	CREATININE CLEARANCE	$7.92
82585	CRYOFIBRINOGEN	$7.19
82595	CRYOGLOBULIN	$5.38
82600	CYANIDE	$12.17
82607	CYANOCOBALAMIN (VITAMIN B-12);	$12.64
82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	$12.01
82610	CYSTATIN C	$0.00

Procedure Code	Procedure Description	Allowed Amount
82615	CYSTINE AND HOMOCYSTINE, URINE; QUALITATIVE	$6.85
82626	DEHYDROEPIANDROSTERONE (DHEA)	$20.29
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	$18.64
82633	DESOXYCORTICOSTERONE, 11-	$25.97
82634	DEOXYCORTISOL, 11-	$24.54
82638	DIBUCAINE NUMBER	$10.27
82642	MEASUREMENT OF DIHYDROTESTOSTERONE	$19.52
82652	DIHYDROXYVITAMIN D, 1,25-	$32.27
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	$9.67
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE	$15.14
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE;RADIOACTIVE SUBSTRATE, EACH SPECIMEN	$15.14
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	$20.86
82668	ERYTHROPOIETIN	$7.80
82670	ESTRADIOL	$23.42
82671	ESTROGENS; FRACTIONATED	$27.08
82672	ESTROGENS; TOTAL	$18.18
82677	ESTRIOL	$18.72
82679	ESTRONE	$13.02
82693	ETHYLENE GLYCOL	$12.49
82696	ETIOCHOLANOLONE	$11.54
82705	FAT OR LIPIDS, FECES; QUALITATIVE	$4.27
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	$14.08
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	$14.43
82725	FATTY ACIDS, NONESTERIFIED	$11.16
82726	VERY LONG CHAIN FATTY ACIDS	$15.14
82728	FERRITIN	$11.42
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	$53.99
82735	FLUORIDE	$15.55
82746	FOLIC ACID; SERUM	$8.96
82747	FOLIC ACID; RBC	$14.52
82757	FRUCTOSE, SEMEN	$14.54

Procedure Code	Procedure Description	Allowed Amount
82759	GALACTOKINASE, RBC	$18.01
82760	GALACTOSE	$7.80
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	$17.66
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	$7.03
82777	GALECTIN-3	$10.68
82784	GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH	$7.79
82785	GAMMAGLOBULIN; IGE	$13.81
82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, AND 4)	$6.72
82800	GASES, BLOOD; PH ONLY	$4.76
82803	GASES, BLOOD; PH, PCO2, PO2 SIMULTANEOUS	$16.22
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUDING CALCULATED O2 SATURATION); WITH O2 SATURU	$23.79
82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	$7.32
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	$8.38
82926	GASTRIC ACID, FREE AND TOTAL; EACH SPECIMEN	$4.57
82928	GASTRIC ACID, FREE OR TOTAL; EACH SPECIMEN	$4.64
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	$4.60
82938	GASTRIN AFTER SECRETIN STIMULATION	$14.83
82941	GASTRIN	$14.78
82943	GLUCAGON	$7.33
82945	GLOCOSE, BODY FLUID, OTHEN THAN BLOOD	$3.29
82946	GLUCAGON TOLERANCE TEST	$12.64
82947	GLUCOSE; QUANTITATIVE	$3.29
82948	GLUCOSE; BLOOD, REAGENT STRIP	$2.62
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	$3.98
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	$10.79
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS	$3.29
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	$5.38
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	$5.08
82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE	$1.96
82963	GLUCOSIDASE, BETA	$18.01
82965	GLUTAMATE DEHYDROGENASE	$6.48

Procedure Code	Procedure Description	Allowed Amount
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	$6.04
82978	GLUTATHIONE	$11.95
82979	GLUTATHIONE REDUCTASE, RBC	$5.77
82985	GLYCATED PROTEIN	$12.64
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	$15.58
83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	$15.53
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	$13.97
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	$56.47
83010	HAPTOGLOBIN; QUANTITATIVE	$10.55
83012	HAPTOGLOBIN; PHENOTYPES	$13.02
83013	HELICOBACTER PYLORI,BREATH TEST ANALYSIS	$56.47
83014	HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION AND SAMPLE COLLECTION	$6.59
83015	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	$15.79
83018	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); QUANTITATIVE, EACH	$18.41
83020	HEMOGLOBIN; ELECTROPHORESIS (EG, A2, S, C)	$10.79
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMOTOGRAPHY (EG, A2, S, C, AND/OR F)	$15.14
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	$1.98
83030	HEMOGLOBIN; F(FETAL), CHEMICAL	$6.94
83033	HEMOGLOBIN; F(FETAL), QUALITATIVE (APT) TEST, FECAL	$5.00
83036	HEMOGLOBIN; GLYCATED	$7.33
83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	$4.16
83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	$6.14
83051	HEMOGLOBIN; PLASMA	$3.90
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	$5.77
83065	HEMOGLOBIN; THERMOLABILE	$3.90
83068	HEMOGLOBIN; UNSTABLE, SCREEN	$3.90
83069	HEMOGLOBIN; URINE	$3.31
83070	HEMOSIDERIN; QUALITATIVE	$2.41
83080	ASSAY OF HEXOSAMINIDASE	$14.14
83088	HISTAMINE	$12.17
83090	HOMOCYSTINE	$14.14

Procedure Code	Procedure Description	Allowed Amount
83150	HOMOVANILLIC ACID (HVA)	$16.22
83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	$14.68
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	$10.81
83498	HYDROXYPROGESTERONE, 17-D	$22.77
83500	HYDROXYPROLINE; FREE	$18.99
83505	HYDROXYPROLINE; TOTAL	$20.38
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE;	$9.67
83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	$7.11
83519	IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUE (EG, RIA)	$11.33
83520	IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	$10.85
83525	INSULIN	$9.59
83527	INSULIN; FREE	$10.85
83528	INTRINSIC FACTOR	$13.33
83540	IRON	$5.43
83550	IRON BINDING CAPACITY	$7.33
83570	ISOCITRIC DEHYDROGENASE (IDH)	$7.42
83582	KETOGENIC STEROIDS; FRACTIONATION	$11.88
83586	KETOSTEROIDS, 17- (17-KS); TOTAL	$10.73
83593	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	$11.54
83605	LACTATE (LACTIC ACID)	$8.95
83615	LACTATE DEHYDROGENASE (LD), (LDH)	$5.06
83625	LACTATE DEHYDROGENASE (LD), (LDH) ISOENZYMES, SEPARATION AND QUANTITATION	$10.73
83630	LACTOFERRIN, FECAL, QUALITATIVE	$9.67
83631	LACTOFERRIN, FECAL; QUANTITATIVE	$16.45
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	$15.13
83633	LACTOSE, URINE; QUALITATIVE	$4.61
83655	LEAD	$4.19
83661	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE	$18.43
83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); FOAM STABILITY TEST	$15.86
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	$15.86
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	$15.86

Procedure Code	Procedure Description	Allowed Amount
83670	LEUCINE AMINOPEPTIDASE (LAP)	$7.68
83690	LIPASE	$5.77
83695	LIPOPROTEIN (A)	$10.85
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	$28.46
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPERATION AND QUANTITATION	$9.44
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEINS	$16.38
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES	$23.71
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	$6.86
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT VLDL CHOLESTEROL	$9.76
83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT LDL CHOLESTEROL	$5.76
83722	MEASUREMENT OF SMALL DENSE LOW DENSITY LIPOPROTEIN CHOLESTEROL	$21.04
83727	LUTEINIZING RELEASING FACTOR (LRH)	$14.41
83735	MAGNESIUM	$5.62
83775	MALATE DEHYDROGENASE	$6.18
83785	MANGANESE	$11.85
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY,ANALYTE;QUANTITATIVE, EACH SPECIMEN	$15.14
83825	MERCURY, QUANTITATIVE	$13.63
83835	METANEPHRINES	$14.20
83857	METHEMALBUMIN	$9.01
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY	$14.15
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	$16.69
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	$4.91
83873	MYELIN BASIC PROTEIN, CSF	$5.86
83874	MYOGLOBIN	$10.82
83876	MYELOPEROXIDASE (MPO)	$11.32
83880	NATRIURECTIC PEPTIDE	$28.46
83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	$11.40
83885	NICKEL	$20.54
83915	NUCLEOTIDASE 5'-	$9.35
83916	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS)	$16.85
83918	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS) QUANTITATIVE	$13.80

Procedure Code	Procedure Description	Allowed Amount
83919	ORGANIC ACIDS;QUALITATIVE,EACH SPECIMEN	$13.80
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	$13.80
83930	OSMOLALITY; BLOOD	$5.54
83935	OSMOLALITY; URINE	$5.71
83937	OSTEOCALCIN (BONE G1A PROTIEN)	$23.03
83945	OXALATE	$10.79
83950	ONCOPROTEIN, HER-2/NEU	$53.99
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	$56.42
83970	PARATHORMONE (PARATHYROID HORMONE)	$34.60
83986	PH, BODY FLUID, EXCEPT BLOOD	$3.00
83987	PH; EXHALED BREATH CONDENSATE	$13.64
83992	PHENCYCLIDINE (PCP)	$12.32
83993	CALPROTECTIN, FECAL	$0.00
84030	PHENYLALANINE (PKU), BLOOD	$4.61
84035	PHENYLKETONES, QUALITATIVE	$3.07
84060	PHOSPHATASE, ACID; TOTAL	$6.19
84066	PHOSPHATASE, ACID; PROSTATIC	$8.10
84075	PHOSPHATASE, ALKALINE;	$4.34
84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	$6.12
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	$12.40
84081	PHOSPHATIDYLGYCEROL	$13.85
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	$5.65
84087	PHOSPHOHEXOSE ISOMERASE	$8.65
84100	PHOSPHORUS INORGANIC (PHOSPHATE)	$3.98
84105	PHOSPHORUS INORGANIC (PHOSPHATE) URINE	$4.34
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	$3.59
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	$7.08
84112	PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETION, QUALITATIVE	$54.38
84119	PORPHYRINS, URINE; QUALITATIVE	$7.22
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	$12.33
84126	PORPHYRINS, FECES; QUANTITATIVE	$21.35

Procedure Code	Procedure Description	Allowed Amount
84132	POTASSIUM; SERUM	$6.42
84133	POTASSIUM; URINE	$3.61
84134	PREALBUMIN	$12.23
84135	PREGNANEDIOL	$16.04
84138	PREGNANETRIOL	$15.88
84140	PREGNENOLONE	$11.11
84143	17-HYDROXY PREGNENOLONE	$11.11
84144	PROGESTERONE	$17.49
84145	PROCALCITONIN (PCT)	$16.66
84146	PROLACTIN	$16.25
84150	PROSTAGLANDIN, EACH	$20.93
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	$15.37
84153	PROSTATE SPECIFIC ANTIGEN (PSA)	$15.37
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	$15.37
84155	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY	$3.07
84156	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; URINE	$3.07
84157	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; OTHER SOURCE	$3.07
84160	PROTEIN; REFRACTOMETRIC	$4.34
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	$12.62
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	$9.01
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH CONCENTRATION	$14.95
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	$14.28
84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID, IMMUNOLOGICAL PROBE FOR BAND	$15.09
84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	$12.03
84203	PROTOPORPHYRIN, RBC; SCREEN	$7.22
84206	PROINSULIN	$14.93
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	$20.86
84210	PYRUVATE	$9.10
84220	PYRUVATE KINASE	$7.91
84228	QUININE	$9.76
84233	RECEPTOR ASSAY; ESTROGEN	$53.99

Procedure Code	Procedure Description	Allowed Amount
84234	RECEPTOR ASSAY; PROGESTERONE	$52.60
84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)	$43.87
84238	RECEPTOR ASSAY; NON-ENDOCRINE (EG, ACETYLCHOLINE) (SPECIFY RECEPTOR)	$30.65
84244	RENIN	$18.44
84252	RIBOFLAVIN (VITAMIN B-2)	$16.97
84255	SELENIUM	$21.40
84260	SEROTONIN	$25.97
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	$18.22
84275	SIALIC ACID	$11.26
84285	SILICA	$19.74
84295	SODIUM; SERUM	$4.03
84300	SODIUM; URINE	$4.07
84302	SODIUM; OTHER SOURCE	$4.07
84305	SOMATOMEDIN	$15.32
84307	SOMATOSTATIN	$15.32
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	$5.77
84315	SPECIFIC GRAVITY (EXCEPT URINE)	$2.10
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	$5.38
84376	SUGARS, AND OLIGOSACCHARIDES' SINGLE QUALITATIVE, EACH SPECIMEN	$4.61
84377	SUGARS; MULTIPLE QUALITATIVE, EACH SPECIMEN	$4.61
84378	SUGARS; SINGLE QUANTITATIVE, EACH SPECIMEN	$9.66
84379	SUGARS; MULTIPLE QUANTITATIVE, EACH SPECIMEN	$9.66
84392	SULFATE, URINE	$3.98
84402	TESTOSTERONE; FREE	$21.34
84403	TESTOSTERONE; TOTAL	$21.65
84410	TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)	$43.53
84420	THEOPHYLLINE, BLOOD OR SALIVA	$13.37
84425	THIAMINE (VITAMIN B-1)	$5.86
84430	THIOCYANATE	$5.77
84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	$11.12
84432	THYROGLOBULIN	$13.21

Procedure Code	Procedure Description	Allowed Amount
84436	THYROXINE; TOTAL	$5.77
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	$5.42
84439	THYROXINE; FREE	$7.56
84442	THYROXINE BINDING GLOBULIN (TBG)	$12.40
84443	THYROID STIMULATING HORMONE (TSH)	$14.08
84445	THYROID STIMULATING IMMUNOGLOBULINS (TSI)	$42.63
84446	TOCOPHEROL ALPHA (VITAMIN E)	$4.84
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	$11.11
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	$4.33
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	$4.44
84466	TRANSFERRIN	$10.70
84478	TRIGLYCERIDES	$4.82
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	$5.42
84480	TRIDOTHYRONINE (T-3); TOTAL (TT-3)	$11.89
84481	TRIDOTHYRONINE (T-3); FREE	$4.67
84482	TRIDOTHYRONINE (T-3); REVERSE	$13.21
84484	TROPONIN, QUANTITATIVE	$5.38
84485	TRYPSIN; DUODENAL FLUID	$5.86
84488	TRYPSIN; FECES, QUALITATIVE	$5.77
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	$5.77
84510	TYROSINE	$8.72
84512	TROPONIN, QUALITATIVE	$4.03
84520	UREA NITROGEN; QUANTITATIVE	$3.31
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	$3.15
84540	UREA NITROGEN, URINE	$3.98
84545	UREA NITROGEN, CLEARANCE	$5.54
84550	URIC ACID; BLOOD, CHEMICAL	$3.79
84560	URIC ACID, URINE	$3.98
84577	UROBILINOGEN, FECES, QUANTITATIVE	$9.76
84578	UROBILINOGEN, URINE; QUALITATIVE	$2.72
84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	$4.37

Procedure Code	Procedure Description	Allowed Amount
84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	$4.21
84585	VANILLYLMANDELIC ACID (VMA), URINE	$13.00
84586	BASOACTIVE INTESTINAL PEPTIDE (VIP)	$11.11
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	$28.46
84590	VITAMIN A	$9.36
84591	VITAMIN, NOT OTHERWISE SPECIFIED	$9.36
84597	VITAMIN K	$11.49
84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE, DICHLOROMETHANE, DIETHYLETHER, ISOPROPY	$13.47
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	$9.93
84630	ZINC	$9.55
84681	C-PEPTIDE	$17.44
84702	GONADOTROPIN, CHORIONIC (HCG);	$12.62
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	$6.29
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$0.00
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMONE	$8.41
84999	UNLISTED CHEMISTRY PROCEDURE	$0.00
85002	BLEEDING TIME	$3.77
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	$5.42
85007	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT (INCLUDES RBC MORPHOLOGY AND PLATELET ESTIMATION)	$2.89
85008	BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIFFERENTIAL PARAMETERS	$2.41
85009	BLOOD COUNT; DIFFERENTIAL WBC COUNT, BUFFY COAT	$3.11
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	$1.99
85014	BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	$1.99
85018	BLOOD COUNT; HEMOGLOBIN	$1.99
85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND AUTOMATED COMPLETE DIFFERENTIAL WBC COUNT (CBC)	$6.52
85027	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED	$5.42
85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	$3.61
85041	BLOOD COUNT; RED BLOOD CELL (RBC) ONLY	$2.41
85044	BLOOD COUNT; RETICULOCYTE COUNT, MANUAL	$3.61
85045	BLOOD COUNT; RETICULOCYTE COUNT, FLOW CYTOMETRY	$3.35
85046	BLOOD COUNT; RETICULOCYTES, HEMOGLOBIN CONCENTRATION	$4.68

Procedure Code	Procedure Description	Allowed Amount
85048	BLOOD COUNT; WHITE BLOOD CELL (WBC)	$2.13
85049	BLOOD COUNT; PLATELET, AUTOMATED	$3.75
85055	RETICULATED PLATELET ASSAY	$16.01
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	$14.45
85097	BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT	$30.96
85130	CHROMOGENIC SUBSTRATE ASSAY	$9.97
85170	CLOT RETRACTION	$3.03
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	$3.81
85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	$3.90
85220	CLOTTING; FACTOR V (ACG OR PROACCELERIN), LABILE FACTOR	$14.80
85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	$15.01
85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	$15.01
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	$17.12
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	$19.24
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	$19.24
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND'S FACTOR, MULTIMETRIC ANALYSIS	$19.24
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	$15.96
85260	CLOTTING; FACTOR X (STUART-PROWER)	$15.01
85270	CLOTTING; FACTOR XI (PTA)	$15.01
85280	CLOTTING; FACTOR XII (HAGEMAN)	$16.22
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	$13.70
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	$7.45
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	$15.88
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	$15.88
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	$9.93
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	$9.07
85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	$10.08
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	$11.59
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	$9.72
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	$11.98
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	$11.98

Procedure Code	Procedure Description	Allowed Amount
85335	FACTOR INHIBITOR TEST	$10.79
85337	THROMBOMODULIN	$8.74
85345	COAGULATION TIME; LEE AND WHITE	$3.61
85347	COAGULATION TIME; ACTIVATED	$3.57
85348	COAGULATION TIME; OTHER METHODS	$3.12
85360	EUGLOBULIN LYSIS	$3.50
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	$5.77
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	$7.22
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	$9.52
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; SEMIQUANTITATIVE	$5.98
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	$8.53
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE, QUALITATIVE OR SEMIQUANTITATIVE	$8.53
85384	FIBRINOGEN; ACTIVITY	$7.12
85385	FIBRINOGEN; ANTIGEN	$7.12
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT	$4.33
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED, EACH ANALYTE	$20.11
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	$7.42
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	$6.46
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	$14.41
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	$5.48
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	$8.54
85441	HEINZ BODIES; DIRECT	$3.53
85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	$5.71
85460	HEMOGLOBIN, FETAL, DIFFERENTIAL LYSIS (KLEIHAUER)	$6.49
85461	HEMOGLOBIN OR RBC'S, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	$5.56
85475	HEMOLYSIN, ACID	$7.44
85520	HEPARIN ASSAY	$10.97
85525	HEPARIN NEUTRALIZATION	$9.93
85530	HEPARIN-PROTAMINE TOLERANCE TEST	$11.89
85536	IRON STAIN, PERIPHERAL BLOOD	$5.42
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	$7.21

Procedure Code	Procedure Description	Allowed Amount
85547	MECHANICAL FRAGILITY, RBC	$2.41
85549	MURAMIDASE	$15.73
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	$5.60
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	$11.20
85576	PLATELET; EACH AGENT	$18.01
85597	PLATELET NEUTRALIZATION	$15.07
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	$15.18
85610	PROTHROMBIN TIME;	$3.29
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	$3.31
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	$5.38
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	$5.38
85635	REPTILASE TEST	$8.26
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	$2.98
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	$2.26
85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	$4.01
85670	THROMBIN TIME; PLASMA	$4.84
85675	THROMBIN TIME; TITER	$5.75
85705	THROMBOPLASTIN INHIBITION; TISSUE	$8.07
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	$5.03
85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA	$5.42
85810	VISCOSITY; BLOOD	$9.79
85999	UNLISTED HEMATOLOGY PROCEDURE	$0.00
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB T	$5.85
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITAVE, EACH ALLERGEN	$4.38
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	$4.38
86005	ALLERGEN SPECIFICIGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE OR DISK)	$6.30
86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, RECOMBINANT OR PURIFIED COMPONENT, EACH	$13.28
86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	$12.62
86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	$15.40
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	$9.76
86038	ANTINUCLEAR ANTIBODIES (ANA);	$10.13

Procedure Code	Procedure Description	Allowed Amount
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	$9.36
86060	ANTISTREPTOLYSIN 0; TITER	$6.12
86063	ANTISTREPTOLYSIN 0; SCREEN	$4.84
86140	C-REACTIVE PROTEIN	$4.34
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	$10.85
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	$21.32
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	$21.32
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)_ANTIBODY	$13.46
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	$13.40
86156	COLD AGGLUTININ; SCREEN	$5.62
86157	COLD AGGLUTININ; TITER	$6.76
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	$10.07
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	$10.07
86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	$17.03
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	$8.40
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	$10.85
86215	DEOXYRIBONUCLEASE, ANTIBODY	$11.11
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	$11.52
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	$5.76
86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01), EACH ANTIBOD	$5.86
86255	FLUORESCENT ANTIBODY; SCREEN, EACH ANTIBODY	$10.10
86256	FLUORESCENT ANTIBODY; TITER, EACH ANTIBODY	$10.10
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	$13.19
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	$6.86
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUALITATIVE (EG, BLADDER TUMOR ANTIGEN)	$13.09
86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	$17.44
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	$17.44
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	$17.44
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	$17.89
86308	HETEROPHILE ANTIBODIES; SCREENING	$4.34
86309	HETEROPHILE ANTIBODIES; TITER	$5.42

Procedure Code	Procedure Description	Allowed Amount
86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY	$6.18
86316	IMMUNOASSAY FOR TUMOR ANTIGEN (EG, CANCER ANTIGEN 125); EACH	$17.44
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT ELSEWHERE SPECIFIED	$12.57
86318	IMMUNOASSAY TO INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE (EG, REAGENT STRIP)	$10.85
86320	IMMUNOELECTROPHORESIS; SERUM	$18.79
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CSF) WITH CONCENTRATION	$18.74
86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	$19.02
86329	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	$11.77
86331	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR ANTIBODY	$10.05
86332	IMMUNE COMPLEX ASSAY	$20.43
86334	IMMUNOFIXATION ELECTROPHORESIS	$18.73
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)	$24.60
86336	INHIBIN A	$11.53
86337	INSULIN ANTIBODIES	$17.95
86340	INTRINSIC FACTOR ANTIBODIES	$12.64
86341	ISLET CELL ANTIBODY	$16.59
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	$10.45
86344	LEUKOCYTE PHAGOCYTOSIS	$6.70
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKERS (EG, ATP)	$24.81
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS	$11.39
86355	B CELLS, TOTAL COUNT	$16.01
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE, NOT OTHERWISE SPECIFIED, EACH ANTIGEN	$0.00
86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	$16.01
86359	T CELLS; TOTAL COUNT	$16.01
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	$32.02
86367	STEM CELLS (IE, CD34), TOTAL COUNT	$16.01
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	$12.20
86382	NEUTRALIZATION TEST, VIRAL	$9.05
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	$9.55
86403	PARTICLE AGGLUTINATION, ANTIBODY OR ANTIGEN, EACH	$8.54
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	$8.92

Procedure Code	Procedure Description	Allowed Amount
86421	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE; UP TO 5 TESTS	$13.66
86422	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE; 6 OR MORE TESTS	$8.19
86430	RHEUMATOID FACTOR; QUALITATIVE	$4.76
86431	RHEUMATOID FACTOR; QUANTITATIVE	$4.76
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE	$26.06
86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERATION OF GAMMA INTERFERON	$26.25
86485	SKIN TEST; CANDIDA	$3.67
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	$0.00
86490	SKIN TEST; COCCIDIOIDOMYCOSIS	$5.99
86510	SKIN TEST; HISTOPLASMOSIS	$6.40
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	$5.16
86590	STREPTOKINASE, ANTIBODY	$9.25
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	$3.58
86593	SYPHILIS TEST; QUANTITATIVE	$3.70
86602	ANTIBODY; ACTINOMYCES	$8.53
86603	ANTIBODY; ADENOVIRUS	$10.79
86606	ANTIBODY; ASPIRGILLUS	$12.62
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	$10.80
86611	ANTIBODY; BARTONELLA	$8.53
86612	ANTIBODY; BLASTOMYCES	$10.82
86615	ANTIBODY; BORDETELLA	$11.06
86617	BORRELIA BURGDORFERI (LYME DISEASE)	$12.98
86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	$14.09
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	$11.21
86622	ANTIBODY; BRUCELLA	$7.49
86625	ANTIBODY; CAMPYLOBACTER	$11.00
86628	ANTIBODY; CANDIDA	$5.76
86631	ANTIBODY; CHLAMYDIA	$9.91
86632	ANTIBODY; CHLAMYDIA, IGM	$10.64
86635	ANTIBODY; COCCIDIOIDES	$9.62
86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	$10.16

Procedure Code	Procedure Description	Allowed Amount
86641	ANTIBODY; CRYPTOCOCCUS	$12.08
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	$12.07
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	$14.12
86648	ANTIBODY; DIPTHERIA	$12.75
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	$11.06
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	$11.06
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	$11.06
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	$11.06
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	$10.92
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	$11.00
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	$12.83
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	$15.21
86666	ANTIBODY; EHRLICHIA	$8.53
86668	ANTIBODY; FRANCISELLA TULARENSIS	$8.72
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	$10.28
86674	ANTIBODY; GIARDIA LAMBLIA	$12.34
86677	ANTIBODY; HELICOBACTER PYLORI	$12.17
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	$10.90
86684	ANTIBODY; HEMOPHILUS INFLUENZA	$13.28
86687	ANTIBODY; HTLV I	$7.03
86688	ANTIBODY; HTLV-II	$11.74
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT)	$16.23
86692	ANTIBODY; HEPATITIS, DELTA AGENT	$14.29
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	$12.07
86695	ANTIBODY; HERPES SIMPLEX, TYPE I	$11.06
86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	$16.23
86698	ANTIBODY; HISTOPLASMA	$10.48
86701	ANTIBODY; HIV-1	$7.45
86702	ANTIBODY; HIV-2	$8.85
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	$11.50
86710	ANTIBODY; INFLUENZA VIRUS	$11.36

Procedure Code	Procedure Description	Allowed Amount
86713	ANTIBODY; LEGIONELLA	$12.83
86717	ANTIBODY; LEISHMANIA	$10.27
86720	ANTIBODY; LEPTOSPIRA	$11.06
86723	ANTIBODY; LISTERIA MONOCYTOGENES	$11.06
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	$10.79
86732	ANTIBODY; MUCORMYCOSIS	$11.06
86735	ANTIBODY; MUMPS	$10.94
86738	ANTIBODY; MYCOPLASMA	$11.11
86741	ANTIBODY; NEISSERIA MENINGITIDIS	$11.06
86744	ANTIBODY; NOCARDIA	$11.06
86747	ANTIBODY; PARVOVIRUS	$12.60
86750	ANTIBODY; PLASMODIUM (MALARIA)	$11.06
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	$10.39
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	$10.81
86757	ANTIBODY; RICKETTSIA	$16.23
86759	ANTIBODY; ROTAVIRUS	$11.06
86762	ANTIBODY; RUBELLA	$12.07
86765	ANTIBODY; RUBEOLA	$10.80
86768	ANTIBODY; SALMONELLA	$11.06
86771	ANTIBODY; SHIGELLA	$11.06
86774	ANTIBODY; TETANUS	$12.41
86777	ANTIBODY; TOXOPLASMA	$12.07
86778	ANTIBODY; TOXOPLASMA, IGM	$12.07
86780	TREPONEMA PALLIDUM	$11.38
86784	ANTIBODY; TRICHINELLA	$10.53
86787	ANTIBODY; VARICELLA-ZOSTER	$10.80
86788	ANTIBODY; WEST NILE VIRUS, IGM	$291.44
86789	ANTIBODY; WEST NILE VIRUS	$249.12
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	$10.80
86793	ANTIBODY; YERSINIA	$11.06
86794	ANTIBODY; ZIKA VIRUS, IGM	$12.48

Procedure Code	Procedure Description	Allowed Amount
86800	THYROGLOBULIN ANTIBODY	$13.18
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	$43.83
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	$39.89
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD	$33.17
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD	$24.88
86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	$21.64
86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	$29.79
86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	$23.35
86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	$53.97
86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	$47.33
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); FIRST SERUM SAMPLE OR	$49.23
86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); EACH ADDITIONAL SERUM	$16.41
86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	$32.64
86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	$24.48
86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	$66.59
86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	$57.08
86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	$104.64
86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	$95.13
86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS I	$294.89
86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS II	$266.36
86849	UNLISTED IMMUNOLOGY PROCEDURE	$14.30
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	$3.00
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	$25.30
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	$7.69
86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	$4.50
86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH ANTISERUM	$4.79
86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	$4.34
86900	BLOOD TYPING; ABO	$2.50
86901	BLOOD TYPING; RH (D)	$2.50
86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN	$3.23
86903	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, PER UNIT SCREENED	$7.91

