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Medicaid Fee Schedule

10000 Series Surgery/Integumentary System and Anesthesia

Proc 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
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	$49.33
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	$50.77
10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$455.52
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
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; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	$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
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE); SINGLE LESION	$25.20
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE); EACH ADDITIONAL	$8.40
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
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
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

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
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
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
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
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, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	$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
15770	GRAFT; DERMA-FAT-FASCIA	$281.48
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
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
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
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
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
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	$411.60

19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	$621.60
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	$621.60
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE	$141.59
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAMMOGRAPHIC GUID	$98.25
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	$160.79
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUID	$117.85
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	$272.04
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUID	$228.07
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE	$24.42
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC	$19.44
19294	THERAPY (IORT) CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$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

19304	MASTECTOMY, SUBCUTANEOUS	$284.42
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	$563.88
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES	$589.27
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE	$595.46
19316	MASTOPEXY	$245.70
19318	REDUCTION MAMMAPLASTY	$562.80
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	$126.00
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	$252.00
19328	REMOVAL OF INTACT MAMMARY IMPLANT	$204.13
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	$135.68
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	$162.58
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	$210.80
19350	NIPPLE/AREOLA RECONSTRUCTION	$284.22
19355	CORRECTION OF INVERTED NIPPLES	$248.92
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	$649.95
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMPLANT	$814.80
19364	BREAST RECONSTRUCTION WITH FREE FLAP	$814.80
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	$815.50

19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLO	$1,005.99
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

Proc Code	Procedure Description	Allowed Amount
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL	$25.20
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED	$107.33
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
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
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
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
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	$168.00
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	$78.84
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 ADDITION TO CODE FOR PRIMARY PROCEDURE)	$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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
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
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
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	$25.20
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
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
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
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
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
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
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
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
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
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
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 METHOD	$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
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
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
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

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
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
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
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

Proc 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
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
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
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 REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	$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 TISSUE FROM THE SPHENOID SINUS	$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
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
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

31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	$393.35
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
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 ULTRASOUND	$84.62
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

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
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
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 ONE OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED, UNILATERAL; CRYOABLATIO	$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
33010	PERICARDIOCENTESIS; INITIAL	$42.00
33011	PERICARDIOCENTESIS; SUBSEQUENT	$25.20
33015	TUBE PERICARDIOSTOMY	$220.02

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
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
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
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	$220.64
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	$171.11
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
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
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
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
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
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
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
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IMPLANT, WITH OR WITHOUT VALVE SU	$756.00
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
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	$756.00
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
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
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

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 DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION S, ALL A	$737.26
34702	PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION	$1,101.35
34703	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATIONS,	$830.76
34704	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL	$1,381.85
34705	INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL	$915.18
34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL	$1,377.51
34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND	$687.52
34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION	$1,106.51
34709	ARTERY(IES) FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, PENETRATI	$193.60
34710	ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, ENDOLEAK, OR ENDOGRAFT MIGRATION, INCLUDING PRE-PROCEDURE	$479.88
34711	ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, ENDOLEAK, OR ENDOGRAFT MIGRATION, INCLUDING PRE-PR	$178.74
34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG, ANCHOR, SCREW, TACK) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	$410.12

34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL (LESS THAN 6 FRENCH OR LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P	$77.19
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED	$162.02
34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	$181.01
34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL	$224.77
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
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
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
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
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
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
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
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; FEMORAL ARTERY	$235.20
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; POPLITEAL ARTERY	$235.71
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; OTHER VESSELS	$319.20
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

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
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, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN	$931.28
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS	$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 TREATED	$875.55
36474	MECHANICOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE; SUBSEQUENT VEIN(S)	$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) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS FRST VEIN	$1,239.64
36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS	$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
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
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
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 RADIOLOGICAL SUPERVISION AND INTERPRETATION	$710.22
36903	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$3,256.99
36904	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUIT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$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 THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$1,325.09
36906	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$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
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 INTERPRETATION, INITIAL ARTERY	$1,250.78
37247	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PRCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, EACH ADDITIONAL ARTERY	$506.09

37248	BALLOON DILATION OF FIRST VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$866.47
37249	BALLOON DILATION OF ADDITIONAL VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	$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
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
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
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
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, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATI	$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
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

Proc 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
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
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
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
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	$75.60
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
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

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
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
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
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
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 GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OP	$1,879.48
43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE	$2,146.56
43288	MEDIASTINAL ESOPHAGUS, WITH SEPARATE LAPAROSCOPIC PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE	$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
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
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	$579.36
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
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
43760	CHANGE OF GASTROSTOMY TUBE	$30.00
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM FOR	$55.92
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
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
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
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
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
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
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
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
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
46604	ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	$25.20
46606	ANOSCOPY; FOR BIOPSY	$25.20
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
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER	$336.00
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	$42.00
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
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
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 INTERPRETATION	$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
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
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
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	$302.40
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

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
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
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

Proc 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
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
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEO	$184.52
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
50430	INECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	$305.88

50431	INECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	$95.15
50432	PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATIO	$495.98
50433	PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATIO	$667.50
50434	CONVERSION OF NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH STUDY OF KIDNEY	$528.18
50435	REPLACEMENT OF KIDNEY DRAINAGE CATHETER ACCESSED THROUGH THE SKIN WITH IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	$277.20
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
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
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

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
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
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
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
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
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
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	$372.76
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

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
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
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
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 PERFORMED	$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
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
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
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
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
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-OOPHORECTOMY, UNILATERAL OR BILATERAL, WHEN PERFORMED	$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
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
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
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

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

61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	$655.20
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	$655.20
61340	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL), SUPRATENTORIAL	$614.25
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
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	$703.41
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
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
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
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY ANASTOMISIS OR GRAFT	$299.90
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR	$224.56
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY ANASTOMOSIS OR GRAFT	$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
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
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
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
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
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
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

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
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
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	$603.93
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
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
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	$42.00
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	$33.60
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	$42.00
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	$25.20
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	$33.60

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
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
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
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	$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
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	$13.62
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
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
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
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
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
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
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
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
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
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	$291.20
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
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
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
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
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
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
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
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
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
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
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)

Proc 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
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
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
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
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
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
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
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
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
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	$53.66
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	$60.00
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	$56.97
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	$57.79
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	$72.00
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
74260	DUODENOGRAPHY, HYPOTONIC	$47.47
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
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
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
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
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	$66.00
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
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
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
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
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$53.87
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
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION	$56.76
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION,PERIPHERAL SITE(S), ANY METHOD	$36.18
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
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
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, UNILATERAL	$479.47