Procedure Code	Procedure Description	Allowed Amount
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNIT SCREENED	$7.97
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	$3.20
86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	$6.50
86910	BLOOD TYPING; TYPING FOR PATERNITY TESTING, ABO, RH AND MN, PER INDIVIDUAL TYPING FOR PATERNITY TESTING, EACH	$17.78
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL, ABO, RH AND MN; EACH ADDITIONAL ANTIGEN SYSTEM	$4.58
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	$6.72
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	$21.70
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	$24.80
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	$24.80
86940	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	$6.88
86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	$9.59
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	$0.00
87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION	$9.76
87015	CONCENTRATION (ANY TYPE), FOR PARASITES, OVA, OR TUBERCLE BACILLUS (TB, AFB)	$5.60
87040	CULTURE, BACTERIAL, DEFINITIVE; BLOOD (INCLUDES ANAEROBIC SCREEN)	$8.65
87045	CULTURE, BACTERIAL, DEFINITIVE; STOOL	$7.33
87046	CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND PRELIMINARY EXAMINATION, EACH PLATE	$7.33
87070	CULTURE, BACTERIAL, DEFINITIVE; ANY OTHER SOURCE	$7.22
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRELIMINARY EXAMINATION (EG, CAMPYLOBACTER, YERSI	$7.33
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOU	$7.33
87075	CULTURE, BACTERIAL, ANY SOURCE; ANAEROBIC (ISOLATION)	$5.86
87076	CULTURE, BACTERIAL, ANY SOURCE; DEFINITIVE IDENTIFICATION, EACH ANAEROBIC ORGANISM, INCLUDING GAS CHROMATOGRAP	$5.22
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	$5.22
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE ORGANISMS	$5.56
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL KIT (SPECIFY TYPE); WITH COLONY ESTI	$5.22
87086	CULTURE, BACTERIAL, URINE; QUANTITATIVE, COLONY COUNT	$4.37
87088	CULTURE, BACTERIAL, URINE; IDENTIFICATION, IN ADDITION TO QUANTITATIVE OR COMMERCIAL KIT	$6.79
87101	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); SKIN	$6.46
87102	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); OTHER SOURCE (EXCEPT BLOOD)	$7.04
87103	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); BLOOD	$7.56
87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION OF EACH FUNGUS (USE IN ADDITION TO CODES 87101, 87102, OR 87103 WHEN	$8.65

Procedure Code	Procedure Description	Allowed Amount
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	$8.65
87109	CULTURE, MYCOPLASMA, ANY SOURCE	$7.33
87110	CULTURE, CHLAMYDIA	$16.42
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA); ANY SOURCE, ISOLATION ONLY	$2.41
87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	$9.17
87140	CULTURE, TYPING; FLUORESCENT METHOD, EACH ANTISERUM	$4.67
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD	$9.76
87147	CULTURE, TYPING; SEROLOGIC METHOD, AGGLUTINATION GROUPING, PER ANTISERUM	$4.34
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	$16.81
87150	CULTURE, TYPING; IDENTIFICATION BY NULEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PROBE TECHNIQUE, PER CULTURE OR	$30.16
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	$4.39
87153	CULTURE, TYPING; IDENTIFICATION BY NULEIC ACID SQUENCING METHOD, EACH ISOLATE(EG, SEQUENCING OF THE 16S RRNA	$99.13
87158	CULTURE, TYPING; OTHER METHODS	$4.39
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES SPECIMEN COLLECTION	$7.33
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT COLLECTION	$7.33
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	$3.58
87169	MACROSCOPIC EXAMINATION; PARASITE	$3.58
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	$3.58
87176	ENDOTOXIN, BACTERIAL (PYROGENS); HOMOGENIZATION, TISSUE, FOR CULTURE	$4.93
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	$5.77
87181	SENSITIVITY STUDIES, ANTIBIOTIC; AGAR DIFFUSION METHOD, PER ANTIBIOTIC	$3.98
87184	SENSITIVITY STUDIES, ANTIBIOTIC; DISK METHOD, PER PLATE (12 OR LESS DISKS)	$5.78
87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA LACTAMASE), PER ENZYME	$3.98
87186	SENSITIVITY STUDIES, ANTIBIOTIC; MICROTITER, MINIMUM INHIBITORY CONCENTRATION (MIC), ANY NUMBER OF ANTIBIOTICS	$7.25
87187	SENSITIVITY STUDIES, ANTIBIOTIC; MINIMUM BACTERICIDAL CONCENTRATION (MBC) (USE IN ADDITION TO 87186 OR 87188)	$8.69
87188	SENSITIVITY STUDIES, ANTIBIOTIC; MACROTUBE DILUTION METHOD, EACH ANTIBIOTIC	$5.56
87190	SENSITIVITY STUDIES, ANTIBIOTIC; TUBERCLE BACILLUS (TB, AFB), EACH DRUG	$4.74
87197	SERUM BACTERICIDAL TITER (SCHLICTER TEST)	$12.59
87205	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; ROUTINE STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	$3.58
87206	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, OR CELL TY	$4.45
87207	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR INTRACELLULAR PARASITES (EG,	$5.02

Procedure Code	Procedure Description	Allowed Amount
87209	SMEAR, PRIMARY SOURCE WITH INTERPERTATION; COMPLEX SPECIAL STAIN FOR OVA AND PARASITE	$15.07
87210	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; WET MOUNT WITH SIMPLE STAIN, FOR BACTERIA, FUNGI, OVA, AND/OR PARA	$3.58
87220	TISSUE EXAMINATION FOR FUNGI (EG, KOH SLIDE)	$3.58
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	$16.55
87250	VIRUS IDENTIFICATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES OBSERVATION AND DISSECTION	$16.39
87252	VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION	$21.85
87253	VIRUS IDENTIFICATION; TISSUE CULTURE, ADDITIONAL STUDIES (EG, HEMABSORPTION, NEUTRALIZATION) EACH ISOLATE	$16.93
87254	VIRUS ISOLATION; SHELL VIAL, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN, EACH VIRUS	$16.39
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN BY CYTOPATHIC EFFECT	$28.39
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; ADENOVIRUS	$10.06
87265	INFECTIOUS AGENT ANTIGEN DETERCTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; BORDETELLA PERTUSSIS/PARAPERTUSS	$10.06
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; ENTEROVIRUS, DIRECT FLOURESCENT ANTIBODY	$10.06
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; GIARDIA	$10.06
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUES; CHLAMYDIA TRACHOMATIS	$10.06
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; CYTOMEGALOVIRUS, DIRECT FLOURESCENT ANTIBOD	$10.06
87272	INFECTOUS AGENT ANTIGEWN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CRYPTOSPORIDUN/GIARDIA	$10.06
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	$10.06
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; HERPES SIMPLEX VIRUS	$10.06
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B	$10.06
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY DFIRECT FLORESCENT ANTIBODY TECHNIQUE; INFLUENZA A VIRUS	$10.06
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; LEGIONELLA PNEUMOPHILA	$10.06
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PARAINFLUENZA VIRUS, EACH TYPE	$10.06
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; RESPIRATORY SYNCYTIAL	$10.06
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS CARINII	$10.06
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA	$10.06
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; TREPONEMA PALLIDUM	$10.06
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; VARICELLA ZOSTER VIRUS	$10.06
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE, NOT OTHERWISE SPECIFIED	$10.06
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT FOR MULTIPLE ORGANISMS, EACH POL	$10.06
87301	INFECTOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAYTECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE	$10.06
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-	$10.06

Procedure Code	Procedure Description	Allowed Amount
87320	INFECTIOUS AGENT DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CHLAMYDIA TRACHOMATIS	$10.06
87324	INFECTIOUS AGENT ANTIGEN BY ENZYME IMMUNOASSAY TECHNIQUE; CLOSTRIDIUM DIFFICILE TOXIN A	$10.06
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, CRYPTOCOCCUS NEOFORMANS	$10.06
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CRYPTOSPORIDUM/GIARDIA	$10.06
87329	INFECTOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAYTECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, GIARDIA	$10.06
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CYTOMEGALOVIRUS	$10.06
87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ESCHERICHIA COLI 0157	$10.06
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,ENTAMOEBA HISTOLYTICA DISPAR GROUP	$10.06
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ENTAMOEBA HISTOLYTICA GROUP	$10.06
87338	HELICOBACTER PYLORI, STOOL	$11.53
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HELICOBACTER PYLORI	$10.06
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN (HBSAG)	$8.66
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION	$8.66
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS BE ANTIGEN (HBEAG)	$9.66
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HAPATITIS, DELTA AGENT	$11.53
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HISTOPLASMA CAPSULATUN	$10.06
87389	HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE RESULT	$19.87
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-1	$14.79
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-2	$14.79
87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; INFLUENZA, A OR B, EACH	$10.06
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMIUNOASSAY TECHNIQUE; RESPIRATORY SYNCYTIAL VIRUS	$10.06
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ROTAVIRUS	$10.06
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SHIGA-LIKE TOXIN	$10.06
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; STREPTOCOCCUS, GROUP A	$10.06
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, NOT	$10.06
87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SINGLE STEP METHOD, NOT OTHERWIS	$8.03
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, POLYVALENT FOR MULTI	$8.03
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA	$29.42
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, QUANTIF	$35.91
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, DIRECT PROBE TECHNIQUE	$16.81
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, AMPLIFIED PROBE TECHNIQUE	$29.42

Procedure Code	Procedure Description	Allowed Amount
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	$16.81
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	$29.42
87483	TEST FOR DETECTION NUCLEIC ACID OF ORGANISM CAUSING INFECTION OF CENTRAL NERVOUS SYSTEM	$343.03
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	$16.81
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	$29.42
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	$16.81
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	$29.42
87493	CLOSTRIDIUM DIFFICLE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	$30.16
87495	CYTOMEGALOVIRUS DETECTION BY DNA, DIRECT PROBE	$16.81
87496	CYTOMEGALOVIRUS DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87497	CYTOMEGALOVIRUS DETECTION BY DNA, QUANTIFICATION	$35.91
87498	INFECTIOUS AGENT DETECTION BY NULEIC ACID; ENTEROVIRUS, AMPLIFIED PROBE TECHNIQUE	$24.42
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE, AMPLIFIED PROBE TECHNIQUE	$0.00
87501	INFECTIOUS AGENT DETECTION BT NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS. REVERSE TRANSCRIPTION	$43.33
87502	INFECTIOUS AGENT DETECTION BT NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	$71.85
87503	INFECTIOUS AGENT DETECTION BT NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	$17.53
87505	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	$104.75
87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	$174.27
87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	$340.31
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, DIRECT PROBE TECHNIQUE	$16.81
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	$29.42
87512	GARDNERELLA VAGINALIS DETECTION BY DNA, QUANTIFICATION	$0.00
87516	HEPATITIS B DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87517	HEPATITIS B DETECTION BY DNA, QUANTIFICATION	$35.91
87520	HEPATITIS C DETECTION BY RNA, DIRECT PROBE	$16.81
87521	HEPATITIS C DETECTION BY RNA, AMPLIFIED PROBE	$29.42
87522	HEPATITIS C DETECTION BY RNA, QUANTIFICATION	$35.91
87525	HEPATITIS G DETECTION BY DNA, DIRECT PROBE	$16.81
87526	HEPATITIS G DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87527	HEPATITIS G DETECTION BY DNA, QUANTIFICATION	$0.00
87528	HERPES SIMPLEX DETECTIONBY DNA, DIRECT PROBE	$16.81

Procedure Code	Procedure Description	Allowed Amount
87529	HERPES SIMPLEX DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87530	HERPES SIMPLEX DETECTION BY DNA, QUANTIFICATION	$0.00
87531	HERPES VIRUS-6 DETECTION BY DNA, DIRECT PROBE	$16.81
87532	HERPES VIRUS-6 DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87533	HERPES VIRUS-6 DETECTION BY DNA, QUANTIFICATION	$0.00
87534	HIV-1 DETECTION BY DNA, DIRECT PROBE	$16.81
87535	HIV-1 DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87536	HIV-1 DETECTION BY DNA, QUANTIFICAITON	$71.33
87537	HIV-2 DETECTION BY DNA, DIRECT PROBE	$16.81
87538	HIV-2 DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87539	HIV-2 DETECTION BY DNA, QUANTIFICATION	$35.91
87540	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, DIRECT PROBE	$16.81
87541	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, AMPLIFIED PROB	$29.42
87542	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, QUANTIFICATION	$0.00
87550	MYCOBACTERIA DETECTION BY DNA, DIRECT PROBE	$16.81
87551	MYCOBACTERIA DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87552	MYCOBACTERIA DETECTION BY DNA, QUANTIFICATION	$0.00
87555	M. TUBERCULOSIS DETECTION BY DNA, DIRECT PROBE	$16.81
87556	M. TUBERCULOSIS DETECTION BY DNA, AMPLIFIED PROBE	$29.42
87557	M. TUBERCULOSIS DETECTION BY DNA, QUANTIFICATION	$0.00
87560	M. AVIUM-INTRACELLULARE BY DNA, DIRECT PROBE	$16.81
87561	M. AVIUM-INTRACELLULARE BY DNA, AMPLIFIED PROBE	$29.42
87562	M. AVIUM-INTRACELLULARE BY DNA, QUANTIFICATION	$0.00
87563	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA GENITALIUM, AMPLIFIED PROBE TECHNIQUE	$21.05
87580	M. PNEUMONIAE BY DNA, DIRECT PROBE	$16.81
87581	M. PNEUMONIAE BY DNA, AMPLIFIED PROBE	$29.42
87582	M. PNEUMONIAE BY DNA, QUANTIFICATION	$0.00
87590	N. GONORRHOEAE BY DNA, DIRECT PROBE	$16.81
87591	N. GONORRHOEAE BY DNA, AMPLIFIED PROBE	$29.42
87592	N. GONORRHOEAE BY DNA, QUANTIFICATION	$0.00
87623	INFECTIOUS AGENT DETECTION BY NULEIC ACID; HUMAN PAPILLOMAVIRUS, LOW-RISK TYPES	$28.66

Procedure Code	Procedure Description	Allowed Amount
87624	INFECTIOUS AGENT DETECTION BY NULEIC ACID; HUMAN PAPILLOMAVIRUS, HIGH-RISK TYPES	$28.66
87625	INFECTIOUS AGENT DETECTION BY NULEIC ACID; HUMAN PAPILLOMAVIRUS, TYPES 16 AND 18 ONLY, INCLUDES	$28.66
87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	$105.80
87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	$176.02
87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	$343.75
87634	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY SYNCYTIAL VIRUS, AMPLIFIED PROBE TECHNIQUE	$52.00
87640	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STAPHYLOCOCCUS AUREUS, AMPLIFIED PROBE TECHNIQUE	$29.42
87641	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE	$29.42
87650	STREP A BY DNA, DIRECT PROBE	$16.81
87651	STREP A BY DNA, AMPLIFIED PROBE	$29.42
87652	STREP A BY DNA, QUANTIFICATION	$0.00
87653	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE	$29.42
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE	$16.81
87661	TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	$28.72
87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ZIKA VIRUS, AMPLIFIED PROBE TECHNIQUE	$38.01
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, DIRECT PROBE	$16.81
87798	INFECTIOUS AGENT DETECTIONBY NUCLEIC ACID, NOS, AMPLIFIED PROBE	$29.42
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, QUANTIFICATION	$35.91
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; DIRECT PROBE(S) TECHNIQUE	$33.62
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE	$58.84
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP B	$10.06
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CLOSTRIDIUM DIFFICILE TOXIN	$10.06
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA	$10.06
87806	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; HIV-1 ANTIGEN (S), WITH HIV-1 AND	$19.66
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	$10.06
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS	$10.06
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS	$0.00
87810	CHLAMYDIA TRACHOMATIS DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	$10.06
87850	N. GONORRHOEAE DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	$10.06
87880	STREP A DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	$10.06
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY, NOS, WITH OPTICAL OBSERVATION	$10.06

Procedure Code	Procedure Description	Allowed Amount
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS	$109.27
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA), HIV 1, REVERSE TRANSCRIPTASE AND PROTEASE	$215.81
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIRUS	$215.81
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS	$409.63
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) EACH ADDITIONAL DRUG, UP TO 5 DRUGS	$21.85
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY ITHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)	$10.70
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER REGION (EG, INTEGRASE, FUSION)	$108.68
87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; CYTOMEGALOVIRUS	$212.33
87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; HEPATITIS B VIRUS	$212.33
87999	UNLISTED MICROBIOLOGY PROCEDURE	$0.00
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	$21.88
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; FILTER METHOD ONLY WITH INTERPRETATI	$20.23
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AN INTERPRETATION (EG, SACCOMANNO TECHNIQUE)	$22.50
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION, EXCEPT CERVICAL OR VAGINAL	$75.32
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	$277.20
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	$234.06
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	$7.64
88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	$12.61
88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR "DRUMSTICKS"	$4.67
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REQUIRING INTERPRETATION BY PHYSICIAN (LIST SEPARAT	$7.07
88142	CYTOPATH, CERV/VAG THIN LAYER PREPARATION	$16.60
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID; WITH MANUIAL SCREENING AND RESCREENING	$16.60
88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM	$8.86
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL;SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	$8.86
88150	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; SCREENING BY TECHNICIAN UNDER PHYSICIAN SUPERV	$8.86
88152	CYTOPATHOLOGY, CERV/VAG AUTOMATED	$8.86
88153	CYTOPATHOLOGY, SLIDES, CERVICAL VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	$8.86
88155	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; WITH DEFINITIVE HORMONAL EVALUATION (EG, MATUR	$5.02
88160	CYTOPATHOLOGY, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	$17.96
88161	CYTOPATHOLOGY, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION	$19.20
88162	CYTOPATHOLOGY, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	$33.85

Procedure Code	Procedure Description	Allowed Amount
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	$8.86
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	$8.86
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER	$8.86
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER RESCREEN	$8.86
88172	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY TO DE	$28.48
88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; INTERPRETATION AND REPORT	$42.31
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAY	$17.31
88175	CYTOPATHOLOGY,CERVICAL OR VAGINAL(ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID, WITH SCREENING BY AUT	$20.50
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE	$16.92
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	$35.70
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	$31.24
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER	$15.36
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	$42.60
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	$53.14
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	$70.00
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	$0.00
88230	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; LYMPHOCYTE	$97.66
88233	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; SKIN OR OTHER SOLID TISSUE BIOPSY	$117.98
88235	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	$123.44
88237	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; BONE MARROW (MYELOID) CELLS	$105.88
88239	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; OTHER TISSUE	$123.67
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	$8.47
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	$8.47
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 25 CELLS (SCE STUDY), COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDI	$124.79
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES, WITH BANDING (EG, A	$145.18
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS	$145.18
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	$148.16
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	$104.48
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	$125.98
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	$104.48
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING	$150.70

Procedure Code	Procedure Description	Allowed Amount
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDI	$139.43
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	$17.96
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)	$18.20
88273	MOLECULAR CYTOGENETICS;CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS	$18.20
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	$18.20
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	$18.20
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	$21.04
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	$23.48
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	$15.92
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	$23.48
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	$3.32
88299	UNLISTED CYTOGENETIC STUDY	$0.00
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	$6.40
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION APPENDIX, INCIDENTAL FALLOPIAN TUBE, STERILIZ	$13.42
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIA	$19.20
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY	$39.42
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION BONE - BIOPSY/CURETTINGS BO	$67.91
88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST, MASTECTOMY - WITH REGI	$91.23
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	$9.49
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR MICROORGA	$17.34
88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER,	$9.49
88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); HISTOCHEMICAL STAININ	$23.12
88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS, EACH	$22.08
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	$36.74
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	$44.79
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT ON REFERRED MATERIAL	$58.00
88329	PATHOLOGY CONSULTATION DURING SURGERY;	$22.50
88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE SPECIMEN	$50.16
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S)	$24.97
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQUASH PREP), INITIAL SITE	$13.42
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION, EACH ADDITIONAL SITE	$15.27

Procedure Code	Procedure Description	Allowed Amount
88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN	$38.80
88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	$31.99
88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX ANTIBODY STAIN PROCEDURE	$67.49
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	$30.96
88348	ELECTRON MICROSCOPY; DIAGNOSTIC	$82.77
88350	IMMONOFLUORENCE,PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STATIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P	$41.69
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	$78.23
88356	MORPHOMETRIC ANALYSIS; NERVE	$123.22
88358	MORPHOMETRIC ANALYSIS; TUMOR	$111.87
88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE. EACH ANTIBODY; MANUAL	$67.84
88361	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE	$87.02
88362	NERVE TEASING PREPARATIONS	$89.78
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSUE(S) FOR MOLECULAR	$10.32
88364	IN SITU HYBRIDIZATION, PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE	$56.14
88365	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	$36.33
88366	IN SITU HYBRIDIZATION, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	$86.07
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR SEMI-QUANTITATIVE), EACH PROBE; MANUAL	$132.30
88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, MANUAL, PER SPECIMEN, EACH ADDITIONAL SINGLE PROBE	$42.52
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	$18.63
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; IMMUNOLOGICAL PROBE FOR BAND IDENT	$19.07
88381	MICRODISSECTION (IE,SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	$118.27
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	$0.00
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	$4.40
88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOS	$4.31
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	$4.40
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	$4.40
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	$0.00
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBILITY, INCLUDING INTERPRETATION	$62.13
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD;	$3.97
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT	$4.62
89055	LEUKOCYTE COUNT, FECAL	$3.58

Procedure Code	Procedure Description	Allowed Amount
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALYSIS, ANY BODY FLUID (EXCEPT UR	$5.99
89100	DUODENAL INTUBATION AND ASPIRATION; SINGLE SPECIMEN (EG, SIMPLE BILE STUDY OR AFFERENT LOOP CULTURE) PLUS APPR	$22.29
89105	DUODENAL INTUBATION AND ASPIRATION; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER	$19.40
89125	FAT STAIN, FECES, URINE, OR SPUTUM	$3.62
89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL ANALYSES OR CYTOPATHOLOGY;	$18.58
89132	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL ANALYSES OR CYTOPATHOLOGY; AFTER ST	$8.05
89135	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); ONE HOUR	$29.93
89136	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS	$9.08
89140	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS INCLUDING	$38.18
89141	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); THREE HOURS, INCLUDI	$34.47
89160	MEAT FIBERS, FECES	$3.09
89190	NASAL SMEAR FOR EOSINOPHILS	$3.98
89230	SWEAT COLLECTION BY IONTOPHORESIS	$2.98
89235	WATER LOAD TEST	$4.61
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	$0.00
89251	CULTURE AND FERTILIZATION OF OOCYTE(S); WITH CO-CULTURE OF EMBRYOS	$0.00
89325	SPERM ANTIBODIES	$8.95
89329	SPERM EVALUATION; HAMSTER PENETRATION TEST	$17.58
89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT TEST	$8.30

90000 Series Medical Management

Procedure Code	Procedure Description	Allowed Amount
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	$280.64
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE	$285.66
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM),FOR INTRAMUSCULAR USE	$0.00

Procedure Code	Procedure Description	Allowed Amount
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	$58.91
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEP A-HEP B), ADULT DOSAGE, FOR INTRAMUSCULAR USE	$94.73
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR US	$135.66
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	$0.00
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	$297.59
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	$90.58
90696	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED, WHEN ADMINISTERED	$0.00
90715	TETANUS DIPHTHERIA TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE, FOR USE IN INDIVIDUALS SEVEN YEARS OR OLDER, FOR	$32.86
90723	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE ,HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED, FOR	$0.00
90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT	$114.21
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	$134.12
90746	HEPATITIS B VACCINE; ADULT DOSAGE, FOR INTRAMUSCULAR USE	$67.06
90747	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE	$134.12
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	$110.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	$120.00
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	$37.98

Procedure Code	Procedure Description	Allowed Amount
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	$80.00
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	$80.00
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
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
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMIN	$361.20
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; DELIVERY AND MANAGEMENT, PER SESSION	$209.93
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT;SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION	$302.76
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE	$51.39
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE TO FACE WITH	$31.17
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY; APPROX. 45-50 MIN	$48.50
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	$0.00
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	$14.86
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	$57.17
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESC	$57.17
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN EVALUATION	$38.60
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WI	$37.20
90951	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	$543.66
90952	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	$407.85
90953	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	$136.02
90954	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	$454.70
90955	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	$251.19
90956	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	$166.77
90957	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	$363.47
90958	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	$241.28
90959	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	$154.39

Procedure Code	Procedure Description	Allowed Amount
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
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

Procedure Code	Procedure Description	Allowed Amount
91111	GASTEROINTESTINAL 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
91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND	$21.05
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
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 INTERPREATATION 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, WITHINTERPRETATION AND REPORT; LIMITED EXAMINATION	$12.00
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; INTERMEDIATE EXAMINATIO	$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	OPTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION	$43.96

Procedure Code	Procedure Description	Allowed Amount
92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPLUSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION	$9.08
92201	OPHTHALMOSCOPY, EXTENDED; WITH RETINAL DRAWING AND SCLERAL DEPRESSION OF PERIPHERAL RETINAL DISEASE (EG, FOR RETINAL TEAR, RETINA	$14.65
92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWING OF OPTIC NERVE OR MACULA (EG, FOR GLAUCOMA, MACULAR PATHOLOGY, TUMOR) WITH INTERPRETAT	$9.29
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
92242	IMAGING OF BLOD VESSELS IN BACK OF EYE USING FLUORESCEIN AND INDOCYANINE-GREEN DYE	$132.10
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	$18.16
92260	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION; WITH OPHTHALMODYNAMOMETRY	$22.70
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES,ONE OR BOTH EYES, WITH INTERPRETATION AND REPOR	$23.53
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	$32.80
92273	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; FULL FIELD (IE, FFERG, FLASH ERG, GANZFELD ERG)	$78.02
92274	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; MULTIFOCAL (MFERG)	$52.84
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
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$56.56
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$46.40
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$56.56
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$42.28
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$38.69
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$26.43
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$38.69
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$19.88
92326	REPLACEMENT OF CONTACT LENS	$14.03
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	$18.00
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	$20.00

Procedure Code	Procedure Description	Allowed Amount
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
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 PRCESSING 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
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	$55.73
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	$21.47
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND ONE COOL IRRIGATION IN EACH EAR FOR A TOTAL OF FOUR IR	$23.53
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATION IN EACH EAR FOR A TOTAL OF TWO IRRIGATIONS)	$11.97
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
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
92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT), 6 CONDITIONS (IE, EYES OPEN, EYES CLOSED, VISUAL SWAY, PLA	$37.15
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	$11.76

Procedure Code	Procedure Description	Allowed Amount
92551	SCREENING TEST, PURE TONE, AIR ONLY	$8.00
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	$9.49
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	$12.00
92555	SPEECH AUDIOMETRY THRESHOLD;	$8.05
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	$12.00
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	$12.00
92558	EVOKED OTOACOUSTIC EMISSIONS, SCREENING, AUTOMATED ANALYSIS	$33.23
92560	BEKESY AUDIOMETRY; SCREENING	$8.00
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	$12.00
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	$6.00
92563	TONE DECAY TEST	$4.80
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	$4.80
92565	STENGER TEST, PURE TONE	$4.80
92566	IMPEDANCE TESTING	$11.94
92567	TYMPANOMETRY (IMPEDANCE TESTING)	$11.56
92568	ACOUSTIC REFLEX TESTING	$8.05
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING,	$17.96
92571	FILTERED SPEECH TEST	$8.26
92572	STAGGERED SPONDAIC WORD TEST	$8.00
92575	SENSORINEURAL ACUITY LEVEL TEST	$8.00
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	$9.70
92577	STENGER TEST, SPEECH	$12.00
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	$15.69
92582	CONDITIONING PLAY AUDIOMETRY	$12.00
92583	SELECT PICTURE AUDIOMETRY	$12.00
92584	ELECTROCOCHLEOGRAPHY	$12.00
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM	$84.00
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS; LIMITED	$40.45
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	$33.23
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION(COMPARISON OF TRANSIENT AND DISTORTION	$45.82
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	$7.20

Procedure Code	Procedure Description	Allowed Amount
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
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
92941	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFARCT	$259.24
92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY	$259.24
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
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

Procedure Code	Procedure Description	Allowed Amount
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
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 BALOON ANGIOPLASTY; SINGLE VESSEL	$545.31
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	$211.35
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	$16.31
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	$9.49
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	$7.02
93012	TELEPHONIC OR TELEMETRIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP;	$12.36
93014	TELEPHONIC OR TELEMETRIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP; PHYSICIAN REVIEW WITH INTERPRETATION	$20.02
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; CONTINUOUS ELECTROCARDIO	$48.00
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE;PHYSICIAN SUPERVISION ONL	$17.96
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; TRACING ONLY, WITHOUT IN	$48.00
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; INTERPRETATION AND REPOR	$26.63
93024	ERGONOVINE PROVOCATION TEST	$45.60
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	$150.26
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	$6.00
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	$3.10
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	$4.80
93050	ANALYSIS OF PRESSURE UPPER LIMB ARTERY WITH INTERPRETATION AND REPORT	$10.11
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	$102.79
93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	$26.42
93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	$48.00
93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	$30.00
93228	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED	$14.65

Procedure Code	Procedure Description	Allowed Amount
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
93264	REMOTE MONITORING OF WIRELESS PRESSURE SENSOR IN LUNG ARTERY WITH QUALIFIED HEALTH CARE PROFESSIONAL ANALYSIS, REVIEW, AND REPO	$29.72
93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, TRANSMISSION, PH	$25.18
93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; RECORDING	$26.21
93271	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING W/PRE- SYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING	$50.98
93272	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING, W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION	$20.02
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	$48.92
93279	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$32.82
93280	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$37.77
93281	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$44.17
93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$41.07
93283	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$49.74
93284	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$58.20
93285	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$27.66
93286	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	$15.69
93287	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	$20.64
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$24.77
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$37.98
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$18.37
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$23.74
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$21.47
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM, INCLUDES	$36.95
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP T0 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	$21.05
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP T0 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	$37.98
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP T0 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	$20.85

Procedure Code	Procedure Description	Allowed Amount
93297	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP T0 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD	$14.65
93298	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP T0 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD	$16.92
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	$130.86
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY	$71.62
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN	$153.15
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING;	$48.00
93308	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMIT	$48.00
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING	$48.00
93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL;	$35.29
93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL;	$48.00
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE	$168.84
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY	$34.68
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE ACQUISITION, INTERPRETATION AN	$133.95
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENS	$0.00
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY	$48.00
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY, WITH OR WITHOUT COLOR FLOW	$28.80
93325	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHY 76825, 76826, 76	$48.00
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D, WITH OR WITHOUT M-MODE RECORDING),	$120.00
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN	$158.52
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY	$22.08
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT	$463.78
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVIS	$514.97
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY	$673.90
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	$531.07
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	$619.61
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	$664.61
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