77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, BILATERAL	$484.01
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
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
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
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
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
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
78205	LIVER IMAGING (SPECT)	$126.00
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	$306.71
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	$80.00
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	$72.00
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

78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	$39.01
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	$41.07
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	$48.00
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
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	$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
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
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
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	$120.00
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	$0.01
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	$42.00
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
78647	CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC (SPECT)	$151.91
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
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	$126.00
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

78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	$78.00
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	$114.00
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	$170.28
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
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

Proc 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 TYPING)	$61.18

80150	AMIKACIN	$12.64
80155	CAFFEINE LEVELS	$11.58
80156	CARBAMAZEPINE	$12.20
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
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
80201	TOPIRAMATE	$10.00
80202	VANCOMYCIN	$11.36
80203	ZONISAMIDE LEVEL	$10.85

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 OPTICAL OBSERVATION ONLY	$8.98
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION ONLY	$11.97
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS, CHROMATOGRAPHY, AND MASS SPECTROMETRY	$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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
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
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
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
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
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

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
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
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
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
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 PROCEDURE)	$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
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

Proc 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	$314.27
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE	$317.43
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM),FOR INTRAMUSCULAR USE	$0.00
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS	$14.04
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS	$6.40
90465	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY; FIRST INJECT	$8.16
90466	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY EACH ADD	$3.68
90467	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL ROUTES OF ADMINISTRATION) WHEN THE	$8.16
90468	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL ROUTES OF ADMINISTRATION) WHEN THE	$3.68
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$8.16
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$3.68
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	$8.16
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE ; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION	$3.68
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	$53.39
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	$269.12
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	$82.16
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	$31.67
90723	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE ,HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED, FOR	$0.00
90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT	$98.85
90733	IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S))	$106.49
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	$152.00
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	$126.60
90746	HEPATITIS B VACCINE; ADULT DOSAGE, FOR INTRAMUSCULAR USE	$63.30
90747	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE	$126.60
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	#VALUE!
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	#VALUE!

90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	$37.98
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	$25.18
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	#VALUE!
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	#VALUE!
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 DETERMINATION,DELIVERY AND MANAGEMENT	$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
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
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
92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPLUSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION	$9.08
92225	OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY INCLUDE USE OF CONTACT LENS, DRAWING OR SKETCH, AND/OR	$12.00
92226	OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY INCLUDE USE OF CONTACT LENS, DRAWING OR SKETCH, AND/OR	$12.00
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH ANALYSIS	$7.02
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTVIE RETINAL DISEASE (EG, DIABETIC RETINOPATHY	$18.16
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	$22.80
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	$52.22
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	$57.17
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
92275	ELECTRORETINOGRAPHY, WITH INTERPRETATION AND REPORT	$38.40

92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	$11.56
92284	DARK ADAPTATION EXAMINATION, WITH INTERPRETATION AND REPORT	$17.13
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE	$10.32
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETA- TION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY	$41.07
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION; WITH FLUORESCEIN ANGIOGRAPHY	$50.77
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$56.56
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$46.40
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$56.56
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	$42.28
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$38.69
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$26.43
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$38.69
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	$19.88
92326	REPLACEMENT OF CONTACT LENS	$14.03
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	$18.00
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	$20.00
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	$20.00
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	$23.00

92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	$23.00
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	$10.00
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	$10.00
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 IRRIGATIONS)	$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
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	$11.76
92551	SCREENING TEST, PURE TONE, AIR ONLY	$8.00
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	$9.49
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	$12.00
92555	SPEECH AUDIOMETRY THRESHOLD;	$8.05
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	$12.00
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	$12.00
92558	EVOKED OTOACOUSTIC EMISSIONS, SCREENING, AUTOMATED ANALYSIS	$33.23
92560	BEKESY AUDIOMETRY; SCREENING	$8.00

92561	BEKESY AUDIOMETRY; DIAGNOSTIC	$12.00
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	$6.00
92563	TONE DECAY TEST	$4.80
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	$4.80
92565	STENGER TEST, PURE TONE	$4.80
92566	IMPEDANCE TESTING	$11.94
92567	TYMPANOMETRY (IMPEDANCE TESTING)	$11.56
92568	ACOUSTIC REFLEX TESTING	$8.05
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING,	$17.96
92571	FILTERED SPEECH TEST	$8.26
92572	STAGGERED SPONDAIC WORD TEST	$8.00
92575	SENSORINEURAL ACUITY LEVEL TEST	$8.00
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	$9.70
92577	STENGER TEST, SPEECH	$12.00
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	$15.69
92582	CONDITIONING PLAY AUDIOMETRY	$12.00
92583	SELECT PICTURE AUDIOMETRY	$12.00
92584	ELECTROCOCHLEOGRAPHY	$12.00

92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM	$84.00
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS; LIMITED	$40.45
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	$33.23
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION(COMPARISON OF TRANSIENT AND DISTORTION	$45.82
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	$7.20
92597	EVALUATION FOR USE AND/OR FITTING VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEM	$54.08
92601	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING	$73.48
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

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
93230	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT	$113.11
93231	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT	$0.00
93232	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT	$46.03
93233	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT	$28.80
93235	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN	$48.00

93236	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN	$36.00
93237	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN	$18.00
93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, TRANSMISSION, PH	$25.18
93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; RECORDING	$26.21
93271	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING W/PRE- SYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING	$50.98
93272	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING, W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION	$20.02
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	$48.92
93279	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$32.82
93280	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$37.77
93281	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$44.17
93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$41.07
93283	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$49.74
93284	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$58.20
93285	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	$27.66
93286	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	$15.69
93287	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	$20.64
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$24.77
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$37.98

93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$18.37
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$23.74
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	$21.47
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM, INCLUDES	$36.95
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP 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
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
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
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
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
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
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)	$64.19
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	$0.00
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	$50.98
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	$36.33
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	$26.42
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), AND	$18.00
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	$55.11
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD	$84.83
94013	MEASUREMENT OF LUNG VOLUMES(IE, FUNCTIONAL RESIDUAL CAPACITY, FORCED VITAL CAPACITY, AND EXPIRATORY RESERVE	$17.96
94016	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REVIEW AND INTERPRETATION ONLY	$14.65
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EX	$25.20
94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD	$26.40
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	$6.00
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	$6.00
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	$9.60
94375	RESPIRATORY FLOW VOLUME LOOP	$18.00
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	$18.00

94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	$21.88
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
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
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
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; PATIENT-PROVIDED EQUIPMENT, SENSOR PLACEMENT	$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
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
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY	$42.00
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	$58.80
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING	$32.40
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING	$8.40
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); HAND (WITH OR WITHOUT COMPARISON WITH NORMAL SIDE)	$9.60
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, EXCLUDING HANDS	$18.99

95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, INCLUDING HANDS	$26.83
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SE	$6.00
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SID	$7.22
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	$20.40
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$36.00
95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$42.00
95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$42.00
95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	$42.00
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	$64.60
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	$43.55
95867	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; UNILATERAL	$39.01
95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	$42.00
95869	ELECTROMYOGRAPHY, LIMITED STUDY OF SPECIFIC MUSCLES (EG, THORACIC SPINAL MUSCLES)	$28.00
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
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONCE N ONE MONITORING PERSONAL	$19.20
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8	$115.20
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL, TELEMETRY,	$150.00
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG; ELECTRO	$120.00
95954	PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS	$145.10
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	$42.00
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO	$120.00
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS)	$91.02
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING	$202.07
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	$122.81
95962	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE	$127.97

95965	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	$0.00
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	$13.42
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR	$23.32
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI	$47.47
95974	COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING	$92.26
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO	$51.81
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE AND DURAT	$102.79
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE AND DURAT	$49.74
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	$23.12
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	$15.69
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	$24.15
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN	$31.79
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN; ADMINISTERED BY	$47.88
95992	CANALITH REPOSITIONING PROCEDURE(S), (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	$53.87
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	$0.00
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO TAPING AND 3-D KINEMATICS	$48.92
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES	$11.97
96003	DYNAMIC FINE WIRE ELETROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL, ACTIVITES, 1 MUSCLE	$10.94

96020	NEUROFUNCATIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCATIONAL BRAIN	$0.01
96101	PSYCHOLOGICAL TESTING, PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH PATIENT	$70.00
96102	PSYCHOLOGICAL TESTING WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECH	$24.14
96103	PSYCHOLOGICAL TESTING, ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND	$15.27
96105	ASSESSMENT OF APHASIA WITH INTERPRETATION AND REPORT, PER HOUR	$38.80
96110	DEVELOPMENTAL TESTING; LIMITED, WITH INTERPRETATION AND REPORT	$7.64
96111	DEVELOPMENTAL TESTING; EXTENDED WITH INTERPRETATION AND REPORT, PER HOUR	$38.80
96116	NEUROBEHAVIORAL STATUS EXAM, PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S, BOTH FACE-TO-FACE TIME WITH THE	$70.00
96118	NEUROPSYCHOLOGICAL TESTING, PER HOUR OF THE PSYCHOLOGIST'S PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE P	$70.79
96119	NEUROPSYCHOLOGICAL TESTING, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY	$36.12
96120	NUEROPSYCHOLOGICAL TESTING, ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION	$26.21
96125	STANDARD COGNITIVE PERFORMANCE TESTING PER HOUR OF QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE	$54.07
96160	ADMINISTRATION AND INTERPRETATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT	$2.68
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	$31.58
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCED	$9.08
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	$38.39
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	$12.18
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIA	$18.78

96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION	$11.35
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	$85.24
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	$9.08
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP	$42.31
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	$12.59
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	$10.11
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR IN	$30.96
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL	$13.21
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUEN	$13.21
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	$0.00
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	$36.12
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	$19.40
96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	$14.40
96406	CHEMOTHERAPY ADMINISTRATON, INTRALESIONAL; MORE THAN 7 LESIONS	$21.60
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 APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTOSENSITIZING DRUG	$110.84
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	$8.40
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR	$38.18
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B	$9.60
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	$9.60
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EI	$32.66
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	$85.04
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM	$87.10
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)	$0.00
97124	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; MASSAGE	$8.26
97139	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; UNLISTED PROCEDURE (SPECIFY)	$16.37

97140	MANUAL THERAPY TECHNIQUES, MANIPULATION, MANUAL LYMPHATIC DRAINAGE, ONE OR MORE REGIONS	$9.29
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	$10.11
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
97799	UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE	$0.00
97802	MEDICAL NUTRITION THERAPY; INTIAL ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	$9.91
97803	MEDICAL NUTRITION THERAPY; RE-ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	$9.91
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIUALS) EACH 30 MINUTES	$3.92
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	$14.65
98926	OSTEOPATHIC MANIPULATIVE TREATMEN(OMT); THREE TO FOUR BODY REGIONS INVOLVED	$22.50
98927	OSTEOPATHIC MANIPULATIVE TREATMENT; FIVE TO SIX BODY REGIONS INVOLVED	$26.63
98928	OSTEOPATHIC MANIPULATIVE TREATMENT; SEVEN TO EIGHT BODY REGIONS INVOLVED	$30.96
98929	OSTEOPATHIC MANIPULATIVE TREATMENT; MINE TO TEN BODY REGIONS INVOLVED	$33.44
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	$15.48

98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	$19.61
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	$24.15
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	$14.45
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
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
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
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
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
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 OTHER OUTPATIENT, HOME OR DOMICILIARY OR REST HOME	$138.70

99484	DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS	$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	HEALTH CARE MANAGER ACTIVITIES IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT AND DIRECTED BY THE TREATING PHYSI	$92.47
99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTAN	$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

Proc 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
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

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
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
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
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
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
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
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
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

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
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
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
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
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
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
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
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

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	$0.22
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	$1.73
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	$2.08
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER NL	$1.99
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHER WISE SPECIFIED (NOS), PER ML	$1.99
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	$13.94

A9585	INJECTION,GADOBUTROL,0.1 ML	$0.38
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

Proc 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
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
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

Proc 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
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
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
C1841	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	$0.00
C1874	STENT,COATED/COVERED, WITH DELIVERY SYSTEM	$0.00
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
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
C8904	MAGNETIC RESONANCE IMAGING WITHOUT 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
C8907	MAGNETIC RESONANCE IMAGING WITHOUT 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
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
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
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
C9497	LOXAPINE, INHALATION POWDER , 10 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

D Codes Dental Procedures

Proc 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
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
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
D1515	SPACE MAINTAINER-FIXED BILATERAL	$132.00
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	$112.00
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	$142.00
D1550	RECEMENTATION OF SPACE MAINTAINER	$27.00
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
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
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
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
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
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
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)	$39.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTIO	$70.00
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
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
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
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
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	$0.00
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
D9940	OCCLUSAL GUARDS, BY REPORT	$75.00