Procedure Code	Procedure Description	Allowed Amount
93462	LEFT HEART CATHERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE	$123.84
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE,INTRAVENOUS INFUSION OF NITROPRUSSIDE	$65.64
93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HEMODYNAMIC	$153.15
93501	RIGHT HEART CATHETERIZATION	$210.00
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	$140.00
93505	ENDOMYOCARDIAL BIOPSY	$208.05
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR VENOUS CORONARY BYPASS GRAFT(S)	$410.12
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; PERCUTANE	$235.20
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; BY CUTDOW	$235.20
93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE	$235.20
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	$235.20
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION	$348.00
93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM (WITH OR	$348.00
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WITHOUT RETROGRADE LEFT HEART CAT	$348.00
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING (WITH OR W	$348.00
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	$526.11
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMAL	$1,313.94
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH	$1,357.91
93533	RIGHT AND LEFT HEART CATHETERIZATION, CONGENITAL, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION	$1,197.12
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF ARTERIAL CONDUITS, WHETHER	$51.81
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF AORTOCORONARY VENOUS BYPASS	$51.81
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY	$50.40
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRIAL ANGIOGRAPH	$50.40
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICULAR OR LEFT ATRIAL ANGIOGRAPHY	$39.22
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY	$38.60
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY ANGIOGRAPHY (INJECTION OF RADIOPAQU	$50.40
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING CARDIAC CATHETERIZATION;	$153.77
93556	IMAGING SUPERVISION,...PULMONARY ANGIOGRAPHY, AORTOGRAPHY, AND/OR SELECTIVE CORONARY ANGIOGRAPHY INCLUDING	$233.23
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;	$50.40
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;	$25.20
93563	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	$34.06

Procedure Code	Procedure Description	Allowed Amount
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 CONGENITALVENTRICULAR 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
93590	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO MITRAL VALVE USING FIRST CLOSURE DEVICE	$716.21
93591	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO AORTIC VALVE USING FIRST CLOSURE DEVICE	$594.43
93592	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO HEART VALVE USING ADDITIONAL CLOSURE DEVICE	$261.92
93600	BUNDLE OF HIS RECORDING	$120.00
93602	INTRA-ATRIAL RECORDING	$90.00
93603	RIGHT VENTRICULAR RECORDING	$120.00
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM	$240.00
93610	INTRA-ATRIAL PACING	$120.00
93612	INTRAVENTRICULAR PACING	$120.00
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING	$211.35
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S);	$35.09
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING	$68.32
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	$240.00
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING	$551.71
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	$480.00
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	$819.54
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	$814.77
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620, 93621, 93622)	$166.17
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY	$195.05
93631	INTRA-OPERATIVE CARDIAC PACING AND MAPPING	$428.69

Procedure Code	Procedure Description	Allowed Amount
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 ARRHYTMIA 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
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	$20.02
93702	BIOIMPEDANCE SPECTOSCOPY (BIS) EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)	$66.25
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
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	$50.40
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	$50.40
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	$111.04
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	$99.69
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	$131.06
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITHOUT INTRAVENOOUS MICROBUBBLE	$139.53
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH INTRAVENOUS MICRO	$136.84
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL	$37.15

Procedure Code	Procedure Description	Allowed Amount
93923	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTRIMITY ARTERIES, SINGLE LEVEL, BILATERAL	$77.40
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TEST	$76.37
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	$94.80
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
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
93985	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS	$155.42
93986	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS	$90.20
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)	$64.19
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	$0.00
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	$50.98
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	$36.33
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	$26.42
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), AND	$18.00
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	$55.11
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD	$84.83
94013	MEASUREMENT OF LUNG VOLUMES(IE, FUNCTIONAL RESIDUAL CAPACITY, FORCED VITAL CAPACITY, AND EXPIRATORY RESERVE	$17.96
94016	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REVIEW AND INTERPRETATION ONLY	$14.65
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EX	$25.20
94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD	$26.40
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	$6.00
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	$6.00
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	$9.60

Procedure Code	Procedure Description	Allowed Amount
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
94617	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY, ELECTROCARDIOGRAPHIC RECORDING S, AND PULSE OXIMETRY	$55.73
94618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND OXYGEN TITRATION, WHEN PERF	$20.02
94621	PULMONARY STRESS TESTING; COMPLEX INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2 UPTAKE AND ELECTROCARDIOGRAPHIC	$76.37
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND/OR DIAGNOSTIC	$6.00
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS	$4.83
94644	COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST HOUR	$19.40
94645	COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH ADDITIONAL HOUR	$7.43
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT	$32.20
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	$18.00
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILZATION OF AN AEROSOL GENERATOR, NEBULIZER METERED DOSE INHALER OR IPPB DEVICE	$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

Procedure Code	Procedure Description	Allowed Amount
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT	$300.00
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD	$30.75
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD	$11.97
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	$0.00
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBE	$0.96
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
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

Procedure Code	Procedure Description	Allowed Amount
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
95249	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; PATIEN	$32.20
95250	GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDING AND STORAGE OF GLUCOSE VALUES FROM INTERSTITIAL	$29.93
95251	AMBULATORY CONTINOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR	$15.07
95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PER	$0.00
95705	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	$0.00
95706	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTE	$0.00
95707	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOU	$0.00
95708	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HO	$0.00
95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HO	$0.00
95710	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HO	$0.00
95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	$0.00
95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT	$0.00
95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, R	$0.00
95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS	$0.00
95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS	$0.00
95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS	$0.00
95717	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$60.68
95718	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$79.88
95719	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$93.91
95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$123.63
95721	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$124.67
95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$151.29
95723	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$154.59
95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$193.19
95725	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$176.47

Procedure Code	Procedure Description	Allowed Amount
95726	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EV	$244.17
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
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
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	$58.80
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING	$32.40
95836	RECORDING OF BRAIN CORTEX ELECTRICAL RESPONSES TO IMPLANTED STIMULATION DEVICE WITH INTERPRETATION AND REPORT	$64.81
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SE	$6.00
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SID	$7.22
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	$20.40
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$36.00
95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$42.00
95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$42.00
95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$42.00
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	$64.60
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	$43.55
95867	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; UNILATERAL	$39.01
95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	$42.00

Procedure Code	Procedure Description	Allowed Amount
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	NEDLE 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 CONDUC	$33.85
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUC	$53.04
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY, MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUTDE 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
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 FUCTION; 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

Procedure Code	Procedure Description	Allowed Amount
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONCE N ONE MONITORING PERSONAL	$19.20
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
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
95976	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH SIMPLE CRANIAL NERVE STIMULATOR PROGRAM	$23.94
95977	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH COMPLEX CRANIAL NERVE STIMULATOR PROGR	$31.79
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	$23.12
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	$15.69
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	$24.15
95983	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH BRAIN STIMULATOR PROGRAMMING, FIRST 15 MI	$30.13
95984	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH BRAIN STIMULATOR PROGRAMMING, ADDITIONAI	$26.21
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	NEUROFUNCATIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCATIONAL BRAIN	$0.01
96105	ASSESSMENT OF APHASIA WITH INTERPRETATION AND REPORT, PER HOUR	$38.80
96110	DEVELOPMENTAL TESTING; LIMITED, WITH INTERPRETATION AND REPORT	$7.64
96112	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, FIRST 60 MINUTES	$79.05
96113	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, ADDITONAL 30 MINUTES	$35.29
96116	NEUROBEHAVIORAL STATUS EXAM, PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S, BOTH FACE-TO-FACE TIME WITH THE	$70.00

Procedure Code	Procedure Description	Allowed Amount
96121	NEUROBEHAVIORAL STATUS EXAMINATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, ADDITIONAL 60 MINUTES	$47.88
96125	STANDARD COGNITIVE PERFORMANCE TESTING PER HOUR OF QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE	$54.07
96130	PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 60 MINUTES	$68.11
96131	PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 60 MINUTES	$51.81
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 60 MINUTES	$76.57
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 60 MINUTES	$58.41
96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 30 MINUTES	$27.45
96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 30 MINUTE	$25.39
96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	$22.29
96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, ADDITIONAL 30 MINUTES	$22.29
96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY SINGLE STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM	$1.24
96160	ADMINISTRATION AND INTERPRETATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT	$2.68
96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT FOR THE BENEFIT OF THE PATIENT, WITH SCORING AND DOCUMENT	$4.16
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	$31.58
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCED	$9.08
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	$38.39
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	$12.18
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIA	$18.78
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION	$11.35
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	$85.24
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	$9.08
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP	$42.31
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	$12.59
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	$10.11
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR IN	$30.96
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL	$13.21
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUEN	$13.21
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	$0.00
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	$36.12
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	$19.40
96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	$14.40

Procedure Code	Procedure Description	Allowed Amount
96406	CHEMOTHERAPY ADMINISTRATON, 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
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	$21.60
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR	$14.40
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8	$21.60
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS	$21.60
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS	$21.60
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER	$13.00
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING LUMBAR PUNCTURE	$21.60
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	$83.39
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC	$60.27
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	$42.93
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS	$21.60
96549	UNLISTED CHEMOTHERAPY PROCEDURE	$0.00
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AND/OR MALIGNANT LESIONS OF THE	$78.02
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT; FIRST 30 MINUTES	$43.14
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATIUON OF LIGHT TO ABLATE ABNORMAL TISSUE; EACH ADDITIONAL 15 MINUTES	$23.53
96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPL	$110.84
96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TARGETED CURETTAGE, ABRASION) FOLLOWED WITH PHOTODYNAMIC THERAPY BY E	$142.83
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	$8.40
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR	$38.18
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B	$9.60
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	$9.60
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EI	$32.66
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	$85.04

Procedure Code	Procedure Description	Allowed Amount
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
96931	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT- FIRST LESION	$0.00
96932	MICROSCOPY OF LESION OF SKIN - FIRST LESION	$0.00
96933	INTERPRETATION AND REPORT OF MICROSCOPY OF LESION OF SKIN- FIRST LESION	$0.00
96934	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT	$0.00
96935	MICROSCOPY OF LESION OF SKIN	$0.00
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	$0.00
97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	$9.08
97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	$8.46
97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)	$8.46
97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES	$9.91
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	$12.59
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	$8.26
97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY	$9.90
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	$10.41
97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET	$7.64
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	$8.26
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	$8.67
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	$6.60
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	$6.81
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	$12.59
97039	PHYSICAL MEDICINE TREATMENT TO ONE AREA; UNLISTED MODALITY (SPECIFY)	$13.86
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES 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)	$17.75
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

Procedure Code	Procedure Description	Allowed Amount
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	$47.06
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	$47.06
97163	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	$47.06
97164	RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	$31.99
97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	$45.61
97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	$45.61
97167	EVALUATION OF OCCUPATIONAL THERAPY, ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	$45.61
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY, ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	$30.13
97530	THERAPEUTIC ACTIVITIES, DIRECT PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	$15.89
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL	$15.27
97535	SELF CARE/HOME MANAGEMENT TRAINING DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	$10.73
97537	COMMUNITY/WORK REINTEGRATION TRAINING, DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	$10.73
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	$9.08
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	$0.00
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR	$26.63
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
97607	NEGATIVE PRESSURE WOUND THERAPY UTILIZING DISPOSABLE, NON DURABLE MEDICAL EQUIPMENT	$0.00
97608	NEGATIVE PRESSURE WOUND THERAPY UTILIZING DISPOSABLE, NON DURABLE MEDICAL EQUIPMENT INCLUDING	$0.00
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
97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT AND/OR TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AND/OR TRUNK, SUBSEQUENT ORTHOT	$28.28
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

Procedure Code	Procedure Description	Allowed Amount
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
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WI	$0.00
99151	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT YOUNGER THAN 5 YEARS OF AGE, FIRST 15 MINUTES	$45.00
99152	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT 5 YEARS OF AGE OR OLDER, FIRST 15 MINUTES	$1.45
99153	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, ADDITIONAL 15 MINUTES	$6.40
99155	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT YOUNGER THAN 5 YEARS OF AGE, FIRST 15 MINUTES	$54.28
99156	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT 5 YEARS OF AGE OR OLDER, FIRST 15 MINUTES	$44.38
99157	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, EACH ADDITIONAL 15 MINUTES	$33.64
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
99184	INITIATION OF SELECTIVE HEAD OR TOTAL BODY HYPOTHERMIA IN THE CRITICALLY ILL NEONATE, INCLUDES APPROPRIATE	$136.22
99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	$0.01
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	$9.29
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	$1,000.00
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

Procedure Code	Procedure Description	Allowed Amount
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE K	$38.18
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE	$60.89
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE	$76.99
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY	$38.18
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY	$44.00
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY	$46.00
99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	$16.92
99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	$29.93
99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	$44.79
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO	$17.00
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO	$29.72
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO	$29.72
99234	OBSERVATION/HOSPITAL CARE	$41.69
99235	OBSERVATION/HOSPITAL CARE	$71.08
99236	OBSERVATION/HOSPITAL CARE	$41.69
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$34.88
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	$47.47
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOC	$25.59
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED P	$37.00
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI	$37.00
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI	$49.00
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI	$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
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

Procedure Code	Procedure Description	Allowed Amount
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	$92.55
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	$29.72
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT, REQUIRING THE CO	$17.00
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	$35.91
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	$47.68
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	$58.41
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	$18.58
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	$30.75
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	$43.34
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	$54.28
99318	EVALUATION AND MANANGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSESMENT, WHICH REQUIRES	$35.91
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT,WHICH REQUIRES THESE	$31.99
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	$46.85
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	$67.91
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	$89.37
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	$110.63
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	$24.77
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	$39.22
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	$60.48
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	$88.96
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

Procedure Code	Procedure Description	Allowed Amount
99360	PHYSICIAN STANDBY SERVICE REQUIRING PROLONGED PHYSICIAN ATTENDANCE	$10.32
99381	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	$37.00
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	$37.00
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	$37.00
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	$42.00
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	$27.24
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	$27.24
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	$27.24
99391	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	$27.00
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	$27.00
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	$27.00
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	$27.00
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	$27.00
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	$20.64
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	$20.64
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	$7.43
99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	$14.24
99415	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF-FIRST HOUR	$5.16
99416	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF-EACH ADDITIONAL 30 MINUTES	$2.89
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
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

Procedure Code	Procedure Description	Allowed Amount
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 EVAULATION 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
99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT, REQUIRING AN INDEPENDENT HISTORIAN, IN THE OFFICE OR OTHEF	$138.70
99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OT	$27.86
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
99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER	$92.47
99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEA	$38.18
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

A Codes Transportation Services (including Ambulance) and Medical & Surgical Supplies

Procedure Code	Procedure Description	Allowed Amount
A0021	AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)	$0.56
A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	$60.00
A0368	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERED, MILEAGE AND DISPOSABLE SUPI	$50.00
A0420	AMBULANCE WAITING TIME (ALS OR BLS) 1/2 HOUR INCREMENTS	$12.50
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	$11.66
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICALREVIEW)	$29.15
A0425	GROUND MILEAGE, PER STATUTE MILE	$0.56
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	$69.95
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS EMERGENCY)	$69.95
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	$0.00

Procedure Code	Procedure Description	Allowed Amount
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH	$0.24
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	$0.24
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	$0.24
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	$1.10
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH	$0.25
A4216	STERILE WATER, SALINE, 10 ML	$0.37
A4217	STERILE WATER, SALINE, 500 ML	$2.45
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	$0.65
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	$20.79
A4222	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	$42.92
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	$16.49
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	$2.21
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR	$0.74
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	$3.34
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	$2.15
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY	$1.54
A4244	ALCOHOL OR PEROXIDE, PER PINT	$1.00
A4246	BETADINE, PER PINT	$5.00
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	$12.00
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	$0.00
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	$15.00
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	$32.93
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	$3.60
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS - PER PINT	$10.51
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	$11.72
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	$16.57
A4259	LANCETS, PER BOX OF 100	$9.95
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	$20.00
A4263	LACRIMAL DUCT IMPLANT	$31.59
A4265	PARAFFIN	$3.12
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	$0.00

Procedure Code	Procedure Description	Allowed Amount
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	$5.00
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	$0.00
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	$0.00
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	$0.00
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	$0.00
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	$0.00
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	$0.00
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL,	$0.00
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	$7.09
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON,	$11.57
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	$14.08
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	$14.46
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SIL	$19.75
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	$20.60
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	$23.98
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	$4.89
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	$0.00
A4322	IRRIGATION SYRINGE, BULB OR PISTON	$2.80
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE, EG; INFLATABLE, FACEPLATE, ETC., EACH	$9.52
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	$38.82
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	$9.05
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	$6.24
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR OSTOM	$2.93
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	$0.11
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	$2.03
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	$4.53
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	$0.00
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHI	$10.69
A4340	INDWELLING CATHETER; SPECIALTY TYPE (EG; COUDE, MUSHROOM, WING, ETC.), EACH	$29.16
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE,EACH	$12.92
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	$15.29

Procedure Code	Procedure Description	Allowed Amount
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	$1.85
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, EACH	$1.67
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, EACH	$5.01
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	$6.42
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	$10.85
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY	$8.18
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	$35.62
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	$7.58
A4358	URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE, EACH	$6.08
A4361	OSTOMY FACEPLATE, EACH	$15.53
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	$3.18
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	$2.09
A4364	ADHESIVE FOR OSTOMY OR CATHETER; LIQUID (SPRAY, BRUSH, ETC.), CEMENT, POWDER OR PASTE; ANY COMPOSITION (E.G. S	$2.66
A4366	OSTOMY VENT, ANY TYPE, EACH	$1.20
A4367	OSTOMY BELT, EACH	$6.76
A4368	OSTOMY FILTER, ANY TYPE, EACH	$0.24
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	$2.22
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	$3.35
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	$3.85
A4373	FLANGE (SOLID, FLEXIBLE OR ACCORDION), STANDARD WEAR, W/BUILT IN CONVEXITY, ANY SIZE EACH	$5.76
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	$15.78
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	$43.70
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	$3.94
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	$28.24
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	$13.79
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH (CHECK DESCRIPTION)	$34.29
A4381	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH (CHECK DESCRIPTION)	$4.24
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	$22.61
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	$25.89
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	$8.83
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, W/OUT BUILT-IN CONVEXITY EACH	$4.69

Procedure Code	Procedure Description	Allowed Amount
A4387	OSTOMY POUCH CLOSED, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE	$3.69
A4388	OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, WITH/OUT BUILT-IN CONVEXITY 1 PIECE	$4.01
A4389	OSTOMY POUCH, DRAINABLE, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH	$5.72
A4390	OSTOMY POUCH, DRAINABLE,W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH	$8.82
A4391	OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/OUT BUILT-IN CONVEXITY, 1 PIECE EACH	$6.49
A4392	OSTOMY POUCH, URINARY, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH	$7.52
A4393	OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY EACH	$8.30
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID PER FLUID OZ	$2.38
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	$0.05
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	$37.18
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	$3.83
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	$11.83
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	$10.13
A4400	OSTOMY IRRIGATION SET	$38.15
A4402	LUBRICANT, PER OUNCE	$1.25
A4404	OSTOMY RINGS	$1.49
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	$3.13
A4406	OSTOMY SKIN BARRIER,PECTIN BASED, PASTE, PER, OUNCE	$5.27
A4407	OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH	$8.05
A4408	OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITH BUILT-IN LARGER THAN 4X4 INCHES, EACH	$9.06
A4409	OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER, EACH	$5.72
A4410	OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	$8.30
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	$4.69
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	$2.48
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE(2 PIECE SYSTEM)WITH FILTER, EACH	$5.05
A4414	OSTOMY SKIN BARRIER, WITH FLANGE,WITHOUT BUILT-IN CONVEXITY 4X4 INCHES OR SMALLER, EACH	$4.53
A4415	OSTOMY SKIN BARRIER, WITH FLANGE,WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	$5.51
A4416	OSTOMY POUCH CLOSED, WITH BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH	$2.53
A4417	OSTOMY POUCH, CLOSED WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, ONCE PIECE, EACH	$3.42
A4418	OSTOMY POUCH CLOSED, WITHOUT BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH	$1.67
A4419	OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH	$1.60

Procedure Code	Procedure Description	Allowed Amount
A4420	OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH	$0.00
A4421	OSTOMY SUPPLY; MISCELLANEOUS	$0.00
A4422	OSTOMY ABSORBENT MATERIAL FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	$0.11
A4423	OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH	$1.71
A4424	OSTOMY POUCH DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH	$4.37
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FILTER, TWO PIECE SYSTEM, EACH	$3.29
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, TWO PIECE SYSTEM, EACH	$2.51
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE SYSTEM, EACH	$2.56
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET TYPE TAP WITH VALVE, ONE PIECE, EACH	$5.98
A4429	OSTOMY POUCH, URNIARY WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FAUCET TYPE TAP WITH VALVE, ONE	$7.58
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FAUCET TYPE TAP	$7.82
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET TYPE TAP WITH VALVE, ONE PIECE, EACH	$5.72
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FAUCET TYPE TAP WITH VALVE, TWO PIECE,	$3.30
A4433	OSTOMY POUCH , URINARY, FOR USE ON BARRIER WITH LOCKING FLANGE, TWO PIECE, EACH	$3.07
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET TYPE TAP WITH VALVE WITH TWO PIECE	$3.46
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER(ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EA	$5.36
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	$0.08
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	$0.32
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIV PER OUNCE)	$1.31
A4461	SURGICAL DRESSING HOLDER, NONREUSABLE, EACH	$3.02
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	$12.23
A4465	NON-ELASTIC BINDER FOR EXTREMITY	$24.00
A4470	GRAVLEE JET WASHER	$0.00
A4480	VABRA ASPIRATOR	$0.00
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	$0.34
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	$0.00
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	$10.00
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	$11.00
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	$8.00
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	$15.00
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	$0.00

Procedure Code	Procedure Description	Allowed Amount
A4534	YOUTH SIZED INCONTINENCE PRODUCT,BRIEF, EACH	$1.00
A4550	SURGICAL TRAYS	$0.00
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	$0.29
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	$11.16
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	$19.39
A4558	CONDUCTIVE PASTE OR GEL	$5.00
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OUNCE	$0.09
A4561	PESSARY, RUBBER, ANY TYPE	$18.32
A4562	PESSARY, NON-RUBBER, ANY TYPE	$45.62
A4565	SLINGS	$12.50
A4570	SPLINT	$45.70
A4590	SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST	$7.50
A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	$26.46
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	$0.00
A4604	TUBING WITH INTERGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	$52.88
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	$15.06
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	$30.00
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	$46.04
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	$172.45
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	$62.40
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	$132.44
A4614	PEEK EXPIRATORY FLOW RATE METER, HAND HELD	$21.84
A4615	CANNULA, NASAL	$0.66
A4616	TUBING (OXYGEN), PER FOOT	$0.06
A4617	MOUTH PIECE	$2.84
A4618	BREATHING CIRCUITS	$8.15
A4619	FACE TENT	$1.70
A4620	VARIABLE CONCENTRATION MASK	$0.54
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	$5.45
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE, EACH	$2.06
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	$6.13

Procedure Code	Procedure Description	Allowed Amount
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	$2.93
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	$24.00
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	$3.37
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	$4.26
A4630	REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED BY PATIENT	$5.73
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	$37.69
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	$4.21
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	$4.71
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	$3.34
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	$1.69
A4638	REPLACEMENT BATTERY FOR PATIENT OWNED EAR PULSE GENERATOR, EACH	$0.00
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	$263.77
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	$58.15
A4641	SUPPLY OF READIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT.	$0.00
A4648	TISSUE MARKER IMPLANTABLE, ANY TYPE, EACH	$0.00
A4649	SURGICAL SUPPLY; MISCELLANEOUS	$0.00
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	$0.00
A4772	DEXTROSTICK OR GLUCOSE TEST STRIPS, PER BOX OF 100	$62.98
A4927	GLOVES,NON-STERILE, PER 100	$10.00
A4930	GLOVES, STERILE, PER PAIR	$0.80
A5051	POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)	$1.90
A5052	POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	$1.37
A5053	POUCH, CLOSED; FOR USE ON FACEPLATE	$1.60
A5054	POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	$1.65
A5055	STOMA CAP	$1.31
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE) EACH	$4.28
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, EACH	$8.82
A5061	POUCH, DRAINABLE; WITH BARRIER ATTACHED (1 PIECE)	$3.24
A5062	POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)	$2.04
A5063	POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	$2.48
A5071	POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE)	$5.52

Procedure Code	Procedure Description	Allowed Amount
A5072	POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	$3.16
A5073	POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	$2.88
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	$3.03
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	$10.92
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	$0.00
A5093	OSTOMY ACCESSORY; CONVEX INSERT	$1.80
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	$20.59
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	$37.44
A5112	URINARY LEG BAG; LATEX	$31.79
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	$3.68
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	$6.98
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	$0.23
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	$6.85
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	$10.03
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	$1.22
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	$14.56
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	$10.38
A5500	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY	$58.39
A5501	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF	$175.15
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	$28.67
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	$28.67
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OFOFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	$28.67
A5506	FOR DIABETICS ONLY, MODIFICATION(INCLUDING FITTING)_OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	$28.67
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE	$28.67
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	$178.00
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE DEN	$30.00
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE	$23.82
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH	$35.55
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A	$37.88
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM PER GRAM OF COLLAGEN	$28.44
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	$2.10

Procedure Code	Procedure Description	Allowed Amount
A6020	COLLAGEN BASED WOUND DRESSING, EACH DRESSING	$0.00
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ IN. OR LESS, EACH	$19.31
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN, EACH	$19.31
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ IN, EACH	$174.77
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	$5.69
A6025	SILICONE GEL SHEET, EACH	$4.57
A6154	WOUND POUCH, EACH	$13.20
A6196	ALGINATE DRESSING, WOUND COVER, PAD SIZE 16 SQ.IN.OR LESS, EACH DRESSING	$6.76
A6197	ALGINATE DRESSING, WOULD COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	$15.09
A6198	ALGINATE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	$112.50
A6199	ALGINATE DRESSING, WOUND FILTER, PER 6 INCHES	$4.85
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$3.08
A6204	COMPOSTIE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	$5.72
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$4.57
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	$0.97
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	$6.74
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	$3.42
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$6.87
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHES	$18.30
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$26.97
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BOREDER, EACH DRESSING	$8.91
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE	$0.00
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$9.45
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	$2.33
A6216	GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$0.05
A6217	GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT	$0.37
A6218	GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$0.58
A6219	GAUZE, NONIMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$0.87
A6220	GAUZE, NONIMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHES	$2.38
A6221	GAUZE, NONIMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$0.00
A6222	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER,	$1.96

Procedure Code	Procedure Description	Allowed Amount
A6223	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	$2.22
A6224	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	$3.32
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH	$0.00
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.	$3.32
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS	$0.00
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ IN. OR LESS, EACH DRESSING	$4.28
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ IN,BUT LESS THAN 48 SQ IN	$6.31
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ IN, EACH DRESSING	$17.62
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$6.00
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOU	$15.44
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$25.03
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$7.27
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH	$20.93
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSIN	$18.24
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	$11.24
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	$2.36
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER, EACH DRESSING	$5.56
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT	$11.31
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$36.07
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$6.67
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY	$9.12
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$21.84
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	$14.91
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	$0.00
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH	$1.83
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.	$2.99
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS	$5.82
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH	$1.12
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.	$2.79
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH	$0.00
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	$1.41

Procedure Code	Procedure Description	Allowed Amount
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	$3.96
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	$10.05
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	$24.95
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED,	$0.00
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	$0.00
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YARD	$1.77
A6402	GAUZE, NONIMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$0.11
A6403	GAUZE, NONIMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESI	$0.40
A6404	GAUZE, NONIMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BOREDER, EACH DRESSING	$0.00
A6407	PACKING STRIPS, NON IMPREGNATED, UP TO TWO INCHES IN WIDTH, PER LINEAR YARD	$1.73
A6410	EYE PAD, STERILE, EACH	$0.36
A6411	EYE PAD,NON- STERILE, EACH	$0.23
A6412	EYE PATCH, OCCLUSIVE, EACH	$0.41
A6442	CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	$0.15
A6443	CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH GREATER THAN OR EQUAL TO THREE	$0.26
A6444	CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH GREATER THAN FIVE INCHES, PER YARD	$0.51
A6445	CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	$0.30
A6446	CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND	$0.38
A6447	CONFORMING BANDAGE, NON ELASTIC, KNITTED, WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE	$0.61
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	$1.07
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES	$1.61
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	$0.00
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50	$0.00
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS	$5.43
A6453	SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH LESS THAN THREE INCHES PER YARD	$0.57
A6454	SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS	$0.71
A6455	SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES PER YARD	$1.29
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND	$1.17
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	$1.05
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	$0.00
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	$0.00

Procedure Code	Procedure Description	Allowed Amount
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	$0.00
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	$0.00
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	$0.00
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	$0.00
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	$0.00
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	$0.00
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS(VEST), CUSTOM FABRICATED	$0.00
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS(LEOTARD), CUSTOM FABRICATED	$0.00
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	$0.00
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	$0.00
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK , PLASTIC OR EQUAL, CUSTOM FABRICATED	$0.00
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH	$43.27
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MM HG, EACH	$39.74
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MM HG, EACH	$57.51
A6533	GRADIENT COMPRESSION STOCKING. THIGH LENGTH, 18-30 MM HG, EACH	$0.00
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH	$0.00
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH	$0.00
A6536	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE, 18-30 MM HG, EACH	$0.00
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH	$0.00
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM HG, EACH	$0.00
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG EACH	$0.00
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MM HG, EACH	$0.00
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH	$0.00
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	$0.00
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	$0.00
A6550	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH	$21.72
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	$6.59
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	$27.40
A7002	TUBING, USED WITH SUCTION PUMP, EACH	$3.18
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	$2.51
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	$1.41

Procedure Code	Procedure Description	Allowed Amount
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE	$25.52
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	$7.47
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	$3.65
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	$10.11
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	$34.80
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	$21.42
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	$3.29
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	$0.69
A7014	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	$3.71
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	$1.51
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	$5.99
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	$123.09
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	$0.35
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	$13.11
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT EACH	$399.44
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	$26.41
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	$164.72
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT, ONLY EACH	$45.50
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	$18.59
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	$149.32
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	$55.22
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	$32.08
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	$22.49
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	$93.11
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$28.04
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$14.40
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$31.04
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$3.64
A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$12.13
A7040	ONE WAY CHEST DRAIN VALVE	$36.25
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	$68.14