E Codes Durable Medical Equipment

Proc 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
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
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
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
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
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
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
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
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
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
E0955	WHEELCHAIR ACCESSORY, HEADSET, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	$160.04
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
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
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
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
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
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

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
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
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
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

Proc Code	Procedure Description	Allowed Amount

G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$8.16
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	$8.16
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	$10.18
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
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
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	$10.18
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

G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	$92.67
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
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-ASSISTED DIRECT	$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 ISOMERS	$47.96
G0481	DRUG TEST(S), DEFINITIVE, UTLIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	$73.79
G0482	DRUG TEST(S), DEFINITIVE, UTLIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	$99.62

G0483	DRUG TEST(S), DEFINITIVE, UTLIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	$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
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
G9019	OSELTAMIVIR PHOSPHATE, ORAL, GENERIC, 75 MG	$0.00

H Codes Alchohol & Drug Abuse Treatment Services

Proc 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

Proc Code	Procedure Description	Allowed Amount
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	$10.25
J0128	INJECTION, ABARELIX, 10 MG	$885.38
J0129	INJECTION, ABATACEPT, 10 MG	$49.59
J0130	INJECTION ABCIXIMAB, 10 MG	$1,215.20

J0131	INJECTION,ACETAMINOPHEN,10 MG	$0.11
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	$1.23
J0133	INJECTION, ACYCLOVIR, 5 MG	$0.07
J0135	INJECTION, ADALIMMUMAB, 20 MG	$909.22
J0153	ADENOSINE INJ 1 MG	$0.61
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	$0.74
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	$0.81
J0178	INJECTION, AFLIBERCEPT, 1 MG	$974.59
J0180	INJECTION, AGALSIDASE BETA, 1 MG	$171.07
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	$1.34
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	$16.03
J0202	INJECTION, ALEMTUZUMAB, 1 MG	$1,778.60
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	$42.03
J0207	INJECTION, AMIFOSTINE, 500 MG	$959.81
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	$159.73

J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN	$4.94
J0257	INJECTION,ALPHA 1 PROTEINASE INHIBITOR (HUMAN),(GLASSIA) , 10 MG	$4.57
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	$1.63
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	$9.22
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	$0.23
J0285	INJECTION, AMPHOTERICIN B, 50 MG	$32.78
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	$13.86
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	$14.00
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	$21.52
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	$1.11
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, 1.5 GRAM	$2.97
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	$11.33
J0330	INJECTION, SUCCINYCHOLINE CHLORIDE, UP TO 20 MG	$0.15
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	$0.54
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	$23.82
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	$3.26

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	$4.89
J0456	INJECTIN, AZITHROMYCIN, 500 MG	$3.37
J0461	INJECTION, ATROPINE SULFATE, 0.01MG	$0.05
J0470	INJECTION, DIMERCAPROL, UP TO 100 MG	$52.69
J0475	INJECTION, BACLOFEN, 10 MG	$164.62
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	$70.34
J0480	INJECTION, BASILIXIMAB, 20 MG	$3,440.37
J0485	INJECTION, BELATACEPT, 1 MG	$3.94
J0490	INJECTION,BELIMUMAB,10 MG	$42.81
J0500	INJECTION, DICYCLOMINE HCI, UP TO 20 MG	$74.94
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	$20.22
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	$9.34
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	$11.92
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	$38.00
J0570	BUPRENORPHINE IMPLANT 74.2 MG	$1,261.31
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	$49.54
J0583	INJECTION, BIVALIRUDIN, I MG	$1.23
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	$6.03
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	$8.26
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	$11.98
J0588	INJECTION,INCOBOTULINUMTOXIN A, 1 UNIT	$5.08
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	$3.45
J0594	INJECTION, BUSULFAN, 1 MG	$34.73
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	$2.55
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	$27.99
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	$48.97
J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	$57.21

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	$2.98
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, UP TO 50 MG	$8.53
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	$2,287.94
J0636	INJECTION, CALCITRIOL, 0.1 MCG	$0.66
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	$12.46
J0638	INJECTION, CANAKINUMAB, 1 MG	$106.12
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	$3.23
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	$0.53
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	$2.66
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	$0.86
J0692	INJECTION, CEFEPIME HCI, 500 MG	$2.89
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	$5.85
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	$0.66
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	$2.70
J0698	CEFOTAXIME SODIUM, PER GM	$1.53

J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG.	$8.18
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
J0712	INJECTION,CEFTAROLINE FOSAMIL,10 MG	$2.63
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	$2.39
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	$5.24
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	$7.47
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	$39.43
J0725	INJECTION, CHORIONIC GONADOTROPIN	$20.53
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	$12.15
J0740	INJECTION CIDOFOVIR, 375 MG	$477.55
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	$5.62
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	$1.29
J0745	INJECTION, CODEINE PHOSPHATE	$1.35
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	$14.38
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	$41.83
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	$9.77

J0795	INJECTION, CORTICORELIN OVINE TRIFULTATE, 1 MCG	$8.61
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	$3,771.36
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	$52.30
J0834	INJECTION, COSYNTROPIN, (CORTROSYN), 0.25 MG	$43.06
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	$2,870.72
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	$1,128.71
J0875	INJECTION, DALBAVANCIN, 5 MG	$14.40
J0878	INJECTION, DAPTOMYCIN, 1 MG	$0.62
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	$3.95
J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)	$3.95
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	$12.94
J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	$1.63
J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	$1.63
J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	$8.20
J0894	INJECTION, DECITABINE, 1 MG	$17.70
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	$8.04

J0897	INJECTION,DENOSUMAB , 1 MG	$17.33
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	$19.54
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	$5.59
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	$6.36
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	$12.26
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	$0.50
J1071	INJ TESTOSTERONE CYPIONATE, 1MG	$0.03
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	$0.23
J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, UP TO 4MG/ML	$0.12
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	$105.62
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	$21.25
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	$0.21
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	$8.40
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	$3,267.03
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	$0.60
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	$2.05

J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	$4.00
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	$185.89
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	$0.61
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	$60.94
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE	$554.16
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	$19.25
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	$7.44
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	$0.80
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	$5.60
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	$6.17
J1265	INJECTION, DOPAMINE HCl, 40 MG	$0.64
J1267	INJECTION, DORIPENEM, 10 MG	$0.71
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	$0.43
J1290	INJECTION, ECALLANTIDE, 1 MG	$441.29
J1300	INJECTION, ECULIZUMAB, 10 MG	$226.63
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	$1.79
J1324	INJECTION, ENFUVIRTIDE, 1 MG	$22.69
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	$15.57