Procedure Code	Procedure Description	Allowed Amount
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	$95.70
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	$15.41
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	$15.44
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	$112.39
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION	$38.96
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	$96.45
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VAVLE EACH	$45.85
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH	$10.41
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	$0.61
A7505	HOUSING, REUSABLE W/O ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALV	$4.30
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE,ANY TYPE EACH	$0.31
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYS	$2.29
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRA	$2.64
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE	$1.30
A7520	TRACHEOSTOMY, LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	$43.61
A7521	TRACHEOSTOMY, LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	$43.20
A7522	TRACHEOSTOMY, LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL, STERILIZABLE OR REUSEABLE, EACH	$41.47
A7524	TRACHEOSTOMA STENT, STUD, BUTTON, EACH	$71.08
A7525	TRACHEOSTOMY MASK, EACH	$1.90
A7526	TRACHEOSTOMY TUBE COLLAR, HOLDER, EACH	$3.10
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	$3.29
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$140.83
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$140.83
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$0.00
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$0.00
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	$0.00
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE,	$0.00
A9155	ARTIFICIAL SALIVA, 30 ML	$2.70
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	$0.00
A9276	SENSOR; INVASIVE, DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT=1 DAY	$0.00
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	$0.00

Procedure Code	Procedure Description	Allowed Amount
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	$0.00
A9280	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	$0.00
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	$15.00
A9282	WIG, ANY TYPE, EACH	$200.00
A9500	TECHNETIUM TC 99M SESTAMIBI,DIAGNOSTIC, PER STUDY DOSE	$65.52
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	$0.00
A9502	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M TETROFOSMIN, PER DOSE	$522.50
A9503	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI	$0.00
A9504	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITIDE	$0.00
A9505	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201, PER MCI	$0.00
A9507	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB PENDETIDE, PER DOSE	$0.00
A9508	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131, PER .5 MCI	$0.00
A9509	IODINE 1-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	$0.00
A9510	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DIOSFENIN, PER VIAL	$0.00
A9512	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC-99M PERTECHNETATE, PER MCI	$0.00
A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	$0.00
A9516	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-123 SODIUM IODIDE CAPSULE, PER 100 UCI	$0.00
A9517	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-131 SODIUM IODIDE CAPSULE, PER MCI	$0.00
A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO .5 MILLICURIES	$0.00
A9521	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M EXAMETAZINE, PER DOSE	$0.00
A9524	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,IODINATED I-131 SERUM ALBUMIN, FIVE MICROCURIES	$0.00
A9526	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N 13, PER DOSE	$0.00
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	$0.00
A9528	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE CAPSULE, PER MILLICURIE	$0.00
A9529	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE	$0.00
A9530	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE	$0.00
A9531	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE, PER MICROCURIE, UP TO 100	$0.00
A9532	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, IODINATED I 125, SESRUM ALBUMIN, 5 MICROCURIES	$0.00
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	$0.00
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	$0.00
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	$0.00

Procedure Code	Procedure Description	Allowed Amount
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	$0.00
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	$0.00
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	$0.00
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	$0.00
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC PER TREATMENT DOSE, UP TO 40 MILLICURIES	$0.00
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	$0.00
A9547	INDIUM IN -111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	$0.00
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	$0.00
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	$0.00
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIE	$0.00
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIANGOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	$0.00
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES	$0.00
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES	$0.00
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	$0.00
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC. PER MILLICURIE	$0.00
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	$0.00
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	$0.00
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	$0.00
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	$0.00
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	$0.00
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	$0.00
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIES	$0.00
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	$0.00
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	$0.00
A9567	TECHNETIUM TC-99M PENETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES	$0.00
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	$0.00
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	$0.00
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	$0.00
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	$0.00
A9575	INJECTION, GADOTERATE MEGLUMINE, .1 ML	$0.19

Procedure Code	Procedure Description	Allowed Amount
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	$1.42
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	$1.94
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER NL	$1.94
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHER WISE SPECIFIED (NOS), PER ML	$1.59
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	$14.78
A9585	INJECTION,GADOBUTROL,0.1 ML	$0.35
A9589	INSTILLATION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG	$0.00
A9590	IODINE I-131, IOBENGUANE, 1 MILLICURIE	$0.00
A9599	RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLOID POSTITRON EMISSION TOMOGRAPHY (PET) IMAGING, PER STUDY	$0.00
A9600	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI	$614.65
A9603	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, I-131 SODIUM IODIDE CAPSULE, PER MCI	$0.00
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	$123.88
A9698	NONRADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	$0.00
A9699	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED	$0.00
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	$0.00
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	$0.00
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	$0.00

B Codes Enteral & Parenteral Therapy

Procedure Code	Procedure Description	Allowed Amount
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	$5.76
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	$10.98
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	$7.54
B4081	NASOGASTRIC TUBING WITH STYLET	$20.37
B4082	NASOGASTRIC TUBING WITHOUT STYLET	$15.14
B4083	STOMACH TUBE - LEVINE TYPE	$2.33
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANT MATERIAL, ANY TYPE, EACH	$33.62
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	$33.62

Procedure Code	Procedure Description	Allowed Amount
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	$0.75
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.	$0.00
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.	$0.00
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	$0.00
B4149	ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES	$1.48
B4150	ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/PROTEIN ISOLATES, 100 CALORIES = 1 UNIT	$0.64
B4152	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLATES (CALORICALLY DENSE), 100 CALORIES = 1 UNIT	$0.52
B4153	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACIDS, 100 CALORIES = 1 UNIT	$1.80
B4154	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORMULA FOR SPECIAL METABOLIC NEED, 100 CALORIES = 1 UNIT	$1.15
B4155	ENTERAL FORMULAE; CATEGORY V; MODULAR COMPONENTS (PROTEIN, CARBOHYDRATES, FAT), 100 CALORIES = 1 UNIT	$0.89
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS INHERITED DISEASE OF METABOLISM, INCLUDES	$0.00
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS,	$0.00
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT	$0.00
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE	$0.65
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN	$0.00
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE	$0.00
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	$0.00
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	$0.00
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	$0.00
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	$0.00
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX	$0.00
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	$0.00
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	$0.00
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	$188.35
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	$243.38
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	$296.31
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	$338.58
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	$0.00
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	$0.00
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	$0.00
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	$0.00

Procedure Code	Procedure Description	Allowed Amount
B5000	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	$0.00
B5100	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	$0.00
B5200	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	$0.00
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	$1,155.25
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	$2,673.60
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	$2,673.60
B9998	NOC FOR ENTERNAL SUPPLIES	$0.00
B9999	NOC FOR PARENTERAL SUPPLIES	$0.00

C Codes Pass-Through Items

Procedure Code	Procedure Description	Allowed Amount
C1031	ELCTRODE, NEEDLE, ABLATION, MR COMPATIBLE LEVEEN, MODIFIED LEVEEN NEEDLE ELECTRODE	$0.00
C1088	LASER OPTIC TREATMENT SYSTEM, INDIGO LASEROPTIC TREATMENT SYSTEM	$0.00
C1146	ENDOTRACHEAL TUBE, VETT TRACHEOBRONCHIAL TUBE	$0.00
C1170	BIOPSY DEVICE, BREAST, ABBI DEVICE	$0.00
C1175	BIOPSY DEVICE, MIBB DEVICE	$0.00
C1176	BIOPSY DEVICE, MAMMOTOME HH HAND-HELD PROBE WITH SMARTVAC VACUUM SYSTEM	$0.00
C1177	BIOPSY DEVICE, 11-GAUGE MAMMOTOME PROBE WITH VACUUM CANNISTER	$0.00
C1179	BIOPSY DEVICE,14-GAUGE MAMMOTOME PROBE WITH VACUUM CANNISTER	$0.00
C1321	ELECTRODE, DISPOSABLE, PALATE SOMNOPLASTY COAGULATING ELECTRODE, BASE OF TONGUE SOMNOPLASTY COAGULATING ELECTR	$0.00
C1322	ELECTRODE, DISPOSABLE, PALATE SOMNOPLASTY COAGULATING ELECTRODE	$0.00
C1323	ELECTRODE, DISPOSABLE, VAPR ELECTRODE, VAPR T THERMAL ELECTRODE	$0.00
C1324	ELECTRODE, DISPOSABLE, LIGASURE DISPOSABLE ELECTRODE	$0.00
C1329	ELECTRODE, DISPOSABLE, GYNECARE VERSAPOINT RESECTOSCOPIC SYSTEM BIPOLAR ELECTRODE	$0.00
C1368	INFUSION SYSTEM, ON-Q PAIN MANAGEMENT SYSTEM, ON-Q SOAKER PAIN MANAGEMENT SYSTEM, AND PAINBUSTER PAIN MANAGEME	$0.00
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE- TO-BONE (IMPLANTABLE)	$0.00
C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	$0.00
C1715	BRACHYTHERAPY NEEDLE	$0.00

Procedure Code	Procedure Description	Allowed Amount
C1716	BRACHYTHERAPY SEED,GOLD 198	$0.00
C1717	BRACHYTHERAPY SEED,HIGH DOSE RATE IRIDIUM 192, PER DOSE	$0.00
C1719	BRACHYTHERAPY SEED, NON-HIGH DOSE RATE IRIDIUM 192	$0.00
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER	$0.00
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	$0.00
C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	$0.00
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)	$0.00
C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	$0.00
C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	$0.00
C1728	CATHETER, BRANCHYTHERAPY SEED ADMINISTRATION	$0.00
C1729	CATHERTER, DRAINAGE	$0.00
C1730	CATHETER,ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER ELECTRODES)	$0.00
C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE ELECTRODES)	$0.00
C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTGOR MAPPING	$0.00
C1733	CATHETER,ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	$0.00
C1750	CATHETER, HEMODIALYSIS, LONG-TERM	$0.00
C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE, (OTHER THAN HEMODIALYSIS)	$0.00
C1752	CATHETER, HEMODIAYSIS, SHORT-TERM	$0.00
C1753	CATHETER, INTRAVASCULAR ULTRASOUND	$0.00
C1754	CATHETER, INTRADISCAL	$0.00
C1755	CATHETER, INTRASPINAL	$0.00
C1756	CATHETER, PACING, TRANSESOPHAGEAL	$0.00
C1757	CATHETER, TROMBECTOMY/EMBOLECTOMY	$0.00
C1758	CATHETER, URETERAL	$0.00
C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	$0.00
C1760	CLOSURE DEVICE, VASCULAR (INPLANTABLE/INSERTABLE)	$0.00
C1762	CONNECTIVE TISSUE,HUMAN (INCLUDES FASCIA LATA)	$0.00
C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	$0.00
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	$0.00
C1765	ADHESION BARRIER	$0.00
C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL AWAY	$0.00

Procedure Code	Procedure Description	Allowed Amount
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)	$0.00
C1768	GRAFT, VASCULAR	$0.00
C1769	GUIDE WIRE	$0.00
C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	$0.00
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	$0.00
C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	$0.00
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	$0.00
C1778	LEAD, NEUROSTIMULATOR (IMPLATABLE)	$0.00
C1779	LEAD, PACEMAKER,TRANSVENOUS VDD SINGLE PASS	$0.00
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	$0.00
C1781	MESH (IMPLANTABLE)	$0.00
C1782	MORCELLATOR	$0.00
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	$0.00
C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	$0.00
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	$0.00
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	$0.00
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	$0.00
C1788	PORT, INDWELLING (IMPLANTABLE)	$0.00
C1789	PROSTHESIS,BREAST (IMPLANTABLE)	$0.00
C1813	PROSTHESIS, PENILE, INFLATABLE	$0.00
C1815	PROSTESIS, UNRINARY SPHINCTER (IMPLANTABLE)	$0.00
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	$0.00
C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	$0.00
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	$0.00
C1820	GENERATOR, NEOROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	$0.00
C1821	INTERSPINIOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	$0.00
C1823	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, WITH TRANSVENOUS SENSING AND STIMULATION LEADS	$0.00
C1841	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	$0.00
C1874	STENT,COATED/COVERED, WITH DELIVERY SYSTEM	$0.00

Procedure Code	Procedure Description	Allowed Amount
C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	$0.00
C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	$0.00
C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	$0.00
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC(IMPLANTABLE)	$0.00
C1880	VENA CAVA FILTER	$0.00
C1881	DIALYSIS ACCESS SYSTEM(IMPLANTABLE)	$0.00
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	$0.00
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	$0.00
C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	$0.00
C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	$0.00
C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	$0.00
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	$0.00
C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTOPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEE-AWAY	$0.00
C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED CURVE, OTHER THAN PEEL-AWAY	$0.00
C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIA ELECTROPHSIOLOGICAL, NON LASER	$0.00
C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	$0.00
C1896	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARIAL SINGE OR DUAL COIL	$0.00
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	$0.00
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	$0.00
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMPINATION (IMPLANTABLE)	$0.00
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	$0.00
C2600	CATHETER, GOLD PROBE SINGLE-USE ELECTROHEMOSTATIS CATHETER	$0.00
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	$0.00
C2615	SEALANT,PULMONARY, LIQUID	$0.00
C2616	BRACHYTHERAPY SEED, YTTRIUM-90	$0.00
C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	$0.00
C2618	PROBE, CRYOABLATION	$0.00
C2619	PACEMAKER,DUALCHAMBER, NON RATE RESPONSIVE (IMPLANTABLE)	$0.00
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	$0.00
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	$0.00
C2622	PROTHESIS,PENILE NON-INFLATABLE	$0.00

Procedure Code	Procedure Description	Allowed Amount
C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	$0.00
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	$0.00
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	$0.00
C2628	CATHETER, OCCLUSION	$0.00
C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	$0.00
C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, COOL TIP	$0.00
C2631	REPAIR DEVICE, URNIARY, INCONTINENCE, WITHOUT SLING GRAFT	$0.00
C2634	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, IODINE 125, PER SOURCE	$0.00
C2635	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, PALLADIUM 103, PER SOURCE	$0.00
C2636	BRACHYTHERAPY LINEAR SOURCE, PALLADIUM 103, PER 1 MM	$0.00
C2637	BRACHYTHERAPY SOURCE, YTTERBIUM-169, PER SOURCE	$0.00
C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM;	$0.00
C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM;	$0.00
C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR	$0.00
C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR	$0.00
C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	$0.00
C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	$0.00
C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	$0.00
C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	$0.00
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	$0.00
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	$0.00
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN	$0.00
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	$0.00
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL	$0.00
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	$0.00
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL	$0.00
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	$0.00
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	$0.00
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY THE CONTRAST	$0.00
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	$0.00
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	$0.00

Procedure Code	Procedure Description	Allowed Amount
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMITY	$0.00
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	$0.00
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	$0.00
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, FOLLOWED BY WITH CONTRAST, PELVIS	$0.00
C8937	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF BREAST MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION,	$0.00
C8956	REFILLING AND MAINTENANCE OF PORTABLE OR IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY FOR THERAPY/DIAGNOSIS	$0.00
C8957	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; INITIATION OF PROLONGED INFUSION	$0.00
C9034	INJECTION, DEXAMETHASONE 9%, INTRAOCULAR, 1 MCG	$0.00
C9035	INJECTION, ARIPIPRAZOLE LAUROXIL (ARISTADA INITIO), 1 MG	$0.00
C9036	INJECTION, PATISIRAN, 0.1 MG	$0.00
C9037	INJECTION, RISPERIDONE (PERSERIS), 0.5 MG	$0.00
C9038	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	$0.00
C9039	INJECTION, PLAZOMICIN, 5 MG	$0.00
C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	$0.00
C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY	$0.00
C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	$0.00
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	$0.00
C9462	INJECTION, DELAFLOXACIN, 1 MG	$0.00
C9711	H.E.L.P APHERESIS SYSTEM	$0.00
C9716	CREATIONS OF THERMAL ANAL LESIONS BY RADIOFREQUENCY ENERGY	$0.00
C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAPY	$0.00
C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY	$0.00
C9727	INSERTION OF IMPLANTS INTO TJE SOFT PALATE; MINIMUM OF THREE IMPLANTS	$0.00
C9749	REPAIR OF NASAL VESTIBULAR LATERAL WALL STENOSIS WITH IMPLANT(S)	$0.00
C9751	BRONCHOSCOPY, RIGID OR FLEXIBLE, TRANSBRONCHIAL ABLATION OF LESION(S) BY MICROWAVE ENERGY, INCLUDING FLUOROSCOPIC GUIDANCE, WHE	$0.00
C9752	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, FIRST TWO VERTEBRAL BODIES, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY), LUMB	$0.00
C9753	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, EACH ADDITIONAL VERTEBRAL BODY, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY), I	$0.00
C9754	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS; DIRECT, ANY SITE, INCLUDING ALL IMAGING AND RADIOLOGIC SUPERVISION AND INTERPRETA	$0.00
C9755	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS USING MAGNETIC-GUIDED ARTERIAL AND VENOUS CATHETERS AND RADIOFREQUENCY ENERG	$0.00

Procedure Code	Procedure Description	Allowed Amount

D Codes Dental Procedures

Procedure Code	Procedure Description	Allowed Amount
D0120	PERIODIC ORAL EVALUATION	$10.00
D0140	LIMITED ORAL EVALUATION-PROBLEM-FOCUSED	$10.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THE AGE OF THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	$20.00
D0150	COMPREHENSIVE ORAL EVALUATION	$20.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION--PROBLEM FOCUSED, BY REPORT	$20.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION- NEW OR ESTABLISHED PATIENT	$22.00
D0190	SCREENING OF PATIENT	$10.00
D0191	ASSESSMENT OF A PATIENT	$10.00
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	$40.00
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	$10.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	$7.00
D0240	INTRAORAL-0CCLUSAL FILM	$10.00
D0250	EXTRAORAL-FIRST FILM	$10.00
D0270	BITEWING-SINGLE FILM	$10.00
D0272	BITEWINGS-TWO FILMS	$14.00
D0273	BITEWINGS, THREE FILMS	$18.00
D0274	BITEWINGS-FOUR FILMS	$22.00
D0275	BITEWINGS-EACH ADDITIONAL FILM	$7.00
D0310	SIALOGRAPHY	$54.00
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	$48.00
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	$0.00
D0330	PANORAMIC FILM	$32.00
D0340	CEPHALOMETRIC FILM	$34.00
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	$0.00
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	$0.01
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	$0.01
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	$0.01

Procedure Code	Procedure Description	Allowed Amount
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	$0.00
D1110	PROPHYLAXIS-ADULT	$30.00
D1120	PROPHYLAXIS-CHILD	$22.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	$20.00
D1208	TOPICAL APPLICATION OF FLUORIDE	$18.00
D1351	SEALANT-PER TOOTH	$18.00
D1510	SPACE MAINTAINER-FIXED UNILATERAL	$104.00
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	$250.00
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	$250.00
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	$112.00
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	$225.00
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	$225.00
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MAXILLARY	$27.00
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	$27.00
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER – PER QUADRANT	$27.00
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER- PER QUADRANT	$0.00
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	$0.00
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	$0.00
D2140	AMALGAM-ONE SURFACE, PERMANENT	$28.00
D2150	AMALGAM-TWO SURFACES, PERMANENT	$37.00
D2160	AMALGAM-THREE SURFACES, PERMANENT	$46.00
D2161	AMALGAM-FOUR OR MORE SURFACES, PERMANENT	$55.00
D2330	RESIN-ONE SURFACE, ANTERIOR	$35.00
D2331	RESIN-TWO SURFACES, ANTERIOR	$44.00
D2332	RESIN-THREE SURFACES, ANTERIOR	$54.00
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	$65.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	$88.00
D2391	RESIN-BASED COMPOSITE- ONE SURFACE,POSTERIOR	$26.00
D2392	RESIN-BASED COMPOSITE- TWO SURFACES, POSTERIOR	$34.00
D2393	RESIN-BASED COMPOSITE- THREE SURFACES, POSTERIOR	$42.00
D2394	RESIN-BASED COMPOSITE- FOUR OR MORE SURFACES, POSTERIOR	$50.00

Procedure Code	Procedure Description	Allowed Amount
D2710	CROWN RESIN (LABORATORY)	$175.00
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	$350.00
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	$300.00
D2722	CROWN-RESIN WITH NOBLE METAL	$325.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	$550.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$550.00
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	$450.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$505.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	$550.00
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	$450.00
D2792	CROWN-FULL CAST NOBLE METAL	$505.00
D2899	FQHC- CROWN PREPARATION	$0.01
D2910	RECEMENT INLAY	$27.00
D2920	RECEMENT CROWN	$27.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	$88.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	$88.00
D2932	PREFABRICATED RESIN CROWN	$88.00
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	$125.00
D2940	SEDATIVE FILLING	$27.00
D2950	CORE BUILD-UP, INCLUDING ANY PINS	$100.00
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	$12.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN	$175.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	$135.00
D2980	CROWN REPAIR, BY REPORT	$0.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	$0.00
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	$0.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	$0.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	$59.00
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	$175.00
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	$210.00
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	$300.00

Procedure Code	Procedure Description	Allowed Amount
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION,	$48.00
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS	$48.00
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAI	$48.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	$142.00
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	$195.00
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	$195.00
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	$70.00
D3430	RETROGRADE FILLING-PER ROOT	$105.00
D3450	ROOT AMPUTATION-PER ROOT	$110.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	$110.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	$104.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	$22.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-PER QUADRANT	$187.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE THEETH, PER QUADRANT	$187.00
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)-PER QUADRANT	$331.00
D4261	OSSEOUS SURGERY(INCLUDING FLAP ENTRY AND CLOSURE)ONE TO THREE TEETH, PER QUADRANT	$173.58
D4263	BONE REPLACEMENT GRAFT-FIRST SITE IN QUADRANT	$0.00
D4264	BONE REPLACEMENT GRAFT-EACH ADDITIONAL SITE IN QUADRANT	$0.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	$0.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	$0.00
D4272	APICALLY REPOSITIONING FLAP PROCEDURE	$0.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	$0.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME	$0.00
D4277	FREE SOFT GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	$325.00
D4320	PROVISIONAL SPLINTING-INTRACORONAL	$0.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	$0.00
D4341	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	$76.00
D4342	PERIODONTAL SCALING AND ROOT PLANNING- ONE TO THREE TEETH PER QUADRANT	$76.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION Â– FULL MOUTH, AFTER ORAL EVALUATION	$80.00

Procedure Code	Procedure Description	Allowed Amount
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIDONTAL EVALUATION AND DIAGNOSIS	$76.00
D4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TIS	$0.00
D4910	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)	$27.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	$0.00
D5110	COMPLETE DENTURE-MAXILLARY	$315.00
D5120	COMPLETE DENTURE-MANDIBULAR	$315.00
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	$227.00
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	$227.00
D5213	MAXILLARY PARTIAL DENTURE-CASE METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,	$310.00
D5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,	$310.00
D5410	ADJUST COMPLETE DENTURE-MAXILLARY	$25.00
D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	$25.00
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	$25.00
D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	$25.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	$53.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	$53.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	$36.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$53.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$53.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	$65.00
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	$65.00
D5630	REPAIR OR REPLACE BROKEN CLASP	$60.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	$36.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$47.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	$66.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	$170.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	$170.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	$170.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	$170.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	$140.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	$140.00

Procedure Code	Procedure Description	Allowed Amount
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	$155.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	$155.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	$140.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	$140.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	$135.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	$135.00
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	$0.00
D5911	FACIAL MOULAGE (SECTIONAL)	$0.00
D5912	FACIAL MOULAGE (COMPLETE)	$0.00
D5913	NASAL PROSTHESIS	$0.00
D5914	AURICULAR PROSTHESIS	$0.00
D5915	ORBITAL PROSTHESIS	$0.00
D5916	OCULAR PROSTHESIS	$656.78
D5917	COMPOSITE FACIAL PROSTHESIS	$0.00
D5918	REPLACEMENT PROSTHESIS	$0.00
D5919	FACIAL PROSTHESIS	$0.00
D5920	OCULAR IMPLANT	$0.00
D5921	ORBITAL IMPLANT	$0.00
D5922	NASAL SEPTAL PROSTHESIS	$57.76
D5923	OCULAR PROSTHESIS, INTERIM	$170.00
D5924	CRANIAL PROSTHESIS	$378.00
D5928	ORBITAL PROSTHESIS, REPLACEMENT	$420.85
D5931	OBTURATOR PROSTHESIS, SURGICAL	$0.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	$0.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	$0.00
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	$0.00
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	$0.00
D5951	FEEDING AID	$0.00
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	$0.00
D5953	SPEECH AID PROSTHESIS, ADULT	$0.00
D5954	PALATAL AUGMENTATION PROSTHESIS	$0.00

Procedure Code	Procedure Description	Allowed Amount
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	$0.00
D5956	OBTURATOR	$0.00
D5957	SPEECH BULB	$0.00
D5983	RADIATION CARRIER	$0.00
D5984	RADIATION SHIELD	$0.00
D5985	RADIATION CONE LOCATOR	$0.00
D5986	FLUORIDE GEL CARRIER	$0.00
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	$0.00
D6210	PONTIC-CAST HIGH NOBLE METAL	$450.00
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	$395.00
D6212	PONTIC-CAST NOBLE METAL	$425.00
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	$450.00
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$395.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	$425.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	$375.00
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	$325.00
D6252	PONTIC-RESIN WITH NOBLE METAL	$350.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	$395.00
D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	$360.00
D6722	CROWN-RESIN WITH NOBLE METAL	$335.00
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$550.00
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$440.00
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$505.00
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	$450.00
D6790	CROWN-FULL CAST HIGH NOBLE METAL	$550.00
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	$465.00
D6792	CROWN-FULL CAST NOBLE METAL	$500.00
D6930	RECEMENT BRIDGE	$61.00
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	$0.00
D7111	CORONAL REMNANTS-DECIDUOUS TOOTH	$28.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	$73.00

Procedure Code	Procedure Description	Allowed Amount
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTIO	$73.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	$95.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	$130.00
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	$160.00
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	$0.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	$58.00
D7260	ORAL ANTRAL FISTULA CLOSURE	$0.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	$200.00
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH AND/OR ALVEOLUS	$280.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	$150.00
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	$21.00
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	$25.20
D7287	CYTOLOGY SAMPLE COLLECTION	$25.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	$100.00
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	$220.00
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE RE-ATTACHMENTS, REVISION OF SOFT TISSUE	$405.00
D7410	RADICAL EXCISION-LESION DIAMETER UP TO 1.25 CM	$35.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	$56.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	$53.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$137.00
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP T0 1.25 CM	$49.00
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$63.00
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	$42.00
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$91.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	$23.10
D7471	REMOVAL OF EXOSTOSIS - PER SITE	$125.28
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	$638.60
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	$14.02
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	$40.45
D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUTANEOUS AREOLAR TISSUE	$33.61
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	$93.29

Procedure Code	Procedure Description	Allowed Amount
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	$201.03
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	$120.54
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$280.00
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$85.00
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$280.00
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$84.00
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$0.00
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	$63.00
D7670	ALVEOLUS - STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	$35.00
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	$0.00
D7710	MAXILLA-OPEN REDUCTION	$310.80
D7720	MAXILLA-CLOSED REDUCTION	$168.00
D7730	MANDIBLE-OPEN REDUCTION	$336.00
D7740	MANDIBLE-CLOSED REDUCTION	$100.80
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$210.00
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	$75.60
D7770	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	$310.80
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	$0.00
D7810	OPEN REDUCTION OF DISLOCATION	$377.71
D7820	CLOSED REDUCTION OF DISLOCATION	$36.74
D7830	MANIPULATION UNDER ANESTHESIA	$0.00
D7840	CONDYLECTOMY	$378.00
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	$378.00
D7858	JOINT RECONSTRUCTION	$302.40
D7860	ARTHROTOMY	$0.00
D7865	ARTHROPLASTY	$302.40
D7870	ARTHROCENTESIS	$0.00
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	$204.34
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	$240.20
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION	$240.20
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	$240.20

Procedure Code	Procedure Description	Allowed Amount
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	$240.20
D7880	OCCLUSAL ORTHOTIC APPLIANCE	$150.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	$28.00
D7911	COMPLICATED SUTURE-UP TO 5 CM	$75.60
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	$100.80
D7920	SKIN GRAFTS (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	$0.00
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	$0.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	$629.93
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	$728.18
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEXTANT OR QUADRANT	$517.44
D7945	OSTEOTOMY-BODY OF MANDIBLE	$0.00
D7946	LEFORT I (MAXILLA-TOTAL)	$786.38
D7947	LEFORT I (MAXILLA-SEGMENTED)	$721.16
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)-WITHOUT BONE GRAFT	$45.04
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	$0.00
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIA BONES-AUTOGENEOUS OR NONAUTOGENEOUS	$814.80
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TISSUE DEFECTS	$0.00
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-SEPARATE PROCEDURE	$110.00
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	$160.00
D7971	EXCISION OF PERICORONAL GINGIVA	$38.50
D7980	SIALOLITHOTOMY	$0.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	$0.00
D7982	SIALODOCHOPLASTY	$191.75
D7983	CLOSURE OF SALIVARY FISTULA	$186.79
D7990	EMERGENCY TRACHEOTOMY	$172.76
D7992	EMINENECTOMY	$0.00
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	$0.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	$180.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$240.00
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$305.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$305.00

Procedure Code	Procedure Description	Allowed Amount
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	$305.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$445.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$2,000.00
D8071	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION (FIRST SIX MONTHS)	$125.00
D8072	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTION (SECOND SIX MONTHS)	$100.00
D8073	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONALDENTITION (THIRD SIX MONTHS)	$38.34
D8074	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTION (FOURTH SIX MONTHS)	$70.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$2,000.00
D8081	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (FIRST SIX MONTHS)	$125.00
D8082	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (SECOND SIX MONTHS)	$100.00
D8083	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (THIRD SIX MONTHS)	$38.36
D8084	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (FOURTH SIX MONTHS)	$70.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$2,000.00
D8091	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (FIRST SIX MONTHS)	$125.00
D8092	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (SECOND SIX MONTHS)	$100.00
D8093	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (THIRD SIX MONTHS)	$38.34
D8094	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (FOURTH SIX MONTHS)	$70.00
D8210	REMOVABLE APPLIANCE THERAPY	$305.00
D8220	FIXED APPLIANCE THERAPY	$240.00
D8660	PRE-ORTHODONTIC VISIT	$75.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	$150.00
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S)	$50.00
D8696	REPAIR OF ORTHODONTIC APPLIANCE – MAXILLARY	$0.00
D8697	REPAIR OF ORTHODONTIC APPLIANCE- MANDIBULAR	$0.00
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER- MAXILLARY	$0.00
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBULAR	$0.00
D8701	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MAXILLARY	$0.00
D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT- MANDIBULAR	$0.00
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	$0.00
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	$0.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	$0.00

Procedure Code	Procedure Description	Allowed Amount
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	$40.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	$39.42
D9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES	$35.00
D9223	DEEP SEDATION/ GENERAL ANESTHESIA- EACH SUBSEQUENT 15 MINUTES INCREMENT	$15.00
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	$30.00
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – FIRST 15 MINUTES	$35.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT	$35.00
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT)	$26.63
D9410	HOUSE/EXTENDED CARE FACILITY CALL	$32.00
D9420	HOSPITAL CALL	$27.86
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	$5.60
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	$0.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS	$0.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	$30.00
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	$0.00
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	$75.00
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	$75.00
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	$75.00

E Codes Durable Medical Equipment

Procedure Code	Procedure Description	Allowed Amount
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	$17.02
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	$42.61
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND H	$60.57
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	$48.91
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	$28.88
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	$19.41
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	$43.34

Procedure Code	Procedure Description	Allowed Amount
E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	$25.48
E0117	CRUTCH, UNDERARM, ARTICULATION, SPRING ASSISTED, EACH	$176.99
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	$47.26
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	$56.41
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	$285.52
E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	$77.57
E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT	$80.89
E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	$252.07
E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER	$454.99
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	$100.58
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE,EACH	$176.68
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	$54.16
E0154	PLATFORM ATTACHMENT, WALKER, EACH	$52.46
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	$24.98
E0156	SEAT ATTACHMENT, WALKER	$19.49
E0157	CRUTCH ATTACHMENT, WALKER, EACH	$64.85
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	$25.47
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	$14.10
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	$30.36
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENTS	$24.08
E0162	SITZ BATH CHAIR	$113.74
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	$86.09
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	$167.22
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	$11.03
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE,WITH OR WITHOUT ARMS, ANY TYPE, EACH	$138.60
E0170	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	$1,446.48
E0171	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	$260.28
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	$60.82
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	$184.23
E0182	PUMP FOR ALTERNATING PRESSURE PAD	$200.25
E0184	DRY PRESSURE MATTRESS	$178.81

Procedure Code	Procedure Description	Allowed Amount
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$293.74
E0186	AIR PRESSURE MATTRESS	$167.40
E0187	WATER PRESSURE MATTRESS	$177.57
E0188	SYNTHETIC SHEEPSKIN PAD	$20.63
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	$47.73
E0190	POSITIONING CUSHION, PILLOW, WEDGE, ANY SHAPE OR SIZE	$24.00
E0191	HEEL OR ELBOW PROTECTOR, EACH	$9.17
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	$6,911.46
E0194	AIR FLUIDIZED BED	$27,368.64
E0196	GEL PRESSURE MATTRESS	$248.58
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$203.50
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$203.50
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$27.04
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	$72.81
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	$478.98
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	$0.00
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	$169.85
E0210	ELECTRIC HEAT PAD, STANDARD	$29.98
E0215	ELECTRIC HEAT PAD, MOIST	$65.06
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	$455.95
E0218	WATER CIRCULATING COLD PAD WITH PUMP	$0.01
E0221	INFRARED HEATING PAD SYSTEM	$2,113.46
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	$356.92
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	$132.03
E0236	PUMP FOR WATER CIRCULATING PAD	$338.49
E0239	HYDROCOLLATOR UNIT, PORTABLE	$413.11
E0240	BATH, SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	$45.00
E0241	BATH TUB WALL RAIL, EACH	$25.00
E0242	BATH TUB RAIL, FLOOR BASE	$60.00
E0243	TOILET RAIL, EACH	$40.00
E0244	RAISED TOILET SEAT	$45.00

Procedure Code	Procedure Description	Allowed Amount
E0245	TUB STOOL OR BENCH	$40.00
E0246	TRANSFER TUB RAIL ATTACHMENT	$45.00
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	$75.00
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	$150.00
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	$91.48
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$758.61
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$666.72
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$898.74
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$750.15
E0260	HOSPITAL BED, SEIMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$1,289.88
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$1,047.60
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$1,529.10
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$1,358.55
E0271	MATTRESS, INNERSPRING	$149.39
E0272	MATTRESS, FOAM RUBBER	$160.18
E0274	OVER-BED TABLE	$0.00
E0275	BED PAN, STANDARD, METAL OR PLASTIC	$12.96
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	$12.23
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	$6,834.24
E0280	BED CRADLE, ANY TYPE	$25.70
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	$672.66
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$488.70
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	$672.39
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$547.02
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	$999.45
E0295	HOSPITAL BED,SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	$974.25
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE RAILS, WITH MATTRESS	$1,256.13
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	$1,076.13
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	$2,246.91
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	$1,810.80
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	$3,460.95

Procedure Code	Procedure Description	Allowed Amount
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	$2,325.42
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	$6,936.03
E0305	BED SIDE RAILS, HALF LENGTH	$145.53
E0310	BED SIDE RAILS, FULL LENGTH	$153.67
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	$1,901.52
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	$7.89
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	$9.65
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS	$0.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD	$0.00
E0370	AIR PRESSURE ELEVATOR FOR HEEL	$24.80
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$3,400.29
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	$4,125.96
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	$4,700.70
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMID	$0.00
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	$0.00
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, R	$0.00
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER,	$0.00
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	$65.83
E0442	STATIONARY OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	$65.83
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	$65.83
E0444	PORTABLE OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	$65.83
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASIVELY	$1,850.00
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM	$56.94
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	$30.00
E0457	CHEST SHELL (CUIRASS)	$564.35
E0458	NEGATIVE PRESSURE PUMP	$3,258.37
E0459	CHEST WRAP	$458.01
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	$2,229.21
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	$0.01
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE (E.G., MASK, CHEST SHELL)	$0.01
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATIOI	$0.01

Procedure Code	Procedure Description	Allowed Amount
E0470	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASICE	$2,141.01
E0471	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE	$0.01
E0472	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE	$0.01
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	$336.15
E0482	COUGH STIMULATING DEVICE, ALTERNATION POSITIVE AND NEGATIVE AIRWAY PRESSURE	$3,289.68
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	$9,568.17
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	$33.98
E0485	ORAL DEVICE/ APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED	$0.00
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM	$0.00
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SO	$1,009.26
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	$426.10
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	$0.00
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	$135.77
E0561	HUMIDIFIER, NON HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$84.70
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$238.44
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	$549.09
E0570	NEBULIZER, WITH COMPRESSOR	$177.57
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	$291.42
E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	$307.98
E0575	NEBULIZER; ULTRASONIC	$944.91
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	$106.11
E0585	NUBULIZER, WITH COMPRESSOR AND HEATER	$315.63
E0600	SUCTION PUMP, HOME MODEL, PORTABLE	$412.11
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	$864.41
E0602	BREAST PUMP, MANUAL, ANY TYPE	$27.11
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	$126.00
E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGUL	$55.00
E0605	VAPORIZER, ROOM TYPE	$23.87
E0606	POSTURAL DRAINAGE BOARD	$175.50
E0607	HOME BLOOD GLUCOSE MONITOR	$61.36
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	$185.68

Procedure Code	Procedure Description	Allowed Amount
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/V	$439.73
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	$2,523.15
E0619	APNEA MONITOR, WITH RECORDING FEATURE	$2,413.80
E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	$803.02
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	$88.16
E0625	PATIENT LIFT, KARTOP, BATHROOM OR TOILET	$0.00
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	$309.79
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	$303.72
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	$877.05
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	$936.09
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	$9,491.04
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	$0.00
E0638	STANDING FRAME SYSTEM, ANY SIZE, WITH OR WITHOUT WHEELS	$0.00
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	$0.00
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	$0.00
E0641	STANDING FRAME SYSTEM, MULTI-POSITION, ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	$0.00
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	$0.00
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL, (LYMPHEDEMA PUMP)	$661.43
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITHOUT CALIBRATED GRADIENT PRESSURE	$843.46
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITH CALIBRATED GRADIENT PRESSURE	$4,864.36
E0655	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	$91.88
E0660	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	$142.88
E0665	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	$124.71
E0666	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	$124.71
E0667	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, LEG	$297.34
E0668	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, ARM	$405.81
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	$166.25
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTERGRATED, 2 FULL LEGS AND TRUNK	$1,163.68
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	$381.45
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	$296.39
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	$246.29

Procedure Code	Procedure Description	Allowed Amount
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION, DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY	$2,897.91
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHEWISE SPECIFIED	$0.00
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUAR	$825.25
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	$1,036.28
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	$1,277.45
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTE	$4,065.97
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	$0.00
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	$65.00
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	$0.00
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	$337.57
E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	$340.32
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIEN	$278.44
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	$700.47
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	$684.72
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	$2,847.71
E0748	OSTEOGENIC STIMULATOR, ELECTRICAL, NONIVASIVE, SPINAL APPLICATIONS	$3,220.15
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	$2,000.52
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	$3,038.10
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ACCESSORIES	$858.34
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF AMBULATION WITH COMPUTER	$9,698.28
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	$77.27
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE	$0.00
E0776	IV POLE	$131.47
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	$132.30
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	$9.52
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	$2,081.43
E0782	INFUSION PUMP, IMPLANTABLE	$3,020.45
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS,	$6,775.91
E0784	EXTERNAL AMBULATORY INFUSION PUMP; INSULIN	$3,758.13
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	$368.85
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER	$6,370.94

Procedure Code	Procedure Description	Allowed Amount
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	$2,446.83
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTION	$61.04
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	$473.25
E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION	$96.43
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	$461.60
E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER	$141.46
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	$35.39
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY TRACTION, (E.G. BUCK'S)	$106.82
E0880	TRACTION STAND, FREE STANDING, SIMPLE EXTREMITY TRACTION, (E.G., BUCK'S)	$115.30
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION	$110.57
E0900	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)	$117.68
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	$180.00
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED WITH GRAB BAR	$439.65
E0912	TRAPEZE BAR, HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAT 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB	$1,030.23
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	$415.26
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	$411.21
E0935	PASSIVE MOTION EXERCISE DEVICE	$177.66
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	$312.93
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	$390.69
E0942	CERVICAL HEAD HARNESS/HALTER	$15.49
E0944	PELVIC BELT/HARNESS/BOOT	$42.13
E0945	EXTREMITY BELT/HARNESS	$40.71
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	$532.44
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	$556.96
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	$538.71
E0950	TRAY, WHEELCHAIR	$69.94
E0951	LOOP HEEL, EACH	$15.02
E0952	LOOP TOE, EACH	$14.90
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	$60.54
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	$42.38
E0955	WHEELCHAIR ACCESSORY, HEADSET, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	$160.04

Procedure Code	Procedure Description	Allowed Amount
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	$78.03
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT. PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	$109.19
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE ARM DRIVE	$333.81
E0959	AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE	$40.60
E0960	WHEELCHAIR ACCESSORY, SHOULDER, HARNESS STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	$72.02
E0961	BRAKE EXTENSION, FOR WHEELCHAIR	$27.32
E0966	HOOK ON HEAD REST EXTENSION	$65.56
E0967	WHEELCHAIR HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	$60.29
E0968	COMMODE SEAT, WHEELCHAIR	$137.16
E0969	NARROWING DEVICE, WHEELCHAIR	$143.85
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	$49.20
E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	$39.84
E0973	ADJUSTABLE HEIGHT DETACHABLE ARMS, DESK OR FULL LENGTH, WHEELCHAIR	$91.01
E0974	"GRADE-AID" (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) FOR WHEELCHAIR	$72.01
E0980	SAFETY VEST, WHEELCHAIR	$30.36
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTREY, REPLACEMENT ONLY, EACH	$37.32
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	$40.79
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK	$1,911.96
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	$1,614.91
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	$186.30
E0986	MANUAL WHEELCHAIR ACCESSORY, OUSH RIM ACTIVATED POWER ASSIST, EACH	$4,467.20
E0988	MANUEL WHEELCHAIR ACCESSORY,LEVER-ACTIVATED,WHEEL DRIVE,PAIR	$0.01
E0990	ELEVATING LEG REST, EACH	$92.94
E0992	SOLID SEAT INSERT	$87.39
E0994	ARM REST, EACH	$16.18
E0995	CALF REST, EACH	$20.45
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	$3,208.34
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	$3,475.95
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	$3,854.11
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	$4,171.78
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	$5,110.04

Procedure Code	Procedure Description	Allowed Amount
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	$6,919.18
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	$6,919.80
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING	$0.00
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, EACH	$905.36
E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR	$0.00
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE	$807.42
E1014	RECLINING BACK, ADDITION TO PEDIATRIC WHEELCHAIR	$335.34
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	$105.35
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	$103.94
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEEL CHAIR, EACH	$0.00
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	$0.00
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	$192.67
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTRL	$163.49
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	$292.51
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$922.37
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	$448.97
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER,PATIENT	$5,449.80
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT	$7,834.80
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	$964.15
E1038	TRANSPORT CHAIR, ADULT SIZE	$160.20
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY 250 POUNDS OR	$303.92
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	$769.38
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	$1,057.00
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	$923.17
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACH ABLE ELEVATING LEG REST	$594.92
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	$741.13
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACH ABLE FOOT RESTS	$621.40
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	$729.80
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR,FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	$1,124.44
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR,DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG	$1,339.97
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	$1,227.90

Procedure Code	Procedure Description	Allowed Amount
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR,DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	$1,391.10
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS DESK OF FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	$970.83
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	$834.96
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	$887.44
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	$903.47
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	$477.10
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	$733.90
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	$616.30
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	$555.54
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	$2,172.97
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	$683.19
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	$646.20
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	$749.34
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	$775.26
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	$895.59
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	$961.11
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	$665.64
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	$0.00
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	$363.42
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	$518.58
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	$566.28
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	$620.82
E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	$345.78
E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	$425.95
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	$216.63
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	$214.38
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	$0.00
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	$2,077.18
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	$0.00
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$1,963.85
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE WITHOUT SEATING SYSTEM	$2,034.87

Procedure Code	Procedure Description	Allowed Amount
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,771.50
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	$1,705.82
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$1,504.97
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,518.12
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,504.97
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	$788.13
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	$776.40
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	$809.30
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	$603.90
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	$1,017.18
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	$1,108.10
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	$1,086.70
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	$997.02
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	$451.53
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	$81.66
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	$389.08
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	$1,972.13
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	$149.72
E1390	OXYGEN CONCENTRATOR (EQUIVALENT TO 732 CUBIC FEET/1993)CAPABLE OF DELIVERING>OR = 85% OXYGEN CONCENT. (2000)	$0.01
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVIERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT	$0.01
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	$0.01
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	$0.00
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	$0.00
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	$0.00
E1700	JAW MOTION REHABILITATION SYSTEM	$286.88
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	$9.52
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	$20.74
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	$0.01
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE INCLUDES SOFT INTERFACE MATERIAL	$0.01
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	$0.01
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	$0.01

Procedure Code	Procedure Description	Allowed Amount
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	$0.01
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	$0.01
E1820	SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	$75.07
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	$96.66
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	$0.01
E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF	$0.00
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$0.01
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	$590.69
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	$173.17
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	$2,567.88
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24	$342.65
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	$435.29
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	$439.95
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	$747.02
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT	$30.01
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	$37.36
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	$39.81
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	$94.02
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	$84.83
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE REPLACEMENT ONLY, EACH	$5.18
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$37.58
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	$5.39
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	$27.93
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE EACH	$33.07
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$8.81
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	$0.00
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	$0.00
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	$0.00
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	$32.67
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC), PROPULSION TIRE, ANY SIZE, EACH	$26.20
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE EACH	$23.46

Procedure Code	Procedure Description	Allowed Amount
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	$19.34
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	$90.05
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$15.98
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	$34.85
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	$1,651.90
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	$859.84
E2231	MANUAL WHEELCHAIR ACCESSARY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),INCLUDES ANY TYPE MOUNTING HARDWARE	$141.14
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	$0.00
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	$0.00
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	$0.00
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	$0.00
E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	$0.00
E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	$0.00
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM	$926.31
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING	$1,875.36
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL	$1,780.89
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS	$282.80
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NON PROPORTIONAL, INCLUDING ALL RELATED	$1,257.86
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING	$1,116.38
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALITY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	$54.75
E2324	POWER WHEELCHAIR ACCESSORY, CHIN UP FOR CHIN CONTROL INTERFACE	$34.69
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,	$1,066.09
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	$274.78
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED	$2,067.83
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING	$3,922.40
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL	$1,397.99
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL	$2,708.76
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	$0.00
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES	$329.10
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	$493.70
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 20-21 INCHES	$411.42

Procedure Code	Procedure Description	Allowed Amount
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES	$658.27
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR	$553.01
E2358	POWER WHEELCHAIR ACCESSORY,GROUP 34 NON-SEALED LEAD ACID BATTERY,EACH	$0.00
E2359	POWER WHEELCHAIR ACCESSORY,GROUP 34 SEALED LEAD ACID BATTERY,EACH(E.G. GEL CELL,ABSORBED GLASSMAT)	$170.84
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	$103.18
E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH	$110.39
E2362	POWER WHEELCHAIR ACCESSORY, 24 NON SEALED LEAD ACID BATTERY, EACH	$84.47
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH	$147.23
E2364	POWER WHEELCHAIR ACCESSORY, U 1 NON SEALED LEAD ACID BATTERY, EACH	$103.18
E2365	POWER WHEELCHAIR ACCESSORY, U 1 SEALED LEAD ACID BATTERY, EACH	$88.79
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE FOR USE WITH ONLY ONE BATTERY TYPE	$207.19
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON SEAL	$331.72
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	$408.90
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	$356.15
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	$635.49
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	$119.31
E2372	POWER WHEELCHAIR ACCESSORY. GROUP 27 NONSEALED LEAD ACID BATTERY, EACH	$0.00
E2373	POWER WHEELCHAIR ACCESORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE	$620.76
E2374	POWER WHEELCHAIR ACCESORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER)	$422.71
E2375	POWER WHEELCHAIR ACCESSORY, NONEXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS	$678.02
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	$1,062.48
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	$384.47
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR; REPLACEMENT ONLY	$0.00
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$60.29
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$16.44
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY	$120.22
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$64.04
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$39.19
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$119.13
E2387	POWER WHEELCHAIR ACCESORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$53.42
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$39.88

Procedure Code	Procedure Description	Allowed Amount
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$21.65
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY , EACH	$33.87
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	$16.22
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTERGRATED WHEEL, ANY SIZE, REPLACEMENT	$42.65
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE REPLACEMENT ONLY, EACH	$60.76
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$43.18
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY , EACH	$52.64
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	$380.34
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	$0.00
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	$15,448.14
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES	$359.14
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS	$1,098.19
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN	$1,448.66
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING	$2,124.17
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL	$3,284.67
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE	$6,215.80
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	$0.00
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	$0.00
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	$0.00
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$48.41
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$94.51
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$119.99
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$149.14
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$213.07
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$332.40
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	$229.43
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	$275.53
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	$0.00
E2610	WHEELCHAIR SEAT CUSHION, POWERED	$0.00
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	$247.25
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	$334.47

Procedure Code	Procedure Description	Allowed Amount
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	$311.11
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	$430.55
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	$358.03
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	$481.73
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	$0.00
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	$40.62
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	$433.53
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	$454.95
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$262.38
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH THAN 22 INCHES OR GREATER, ANY DEPTH	$333.86
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$264.53
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$334.88
E2626	WHEELCHAIR ACCESSORY,SHOULDER ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED,ADJUSTABLE	$15.01
E2627	WHEELCHAIR ACCESSORY,SHOULDER,ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,BALANCED,ADJUSTABLE RANCHO TYPE	$910.22
E2628	WHEELCHAIR ACCESSORY,SHOULDER,ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,BALANCED,RECLINING	$685.70
E2629	WHEELCHAIR ACCESSORY,SHOULDER ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,BALANCED,FRICTION ARM	$867.74
E2630	WHEELCHAIR ACCESSORY,SHOULDER ELBOW,MOBILE ARM SUPPORT,MONOSUSPENSION ARM AND HAND	$590.55
E2631	WHEELCHAIR ACCESSORY,ADDITION TO MOBILE ARM SUPPORT,ELEVATING PROXIMAL ARM	$236.65
E2632	WHEELCHAIR ACCESSORY,ADDITION TO MOBILE ARM SUPPORT,OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	$154.34
E2633	WHEELCHAIR ACCESSORY,ADDITION TO MOBILE ARM SUPPORT,SUPINATOR	$130.91
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	$0.00
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND	$0.00
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	$0.00

G Codes Procedure/Professional Services

Procedure Code	Procedure Description	Allowed Amount
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$8.16
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	$8.16

Procedure Code	Procedure Description	Allowed Amount
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	$4.71
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	$15.48
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	$7.96
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL	$15.20
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	$44.17
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY OF INDIVIDUAL AT HIGH RISK	$168.42
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARIUM ENEMA	$78.02
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICE INDIVIDUAL, PER SESSION	$0.00
G0109	DIABETES SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION, PER INDIVIDUAL	$0.00
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHALMOLOGIST	$24.36
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIOM ENEMA	$78.02
G0121	COLORECTAL CANCER SCREENING; COLONSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	$168.42
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	$78.02
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL	$12.04
G0124	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL	$12.04
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	$15.48
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETREY BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON	$0.00
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING	$0.00
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER	$0.00
G0151	SERVICES OF A PHYSICAL THERAPIST IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	$15.50
G0152	SERVICES OF AN OCCUPATIONAL THERAPIST IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	$15.50
G0153	SERVICES OF A SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	$15.50
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	$12.61
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	$7.12
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	$108.90
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	$49.18
G0180	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY	$29.00
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE- COVERED SERVICES PROVIDED BY A PARTICIPATIENT HOME HEAL	$45.00
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE REQUIRING COMPLEX AND MULTIDISCIPLINARY	$45.00
G0195	CLINICAL EVALUATION OF SWALLOWING FUNCTION	$72.65
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	$74.10

Procedure Code	Procedure Description	Allowed Amount
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	$78.64
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	$63.36
G0219	PET IMAGING WHOLE BODY; FULL AND PARTIAL RING PET SCANNERS ONLY, NON COVERED INDIVIDUAL	$0.00
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE,	$0.00
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE,	$5.16
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY	$0.00
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY	$35.09
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING	$20.43
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF	$22.08
G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH MECHANICAL HEART VALVE(S) WHO MEETS MED	$88.96
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WITH MECHANICAL HEART VALVE(S)	$69.35
G0250	PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR A PATIENT WITH MECHANICAL HEAR	$5.37
G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, (SNCT)PER LIMB, ANY NERVE	$43.96
G0256	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS, INCLUDING TRANSPERITONEAL PLACEMENT OF	$0.00
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL OUTPATIENT DEPARTMENT THAT IS NO	$0.00
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	$0.00
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND	$0.00
G0261	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED IODINE SEEDS, INCLUDING TRANSPERINEAL PLACEMENT OF NEEDLES	$0.00
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FUNCTION TES	$25.18
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE, POST SURGICAL OR INTERVENTIONAL	$0.00
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING 2ND REFERRAL IN SAME YEAR FOR	$9.91
G0271	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION, GROUP, EACH ADDITIONAL 30 MINUTES	$3.92
G0277	HYBERARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	$0.00
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION, INCLUDES CATHETER PLACEMENT, I	$7.43
G0281	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS	$7.22
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281	$0.00
G0283	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S), OTHER THAN WOUND CARE, AS PART	$7.22
G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING FOR VASCULAR SURGERY	$221.26
G0289	ARTHROSCOPY, KNEE,SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	$48.09
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN	$29.51
G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	$268.33

Procedure Code	Procedure Description	Allowed Amount
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	$13.42
G0328	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS	$0.00
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	$4.33
G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30 DAY SUPPLY AS A BENEFICIARY	$0.00
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	$40.04
G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE	$0.00
G0340	IMAGE-GUIDED ROBOTIC LINEAR-ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGE	$0.00
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	$287.10
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	$385.35
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	$632.62
G0364	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME	$7.02
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILITY DEVICE	$4.95
G0378	HOSPITAL OBSERVATION SERVICE, PER HOUR	$0.00
G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	$0.00
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO NEW BENEFICIARY DURING	$53.04
G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL	$10.94
G0404	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A	$6.19
G0405	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; INTERPRETATION AND REPORT ONLY, PERFORMED AS A	$4.75
G0406	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING	$21.47
G0407	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING	$38.60
G0408	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES OR MORE COMMUNICAT	$55.32
G0409	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING THE PATIENT'S REHAB	$4.95
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL OR BILATERAL FOR	$392.16
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS	$574.82
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRUPT	$538.08
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE	$746.14
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 1-20	$363.06
G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; INDIVIDUAL, PER SESSION, PER	$61.92
G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; GROUP, PER SESSION, PER HOUR	$14.65
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	$27.86
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITHOUT EXERCISE, PER SESS	$27.86

Procedure Code	Procedure Description	Allowed Amount
G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR , PER SESSION, UP TO TWO SESSIONS	$13.42
G0425	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 30 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	$56.97
G0426	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 50 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	$77.40
G0427	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 70 MINUTES OR MORE COMMUNICATING WITH THE PATIENT VIA	$72.45
G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES	$10.53
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S)	$371.30
G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN INTERPRETATION AND REPORT	$11.35
G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSODE THE OPERATING ROOM	$15.89
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR THE ASSESSMENT AND MANAGEMENT OF A PATIENT	$0.00
G0477	DRUG TEST(S),PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR PROCEDURES, CAPABLE OF BEING READ BY DIRECT	$8.92
G0478	DRUG TEST(S),PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR PROCEDURES, CAPABLE OF BEING READ BY INSTRUMENT-	$11.89
G0479	DRUG TEST(S),PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; ANY NUMBER OF DEVICES OR PROCEDURES, BY INSTRUMENTED CHEMISTRY ANALYZERS	$47.55
G0480	DRUG TEST(S), DEFINITIVE, UTLIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL IS	$47.96
G0481	DRUG TEST(S), DEFINITIVE, UTLIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL IS	$73.79
G0482	DRUG TEST(S), DEFINITIVE, UTLIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL IS	$99.62
G0483	DRUG TEST(S), DEFINITIVE, UTLIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL IS	$129.14
G3000	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, RUBIDIUM RB-82, PER DOSE	$0.00
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	$29.72
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FR THE DELIVERY OF RADIATION THERAPY	$43.14
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	$93.50
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	$72.24
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	$80.91
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	$80.50
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	$148.61
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	$100.10
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	$110.84
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	$110.84
G6011	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	$158.93
G6012	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	$131.48
G6013	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	$148.20
G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	$147.99

Procedure Code	Procedure Description	Allowed Amount
G6015	INTENSITY MODULATED TREATMENT DELIVERY. SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY	$230.76
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3	$230.76
G6030	AMITRIPTYLINE	$6.07
G6031	BENZODIAZEPINES	$15.10
G6032	DESIPRAMINE	$14.05
G6034	DOXEPIN	$12.65
G6035	GOLD	$13.30
G6036	ASSAY OF IMIPRAMINE	$14.05
G6037	NORTRIPTYLINE	$11.06
G6038	SALICYLATE	$5.80
G6039	ACETAMINOPHEN	$16.52
G6040	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	$8.82
G6041	ALKALOIDS, URINE, QUANTITATIVE	$24.51
G6042	AMPHETAMINE OR METHAMPHETAMINE	$4.71
G6043	BARBITURATES, NOT ELSEWHERE SPECIFIED	$9.35
G6044	COCAINE OR METABOLITE	$12.37
G6045	DIHYDROCODEINONE	$16.86
G6046	DIHYDROMORPHINONE	$20.99
G6047	DIHYDROTESTOSTERONE	$21.08
G6048	DIMETHADIONE	$11.31
G6049	EPIANDROSTERONE	$14.05
G6050	ETHCHLORVYNOL	$14.11
G6051	FLURAZEPAM	$16.16
G6052	MEPROBAMATE	$13.75
G6053	METHADONE	$13.33
G6054	METHSUXIMIDE	$6.85
G6055	NICOTINE	$19.34
G6056	OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE	$15.89
G6057	PHENOTHIAZINE	$12.71
G6058	DRUG CONFIRMATION, EACH PROCEDURE	$10.31

Procedure Code	Procedure Description	Allowed Amount

H Codes Alchohol & Drug Abuse Treatment Services

Procedure Code	Procedure Description	Allowed Amount
H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	$35.71
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	$0.01
H0049	ALCOHOL AND DRUG SCREENING	$0.00
H0050	ALCOHOL AND DRUG SCREENING, BRIEF INTERVENTION, PER 15 MINS	$0.00
H2001	REHABILITATION PROGRAM, PER 1/2 DAY	$223.50
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	$22.50
H5010	THERAPY, INDIVIDUAL, BY SOCIAL WORKER, PSY. NURSE, ETC. PER HR.	$26.64
H5020	PSYCHOTHERAPY, GROUP (MAXIMUM 8 PERSONS PER GROUP, 45-50 MINUTES, PER PERSON, PER SESSION)	$6.11
H5170	OTHER SPECIAL EDUCATION OR VOCATIONAL SERVICES	$0.00

J Codes Drugs Administered Other Than Oral Method and Chemotherapy Drugs

Procedure Code	Procedure Description	Allowed Amount
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	$10.25
J0121	INJECTION, OMADACYCLINE, 1 MG	$3.44
J0122	INJECTION, ERAVACYCLINE, 1 MG	$1.02
J0128	INJECTION, ABARELIX, 10 MG	$885.38
J0129	INJECTION, ABATACEPT, 10 MG	$54.32
J0130	INJECTION ABCIXIMAB, 10 MG	$1,429.07
J0131	INJECTION,ACETAMINOPHEN,10 MG	$0.11
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	$1.04
J0133	INJECTION, ACYCLOVIR, 5 MG	$0.04
J0135	INJECTION, ADALIMMUMAB, 20 MG	$909.22
J0153	ADENOSINE INJ 1 MG	$0.70
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	$0.74