J1327	INJECTION, EPTIFIBATIDE, 5 MG	$27.58
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	$1.60
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	$52.34
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	$64.90
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	$10.00
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	$17.00
J1410	INJECTION, ESTROGEN CONJUGATED, UP TO 2 MG OR 20,000 UNITS	$304.61
J1428	INJECTION, ETEPLIRSEN, 10 MG	$160.00
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	$443.68
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	$1.06
J1442	INJECTION, FILGRASTIM G-CSF,1 MCG	$1.01
J1447	INJECTION, TBO- FILGRASTIM 1 MICROGRAM, 1 MCG	$0.63
J1450	INJECTION, FLUCONAZOLE, 200 MG	$4.85
J1451	INJECTION, FOMEPIZOLE, 15 MG	$6.70
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	$200.00

J1453	INJECTION, FOSAPREPITANT, 1 MG	$2.03
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	$3.50
J1457	INJECTION, GALLIUM NITRATE, 1 MG	$2.08
J1458	INJECTION, GALSULFASE, 1MG	$380.50
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G. LIQUID), 500 MG	$38.51
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	$31.76
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	$16.80
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM) , 500 MG	$38.31
J1557	INJECTION,IMMUNE GLOBULIN,(GAMMAPLEX0,INTRAVENOUS,NON-LYOPHILIZED (E.G. LIGUID) 500 MG	$41.08

J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	$9.81
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	$317.64
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), PER 500 MG.	$38.94
J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS, 100 MG	$7.25
J1566	INJECTION,IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG	$34.28
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	$36.62
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	$39.78
J1570	INJECTION, GANCICLOVIR SODIUM, 50 MG	$68.49
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	$61.12
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID). 500 MG	$29.84
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	$51.29
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	$13.14
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	$1.55
J1595	INJECTION, GLATIRAMER ACETATE. 20 MG	$64.68
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (EG, LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	$0.00
J1600	INJECTION, GOLD SODIUM THIOMALEATE, UP TO 50 MG	$30.15
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	$24.74
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	$205.55

J1620	INJECTION, GONADORELIN HCI, PER 100 MCG	$191.35
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	$0.36
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	$5.07
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG.	$1.21
J1631	INJECTION, HALOPERIDOL DECANOATE, 50 MG.	$18.14
J1640	INJECTION, HEMIN, 1 MG	$24.00
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	$0.19
J1644	INJECTION, HEPARIN SODIUM, PER 10 UNITS	$0.20
J1645	INJECTION, DALTEPARIN SODIUM, PER 2,500 IU	$15.27
J1650	INJECTION,ENOXAPARIN SODIUM, 10 MG	$0.80
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	$2.09
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	$3.49
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	$557.45
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	$11.28
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	$82.87
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	$169.14
J1743	INJECTION, IDURSULFASE. 1 MG	$542.86
J1745	INJECTION, INFLIXIMAB, 10MG	$87.13
J1750	INJECTION, IRON DEXTRAN, 50 MG	$13.04
J1756	INJECTION, IRON SUCROSE, 1 MG	$0.26
J1785	INJECTION, IMIGLUCERASE, PER UNIT	$4.20
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	$41.69
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	$2.14
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	$1.62
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	$5.92
J1815	INJECTION, INSULIN, PER 5 UNITS	$0.85
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	$9.97
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	$0.56
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	$8.64
J1930	INJECTION, LANREOTIDE, 1 MG	$55.98
J1931	INJECTION, LARONIDASE, 0.1 MG	$30.61
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	$1.05
J1942	ARIPIPRAZOLE LAUROXIL 1MG	$2.46
J1945	INJECTION, LEPIRUDIN, 50 MG	$570.54
J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG	$1,087.91
J1953	INJECTION, LEVETIRACETAM, 10 MG	$0.12
J1955	INJECTION, LEVOCARNITINE, PER 1 G	$22.08
J1956	INJECTION, LEVOFLOXACIN, 250 MG	$1.18
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	$3.63
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	$27.62
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	$21.05
J2001	INJECTION, LIDOCAINEHCI FOR INTRAVENOUS INFUSION, 10 MG	$0.02

J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	$12.58
J2020	INJECTION, LINEZOLID, 200 MG	$13.91
J2060	INJECTION, LORAZEPAM, 2 MG.	$0.74
J2150	INJECTION, MANNITOL, 25% IN 50 ML	$2.05
J2170	INJECTION, MECASERMIN, 1 MG	$14.55
J2175	INJECTION, MEPERIDINE	$5.10
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	$3.79
J2182	INJECTION, MEPOLIZUMABM, 1 MG	$26.78
J2185	INJECTION, MEROPENEM, 100 MG	$1.33
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	$16.11
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	$0.94
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	$0.11
J2260	INJECTION, MILRINONE LACTATE, 5 MG	$1.94
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	$1.42
J2274	INJ MORPHINE PRESERVATIVE FREE, 10 MG	$12.40
J2278	INJECTION, ZICONOTIDE, 1 MCG	$7.42
J2280	INJECTION, MOXIFLOXACIN, 100 MG	$8.31
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG.	#VALUE!

J2310	INJECTION, NALOXONE HCI, PER 1 MG	$28.83
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	$3.26
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	$19.42
J2325	INJECTION, NESIRITIDE, 0.1 MG	$60.25
J2326	INJECTION, NUSINERSEN, 0.1 MG	$1,040.00
J2350	INJECTION, OCRELIZUMAB, 1 MG	$54.16
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	$183.64
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	$0.96
J2355	INJECTION, OPRELVEKIN, 5 MG	$467.22
J2357	INJECTION, OMALIZUMAB, 5 MG	$34.93
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	$2.92
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	$6.91
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	$3.34
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	$23.21
J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	$0.09

J2407	INJECTION, ORITAVANCIN , 10 MG	$23.36
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	$2.85
J2425	INJECTION, PALIFERMIN, 50 MCG	$19.20
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	$10.02
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG.	$8.42
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	$20.90
J2501	INJECTION, PARICALCITOL, 1 MCG	$1.10
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	$729.47
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	$352.27
J2505	INJECTION, PEGFILGRASTIM, 6 MG	$4,320.73
J2507	INJECTION,PEGLOTICASE,1 MG	$2,006.66
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	$29.30
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	$13.74
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	$52.40
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	$1.05
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1.125 GRAMS	$2.96

J2545	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FOR PROPHYLAXIS	$115.20
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	$2.17
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	$35.86
J2562	INJECTION, PLERIXAFOR, 1 MG	$314.44
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	$0.53
J2597	INJECTION, DESMOPRESSIN ACETATE, UP TO 1 ML	$12.75
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	$3.44
J2675	INJECTION, PROGESTERONE, PER 50 MG	$1.46
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG.	$18.71
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	$72.65
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	$1.70
J2704	INJ, PROPOFOL, 10 MG	$0.12
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	$0.09
J2720	INJECTION, PROTAMINE SULFATE, UP TO 5 ML	$0.91
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	$15.13
J2725	INJECTION, PROTIRELIN, PER 250 MCG	$20.55
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	$91.90
J2760	INJECTION, PHENTOLAINE MESYLATE, UP TO 5 MG	$159.00

J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	$0.91
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	$428.62
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	$378.35
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	$6.77
J2783	INJECTION, RASBURICASE, 0.5 MG	$263.06
J2785	INJECTION, REGADENOSON, 0.1 MG	$55.41
J2786	INJECTION, RESLIZUMAB, 1 MG	$8.60
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	$24.71
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE	$79.07
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	$4.81
J2792	INJECTION RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT 100 I.U.	$23.80
J2793	INJECTION, RILONACEPT, 1 MG	$24.55
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	$8.63
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	$0.07
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	$66.86
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	$37.24
J2805	INJECTION, SINACLIDE, 5 MCG	$105.54
J2810	INJECTION, THEOPHYLLINE, UP TO 2 ML	$0.30

J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	$37.70
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	$500.00
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG	$34.78
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	$14.62
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	$2.13
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	$4.34
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	$6.09
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	$83.99
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	$15.37
J3010	INJECTION, FENTANYL CITRATE, UP TO 2 ML	$0.50
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	$51.89
J3060	INJECTION, TALIGLUCERACE ALFA ,10 UNITS	$40.37
J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG	$71.47

J3090	INJECTION, TEDIZOLID PHOSPHATE ,10 MG	$1.33
J3095	INJECTION, TELEVANCIN, 10 MG	$5.12
J3101	INJECTION, TENECTESPLASE, 1 MG	$111.70
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	$3.42
J3110	INJECTION, TERIPARATIDE, 10 MCG	$2.62
J3121	INJ TESTOSTERO ENANTHATE 1 MG	$0.04
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	$28.04
J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG	$1,579.69
J3243	INJECTION, TIGECYCLINE, 1 MG	$2.99
J3246	INJECTION, TIROFIBAN HCI, 0.25 MG	$9.31
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	$29.98
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	$2.54
J3262	INJECTION, TOCILIZUMAB, 1MG	$4.37
J3265	INJECTION, TORSEMIDE, 10 MG/ML	$2.19
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	$4.76
J3285	INJECTION, TREPROSTINIL, 1 MG	$61.24
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	$3.88
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	$1.88

J3302	INJECTION TRIAMCINOLONE DIACETATE, PER 5MG	$0.28
J3303	INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG	$3.61
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	$391.11
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	$187.26
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	$12.30
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	$9.16
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	$2.75
J3380	INJECTION, VEDOLIZUMAB, 1 MG	$18.59
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	$342.35
J3396	INJECTION, VERTEPORFIN, 0.1 MG	$10.76
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	$12.48

J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	$8.51
J3411	INJECTION, THIAMINE HCI, 100 MG	$3.03
J3415	INJECTION, PYRIDOXINE HCI, 100 MG	$10.32
J3420	INJECTION, VITAMIN B- 12 CYANOCOBALAMIN, UP TO 1000 MCG	$2.09
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	$4.15
J3465	INJECTION, VORICONAZOLE, 10 MG	$2.70
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	$21.20
J3471	INJECTION, HYALURONIDASE, OVINE,PRESERATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	$0.09
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.	$0.55
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	$0.12
J3485	INJECTION ZIDOVUDINE, 10 MG	$1.52
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	$22.18
J3489	INJECTION, ZOLEDRONIC ACID 1 MG	$14.98
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	$2.21
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	$1.10
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	$0.89
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	$0.55
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	$2.07
J7070	INFUSION, D5W, 1000 CC	$3.90
J7100	INFUSION, DEXTRAN 40, 500 ML	$17.77
J7110	INFUSION, DEXTRAN 75, 500 ML	$14.52
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	$2.39
J7175	INJECTION, FACTOR X, (HUMAN), 1 I.U.	$8.13
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	$1.98
J7180	INJECTION,FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN0, 1 I.U.	$8.21
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	$1.29
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	$1.04
J7185	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	$1.25
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	$0.98
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF: RCO	$1.09
J7189	FACTOR VIIA (ANTIHEMPOPHILLIC FACTOR, RECOMBINANT), PER 1 MCG	$2.00

J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN))	$1.02
J7191	FACTOR V111(ANTI-HEMOPHILIC FACTOR (PORCINE)),PER IU	$1.72
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR,RECOMBINANT), PER I.U., NOT OTHERWISE SPECIFIED	$1.24
J7193	FACTOR IX (ANTIHEMOPHILLIC FACTOR, PURIFIED, NONRECOMBINANT), PER IU	$1.14
J7194	FACTOR IX, COMPLEX, PER UNIT	$1.39
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.	$3.75
J7198	ANTI-INHIBITOR, PER I.U.	$1.94
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	$0.01
J7200	FACTOR IX RECOMBINAN RIXUBIS	$1.27
J7201	FACTOR IX FC FUSION RECOMB	$2.99
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	$4.25
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	$2.02
J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	$1.98
J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	$1.68
J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	$1.65
J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	$1.60

J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	$858.33
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 3 YEAR DURATION	$625.00
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 5 YEAR DURATION	$858.33
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	$808.50
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG	$714.70
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	$684.38
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
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$847.90
J7308	AMINOLEVULINIC ACID HCI FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	$367.81
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	$20,114.35
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	$200.74
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	$490.80
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	$1,046.75
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	$7.42
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$87.64
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	$16.67
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$155.23
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$149.48
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	$12.27
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE,FOR INTRA-ARTICULAR INJECTION, PER DOSE	$510.57
J7327	MONOVISC INJ PER DOSE	$856.79
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	DERMAL AND EPIDERMAL TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS,	$31.29
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	$28.30
J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	$1.35
J7500	AZATHIOPRINE - ORAL, TAB, 50 MG, 100S EA	$0.27
J7501	AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA	$217.30
J7502	CYCLOSPORINE - ORAL, 100 MG	$2.58
J7503	TACROL ENVARSUS EX REL ORAL 25MG	$1.24