Procedure Code	Procedure Description	Allowed Amount
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	$0.83
J0178	INJECTION, AFLIBERCEPT, 1 MG	$952.47
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	$317.58
J0180	INJECTION, AGALSIDASE BETA, 1 MG	$183.43
J0185	INJECTION, APREPITANT, 1 MG	$2.17
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	$1.34
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	$16.03
J0202	INJECTION, ALEMTUZUMAB, 1 MG	$1,917.04
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	$42.03
J0207	INJECTION, AMIFOSTINE, 500 MG	$1,003.59
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	$42.40
J0215	INJECTION, ALEFACEPT, 0.5 MG	$41.64
J0220	INJECTION, ALGUCOSIDASE ALFA, 10 MG	$206.70
J0221	INJECTION,ALGLUCOSIDASE ALFA,(LUMIZYME) 10 MG	$171.05
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN	$4.55
J0257	INJECTION,ALPHA 1 PROTEINASE INHIBITOR (HUMAN),(GLASSIA) , 10 MG	$4.82
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	$0.67
J0275	ALPROSTADIL URETHRAL SUPPOSITORY,ADMINISTERED UNDER DIRECT PHYSICIAN SUPERVISION, EXLUDES SELF-ADMINISTRATION	$25.72
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	$1.11
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	$10.88
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	$0.23
J0285	INJECTION, AMPHOTERICIN B, 50 MG	$40.28
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	$6.18
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	$14.00
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	$26.09
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	$1.00
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, 1.5 GRAM	$2.06
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	$11.33
J0330	INJECTION, SUCCINYCHOLINE CHLORIDE, UP TO 20 MG	$0.15
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	$0.55
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	$23.82

Procedure Code	Procedure Description	Allowed Amount
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	$4.21
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	$32.69
J0365	INJECTION, APROTONIN, 10,000 KIU	$2.65
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	$1.07
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	$17.27
J0395	INJECTION, ARBUTAMINE HCI, 1 MG	$17.28
J0400	INJECTION, ARIPIPRAZOLE INTRAMUSCULAR, .25 MG	$0.76
J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1MG	$5.70
J0456	INJECTIN, AZITHROMYCIN, 500 MG	$3.05
J0461	INJECTION, ATROPINE SULFATE, 0.01MG	$0.07
J0470	INJECTION, DIMERCAPROL, UP TO 100 MG	$55.29
J0475	INJECTION, BACLOFEN, 10 MG	$169.51
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	$50.05
J0480	INJECTION, BASILIXIMAB, 20 MG	$3,799.93
J0485	INJECTION, BELATACEPT, 1 MG	$3.78
J0490	INJECTION,BELIMUMAB,10 MG	$44.82
J0500	INJECTION, DICYCLOMINE HCI, UP TO 20 MG	$57.58
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	$17.74
J0517	INJECTION, BENRALIZUMAB, 1 MG	$168.50
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	$4.49
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	$10.89
J0559	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	$0.08
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	$27.21
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	$13.82
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	$39.83
J0570	BUPRENORPHINE IMPLANT 74.2 MG	$1,303.53
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	$49.54
J0583	INJECTION, BIVALIRUDIN, I MG	$0.62
J0584	INJECTION, BUROSUMAB-TWZA 1 MG	$353.21
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	$6.12
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	$8.43

Procedure Code	Procedure Description	Allowed Amount
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	$11.99
J0588	INJECTION,INCOBOTULINUMTOXIN A, 1 UNIT	$5.05
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	$4.56
J0594	INJECTION, BUSULFAN, 1 MG	$4.58
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	$2.71
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	$28.22
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	$51.31
J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	$57.03
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	$5,594.42
J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	$0.91
J0606	INJECTION, ETELCALCETIDE, 0.1 MG	$3.47
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	$2.70
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, UP TO 50 MG	$8.53
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	$2,661.05
J0636	INJECTION, CALCITRIOL, 0.1 MCG	$0.61
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	$6.85
J0638	INJECTION, CANAKINUMAB, 1 MG	$111.01
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	$3.02
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	$0.40
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	$2.45
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	$0.77
J0692	INJECTION, CEFEPIME HCI, 500 MG	$1.91
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	$5.23
J0695	INJECTION, CEFTOLOZANE TAZOBACTAM, 75 MG (50MG CFT/25MG TAZ)	$5.60
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	$0.54
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	$2.03
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	$2.33
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG.	$6.96
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG.	$1.13
J0706	INJECTION, CAFFEINE CITRATE, 5 MG	$0.55
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	$2.54

Procedure Code	Procedure Description	Allowed Amount
J0712	INJECTION,CEFTAROLINE FOSAMIL,10 MG	$3.19
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	$2.00
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	$92.05
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	$5.24
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	$8.02
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	$38.54
J0725	INJECTION, CHORIONIC GONADOTROPIN	$22.62
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	$13.71
J0740	INJECTION CIDOFOVIR, 375 MG	$623.27
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	$6.14
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	$1.24
J0745	INJECTION, CODEINE PHOSPHATE	$1.35
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	$19.20
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	$48.76
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	$9.69
J0795	INJECTION, CORTICORELIN OVINE TRIFULTATE, 1 MCG	$9.04
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	$3,946.50
J0834	INJECTION, COSYNTROPIN, (CORTROSYN), 0.25 MG	$39.82
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	$3,285.19
J0841	INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120 MG	$1,264.42
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	$1,129.15
J0875	INJECTION, DALBAVANCIN, 5 MG	$14.95
J0878	INJECTION, DAPTOMYCIN, 1 MG	$0.33
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	$3.85
J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)	$3.85
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	$3.96
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	$3.96
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	$11.03
J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	$1.80
J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	$1.80
J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	$8.20

Procedure Code	Procedure Description	Allowed Amount
J0894	INJECTION, DECITABINE, 1 MG	$7.49
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	$8.52
J0897	INJECTION,DENOSUMAB , 1 MG	$19.28
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	$0.73
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	$20.40
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	$21.89
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	$3.70
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	$6.25
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	$11.93
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	$0.56
J1071	INJ TESTOSTERONE CYPIONATE, 1MG	$0.02
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	$0.23
J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, UP TO 4MG/ML	$0.14
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	$57.66
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	$17.19
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	$0.21
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	$5.42
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	$3,780.19
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	$0.85
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	$2.68
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	$4.00
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	$194.34
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	$0.91
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	$49.65
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE	$586.51
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	$16.54
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	$6.73
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	$0.08
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	$6.99
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	$6.17
J1265	INJECTION, DOPAMINE HCI, 40 MG	$0.76

Procedure Code	Procedure Description	Allowed Amount
J1267	INJECTION, DORIPENEM, 10 MG	$0.88
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	$0.32
J1290	INJECTION, ECALLANTIDE, 1 MG	$493.74
J1300	INJECTION, ECULIZUMAB, 10 MG	$230.48
J1301	INJECTION, EDARAVONE, 1 MG	$19.49
J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	$226.28
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	$1.79
J1322	INJECTION, ELOSULFASE ALFA, 1 MG	$241.45
J1324	INJECTION, ENFUVIRTIDE, 1 MG	$22.69
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	$16.19
J1327	INJECTION, EPTIFIBATIDE, 5 MG	$27.58
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	$1.60
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	$43.47
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	$75.76
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	$10.75
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	$17.00
J1410	INJECTION, ESTROGEN CONJUGATED, UP TO 2 MG OR 20,000 UNITS	$308.93
J1428	INJECTION, ETEPLIRSEN, 10 MG	$160.00
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	$444.10
J1435	INJECTION, ESTRONE	$0.17
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	$67.37
J1438	INJECTION, ETANERCEPT, 25 MG(CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION	$411.71
J1439	INJ FERRIC CARBOXYMALTOS 1 MG	$1.10
J1442	INJECTION, FILGRASTIM G-CSF,1 MCG	$0.96
J1447	INJECTION, TBO- FILGRASTIM 1 MICROGRAM, 1 MCG	$0.57
J1450	INJECTION, FLUCONAZOLE, 200 MG	$4.71
J1451	INJECTION, FOMEPIZOLE, 15 MG	$6.70
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	$200.00
J1453	INJECTION, FOSAPREPITANT, 1 MG	$1.97
J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	$416.87
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	$3.50

Procedure Code	Procedure Description	Allowed Amount
J1457	INJECTION, GALLIUM NITRATE, 1 MG	$2.08
J1458	INJECTION, GALSULFASE, 1MG	$397.92
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G. LIQUID), 500 MG	$40.12
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	$39.91
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	$36.20
J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	$54.29
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	$72.39
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	$90.49
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	$108.62
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	$126.61
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	$144.78
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	$162.95
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	$180.98
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	$13.79
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM) , 500 MG	$70.52
J1557	INJECTION,IMMUNE GLOBULIN,(GAMMAPLEX0,INTRAVENOUS,NON-LYOPHILIZED (E.G. LIGUID) 500 MG	$45.82
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	$10.44
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	$399.09
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), PER 500 MG.	$39.14
J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS, 100 MG	$7.25
J1566	INJECTION,IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG	$61.20
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	$35.68
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	$37.47
J1570	INJECTION, GANCICLOVIR SODIUM, 50 MG	$48.41
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	$60.06
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID). 500 MG	$35.59
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	$51.29
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	$14.56
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	$1.91
J1595	INJECTION, GLATIRAMER ACETATE. 20 MG	$64.68
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (EG, LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	$0.00

Procedure Code	Procedure Description	Allowed Amount
J1600	INJECTION, GOLD SODIUM THIOMALEATE, UP TO 50 MG	$30.15
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	$21.36
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	$199.27
J1620	INJECTION, GONADORELIN HCI, PER 100 MCG	$191.35
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	$0.40
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	$2.74
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG.	$0.97
J1631	INJECTION, HALOPERIDOL DECANOATE, 50 MG.	$16.48
J1640	INJECTION, HEMIN, 1 MG	$23.72
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	$0.25
J1644	INJECTION, HEPARIN SODIUM, PER 10 UNITS	$0.21
J1645	INJECTION, DALTEPARIN SODIUM, PER 2,500 IU	$12.58
J1650	INJECTION,ENOXAPARIN SODIUM, 10 MG	$0.83
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	$1.73
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	$3.49
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	$432.66
J1675	INJECTION, HISTRELIN ACETATE, 10 MCG	$42.36
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	$0.66
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	$4.69
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	$12.90
J1725	INJECTION,HYDROXYPROGESTERONE CAPROATE, 1 MG	$2.91
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	$30.57
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	$30.57
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	$112.01
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	$43.48
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	$278.77
J1743	INJECTION, IDURSULFASE. 1 MG	$542.89
J1745	INJECTION, INFLIXIMAB, 10MG	$63.39
J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	$60.16
J1750	INJECTION, IRON DEXTRAN, 50 MG	$14.41
J1756	INJECTION, IRON SUCROSE, 1 MG	$0.23

Procedure Code	Procedure Description	Allowed Amount
J1785	INJECTION, IMIGLUCERASE, PER UNIT	$4.20
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	$42.94
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	$2.14
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	$8.48
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	$5.92
J1815	INJECTION, INSULIN, PER 5 UNITS	$0.88
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	$10.78
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	$213.00
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG	$110.00
J1835	INJECTION, ITRACONAZOLE, 50 MG	$42.28
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	$7.69
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	$1.15
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	$0.50
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	$8.64
J1930	INJECTION, LANREOTIDE, 1 MG	$62.32
J1931	INJECTION, LARONIDASE, 0.1 MG	$32.14
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	$0.69
J1942	ARIPIPRAZOLE LAUROXIL 1MG	$2.66
J1943	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	$2.86
J1944	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	$2.73
J1945	INJECTION, LEPIRUDIN, 50 MG	$570.54
J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG	$1,269.23
J1953	INJECTION, LEVETIRACETAM, 10 MG	$0.11
J1955	INJECTION, LEVOCARNITINE, PER 1 G	$19.40
J1956	INJECTION, LEVOFLOXACIN, 250 MG	$0.22
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	$3.63
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	$29.47
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	$21.05
J2001	INJECTION, LIDOCAINEHCI FOR INTRAVENOUS INFUSION, 10 MG	$0.03
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	$11.18
J2020	INJECTION, LINEZOLID, 200 MG	$6.30

Procedure Code	Procedure Description	Allowed Amount
J2060	INJECTION, LORAZEPAM, 2 MG.	$0.66
J2150	INJECTION, MANNITOL, 25% IN 50 ML	$2.62
J2170	INJECTION, MECASERMIN, 1 MG	$14.55
J2175	INJECTION, MEPERIDINE	$6.07
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	$3.79
J2182	INJECTION, MEPOLIZUMABM, 1 MG	$29.72
J2185	INJECTION, MEROPENEM, 100 MG	$0.90
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	$17.39
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	$1.04
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	$0.12
J2260	INJECTION, MILRINONE LACTATE, 5 MG	$1.78
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	$4.40
J2274	INJ MORPHINE PRESERVATIVE FREE, 10 MG	$14.99
J2278	INJECTION, ZICONOTIDE, 1 MCG	$7.91
J2280	INJECTION, MOXIFLOXACIN, 100 MG	$8.79
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG.	$3.17
J2310	INJECTION, NALOXONE HCI, PER 1 MG	$15.28
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	$3.25
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	$3.75
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	$7.13
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	$15.02
J2323	INJECTION, NATALIZUMAB, PER 1 MG	$20.24
J2325	INJECTION, NESIRITIDE, 0.1 MG	$60.25
J2326	INJECTION, NUSINERSEN, 0.1 MG	$1,040.00
J2350	INJECTION, OCRELIZUMAB, 1 MG	$57.42
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	$206.57
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	$0.78
J2355	INJECTION, OPRELVEKIN, 5 MG	$426.92
J2357	INJECTION, OMALIZUMAB, 5 MG	$36.78
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	$2.92
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	$6.44

Procedure Code	Procedure Description	Allowed Amount
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	$3.34
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	$23.32
J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	$0.11
J2407	INJECTION, ORITAVANCIN , 10 MG	$23.78
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	$2.85
J2425	INJECTION, PALIFERMIN, 50 MCG	$21.28
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	$11.63
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG.	$12.06
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	$1.28
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	$0.88
J2469	INJECTION, PALONOSETRON HCI, 25 MCG	$7.93
J2501	INJECTION, PARICALCITOL, 1 MCG	$0.79
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	$722.05
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	$367.96
J2505	INJECTION, PEGFILGRASTIM, 6 MG	$4,432.56
J2507	INJECTION,PEGLOTICASE,1 MG	$2,512.55
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	$29.97
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	$13.74
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	$37.02
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	$1.02
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1.125 GRAMS	$1.83
J2545	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FOR PROPHYLAXIS	$105.27
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	$2.02
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	$42.04
J2562	INJECTION, PLERIXAFOR, 1 MG	$347.71
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	$0.53
J2597	INJECTION, DESMOPRESSIN ACETATE, UP TO 1 ML	$12.14
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	$3.44
J2675	INJECTION, PROGESTERONE, PER 50 MG	$2.21
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG.	$10.95
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	$77.49

Procedure Code	Procedure Description	Allowed Amount
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	$1.37
J2704	INJ, PROPOFOL, 10 MG	$0.11
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	$0.09
J2720	INJECTION, PROTAMINE SULFATE, UP TO 5 ML	$1.09
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	$15.10
J2725	INJECTION, PROTIRELIN, PER 250 MCG	$20.55
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	$91.90
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	$377.57
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	$1.54
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	$417.49
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	$352.17
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	$4.10
J2783	INJECTION, RASBURICASE, 0.5 MG	$289.82
J2785	INJECTION, REGADENOSON, 0.1 MG	$59.22
J2786	INJECTION, RESLIZUMAB, 1 MG	$9.62
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	$24.92
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE	$79.56
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	$4.76
J2792	INJECTION RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT 100 I.U.	$29.78
J2793	INJECTION, RILONACEPT, 1 MG	$24.55
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	$10.04
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	$0.07
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	$74.28
J2798	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	$9.84
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	$9.06
J2805	INJECTION, SINACLIDE, 5 MCG	$109.97
J2810	INJECTION, THEOPHYLLINE, UP TO 2 ML	$0.42
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	$43.44
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	$500.00
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG	$34.78
J2860	INJECTION, SILTUXIMAB, 10 MG	$103.06

Procedure Code	Procedure Description	Allowed Amount
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	$14.62
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	$1.62
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	$4.49
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	$6.12
J2940	INJECTION, SOMATREM, 1 MG	$47.59
J2941	INJECTION, SOMATROPIN, 1 MG	$50.78
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	$0.38
J2993	INJECTION, RETEPLASE, 18.8 MG	$2,301.91
J2995	INJECTION, STREPTOKINASE	$76.32
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	$87.64
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	$31.53
J3010	INJECTION, FENTANYL CITRATE, UP TO 2 ML	$0.89
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	$51.89
J3060	INJECTION, TALIGLUCERACE ALFA ,10 UNITS	$40.08
J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG	$108.39
J3090	INJECTION, TEDIZOLID PHOSPHATE ,10 MG	$1.49
J3095	INJECTION, TELEVANCIN, 10 MG	$5.74
J3101	INJECTION, TENECTESPLASE, 1 MG	$121.83
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	$1.63
J3110	INJECTION, TERIPARATIDE, 10 MCG	$2.62
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	$9.09
J3121	INJ TESTOSTERO ENANTHATE 1 MG	$0.05
J3145	TESTOSTERONE UNDECANOATE 1MG	$1.47
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	$31.61
J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG	$1,695.12
J3243	INJECTION, TIGECYCLINE, 1 MG	$1.57
J3245	INJECTION, TILDRAKIZUMAB, 1 MG	$136.49
J3246	INJECTION, TIROFIBAN HCI, 0.25 MG	$9.31
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	$36.79
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	$3.60
J3262	INJECTION, TOCILIZUMAB, 1MG	$4.96

Procedure Code	Procedure Description	Allowed Amount
J3265	INJECTION, TORSEMIDE, 10 MG/ML	$2.19
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	$4.76
J3285	INJECTION, TREPROSTINIL, 1 MG	$63.85
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	$3.85
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	$1.57
J3302	INJECTION TRIAMCINOLONE DIACETATE, PER 5MG	$0.28
J3303	INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG	$3.61
J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	$18.88
J3305	INJECTION, TRIMETREXATE GLUCORONATE, PER 25 MG	$148.50
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	$5.42
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	$258.74
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	$28.65
J3350	INJECTION, UREA, UP TO 40 GM	$59.16
J3355	INJECTION,UROFOLLITROPIN, 75 IU	$63.43
J3357	INJECTION, USTEKINUMAB, 1 MG	$191.39
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	$12.04
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	$11.09
J3364	INJECTION, UROKINASE, 5000 IU VIAL	$9.16
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	$457.73
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	$3.46
J3380	INJECTION, VEDOLIZUMAB, 1 MG	$19.86
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	$345.52
J3396	INJECTION, VERTEPORFIN, 0.1 MG	$11.08
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	$12.48
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	$6.59
J3411	INJECTION, THIAMINE HCI, 100 MG	$1.91
J3415	INJECTION, PYRIDOXINE HCI, 100 MG	$9.45
J3420	INJECTION, VITAMIN B- 12 CYANOCOBALAMIN, UP TO 1000 MCG	$1.89
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	$4.28
J3465	INJECTION, VORICONAZOLE, 10 MG	$2.05
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	$21.20

Procedure Code	Procedure Description	Allowed Amount
J3471	INJECTION, HYALURONIDASE, OVINE,PRESERATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	$0.43
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	$137.80
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	$0.36
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG.	$0.85
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	$0.14
J3485	INJECTION ZIDOVUDINE, 10 MG	$1.51
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	$17.71
J3489	INJECTION, ZOLEDRONIC ACID 1 MG	$12.47
J3490	UNCLASSIFIED DRUGS	$0.00
J3520	EDETATE DISODIUM, PER 150 MG	$1.12
J3590	UNCLASSIFIED BIOLOGICS	$0.00
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	$2.42
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	$1.21
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	$0.91
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	$0.60
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	$1.85
J7070	INFUSION, D5W, 1000 CC	$3.63
J7100	INFUSION, DEXTRAN 40, 500 ML	$17.77
J7110	INFUSION, DEXTRAN 75, 500 ML	$14.52
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	$2.32
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	$47.35
J7175	INJECTION, FACTOR X, (HUMAN), 1 I.U.	$7.51
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOS 1 IU	$1.20
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	$1.83
J7180	INJECTION,FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN0, 1 I.U.	$8.47
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	$15.52
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	$1.31
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	$0.97
J7185	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	$1.27
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	$1.06
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF: RCO	$1.16

Procedure Code	Procedure Description	Allowed Amount
J7188	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	$3.18
J7189	FACTOR VIIA (ANTIHEMPOPHILLIC FACTOR, RECOMBINANT), PER 1 MCG	$2.15
J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN))	$1.07
J7191	FACTOR V111(ANTI-HEMOPHILIC FACTOR (PORCINE)),PER IU	$1.72
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR,RECOMBINANT), PER I.U., NOT OTHERWISE SPECIFIED	$1.25
J7193	FACTOR IX (ANTIHEMOPHILLIC FACTOR, PURIFIED, NONRECOMBINANT), PER IU	$1.15
J7194	FACTOR IX, COMPLEX, PER UNIT	$1.47
J7195	FACTOR IX (ANTIHEMOPHILLIC FACTOR, RECOMBINANT), PER IU	$1.50
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	$0.00
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	$3.32
J7198	ANTI-INHIBITOR, PER I.U.	$1.90
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	$0.01
J7200	FACTOR IX RECOMBINAN RIXUBIS	$1.32
J7201	FACTOR IX FC FUSION RECOMB	$3.11
J7202	FACTOR IX IDELVION INJ	$4.29
J7203	FACTOR IX RECOMB GLY REBINYN, 1 MG	$3.96
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	$2.08
J7207	FACTOR VIII PEGYLATED RECOMB	$1.74
J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	$2.01
J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	$1.24
J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	$1.36
J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	$1.26
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	$953.51
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 3 YEAR DURATION	$625.00
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 5 YEAR DURATION	$908.97
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	$884.50
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG	$793.96
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	$749.40
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	$35.72
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	$0.00
J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	$324.80

Procedure Code	Procedure Description	Allowed Amount
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$934.82
J7308	AMINOLEVULINIC ACID HCI FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	$390.08
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	$0.00
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	$16,960.00
J7311	FLUCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	$341.62
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	$200.03
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	$490.87
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	$1,046.93
J7318	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, 1 MG	$6.57
J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	$6.25
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$81.57
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	$16.67
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$145.08
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$143.40
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	$11.41
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE,FOR INTRA-ARTICULAR INJECTION, PER DOSE	$537.36
J7327	MONOVISC INJ PER DOSE	$769.51
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1MG	$2.06
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	$31,905.54
J7336	CAPSAICIN 8% PATCH, 1 SQ CM	$3.15
J7340	CARBIDOPA LEVODOPA ENT 100ML	$219.45
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	$28.30
J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	$1.45
J7500	AZATHIOPRINE - ORAL, TAB, 50 MG, 100S EA	$0.66
J7501	AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA	$217.30
J7502	CYCLOSPORINE - ORAL, 100 MG	$2.34
J7503	TACROL ENVARSUS EX REL ORAL 25MG	$1.33
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN - PARENTERAL, AMP, 50MG/ML, 5 ML EA	$2,066.02
J7505	MONOCLONAL ANTIBODIES - PARENTERAL, 5 MG	$1,156.08
J7507	TA, ORAL, PER 1 MG	$0.39
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL, PER 0.1 MG	$0.48

Procedure Code	Procedure Description	Allowed Amount
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	$0.36
J7510	PREDNISOLONE ORAL, PER 5 MG	$0.09
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG	$768.56
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	$0.01
J7513	DACLIZUMAB, PARENTERAL, 25 MG	$526.34
J7515	CYCLOSPORINE, ORAL, 25 MG	$0.70
J7516	CYCLOSPORINE, PARENTERAL, 250 MG	$49.25
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	$0.54
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	$3.34
J7520	SIROLIMUS, ORAL, 1 MG	$5.95
J7525	TACROLIMUS, PARENTERAL, 5 MG	$211.84
J7527	EVEROLIMUS, ORAL, .25 MG	$8.97
J7599	IMMUNOSUPPRESSIVE DRUG; NOT OTHERWISE SPECIFIED	$0.00
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, UNIT	$10.38
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED	$12.17
J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMISINSTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	$5.81
J7611	ALBUTEROL, INHALATION SOLUTION,FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	$0.19
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED,ADMINISTERED THROUGH DME	$0.27
J7613	ALBUTEROL, INHALATION SOLUTION,FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	$0.04
J7614	LEVALBUTEROL, INHALATION SOLUTION,FA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	$0.06
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED	$0.13
J7622	BECLOMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	$0.00
J7624	BETAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	$0.00
J7626	BUDESONIDE INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 0.25 TO 0.50 MG	$2.16
J7627	BUDESONIDE, POWDER, COMPOUNDED FOR INHALATION SOLUTION, ADMINISTERED THROUGH	$0.01
J7628	BITOLTEROL MESYLATE,INHALATION SOLUTION ADMINISTERED THROUGH DME,CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$1.00
J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	$4.75
J7633	BUDESONIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	$0.00
J7635	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7636	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$1.00

Procedure Code	Procedure Description	Allowed Amount
J7637	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7638	DEXAMEYTHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$1.00
J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$47.79
J7640	FORMOTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	$0.01
J7641	FLUNISOLIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	$0.00
J7642	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7643	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$1.00
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$0.20
J7648	ISOETHARINE HCI, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7649	ISOETHARINE HCI, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$1.00
J7650	ISOETHARINE HYDROCHLORIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM	$18.00
J7658	ISOPROTERENOL HCI, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7659	ISOPROTERENOL HCI, INHALATION SOLUTION ADMINISTERED THROUGH DME,UNIT DOSE FORM, PER MILLIGRAM	$1.00
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	$0.67
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	$1.00
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	$0.43
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	$0.67
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$1.00
J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED THROUGH DME	$36.78
J7683	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	$1.00
J7684	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	$1.00
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	$612.96
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	$0.00
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	$0.00
J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	$0.00
J8499	PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS	$0.00
J8501	APREPITANT, ORAL, 5 MG	$4.31
J8510	BULSULFAN; ORAL, 2 MG	$24.18
J8515	CABERGOLINE, ORAL, 0.25 MG	$3.49
J8520	CAPECITABINE, ORAL, 150 MG	$1.36

Procedure Code	Procedure Description	Allowed Amount
J8521	CAPECITABINE, ORAL, 500 MG	$3.48
J8530	CYCLOPHOSPHAMIDE, ORAL 25 MG.	$3.31
J8540	DEXAMETHASONE, ORAL, .25 MG	$0.05
J8560	ETOPOSIDE, ORAL, 50 MG.	$75.36
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	$81.77
J8565	GEFITINIB, ORAL, 250 MG	$63.83
J8597	ANTIMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	$0.00
J8600	MELPHALAN: ORAL, 2 MG	$12.00
J8610	METHOTREXATE ORAL 2.5 MG.	$0.24
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MGI	$245.74
J8670	ROLAPITANT, ORAL, 1 MG	$2.12
J8700	TEMOZOLMIDE, ORAL, 5 MG	$0.74
J8705	TOPOTECAN, ORAL, 0.25 MG	$103.66
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT OTHERWISE SPECIFIED	$0.00
J9000	DOXORUBICIN HCL, 10 MG	$3.73
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	$1,828.73
J9017	ARSENIC TRIOXIDE 1 MG	$44.31
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	$414.83
J9020	ASPARAGINASE, 10,000 UNITS	$64.56
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	$77.01
J9023	INJECTION, AVELUMAB, 10 MG	$82.97
J9025	INJECTION, AZACITIDINE, 1 MG	$1.16
J9027	INJECTION, CLOFARABINE, 1 MG	$61.69
J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	$2.82
J9032	INJECTION, BELINOSTAT, 10 MG	$40.07
J9033	INJECTION, BENDAMUSTINE HCI, 1 MG	$27.84
J9034	INJECTION, BENDAMUSTINE HCI (BENDEKA), 1 MG	$22.85
J9035	INJECTION, BEVACIZUMAB, 10 MG	$81.18
J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	$24.36
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	$11.40
J9040	BLEOMYCIN SULFATE, 15 UNITS	$26.66

Procedure Code	Procedure Description	Allowed Amount
J9041	INJECTION, BORTEZOMIB, 0.1 MG	$44.69
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	$162.44
J9043	INJECTION,CABAZITAXEL, 1 MG	$173.67
J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	$25.04
J9045	CARBOPLATIN, 50 MG	$2.89
J9047	INJECTION, CARFILZOMIB 1 MG	$37.60
J9050	CARMUSTINE, 100 MG	$3,039.01
J9055	INJECTION, CETUXIMAB, 10 MG	$62.05
J9060	CISPLATIN, POWDER OR S0LUTION, PER 10 MG	$1.88
J9062	CISPLATIN, 50 MG VIAL	$9.45
J9065	INJECTION, CLADRIBINE, PER 1 MG	$19.00
J9070	CYCLOPHOSPHAMIDE, 100 MG	$34.14
J9080	CYCLOPHOSPHAMIDE, 20 CC OR 200 MG	$10.12
J9090	CYCLOPHOSPHAMIDE, 30 CC OR 500 MG	$25.30
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	$50.61
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	$101.21
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	$2.23
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	$4.45
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	$11.13
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	$22.26
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	$44.52
J9098	CYTARABINE LIPOSOME, 10 MG	$628.37
J9100	CYTARABINE 100 MG	$0.56
J9110	CYTARABINE HCL, 500 MG	$3.68
J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	$27.45
J9120	DACTINOMYCIN, 0.5 MG	$1,098.20
J9130	DACARBAZINE, 100 MG	$4.14
J9140	DACARBAZINE, 10 MG/ML (200 MG VIAL)	$7.35
J9145	INJECTION, DARATUMUMAB 10MG	$53.95
J9150	DAUNORUBICIN, 10 MG	$46.74
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	$57.66