J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN - PARENTERAL, AMP, 50MG/ML, 5 ML EA	$1,817.04
J7505	MONOCLONAL ANTIBODIES - PARENTERAL, 5 MG	$1,156.08
J7507	TA, ORAL, PER 1 MG	$0.61
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL, PER 0.1 MG	$0.43
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	$0.34
J7510	PREDNISOLONE ORAL, PER 5 MG	$0.08
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG	$710.35
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	$0.01
J7513	DACLIZUMAB, PARENTERAL, 25 MG	$526.34
J7515	CYCLOSPORINE, ORAL, 25 MG	$0.78
J7516	CYCLOSPORINE, PARENTERAL, 250 MG	$41.96
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	$0.93
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	$2.67
J7520	SIROLIMUS, ORAL, 1 MG	$7.74
J7525	TACROLIMUS, PARENTERAL, 5 MG	$188.32
J7527	EVEROLIMUS, ORAL, .25 MG	$8.14
J7599	IMMUNOSUPPRESSIVE DRUG; NOT OTHERWISE SPECIFIED	$0.00
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINSTERED THROUGH DME, UNIT	$9.13

J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED	$10.76
J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMISINSTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	$5.08
J7611	ALBUTEROL, INHALATION SOLUTION,FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	$0.14
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED,ADMINISTERED THROUGH DME	$0.21
J7613	ALBUTEROL, INHALATION SOLUTION,FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	$0.05
J7614	LEVALBUTEROL, INHALATION SOLUTION,FA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	$0.05
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED	$0.14
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	$3.24
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	$0.76
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
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	$45.47
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	$0.22
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,	$0.54
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	$38.38
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	$557.08
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	$7.66
J8510	BULSULFAN; ORAL, 2 MG	$24.83
J8515	CABERGOLINE, ORAL, 0.25 MG	$3.49
J8520	CAPECITABINE, ORAL, 150 MG	$2.25
J8521	CAPECITABINE, ORAL, 500 MG	$6.68
J8530	CYCLOPHOSPHAMIDE, ORAL 25 MG.	$3.28
J8540	DEXAMETHASONE, ORAL, .25 MG	$0.08
J8560	ETOPOSIDE, ORAL, 50 MG.	$74.18
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	$11.72
J8610	METHOTREXATE ORAL 2.5 MG.	$0.47
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MGI	$458.47
J8670	ROLAPITANT, ORAL, 1 MG	$3.12
J8700	TEMOZOLMIDE, ORAL, 5 MG	$1.46
J8705	TOPOTECAN, ORAL, 0.25 MG	$103.63
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT OTHERWISE SPECIFIED	$0.00
J9000	DOXORUBICIN HCL, 10 MG	$2.98
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	$1,828.73
J9017	ARSENIC TRIOXIDE 1 MG	$71.34
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	$402.74
J9020	ASPARAGINASE, 10,000 UNITS	$64.56
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	$71.83
J9023	INJECTION, AVELUMAB, 10 MG	$76.33
J9025	INJECTION, AZACITIDINE, 1 MG	$1.66
J9027	INJECTION, CLOFARABINE, 1 MG	$149.96
J9031	BCG (INTRAVESICAL) PER INSTALLATION	$131.25

J9032	INJECTION, BELINOSTAT, 10 MG	$35.21
J9033	INJECTION, BENDAMUSTINE HCI, 1 MG	$29.19
J9034	INJECTION, BENDAMUSTINE HCI (BENDEKA), 1 MG	$23.77
J9035	INJECTION, BEVACIZUMAB, 10 MG	$75.18
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	$103.43
J9040	BLEOMYCIN SULFATE, 15 UNITS	$37.18
J9041	INJECTION, BORTEZOMIB, 0.1 MG	$46.87
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	$139.39
J9043	INJECTION,CABAZITAXEL, 1 MG	$159.10
J9045	CARBOPLATIN, 50 MG	$3.48
J9047	INJECTION, CARFILZOMIB 1 MG	$33.16
J9050	CARMUSTINE, 100 MG	$3,863.47
J9055	INJECTION, CETUXIMAB, 10 MG	$57.62
J9060	CISPLATIN, POWDER OR S0LUTION, PER 10 MG	$2.08
J9062	CISPLATIN, 50 MG VIAL	$9.45
J9065	INJECTION, CLADRIBINE, PER 1 MG	$20.66
J9070	CYCLOPHOSPHAMIDE, 100 MG	$42.06
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	$641.67
J9100	CYTARABINE 100 MG	$0.82
J9110	CYTARABINE HCL, 500 MG	$3.68
J9120	DACTINOMYCIN, 0.5 MG	$1,404.01
J9130	DACARBAZINE, 100 MG	$3.88
J9140	DACARBAZINE, 10 MG/ML (200 MG VIAL)	$7.35
J9145	INJECTION, DARATUMUMAB 10MG	$49.15
J9150	DAUNORUBICIN, 10 MG	$37.86
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	$57.66
J9155	INJECTION, DEGARELIX, 1 MG	$3.64

J9160	DENILEUKIN DIFTITOX, 300 MCG	$1,646.18
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	$11.80
J9171	INJECTION, DOCETAXEL, 1 MG	$1.89
J9175	INJECTION, ELIOTTS' B SOLUTION, 1 ML	$4.16
J9176	INJECTION, ELOTUZUMAB, 1 MG	$6.26
J9178	INJECTION, EPIRUBICIN HCI, 2 MG	$1.43
J9179	INJECTION,ERIBULIN MESYLATE, 0.1 MG	$109.16
J9181	ETOPOSIDE, 10 MG	$0.50
J9185	FLUDARABINE PHOSPHATE, 50 MG	$104.89
J9190	FLUOROURACIL, 500 MG	$1.62
J9200	FLOXURIDINE, 500 MG	$72.67
J9201	GEMCITABINE HCI, 200 MG	$5.82
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	$351.53
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	$182.22
J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	$41.13
J9206	IRINOTECAN, 20 MG	$3.39
J9207	INJECTION, IXABEPILONE, 1 MG	$74.10
J9208	IFOSFAMIDE, 1 GM	$26.85

J9209	MESNA, 200 MG	$2.15
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	$39.47
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	$31.71
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	$430.93
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	$209.71
J9218	LEUPROLIDE ACETATE, PER 1 MG	$25.97
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	$4,819.82
J9225	HISTRELIN IMPLANTS, 50 MG	$3,284.12
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	$29,003.67
J9228	INJECTION,IPILIMUMAB 1 MG	$146.78
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	$292.48
J9235	IMJECTION, TALIMOGENE LAHERPAREVPVEC, PER 1 MILLI	$46.13
J9245	INJECTION, MELPHALAN HCI, 50 MG	$1,369.46
J9250	METHOTREXATE SODIUM MIX, 2 CC OR 5 MG	$0.25
J9260	METHOTREXATE SODIUM, 50 MG	$2.48
J9261	INJECTION, NELARABINE, 50 MG	$151.66

J9263	INJECTION, OXALIPLATIN, 0.5 MG	$0.19
J9264	INJECTION, PACLITAXEL PROTEIN- BOUND PARTICLES, 1 MG	$10.78
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	$13,907.58
J9267	PACLITAXEL INJECTION, 1 MG	$0.12
J9268	PENTOSTATIN, PER 10 MG	$2,001.26
J9270	PLICAMYCIN, 2.5 MG	$78.99
J9271	INJECTION, PEMBROLIZUMAB , 1 MG	$47.97
J9280	MITOMYCIN, 5 MG	$133.65
J9285	INJECTION, OLARATUMAB, 10 MG	$47.20
J9290	MITOMYCIN, 20 MG	$80.74
J9291	MITOMYCIN, 40 MG	$161.48
J9293	MITOXANTRONE HYDROCHLORIDE, 20 MG	$38.98
J9295	INJECTION, NECITUMUMAB, 1 MG	$5.29
J9299	INJECTION, NIVOLUMAB, 1 MG	$26.80
J9300	GENTUZUMAB OZOGAMICIN 5 MG	$2,742.59
J9301	OBINUTUZUMAB INJ, 10MG	$58.94
J9302	INJECTION, OFATUMUMAB, 10 MG	$54.91
J9303	INJECTION, PANITUMUMAB, 10 MG	$110.28

J9305	INJECTION, PEMETREXED, 10 MG	$64.98
J9306	INJECTION, PERTUZUMAB, 1 MG	$11.16
J9307	INJECTION, PRALATREXATE, 1MG	$247.97
J9308	INJECTION, RAMUCIRUMAB, 5 MG	$56.53
J9310	RITUXIMAB, 100 MG	$848.41
J9315	INJECTION, ROMIDEPSIN, 1 MG	$328.83
J9320	STREPTOZOCIN, 1 GM	$322.73
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	$9.70
J9330	INJECTION, TEMSIROLIMUS, 1 MG	$70.51
J9340	THIOTEPA, 15 MG	$630.70
J9350	TOPOTECAN, 4 MG	$1,058.74
J9351	INJECTION, TOPOTECAN, 0.1 MG	$1.25
J9352	INJECTION TRABECTEDIN 0.1MG	$289.17
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	$29.81
J9355	TRASTUZUMAB, 10 MG	$97.80
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	$1,198.56
J9360	VINBLASTINE SULFATE, 1 MG	$3.48
J9365	INJECTION, FULVESTRANT, 25 MG	$17.71

J9370	VINCRISTINE SULFATE, 1 MG	$4.98
J9371	INJECTION, VINCRISTINE SULFATE LIPSOME, 1 MG	$2,701.78
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	$9.29
J9395	INJECTION, FULVESTRANT, 25 MG	$96.77
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	$8.15
J9600	PORFIMER SODIUM, 75 MG	$3,004.74
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	$0.00

K Codes DME Supplies (Temporary Codes)

Proc 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
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
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

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
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
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

Proc 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
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
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
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
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
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, WITH OR WITHOUT VARUS/VALGUS	$712.50
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	$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
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
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
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
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
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	$9.00
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
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
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
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
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
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	$2,065.19
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	$1,174.36
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
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

Proc 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

Proc 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	$11.80
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	$9.57
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	$54.72
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	$22.49
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	$53.44
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
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

Proc 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)	$0.91
Q0139	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	$0.91
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	$0.03
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC	$0.27

Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	$0.04
Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTIEMETIC	$3.51
Q0167	DRONABINOL, 2.5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	$4.26
Q0169	PROMETHAZINE HCI, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	$0.03
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
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
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	$17.69
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
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	$130.26
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	$1.29
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	$30.90
Q4102	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	$10.99
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	$33.23
Q4107	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	$95.59
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	$50.44
Q4111	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	$6.98
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	$203.34
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	$203.34
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	$1,577.70
Q4115	SKIN SUBSTITUTE, ALLOSKIN, PER SQUARE CENTIMETER	$9.32
Q4116	SKIN SUBSTITUTE, ALLODERM, PER SQUARE CENTIMETER	$31.70
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	$0.00
Q4118	MATRISTEM MICROMATRIX, 1 MG	$0.00
Q4121	THERASKIN,PER SQUARE CENTIMETER	$45.62
Q4123	ALLOSKIN RT,PER SQUARE CENTIMETER	$26.92
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX,PER SQUARE CENTIMETER	$4.76
Q5102	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG	$78.72
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	$21.25

Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	$0.00
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	$33.99
Q9957	INJECTION, PERFLUTREN LIPID MICROSHPERES, PER ML	$50.98
Q9958	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	$0.08
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	$0.17
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	$0.21
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	$0.82
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	$0.33
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	$0.12

R Codes Diagnostic Radiology Services

Proc 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)

Proc Code	Procedure Description	Allowed Amount
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30ML	$12.39
S0108	MERCAPTOPURINE, ORAL, 50 MG	$0.00
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, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUS	$1,755.00
S2405	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO	$0.00
S5102	DAY CARE SERVICES, ADULT; PER DIEM	$22.50
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	$4.95
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	$4.64
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
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

Proc Code	Procedure Description	Allowed Amount
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	$8.67
T1001	NURSING ASSESSMENT/EVALUATION	$67.18
T1013	SIGN LANGUAGE OR ORAL INTERPRETER SERVICES	$17.65
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	$193.03
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR	$40.70

T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	$181.87
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	$743.55
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
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

Proc 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
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

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
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
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
V5170	HEARING AID, CROS, IN THE EAR	$0.00
V5180	HEARING AID, CROS, BEHIND THE EAR	$0.00
V5190	HEARING AID, CROS, GLASSES	$0.00
V5210	HEARING AID, BICROS, IN THE EAR	$0.00
V5220	HEARING AID, BICROS, BEHIND THE EAR	$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
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
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

Proc Code	Procedure Description	Allowed Amount
X0043	HOME HEALTH NURSING AND THERAPY VISITS	$67.18
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

Proc 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