Procedure Code	Procedure Description	Allowed Amount
J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	$192.31
J9155	INJECTION, DEGARELIX, 1 MG	$3.97
J9160	DENILEUKIN DIFTITOX, 300 MCG	$1,646.18
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	$11.80
J9171	INJECTION, DOCETAXEL, 1 MG	$0.87
J9173	INJ., DURVALUMAB, 10 MG	$74.64
J9175	INJECTION, ELIOTTS' B SOLUTION, 1 ML	$4.16
J9176	INJECTION, ELOTUZUMAB, 1 MG	$6.50
J9178	INJECTION, EPIRUBICIN HCI, 2 MG	$0.95
J9179	INJECTION,ERIBULIN MESYLATE, 0.1 MG	$114.27
J9181	ETOPOSIDE, 10 MG	$0.56
J9185	FLUDARABINE PHOSPHATE, 50 MG	$56.58
J9190	FLUOROURACIL, 500 MG	$1.55
J9200	FLOXURIDINE, 500 MG	$82.68
J9201	GEMCITABINE HCI, 200 MG	$5.00
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	$497.72
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	$199.23
J9204	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	$200.87
J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	$49.91
J9206	IRINOTECAN, 20 MG	$2.47
J9207	INJECTION, IXABEPILONE, 1 MG	$91.07
J9208	IFOSFAMIDE, 1 GM	$26.44
J9209	MESNA, 200 MG	$1.61
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	$32.72
J9212	INJECTION, INTERFERON, ALFACON-1, RECOMBINANT, 1 MCG	$4.80
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	$40.53
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	$34.24
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	$430.93
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	$224.70
J9218	LEUPROLIDE ACETATE, PER 1 MG	$16.60
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	$4,819.82

Procedure Code	Procedure Description	Allowed Amount
J9225	HISTRELIN IMPLANTS, 50 MG	$4,085.61
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	$36,647.60
J9228	INJECTION,IPILIMUMAB 1 MG	$153.13
J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	$2,270.31
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	$321.72
J9235	IMJECTION, TALIMOGENE LAHERPAREVPVEC, PER 1 MILLI	$46.13
J9245	INJECTION, MELPHALAN HCI, 50 MG	$610.88
J9250	METHOTREXATE SODIUM MIX, 2 CC OR 5 MG	$0.25
J9260	METHOTREXATE SODIUM, 50 MG	$2.49
J9261	INJECTION, NELARABINE, 50 MG	$152.48
J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	$3.11
J9263	INJECTION, OXALIPLATIN, 0.5 MG	$0.15
J9264	INJECTION, PACLITAXEL PROTEIN- BOUND PARTICLES, 1 MG	$12.51
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	$17,566.89
J9267	PACLITAXEL INJECTION, 1 MG	$0.13
J9268	PENTOSTATIN, PER 10 MG	$1,968.61
J9270	PLICAMYCIN, 2.5 MG	$78.99
J9271	INJECTION, PEMBROLIZUMAB , 1 MG	$49.39
J9280	MITOMYCIN, 5 MG	$87.75
J9285	INJECTION, OLARATUMAB, 10 MG	$52.13
J9290	MITOMYCIN, 20 MG	$80.74
J9291	MITOMYCIN, 40 MG	$161.48
J9293	MITOXANTRONE HYDROCHLORIDE, 20 MG	$27.39
J9295	INJECTION, NECITUMUMAB, 1 MG	$5.74
J9299	INJECTION, NIVOLUMAB, 1 MG	$27.81
J9300	GENTUZUMAB OZOGAMICIN 5 MG	$2,742.59
J9301	OBINUTUZUMAB INJ, 10MG	$62.86
J9302	INJECTION, OFATUMUMAB, 10 MG	$60.09
J9303	INJECTION, PANITUMUMAB, 10 MG	$119.07
J9305	INJECTION, PEMETREXED, 10 MG	$69.47
J9306	INJECTION, PERTUZUMAB, 1 MG	$12.29

Procedure Code	Procedure Description	Allowed Amount
J9307	INJECTION, PRALATREXATE, 1MG	$291.26
J9308	INJECTION, RAMUCIRUMAB, 5 MG	$58.42
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	$113.38
J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	$43.53
J9312	INJECTION, RITUXIMAB, 10 MG	$94.67
J9315	INJECTION, ROMIDEPSIN, 1 MG	$297.59
J9320	STREPTOZOCIN, 1 GM	$349.70
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	$10.39
J9330	INJECTION, TEMSIROLIMUS, 1 MG	$53.14
J9340	INJECTION, THIOTEPA, 15 MG	$404.28
J9350	TOPOTECAN, 4 MG	$1,058.74
J9351	INJECTION, TOPOTECAN, 0.1 MG	$0.87
J9352	INJECTION TRABECTEDIN 0.1MG	$312.91
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	$31.36
J9355	TRASTUZUMAB, 10 MG	$106.62
J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	$81.94
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	$1,438.59
J9360	VINBLASTINE SULFATE, 1 MG	$3.80
J9365	INJECTION, FULVESTRANT, 25 MG	$17.71
J9370	VINCRISTINE SULFATE, 1 MG	$4.81
J9371	INJECTION, VINCRISTINE SULFATE LIPSOME, 1 MG	$3,080.04
J9375	VINCRISTINE SULFATE 2 MG/2 ML (2 ML VIAL)	$9.06
J9380	VINCRISTINE SULFATE, 5 MG/5 ML (5 ML VIAL)	$22.65
J9390	VINORELBINE TARTRATE, PER 10 MG	$11.66
J9395	INJECTION, FULVESTRANT, 25 MG	$94.87
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	$8.37
J9600	PORFIMER SODIUM, 75 MG	$3,004.74
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	$0.00

K Codes DME Supplies (Temporary Codes)

Procedure Code	Procedure Description	Allowed Amount

Procedure Code	Procedure Description	Allowed Amount
K0001	STANDARD WHEELCHAIR	$491.58
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	$626.04
K0003	LIGHTWEIGHT WHEELCHAIR	$685.35
K0004	HIGH-STRENGTH, LIGHTWEIGHT WHEELCHAIR	$1,202.76
K0005	ULTRA LIGHTWEIGHT WHEELCHAIR	$1,697.86
K0006	HEAVY DUTY WHEELCHAIR	$959.40
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	$1,365.57
K0008	CUSTOM MANUAL WHEELCHAIR BASE	$0.00
K0009	OTHER MANUAL WHEELCHAIR BASE	$0.00
K0010	STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	$3,258.81
K0011	STANDARD WEIGHT FRAME MOTORIZED POWER WHEELCHAIR WITH	$4,051.80
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	$2,485.62
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR	$0.00
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	$0.00
K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST ,EACH	$143.83
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST , BASE EACH	$40.45
K0018	DETACHABLE ADJUSTABLE HEIGHT ARMREST ,UPPER PORTION EACH	$22.60
K0019	ARM PAD , EACH	$12.94
K0020	FIXED, ADJUSTABLE HEIGHT ARM REST , PAIR	$36.78
K0037	HIGH MOUNT FLIP-UP FOOTREST , EACH	$38.12
K0038	LEG STRAP, EACH	$19.22
K0039	LEG STRAP H-STYLE , EACH	$42.65
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	$59.10
K0041	LARGE SIZE FOOTPLATE , EACH	$41.89
K0042	STANDARD SIZE FOOTPLATE , EACH	$28.84
K0043	FOOT REST LOWER EXTENSION TUBE , EACH	$15.45
K0044	FOOTREST , UPPER HANGER BRACKET , EACH	$13.17
K0045	FOOTREST , COMPLETE ASSEMBLY	$44.82

Procedure Code	Procedure Description	Allowed Amount
K0046	ELEVATING LEGREST LOWER EXTENSION TUBE , EACH	$15.45
K0047	ELEVATING LEGREST UPPER HANGAR BRACKET , EACH	$60.53
K0050	RATCHET ASSEMBLY	$25.73
K0051	CAM RELEASE ASSEMBLY , FOOTREST OR LEGREST , EACH	$41.64
K0052	SWING AWAY DETACHABLE FOOTRESTS , EACH	$73.18
K0053	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) , EACH	$80.75
K0056	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LT-WGT OR ULTRA LT-WGT WHEELCHAIR	$87.34
K0065	SPOKE PROTECTORS, EACH	$40.82
K0069	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRES, SPOKES OR MOLDED , EACH	$91.77
K0070	REAR WHEEL ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDER, EACH	$168.21
K0071	FRONT CASTER ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, EACH	$100.33
K0072	FRONT CASTER ASSEMBLY COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	$60.40
K0073	CASTER PINLOCK, EACH	$31.96
K0077	FRONT CASTER ASSEMBLY COMPLETE, WITH SOLID TIRE,EACH	$54.05
K0098	DRIVE BELT FOR POWER WHEELCHAIR	$20.91
K0105	IV HANGER, EACH	$91.31
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	$0.00
K0148	HYDROGEL DRESSING, EACH	$4.92
K0195	ELEVATING LEG RESTS, PAIR (FOR USED WITH CAPPED RENTAL WHEELCHAIR BASE)	$161.19
K0267	REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT,	$6.10
K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	$0.00
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	$0.00
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	$2.44
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNI	$218.36
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	$223.35
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	$1.02
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	$5.84
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	$0.52
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	$5.58
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	$13.41
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	$0.01

Procedure Code	Procedure Description	Allowed Amount
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	$178.38
K0608	REPLACEMENT GARMENT FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	$111.31
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	$740.29
K0669	WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICATION FROM SADMERC	$0.00
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	$1,583.30
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS	$23.91
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHSION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$284.98
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$362.62
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$287.32
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$363.73
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CLYLINDERS;	$464.67
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF	$13.56
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$1,023.30
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT 301 TO 450 POUNDS	$1,649.76
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$1,867.01
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$1,237.91
K0807	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$1,878.39
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$2,906.27
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	$0.00
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO	$2,171.16
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	$2,779.02
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	$3,164.67
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,030.66
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	$2,318.94
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$2,976.93
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	$3,607.29
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,621.33
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,358.43
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTIAN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$3,806.64
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$5,642.37
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 451 TO 600 POUNDS OR MORE	$4,328.37

Procedure Code	Procedure Description	Allowed Amount
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$6,217.38
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$5,410.62
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	$3,719.07
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	$3,786.75
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	$4,358.43
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450	$3,934.98
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	$5,642.37
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACIT	$8,548.47
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	$3,886.74
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	$3,886.74
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	$4,679.64
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	$4,894.74
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,572.63
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$5,525.91
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$5,167.26
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$6,374.34
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	$6,548.04
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$8,674.74
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	$8,194.59
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	$5,105.07
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	$5,207.40
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	$6,333.84
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301	$5,884.29
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY,SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	$9,048.69
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MUTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	$5,113.26
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	$5,527.71
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPAC	$9,048.69
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAP	$11,310.75
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	$0.00
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$0.00
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$0.00

Procedure Code	Procedure Description	Allowed Amount
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$0.00
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	$0.00
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO	$0.00
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	$0.00
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	$0.00
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	$0.00
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	$0.00
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	$0.00
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	$0.00
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	$0.00
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	$0.00
K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	$0.00
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	$0.00

L Codes Orthotic and Prosthetic Procdures

Procedure Code	Procedure Description	Allowed Amount
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITIAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE	$1,081.87
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	$19.65
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	$126.09
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	$61.29
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	$91.29
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	$154.64
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	$608.98
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	$94.01
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	$271.22
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	$365.84
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLO	$443.34
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSIO	$415.78

Procedure Code	Procedure Description	Allowed Amount
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	$98.51
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$171.60
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE, CUSTOM FABRICA	$295.34
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	$268.08
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	$271.34
L0456	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTEND	$768.79
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORTS, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON	$778.11
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	$689.36
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	$775.92
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM	$965.13
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM TH	$1,148.97
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADD	$319.18
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	$323.05
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT APRON WITH STRAPS,CLOSURE AND PADDING	$412.43
L0469	TLSO, SAGITTAL CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	$417.43
L0470	TLSO, TRIPLANAR CONTROL,RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURE AND	$585.75
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID, ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO ST	$356.89
L0474	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME WITH FLEXIBLE SOFT APRON ANTERIOR WITH MULTIPLE STRAPS,	$624.57
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSU	$1,233.25
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD	$1,286.87
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES,	$1,754.64
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-	$1,861.59
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POS	$775.92
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULT	$218.66
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	$593.65
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	$390.65
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT	$80.00
L0622	SACROILIAC ORTHOSIS, FLEXABLE, PROVIDES PELVIC-SACRAL SUPPORT, CUSTOM FABRICATED	$255.07
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND	$0.00
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM	$0.00
L0625	LUMBAR OTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES	$42.57

Procedure Code	Procedure Description	Allowed Amount
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEB	$60.25
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BEL	$317.74
L0628	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	$64.85
L0629	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	$0.00
L0630	LSO, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	$125.19
L0631	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTIO	$793.52
L0632	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	$0.00
L0633	LSO, SAGITTAL-CORONAL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	$221.66
L0634	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	$0.00
L0635	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO	$724.28
L0636	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING	$1,166.64
L0637	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	$905.09
L0638	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	$1,019.48
L0639	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	$905.09
L0640	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	$808.84
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM 1-1 TO BELOW	$60.97
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM 1-1 TO	$321.59
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	$126.71
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM	$803.14
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM	$224.34
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR	$916.07
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM	$916.07
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL,	$1,663.28
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	$1,794.56
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	$2,504.39
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	$2,132.75
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	$2,773.71
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	$958.37
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	$166.61
L0970	TLSO, CORSET FRONT	$84.64
L0972	LSO, CORSET FRONT	$76.20

Procedure Code	Procedure Description	Allowed Amount
L0974	TLSO, FULL CORSET	$167.06
L0976	LSO, FULL CORSET	$126.57
L0978	AXILLARY CRUTCH EXTENSION	$153.30
L0980	PERONEAL STRAPS, PAIR	$17.24
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	$16.07
L0984	PROTECTIVE BODY SOCK, EACH	$50.64
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	$0.00
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUD	$1,897.00
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJ	$0.00
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENTS	$2,474.00
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	$54.85
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	$64.01
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	$99.16
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	$47.11
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	$57.77
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	$61.65
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	$73.63
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	$66.63
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	$43.63
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	$113.98
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	$67.88
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	$143.23
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	$223.19
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	$29.41
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	$1,377.26
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	$193.76
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	$164.06
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	$473.32
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	$62.51
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	$62.47
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	$62.51

Procedure Code	Procedure Description	Allowed Amount
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	$62.51
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	$85.18
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	$62.51
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	$1,315.82
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	$1,416.15
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	$0.00
L1600	HIP ORTHOSIS (HO), ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER	$114.66
L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA COVER ONLY	$35.14
L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, PAVLIK HARNESS	$116.71
L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE)	$167.31
L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS	$455.59
L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE)	$226.79
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR,ADULT SIZE, PREFABRICATED, INCLUDES	$275.54
L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC,	$155.80
L1680	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANC	$902.26
L1685	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	$1,174.43
L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE	$744.73
L1690	COMBINATION,BILATERAL,LUMBO-SACRAL,HIP,FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL	$1,494.73
L1700	LEGG PERTHES ORTHOSIS, TORONTO TYPE	$1,436.97
L1710	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE	$1,765.03
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE)	$998.15
L1730	LEGG PERTHES ORTHOSIS, SCOTTISH RITE TYPE	$1,049.40
L1755	LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE	$1,563.20
L1810	KO, ELASTIC WITH JOINTS	$76.55
L1812	KNEE ORTHOSIS, ELSACTIC WITH JOINTS, PREFABRICATED, OFF -THE- SHELF	$77.48
L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS	$112.73
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL	$64.78
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT, POSITIONAL ORTHOSIS, PREFABRICATED , INCLUDES FITTING AND ADJUSTMENT	$227.50
L1832	KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT	$587.82
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT	$594.95
L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLDED TO PATIENT MODEL	$766.44

Procedure Code	Procedure Description	Allowed Amount
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	$103.14
L1840	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED TO PATIENT MODEL	$722.31
L1843	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION	$693.56
L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	$1,264.72
L1845	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	$644.92
L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	$959.85
L1847	KO,DOUBLE UPRIGHT WITH ADJUSTABLE JOINT,WITH INFLATABLE AIR SUPPORT CHAMBER(S),PREFABRICATED,INCLUDES FITTING	$444.59
L1848	KNEE ORTHOSIS,DOUBLE UPRIGHT WITH ADJUSTABLE KNEE JOINTS, WITH INFLATABLE AIR SUPPORT CHAMBER(S)	$449.98
L1850	KO, SWEDISH TYPE	$262.15
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL	$712.50
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTRO	$662.52
L1860	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, MOLDED TO PATIENT MODEL (SK)	$840.11
L1900	ANKLE-FOOT ORTHOSIS (AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND	$235.21
L1902	AFO, ANKLE GAUNTLET,	$68.09
L1904	AFO, MOLDED ANKLE GAUNTLET, MOLDED TO PATIENT MODEL	$464.30
L1906	AFO, MULTILIGAMENTUS ANKLE SUPPORT	$99.72
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/ PADS, CUSTOM FABRICATED	$434.94
L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER	$234.77
L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE)	$344.06
L1930	AFO, PLASTIC	$202.18
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	$689.77
L1940	AFO, MOLDED TO PATIENT MODEL, PLASTIC	$488.30
L1945	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION)	$913.98
L1950	AFO, SPIRAL, MOLDED TO PATIENT MODEL (IRM TYPE), PLASTIC	$706.20
L1951	AFO, SPIRAL, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$649.18
L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC	$547.27
L1970	AFO, PLASTIC MOLDED TO PATIENT MODEL, WITH ANKLE JOINT	$702.56
L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$362.31
L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS)	$351.55
L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS)	$418.22
L2000	KNEE-ANKLE-FOOT-ORTHOSES (KAFO), SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CU	$852.68

Procedure Code	Procedure Description	Allowed Amount
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE	$3,167.43
L2010	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), WITHOU	$775.03
L2020	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOS	$1,099.71
L2030	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR "AK" ORTHOSIS), WITHO	$891.92
L2034	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL,	$1,546.70
L2035	KAFO, FULL PLASTIC, STATIC, PREFABRICATED (PEDIATRIC SIZE)	$136.20
L2036	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	$1,831.84
L2037	KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	$1,644.52
L2038	KAFO, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKLE, MOLDED TO PATIENT MODEL (LIVELY ORTHOSIS OR EQUAL)	$1,411.64
L2040	HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	$168.09
L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT	$470.34
L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT	$478.77
L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT	$115.59
L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT	$355.13
L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT	$341.30
L2106	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIENT	$671.31
L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	$1,019.81
L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT	$418.59
L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID	$505.60
L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID	$649.31
L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIEN	$1,063.35
L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	$1,693.03
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT	$625.53
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID	$880.54
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID	$984.23
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	$102.29
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	$90.45
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	$94.95
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	$114.62
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	$278.26
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	$86.23

Procedure Code	Procedure Description	Allowed Amount
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	$318.93
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	$35.21
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	$49.78
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	$60.64
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	$56.83
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	$76.92
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	$76.19
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	$263.12
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	$148.45
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	$116.27
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	$46.49
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTICMODIFICATION, PADDED/LINED	$97.50
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	$369.96
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	$199.38
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	$91.10
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER	$186.77
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL	$325.39
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	$222.28
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	$330.96
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORT	$659.83
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	$38.31
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	$190.09
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	$89.62
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	$91.16
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	$126.43
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOIN	$163.40
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	$108.08
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	$154.49
L2397	ADDITION TO LOWER EXTREMITY ORTHOSES, SUSPENSION SLEAVE	$91.31
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	$67.39
L2415	ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL TYPES) EACH JOINT	$93.87

Procedure Code	Procedure Description	Allowed Amount
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	$110.80
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	$110.80
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	$87.84
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	$311.48
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	$599.02
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	$441.25
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	$1,203.57
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	$654.07
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	$197.33
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	$417.44
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	$212.67
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	$352.71
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	$383.47
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	$152.08
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	$179.83
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	$263.99
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	$302.63
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	$245.21
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CAB	$1,692.60
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	$1,446.78
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	$227.35
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	$325.86
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	$89.10
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	$183.79
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	$126.32
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	$115.88
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	$82.52
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, CARBON GRAPHITE LAMINATION	$100.97
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	$44.99
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	$100.70
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	$66.82

Procedure Code	Procedure Description	Allowed Amount
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	$25.39
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	$83.89
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL	$105.31
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	$77.11
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	$85.38
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	$92.76
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	$32.47
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	$58.72
L2999	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES	$0.00
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	$242.81
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	$102.23
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	$124.84
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	$134.69
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	$134.69
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	$153.36
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	$59.00
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	$36.37
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	$36.37
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	$57.02
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	$24.54
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	$24.54
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	$31.46
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	$33.43
L3140	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), INCLUDING SHOES	$68.83
L3150	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), CLAMPED TO SHOE	$62.92
L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	$0.00
L3170	FOOT, PLASTIC HEEL STABILZER	$39.35
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	$139.00
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	$139.00
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	$60.00
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	$33.00

Procedure Code	Procedure Description	Allowed Amount
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	$52.00
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	$62.00
L3208	SURGICAL BOOT, EACH, INFANT	$36.00
L3209	SURGICAL BOOT, EACH, CHILD	$32.00
L3211	SURGICAL BOOT, EACH, JUNIOR	$38.00
L3212	BENESCH BOOT, PAIR, INFANT	$35.00
L3213	BENESCH BOOT, PAIR, CHILD	$35.00
L3214	BENESCH BOOT, PAIR, JUNIOR	$35.00
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	$100.05
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	$106.00
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	$73.00
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	$121.07
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY	$95.00
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	$65.00
L3224	ORTHOPEDIC FOOTWEAR, WOMEN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	$55.18
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGAL PART OF A BRACE (ORTHOSIS)	$66.79
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	$300.00
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	$150.00
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	$150.00
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	$150.00
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	$150.00
L3254	NON-STANDARD SIZE OR WIDTH	$15.00
L3255	NON-STANDARD SIZE OR LENGTH	$15.00
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	$40.00
L3260	AMBULATORY SURGICAL BOOT, EACH	$2.94
L3265	PLASTAZOTE SANDAL, EACH	$65.00
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	$40.28
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	$62.92
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	$70.00
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	$437.46
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	$57.02

Procedure Code	Procedure Description	Allowed Amount
L3334	LIFT, ELEVATION, HEEL, PER INCH	$29.50
L3340	HEEL WEDGE, SACH	$65.88
L3350	HEEL WEDGE	$17.70
L3360	SOLE WEDGE, OUTSIDE SOLE	$27.52
L3370	SOLE WEDGE, BETWEEN SOLE	$38.32
L3380	CLUBFOOT WEDGE	$38.32
L3390	OUTFLARE WEDGE	$38.32
L3400	METATARSAL BAR WEDGE, ROCKER	$31.46
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	$71.76
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	$42.27
L3430	HEEL, COUNTER, PLASTIC REINFORCED	$123.88
L3440	HEEL, COUNTER, LEATHER REINFORCED	$59.00
L3450	HEEL, SACH CUSHION TYPE	$81.60
L3455	HEEL, NEW LEATHER, STANDARD	$31.46
L3460	HEEL, NEW RUBBER, STANDARD	$26.53
L3465	HEEL, THOMAS WITH WEDGE	$45.23
L3470	HEEL, THOMAS EXTENDED TO BALL	$48.16
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	$48.16
L3485	HEEL, PAD, REMOVABLE FOR SPUR	$6.00
L3500	MISCELLANEOUS SHOE ADDITION, INSOLE, LEATHER	$22.61
L3510	MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER	$22.61
L3520	MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	$24.54
L3530	MISCELLANEOUS SHOE ADDITION, SOLE, HALF	$24.54
L3540	MISCELLANEOUS SHOE ADDITION, SOLE, FULL	$39.35
L3550	MISCELLANEOUS SHOE ADDITION, TOE TAP, STANDARD	$6.87
L3560	MISCELLANEOUS SHOE ADDITION, TOE TAP, HORSESHOE	$17.70
L3570	MISCELLANEOUS SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	$65.88
L3580	MISCELLANEOUS SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	$50.13
L3590	MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	$41.28
L3595	MISCELLANEOUS SHOE ADDITION, MARCH BAR	$32.44
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	$59.00

Procedure Code	Procedure Description	Allowed Amount
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	$77.65
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	$59.00
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	$77.65
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	$33.43
L3649	UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE MODIFICATIONS AND TRANSFERS	$0.00
L3650	SHOULDER ORTHOSIS, (SO), FIGURE OF "8" DESIGN ABDUCTION RE- STRAINER	$53.27
L3660	SO, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING	$99.30
L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)	$81.95
L3671	SO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT	$633.90
L3672	SO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR WITHOUT JOINTS, MAY INCLUDE	$856.20
L3673	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONT	$933.15
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR	$831.54
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL PREFABRICATED, INCLUDES	$123.44
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND	$203.13
L3710	EO, ELASTIC WITH METAL JOINTS	$112.48
L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION	$473.96
L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST	$870.95
L3740	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL	$1,032.59
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, AY	$351.80
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	$366.46
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	$75.65
L3763	EWHO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	$511.86
L3764	EWHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	$668.87
L3765	EWHFO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	$902.03
L3766	EWHFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	$955.17
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY	$319.55
L3807	WHFO, EXTENSION ASSIST, WITH INFLATABLE PALMER AIR SUPPORT, WITH OR WITHOUT THUMB EXTENSION	$175.91
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM	$297.20
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	$179.04
L3900	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRI	$942.74
L3901	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN	$1,164.48

Procedure Code	Procedure Description	Allowed Amount
L3904	WHFO, EXTERNAL POWERED, ELECTRIC	$2,232.93
L3905	WHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	$697.64
L3906	WHO, WRIST GAUNTLET, MOLDED TO PATIENT MODEL	$339.93
L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED	$57.89
L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL	$68.72
L3913	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTEMENTS	$190.53
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	$373.93
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	$378.47
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	$74.32
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	$75.23
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJ	$190.53
L3921	HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	$225.97
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	$84.05
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINT(S),MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	$85.07
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, NON TORSION JOINT/SPRING, EXTENSION/FLEXION	$37.81
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, WITHOUT JOINT/SPRING, EXTENSION/FLEXION	$24.57
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	$56.65
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	$57.33
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	$149.54
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMEN	$150.09
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJU	$155.40
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	$0.00
L3960	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, (SEWHO), ABDUCTION POSITIONING, AIRPLANE DESIGN	$632.74
L3961	SEWHO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED	$1,181.92
L3962	SEWHO, ABDUCTION POSITIONING, ERBS PALSEY DESIGN	$693.22
L3967	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUD	$1,395.45
L3971	SEWHO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE	$1,324.61
L3973	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	$1,395.45
L3975	SEWHFO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	$1,181.92
L3976	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR WITHOUT JOINTS, MAY	$1,181.92
L3977	SEWHFO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE	$1,324.61

Procedure Code	Procedure Description	Allowed Amount
L3978	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	$1,395.45
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL	$298.68
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINT	$727.43
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR	$314.81
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	$313.17
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	$31.59
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	$0.00
L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	$1,131.77
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	$0.00
L4010	REPLACE TRILATERAL SOCKET BRIM	$496.97
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	$644.26
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	$373.88
L4040	REPLACE MOLDED THIGH LACER	$330.95
L4045	REPLACE NON-MOLDED THIGH LACER	$323.87
L4050	REPLACE MOLDED CALF LACER	$372.36
L4055	REPLACE NON-MOLDED CALF LACER	$263.94
L4060	REPLACE HIGH ROLL CUFF	$246.47
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	$233.31
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	$99.86
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	$77.79
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	$87.41
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	$75.13
L4130	REPLACE PRETIBIAL SHELL	$367.40
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	$17.68
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	$40.00
L4350	PNEUMATIC ANKLE CONTROL SPLINT (AIRCAST OR EQUAL)	$76.89
L4360	PNEUMATIC WALKING SPLINT (AIRCAST OR EQUAL)	$273.38
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL	$276.70
L4370	PNEUMATIC FULL LEG SPLINT (AIRCAST OR EQUAL)	$186.40
L4386	NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$122.55
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED,	$124.04

Procedure Code	Procedure Description	Allowed Amount
L4392	REPLACE SOFT INTERFACE MATERIAL, STATIC AFO	$18.99
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	$13.87
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	$135.51
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	$137.16
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE	$62.39
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL	$1,267.92
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	$398.61
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	$966.19
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	$1,643.78
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	$2,149.32
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	$2,179.00
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	$2,203.94
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	$3,356.79
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	$2,833.93
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SA	$3,323.35
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$3,304.87
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	$2,081.03
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EA	$2,233.53
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$3,148.87
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH F	$4,395.54
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SH	$4,719.16
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$4,727.21
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	$1,935.24
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE,PYLON,SACH FOOT, ENDOSKELETAL SYSTEM	$2,602.42
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	$2,730.11
L5331	HIP DISARICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	$4,068.22
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE SACH FOOT	$3,987.17
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT,	$949.49
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	$362.57
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	$1,199.17
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND	$415.35

Procedure Code	Procedure Description	Allowed Amount
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, BELOW KNEE	$321.41
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	$472.56
L5500	INITIAL, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT	$1,153.97
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SA	$1,615.34
L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGN- ABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET	$1,438.70
L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	$1,506.78
L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	$1,641.97
L5535	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED	$1,712.90
L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET,	$1,628.68
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	$1,551.18
L5570	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	$1,870.74
L5580	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	$1,940.17
L5585	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	$2,171.75
L5590	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	$2,187.86
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO	$3,901.50
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIE	$4,613.39
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	$1,951.70
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTIO	$1,694.78
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH HYDRAUL	$2,577.87
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATI	$1,306.90
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE	$1,209.62
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNINGUNIT, ABOVE KNEE OR BELOW KNEE, EACH	$455.19
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	$295.83
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	$292.45
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	$356.50
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	$382.43
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	$455.43
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	$431.51
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	$334.29
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	$403.18
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	$462.18

Procedure Code	Procedure Description	Allowed Amount
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	$199.65
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	$312.23
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	$268.03
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	$262.40
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	$383.94
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	$1,179.36
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	$504.46
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	$488.79
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	$1,637.21
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	$611.44
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	$701.06
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	$576.34
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	$836.74
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET	$519.41
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	$1,502.06
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	$385.14
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	$1,263.24
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	$424.99
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	$480.80
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	$348.85
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	$249.04
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQU	$295.49
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	$333.56
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	$640.13
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	$538.59
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	$67.42
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	$97.74
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)	$227.37
L5671	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL)	$392.42
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	$276.60
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED	$622.40

Procedure Code	Procedure Description	Allowed Amount
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	$374.48
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	$518.64
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	$31.33
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SO	$518.64
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON- MOLDED	$272.61
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITIAL OR	$1,018.74
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	$657.84
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENI	$1,018.74
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	$47.57
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	$99.20
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	$47.51
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	$56.03
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	$102.92
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	$124.00
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	$190.83
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	$144.86
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	$187.06
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	$84.44
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	$94.79
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	$190.30
L5700	REPLACEMENT, SOCKET BELOW KNEE, MOLDED TO PATIENT MODEL	$2,298.84
L5701	REPLACEMENT, SOCKET, ABOVE KNEE-KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	$2,851.91
L5702	REPLACEMENT, SOCKET HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	$3,594.39
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	$1,865.19
L5704	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, BELOW KNEE	$468.74
L5705	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, ABOVE KNEE	$859.34
L5706	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, KNEE DISARICULATION	$838.18
L5707	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, HIP DISARTICULATION	$1,126.09
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	$320.37
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	$537.44
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	$427.03

Procedure Code	Procedure Description	Allowed Amount
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	$384.47
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	$690.76
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	$829.71
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	$778.46
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	$1,431.93
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	$1,778.82
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	$2,502.98
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	$962.64
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	$3,098.83
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	$3,266.87
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$546.51
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$756.33
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$1,129.41
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	$512.13
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	$767.16
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	$580.35
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE	$2,876.31
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	$723.47
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	$1,010.16
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	$1,791.27
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	$1,405.71
L5826	ADDITION, ENDOSKELETAL KNEE-SKIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH	$2,459.77
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	$2,970.48
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	$1,996.00
L5840	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	$2,922.69
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	$1,388.15
L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, ADJUSTABLE	$832.82
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	$100.93
L5855	ADDITION, ENDOSKELETAL HIP DISARICULATION, MECHANICAL HIP EXTENSION ASSIST.	$243.64
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	$18,803.96
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	$6,809.05

Procedure Code	Procedure Description	Allowed Amount
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE	$14,393.89
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS,ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/	$0.00
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	$380.97
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	$558.12
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	$265.09
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	$2,738.40
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$395.73
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$770.67
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$847.72
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH	$0.00
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PRTECTIVE OUTER SURGACE COVERING SYSTEM	$463.72
L5964	ADDITION ENDOSKELETAL SYSTEM, ABOVE KNEE. FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	$840.13
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	$1,082.22
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	$2,814.41
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	$11,373.46
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	$213.63
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	$213.63
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	$324.12
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	$239.67
L5975	ALL LOWER EXTREMITY PROTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	$359.04
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	$542.07
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT (GREISSINGER OR EQUAL)	$293.02
L5979	ALL LOWER EXTREMITY PROSTHESES, FLEX-FOOT SYSTEM	$1,868.58
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	$3,433.82
L5981	ALL LOWER PROSTHESIS, FLEX-WALK SYSTEM OR EQUAL	$2,557.30
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	$605.57
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	$546.13
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, DYNAMIC PROSTHETIC PYLON	$229.73
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	$511.75
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	$5,571.40
L5988	ALL LOWER EXTREMITY PROTHESIS,COMBINATION VERTICAL SHOCK & MULTIAXIAL ROTATION/TORSIONAL FORCE REDUCING PYLON	$1,547.19

Procedure Code	Procedure Description	Allowed Amount
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	$1,405.07
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	$0.00
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	$1,048.23
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	$1,166.51
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	$1,087.59
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHEIS, EXTERNALPOWER, SELF-SUSPENDED, INNER SOCKET	$3,428.71
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	$1,660.28
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	$2,621.04
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	$1,670.69
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUS- PENSION TYPES)	$1,667.85
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	$2,107.68
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	$2,290.61
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	$2,622.26
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	$3,635.06
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	$2,173.44
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	$3,916.58
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	$2,394.06
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	$1,354.42
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	$3,090.14
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	$2,512.85
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	$1,652.89
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT A	$925.59
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	$1,206.30
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	$1,504.16
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	$356.80
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	$462.44
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$1,830.61
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$3,185.42
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$2,745.73
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$3,228.92
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$4,385.57

Procedure Code	Procedure Description	Allowed Amount
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW	$1,279.68
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES,	$1,132.42
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW,	$1,872.89
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE O	$1,637.18
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, L	$2,753.60
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING E	$2,431.02
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	$147.99
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	$146.12
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	$131.35
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	$318.88
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	$137.05
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	$56.63
L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT	$254.15
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL	$1,771.48
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	$556.48
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	$2,916.78
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	$559.45
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	$448.78
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	$119.20
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	$226.70
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	$55.11
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	$142.16
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	$386.24
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	$1,936.78
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	$220.99
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	$150.00
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	$209.82
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	$251.85
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONT	$2,442.71
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	$402.13
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	$2,519.31

Procedure Code	Procedure Description	Allowed Amount
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	$291.20
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	$64.85
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	$91.86
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	$44.18
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	$40.40
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	$133.03
L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR SINGLE CONTROL	$126.32
L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR DUAL CONTROL	$100.08
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	$229.74
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULAT- ION OR BELOW ELBOW	$186.26
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULAT- ION OR ABOVE ELBOW	$226.65
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DIS- ARTICULATION OR INTERSCAPULAR THORACIC	$338.96
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	$621.00
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	$455.06
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	$441.68
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	$543.20
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	$569.66
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	$363.11
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	$491.28
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$622.40
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$518.64
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$1,018.74
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	$1,018.74
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	$392.42
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	$305.27
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	$462.02
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	$315.53
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE LINED OR UNLINED	$1,136.48
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	$683.62
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	$955.81
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	$285.56

Procedure Code	Procedure Description	Allowed Amount
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	$285.29
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	$147.32
L6880	ELECTRIC HAND, SWITCH OR MYOLELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR	$364.40
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LINB PROSTHETIC TERMINAL DEVICE	$3,166.27
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	$2,401.76
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERN	$1,251.93
L6884	REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT, FOR USE WITH OR WITHOUT EXTERNAL POWER	$1,776.49
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH	$2,512.85
L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE	$148.38
L6895	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, CUSTOM GLOVE	$587.37
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REM	$1,191.64
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAIN	$1,158.30
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	$1,128.42
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	$530.21
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	$6,017.09
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	$6,995.55
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH,	$5,866.60
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTROD	$6,830.00
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	$7,487.90
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	$8,522.96
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	$7,872.79
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	$9,531.46
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	$10,506.21
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	$12,326.99
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	$13,194.88
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	$14,872.17
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	$2,860.12
L7008	ELECTRIC HAND, SWITCH OR MYOELETRIC, CONTROLLED, PEDIATRIC	$4,832.70
L7009	ELECTRIC HOOK, SWITCH OR MYOELETRIC CONTROLLED, ADULT	$2,998.32
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	$2,292.18
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	$1,275.16

Procedure Code	Procedure Description	Allowed Amount
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	$4,670.78
L7180	ELECTRONIC ELBOW, BOSTON, UTAH OR EQUAL, MYOELECTRONICALLY CONTROLLED	$29,695.50
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	$31,032.00
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	$4,865.18
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	$7,677.79
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	$6,520.09
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	$8,082.75
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	$3,417.89
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	$212.39
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	$219.51
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	$397.22
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	$540.75
L7367	LITHIUM ION BATTERY, REPLACEMENT	$301.54
L7368	LITHIUM ION BATTERY, CHARGER	$390.87
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL	$237.38
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL	$265.73
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL	$286.97
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ARCYLIC MATERIAL	$285.21
L7404	ADDITION TO UPPER EXTREMITY PROTHESIS, ABOVE ELBOW DISARTICULATION, ARCYLIC MATERIAL	$430.47
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	$563.00
L7499	UPPER EXPREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	$0.00
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHE	$65.00
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	$18.99
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	$119.37
L7900	VACUUM ERECTION SYSTEM	$425.06
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	$29.33
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, UNILATERAL	$97.14
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, BILATERAL	$127.76
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	$0.00
L8015	EXTERNAL BREAST PROSTHESIS GARMENT,WITH MASTECTOMY FORM,POST MASTECTOMY	$46.43
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	$158.27

Procedure Code	Procedure Description	Allowed Amount
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTERGRAL ADHESIVE	$331.85
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	$0.00
L8040	NASAL PROTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,072.75
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,498.46
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,807.26
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$3,144.15
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON PHYSICIAN	$3,481.00
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,188.42
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,245.82
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$1,150.97
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	$0.00
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTES INCREMENTS, PROVIDED BY NON-PH	$16.56
L8300	TRUSS, SINGLE WITH STANDARD PAD	$66.55
L8310	TRUSS, DOUBLE WITH STANDARD PADS	$105.08
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	$55.86
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	$51.93
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	$14.13
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	$21.80
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	$22.55
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER,BELOW KNEE OR ABOVE KNEE, EACH	$58.15
L8420	PROSTHETIC SOCK, WOOL, BELOW KNEE, EACH	$16.41
L8430	PROSTHETIC SOCK, WOOL, ABOVE KNEE, EACH	$19.21
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	$21.42
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	$37.11
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	$60.49
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	$40.44
L8470	STUMP SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	$5.27
L8480	STUMP SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	$9.20
L8485	STUMP SOCK, SINGLE PLY FITTING, UPPER LIMB, EACH	$9.22
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	$0.00
L8500	ARTIFICIAL LARYNX, ANY TYPE	$586.21

Procedure Code	Procedure Description	Allowed Amount
L8501	TRACHEOSTOMY SPEAKING VALVE	$127.07
L8505	ARTIFICAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE	$0.00
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	$32.45
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	$84.58
L8510	VOICE AMPLIFIER	$195.70
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	$56.33
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VIOCE PROSTHESIS, REPLACEMENT ONLY, PER 10	$1.67
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROTHESIS, PIPET BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	$4.02
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	$73.04
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	$48.88
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	$9.08
L8603	COLLAGEN IMPLANT, URINARY TRACT, PER 2.5 CC SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	$345.47
L8606	INJECTABLE BULKING AGENT, SYSNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING NECESSARY SUPPLIE	$169.78
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	$39.98
L8608	MISCELLANEOUS EXTERNAL COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II RETINAL PROSTHESIS SYSTEM	$0.00
L8609	ARTIFICIAL CORNEA	$5,046.09
L8610	OCULAR IMPLANT	$461.76
L8612	AQUEOUS SHUNT	$566.05
L8613	OSSICULAR IMPLANT	$246.48
L8614	COCHLEAR DEVICE/SYSTEM	$15,104.75
L8615	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$349.30
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$81.36
L8617	TRANSMITTER COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$71.06
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$20.31
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	$6,484.37
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	$0.48
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,	$0.26
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR	$50.09
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR	$124.90
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	$5,694.05
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	$987.19

Procedure Code	Procedure Description	Allowed Amount
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$142.89
L8630	METACARPOPHALANGEAL JOINT IMPLANT	$354.39
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL, FOR SURGICAL	$1,728.20
L8641	METATARSAL JOINT IMPLANT	$368.22
L8642	HALLUX IMPLANT	$223.99
L8658	INTERPHALANGEAL JOINT IMPLANT	$321.05
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL FOR SURGICAL IMPLAN	$1,494.51
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	$439.16
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	$6,540.66
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	$395.27
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	$851.09
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	$5,130.23
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	$4,515.77
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL	$596.89
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	$11,253.04
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	$7,180.32
L8687	IMPLANTABLE NEUROSTIMULATOR PLUSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	$14,644.71
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	$9,344.50
L8689	EXTERNAL RECHARGING SYSTEM FOR INPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	$1,335.94
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	$3,684.35
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	$1,389.38
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	$1,174.36
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	$761.89
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	$12.90
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT, EACH	$172.46
L8698	MISCELLANEOUS COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH TOTAL ARTIFICIAL HEART SYSTEM	$0.00
L8699	PROSTHETIC IMPLANTS, NOT OTHERWISE SPECIFIED	$0.00
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS L CODE	$0.00

M Codes Medical Services

Procedure Code	Procedure Description	Allowed Amount

Procedure Code	Procedure Description	Allowed Amount
M0009	NOT OTHERWISE CLASSIFIED, OFFICE VISITS	$0.00
M0019	NOT OTHERWISE CLASSIFIED, HOME VISITS	$0.00
M0029	NOT OTHERWISE CLASSIFIED, HOSPITAL VISITS	$0.00
M0049	NOT OTHERWISE CLASSIFIED, NH, BOARDING HOME, DOMICILLARY, CUSTODIAL CARE FACILITY	$0.00
M0059	NOT OTHERWISE CLASSIFIED, EMERGENCY ROOM SERVICES	$0.00
M0261	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TUBE INSERTION	$108.09
M0530	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, UP TO 12 HOURS	$7.28
M0575	ELECTROENCEPHALOGRAM (EEG), INTERPRETATION AND REPORT ONLY	$16.03
M0585	ACHILLES REFLEX RESPONSE, ELECTRICAL RECORDING (ART)	$3.45
M0601	PSYCHOLOGICAL TESTING, WITH WRITTEN REPORT, PER HOUR	$28.80

P Codes Laboratory and Pathology

Procedure Code	Procedure Description	Allowed Amount
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISI	$4.29
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	$4.99
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	$6.00
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	$0.00
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	$0.00
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	$10.49
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	$9.57
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	$52.45
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	$20.98
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	$52.45
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250 ML	$47.86
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME	$0.32
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME	$4.00

Procedure Code	Procedure Description	Allowed Amount
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE	$1.80
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PATIENTS)	$1.80

Q Codes Temporary Codes

Procedure Code	Procedure Description	Allowed Amount
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	$14.04
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	$6.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERIVICAL OR SKIN SPECIMENS	$3.54
Q0112	ALL POTASSIUM HYDROZIDE (KOH) PREPARATIONS	$3.54
Q0113	PINWORM EXAMINATIONS	$4.48
Q0114	FERN TEST	$5.93
Q0115	POST-COITAL MUCOUS EXAM	$8.21
Q0138	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	$4.00
Q0139	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	$1.00
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	$0.57
Q0162	ONDANSETRON 1 MG,ORAL FDA-APPROVED PRESCRIPTION ANTI-EMETIC,FOR USE AS A COMPLETE THERAPEUTIC	$0.02
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC	$0.27
Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	$0.22
Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTIEMETIC	$0.96
Q0167	DRONABINOL, 2.5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	$0.62
Q0169	PROMETHAZINE HCI, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	$0.04
Q0173	TRIMETHOBENZAMIDE HCI, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	$0.84
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	$0.55
Q0177	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	$0.04
Q0180	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMECTIC, FOR USE AS A THERAPEUTIC	$101.24
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	$0.00
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	$0.00
Q0479	POWER MODULE FOR USE WITH ELCTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$0.00

Procedure Code	Procedure Description	Allowed Amount
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$69,753.35
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$11,253.88
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT	$3,524.93
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$14,521.13
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$2,819.96
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$272.26
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$226.61
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	$264.38
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$12,589.04
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$544.55
Q0491	EMERGENCY POWERE SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$856.09
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$68.96
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$196.39
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$166.19
Q0495	BATTERY/ POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	$3,235.06
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	$1,161.12
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$362.57
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$397.83
Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$129.25
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$23.65
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$395.52
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	$503.55
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT ONLY, EACH	$1,007.12
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	$531.43
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING TRANSPLANT	$1.00
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI- EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE FIRST PRESCR	$1.00
Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A SUBSEQUENT PRESC	$1.00
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 30 DAYS	$1.00
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 90 DAYS	$1.00
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG	$1.80

Procedure Code	Procedure Description	Allowed Amount
Q2009	INJECTION, FOSPHENYTION, 50 MG PHENYTOIN EQUIVALENT	$1.41
Q2017	INJECTION, TENIPOSIDE, 50 MG	$346.95
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS WHEN ADMINSTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCU	$18.24
Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDU	$0.00
Q2042	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERA	$0.00
Q2049	IMPORTED LIPODOX INJECTION, 10MG	$508.43
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	$0.00
Q3021	INJECTION, HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT, PER DOSE	$56.95
Q3022	INJECTION, HEPATITIS B VACCINE, ADULT, PER DOSE	$56.95
Q3023	INJECTION, HEPATITIS B VACCINE, IMMUNOSUPPRESSED PATIENTS (INCLUDING RENAL DIALYSIS PATIENTS), PER DOSE	$56.95
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD PLASTER	$0.00
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	$0.00
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4004	CAST SUPPLIES, SHOULDER CAST ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4012	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	$0.00
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS +), PLASTER	$0.00
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS),FIBERGLASS	$0.00
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	$0.00
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	$0.00

Procedure Code	Procedure Description	Allowed Amount
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	$0.00
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	$0.00
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	$0.00
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	$0.00
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	$0.00
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	$0.00
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$0.00
Q4049	FINGER SPLINT, STATIC	$0.00
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CAST	$0.00
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES	$0.00
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	$141.83

Procedure Code	Procedure Description	Allowed Amount
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	$1.10
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	$30.71
Q4102	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	$10.53
Q4103	SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE CENTIMETER	$9.69
Q4104	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE	$44.22
Q4105	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE	$40.18
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	$33.00
Q4107	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	$92.59
Q4108	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	$45.48
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	$78.94
Q4110	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	$47.65
Q4111	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	$6.97
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	$811.17
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	$919.55
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	$1,577.70
Q4115	SKIN SUBSTITUTE, ALLOSKIN, PER SQUARE CENTIMETER	$13.50
Q4116	SKIN SUBSTITUTE, ALLODERM, PER SQUARE CENTIMETER	$31.11
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	$0.00
Q4118	MATRISTEM MICROMATRIX, 1 MG	$0.00
Q4121	THERASKIN,PER SQUARE CENTIMETER	$41.07
Q4123	ALLOSKIN RT,PER SQUARE CENTIMETER	$20.19
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX,PER SQUARE CENTIMETER	$4.76
Q5101	INJECTION, ZARXIO	$0.57
Q5104	INJECTION, RENFLEXIS	$64.38
Q5105	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS	$0.96
Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	$69.77
Q5108	INJECTION, FULPHILA, .5MG	$327.41
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	$347.06
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	$90.67
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	$19.54
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	$0.00

Procedure Code	Procedure Description	Allowed Amount
Q9953	INJECTION, IRON BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	$62.05
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	$11.66
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	$0.00
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	$32.27
Q9957	INJECTION, PERFLUTREN LIPID MICROSHPERES, PER ML	$48.41
Q9958	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	$0.07
Q9959	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	$0.00
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	$0.23
Q9961	HIGH OSMOLAR CONTRAST MATERIAL,250-299 MG/ML IODINE CONCENTRATION, PER ML	$0.26
Q9962	HIGH OSMOLAR CONTRAST MATERIAL,300-349 MG/ML IODINE CONCENTRATION, PER ML	$0.18
Q9963	HIGH OSMOLAR CONTRAST MATERIAL,350-399 MG/ML IODINE CONCENTRATION, PER ML	$0.20
Q9964	HIGH OSMOLAR CONTRAST MATERIAL,400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	$0.29
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	$1.01
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	$0.31
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	$0.12

R Codes Diagnostic Radiology Services

Procedure Code	Procedure Description	Allowed Amount
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCA	$15.40
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCA	$7.70
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	$11.55

S Codes Temporary National Codes (Non-Medical)

Procedure Code	Procedure Description	Allowed Amount
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30ML	$12.39
S0108	MERCAPTOPURINE, ORAL, 50 MG	$0.00

Procedure Code	Procedure Description	Allowed Amount
S0122	INJECTION, MENOTROPINS, 75 IU	$0.00
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU	$0.00
S0128	INJECTION, FOLLITROPIN BETA, 75 IU	$0.00
S0132	INJECTION, GANIRELIX ACETATE, 250 MCG	$0.00
S0189	TESTOSTERONE PELLET, 75 MG	$67.50
S0390	ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORNS, CALLUSES AND/OR NAILS AND PREVENTIVE MAINTENANCE IN	$22.08
S0580	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	$12.00
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	$1,755.00
S2405	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO	$0.00
S5102	DAY CARE SERVICES, ADULT; PER DIEM	$29.00
S5165	HOME MODIFICATIONS; PER SERVICE	$0.00
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	$0.00
S8096	PORTABLE PEAK FLOW METER	$35.00
S8185	FLUTTER DEVICE	$39.92
S8186	SWIVEL ADAPTOR	$3.50
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	$319.00
S8265	HABERMAN FEEDER FOR CLEFT LIP/PLATE	$0.00
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	$0.00
S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY FOR GALL STONES (IF PERFORMED WITH ERCP USE 43265)	$0.00
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SER	$0.00
S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	$0.00
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G. IMIGLUCERASE); ADMINISTRATIVE SERVICES	$0.00
S9359	HOME INFUSTION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUSE THERAPY; (E.G.INFLIXIMAB); ADMINISTRATIVE SERV	$0.00
S9361	HOME INFUSION THERAPY,DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, C	$0.00
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERV	$0.00
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN);ADMINISTRATIVE, PROFESSIONAL PHARMACY SERVICES, CARE CO	$0.00
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROF PHARM	$0.00
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN) ;MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER	$0.00
S9367	HOME INFUSION THERAPY, TOTAL PARENTETAL NUTRITION(TPN); MORE THAN TWO LITERS BUT NO MORE THAN 3 LITERS PER DAY	$0.00
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); MORE THAN 3 LITERS , ADMINISTRATIVE SERVICES, PROFESSO	$0.00
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY;ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVIC	$0.00

Procedure Code	Procedure Description	Allowed Amount
S9372	HOME THERAPY;INTERMITTENT ANTICOAGULANT INJECTION THERAPY(E.G. HEPARIN); ADMINISTRATIVE SERVICES, PROFESSIONAL	$0.00
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATION SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDI	$0.00
S9374	HOME INFUSTION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	$0.00
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRAT	$0.00
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMIN SE	$0.00
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONA	$0.00

T Codes National Codes Established for State Medicaid Agencies

Procedure Code	Procedure Description	Allowed Amount
T1015	CLINIC VISIT/ENCOUNTER, ALL INCLUSIVE	$0.00
T1016	CASE MANAGEMENT, EACH 15 MINUTES	$0.01
T1018	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	$0.00
T1028	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS	$60.00
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED; IDENTIFY PRODUCT IN	$0.01
T2031	ASSISTED LIVING, WAIVER, PER DIEM	$0.00
T2038	COMMUNITY TRANSITION, WAIVER; PER SERVICE	$0.00
T2042	HOSPICE ROUTINE HOME CARE; PER DEIM	$239.05
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR	$50.40
T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	$225.22
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	$920.81
T2046	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	$0.01
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	$0.50
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	$0.57
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	$0.75
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	$0.78
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL, EACH	$0.66
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM, EACH	$0.79
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE, EACH	$0.79

Procedure Code	Procedure Description	Allowed Amount
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE, EACH	$0.79
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM	$0.66
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	$0.83
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM	$0.70
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	$0.65
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	$0.50
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	$0.72
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	$0.44
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	$0.00
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	$0.00
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	$0.00
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	$0.00
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	$0.29
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	$0.29
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	$2.25
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,ABOVE EXTRA LARGE, EACH	$0.79
T5001	POSITIIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR USE IN VEHICLES	$0.00
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	$0.00

V Codes Vision and Hearing Services

Procedure Code	Procedure Description	Allowed Amount
V2020	FRAMES, PURCHASES	$12.00
V2025	DELUXE FRAMES	$0.00
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	$28.79
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	$30.34
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	$42.69
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	$25.00
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	$27.69

Procedure Code	Procedure Description	Allowed Amount
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$30.15
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	$35.94
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LEN	$31.81
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER	$32.94
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER	$36.45
V2110	SPEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	$36.67
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER L	$37.49
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER	$40.92
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER	$47.30
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	$49.96
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	$54.38
V2118	ANISEIKONIC LENS, SINGLE VISION	$71.87
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	$0.00
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	$40.65
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	$43.46
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D,PER LENS	$49.54
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	$40.37
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	$42.61
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$45.31
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	$47.28
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12 TO 2.00D CYLINDER, PER LENS	$45.83
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER,PER LENS	$46.70
V2209	SPHEROCYLINDER,BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$52.91
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER,PER LENS	$52.96
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 25 TO 2.25D CYLINDER,PER LENS	$59.38
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	$64.60
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$62.26
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	$61.55
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	$62.48
V2218	ANISEIKONIC, PER LENS, BIFOCAL	$99.13
V2219	BIFOCAL SEG WIDTH OVER 28MM	$32.73

Procedure Code	Procedure Description	Allowed Amount
V2220	BIFOCAL ADD OVER 3.25D	$26.55
V2299	SPECIALTY BIFOCAL (BY REPORT)	$0.00
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	$53.17
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	$72.27
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	$80.37
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	$53.60
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	$55.00
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	$68.53
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	$66.33
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	$72.23
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	$74.40
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$84.94
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	$71.92
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	$82.60
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,2.25 TO 4.00D CYLINDER,PER LENS	$87.83
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	$94.99
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	$79.00
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	$116.94
V2318	ANISEIKONIC LENS, TRIFOCAL	$143.77
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	$39.11
V2320	TRIFOCAL ADD OVER 3.25D	$38.51
V2399	SPECIALTY TRIFOCAL (BY REPORT)	$0.00
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	$65.91
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	$81.01
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	$0.00
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	$37.75
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	$73.10
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	$88.67
V2503	CONTACT LENS PMMA, COLOR VISION DEFICIENCY, PER LENS	$82.95
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	$56.09
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	$94.14

Procedure Code	Procedure Description	Allowed Amount
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL,PER LENS	$98.64
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	$79.93
V2520	CONTACT LENS HYDROPHILIC, SPHERICAL, PER LENS	$54.37
V2521	CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	$83.51
V2522	CONTACT LENS HYDROPHILLIC, BIFOCAL, PER LENS	$102.53
V2523	CONTACT LENS HYDROPHILIC, EXTENDED WEAR, PER LENS	$86.17
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE CODE 92325)	$131.69
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS FOR CONTACT LENS MODIFICATION SEE CODE 92325	$239.57
V2599	CONTACT LENS, OTHER TYPE	$0.00
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	$716.48
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	$46.10
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	$280.31
V2626	REDUCTION OF OCULAR PROSTHESIS	$151.10
V2627	SCLERAL COVER SHELL	$975.89
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	$230.43
V2629	PROSTHETIC EYE, OTHER TYPE	$0.00
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	$0.00
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	$0.00
V2700	BALANCE LENS, PER LENS	$33.75
V2702	DELUXE LENS FEATURE	$0.00
V2710	SLAB OFF PRISM, GLASS OR PLASTIC. PER LENS	$47.13
V2715	PRISM, PER LENS	$8.54
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	$27.14
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC,PER LENS	$15.88
V2744	TINT, PHOTOCHROMATIC, PER LENS	$12.06
V2745	ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER	$12.06
V2755	U-V LENS, PER LENS	$16.28
V2770	OCCLUDER LENS, PER LENS	$19.12
V2780	OVERSIZE LENS, PER LENS	$10.08
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	$12.00
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	$0.00

Procedure Code	Procedure Description	Allowed Amount
V2799	VISION SERVICE, MISCELLANEOUS	$0.00
V5008	HEARING SCREENING	$0.00
V5014	REPAIR/MODIFICATION OF A HEARING AID	$0.00
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	$575.00
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	$575.00
V5050	HEARING AID, MONAURAL, IN THE EAR	$575.00
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	$575.00
V5100	HEARING AID, BILATERAL, BODY WORN	$1,050.00
V5120	BINAURAL, BODY	$0.00
V5130	BINAURAL, IN THE EAR	$1,050.00
V5140	BINAURAL, BEHIND THE EAR	$1,050.00
V5150	BINAURAL, GLASSES	$0.00
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	$0.00
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	$0.00
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	$0.00
V5190	HEARING AID, CROS, GLASSES	$0.00
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	$0.00
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	$0.00
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	$0.00
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	$0.00
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	$0.00
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	$0.00
V5230	HEARING AID, BICROS, GLASSES	$0.00
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	$0.00
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	$0.00
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	$0.00
V5245	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITC	$0.00
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	$0.00
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	$0.00
V5248	HEARING AID, ANALOG, BINAURAL, CIC	$0.00
V5249	HEARING AID, ANALOG, BINAURAL, ITC	$0.00

Procedure Code	Procedure Description	Allowed Amount
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	$0.00
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	$0.00
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	$1,050.00
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	$1,050.00
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	$575.00
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	$575.00
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	$575.00
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	$575.00
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	$1,050.00
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	$1,050.00
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	$1,050.00
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	$1,050.00
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	$40.00
V5267	HEARING AID SUPPLIES/ ACCESSORIES	$0.00
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	$0.00
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	$0.00
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	$0.00
V5271	ASSISTIVE LISTENING DEVICE,TELEVISION CAPTION DECODER	$0.00
V5272	ASSISTIVE LISTENING DEVICE, TDD	$0.00
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	$0.00
V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	$0.00
V5275	EAR IMPRESSION, EACH	$40.00
V5281	ASSITIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	$0.00
V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	$0.00
V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	$0.00
V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	$0.00
V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	$0.00
V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	$0.00
V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER; NOT OTHERWISE SPECIFIED	$0.00
V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	$0.00
V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER;ANY TYPE	$0.00

Procedure Code	Procedure Description	Allowed Amount
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	$0.00
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	$0.00
V5299	HEARING SERVICE, MISCELLANEOUS	$0.00

X Codes State Only Codes

Procedure Code	Procedure Description	Allowed Amount
X0043	HOME HEALTH NURSING AND THERAPY VISITS	$108.15
X0376	NON-MEDICAL CASE MANAGEMENT - ADOLESCENT PREGNANCY, PER MONTH	$137.50
X0620	NON-MEDICAL CASE MANAGEMENT - SERVICES FOR BLIND & VISUALLY IMPAIRED (SBVI)	$14.00
X4345	PERIODONTAL SCALING PERFORMED IN THE PRESENCE OF GINGIVAL INFLAMMATION	$0.00
X5999	MGD CARE ROUTINE OBSTETRIC CARE INC ANTEPARTUM, VAGINAL OR CESAREAN, FETAL DEATH => 20 WEEKS, AND	$3,841.80

Y Codes State Only Codes

Procedure Code	Procedure Description	Allowed Amount
Y0823	VENT CIRCUITS, PEDIATRIC	$25.00
Y0824	NASAL PILLOWS	$21.00
Y1000	MEDICARE DURABLE MEDICAL EQUIPMENT, SUPPLIES, OVERRIDE	$0.00