Fee Schedule Report

CPT Active Status: **Active**

CPT Valid Status: **Valid CPT Codes**

Fee Schedule: **Telluride Medical Center Fee Schedule**

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
0042T	$2,222.00	$1,333.00	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of
0042T	$2,222.00	$1,333.00	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of
0446T	$6,241.60	$3,745.00	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	$196.04	$118.00	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	$5,911.78	$3,547.00	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor,
0509T	$152.50	$92.00	Electroretinography (ERG) with interpretation and report, pattern (PERG)
0558T	$2,222.00	$1,333.00	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis
0633T	$2,222.00	$1,333.00	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
0634T	$2,222.00	$1,333.00	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
0635T	$2,222.00	$1,333.00	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
0636T	$2,222.00	$1,333.00	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
0637T	$2,222.00	$1,333.00	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
0638T	$2,222.00	$1,333.00	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
10004	$104.76	$63.00	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
10005	$265.22	$159.00	Fine needle aspiration biopsy, including ultrasound guidance; first lesion
10006	$118.24	$71.00	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)
10007	$610.60	$366.00	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
10008	$283.74	$170.00	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)
10009	$844.46	$507.00	Fine needle aspiration biopsy, including CT guidance; first lesion
10010	$471.70	$283.00	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)
10021	$200.54	$120.00	Fine needle aspiration; without imaging guidance
10030	$1,252.10	$751.00	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck),
10030	$1,252.10	$751.00	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck),
10035	$708.68	$425.00	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion
10036	$577.82	$347.00	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each
10040	$232.96	$140.00	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	I&D Abscess, Simple
10060	$450.00	$270.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10060	$450.00	$270.00	I&D Abscess, Simple
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10061	$610.00	$366.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
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10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10080	$610.00	$366.00	Incision and drainage of pilonidal cyst; simple
10081	$677.52	$407.00	Incision and drainage of pilonidal cyst; complicated
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10120	$450.00	$270.00	Incision and removal of foreign body, subcutaneous tissues; simple
10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
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10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
10121	$875.00	$525.00	Incision and removal of foreign body, subcutaneous tissues; complicated
10140	$520.00	$312.00	Incision and drainage of hematoma, seroma or fluid collection
10140	$520.00	$312.00	Incision and drainage of hematoma, seroma or fluid collection
10140	$520.00	$312.00	Incision and drainage of hematoma, seroma or fluid collection
10140	$520.00	$312.00	Incision and drainage of hematoma, seroma or fluid collection
10160	$410.00	$246.00	Puncture aspiration of abscess, hematoma, bulla, or cyst
10160	$410.00	$246.00	Puncture aspiration of abscess, hematoma, bulla, or cyst
10160	$410.00	$246.00	Puncture aspiration of abscess, hematoma, bulla, or cyst
10160	$410.00	$246.00	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	$524.54	$315.00	Incision and drainage, complex, postoperative wound infection
10180	$524.54	$315.00	Incision and drainage, complex, postoperative wound infection
11000	$190.00	$114.00	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11000	$190.00	$114.00	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11000	$190.00	$114.00	Debridement of extensive eczematous or infected skin; up to 10% of body surface

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
11000	$190.00	$114.00	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	$53.86	$32.00	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)
11004	$1,090.38	$654.00	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005	$1,477.28	$886.00	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006	$1,344.66	$807.00	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or
11008	$519.92	$312.00	Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (List separately in addition to code for primary procedure)
11010	$1,356.00	$814.00	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11010	$1,356.00	$814.00	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	$990.54	$594.00	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and
11012	$1,280.36	$768.00	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle,
11012	$1,280.36	$768.00	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous
11042	$410.00	$246.00	Debridement; skin, and subcutaneous tissue
11042	$410.00	$246.00	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11042	$410.00	$246.00	Debridement; skin, and subcutaneous tissue
11042	$410.00	$246.00	Debridement; skin, and subcutaneous tissue
11042	$410.00	$246.00	Debridement; skin, and subcutaneous tissue
11042	$410.00	$246.00	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11042	$410.00	$246.00	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11043	$710.00	$426.00	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
11043	$710.00	$426.00	Debridement; skin, subcutaneous tissue, and muscle
11043	$710.00	$426.00	Debridement; skin, subcutaneous tissue, and muscle
11043	$710.00	$426.00	Debridement; skin, subcutaneous tissue, and muscle
11043	$710.00	$426.00	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
11043	$710.00	$426.00	Debridement; skin, subcutaneous tissue, and muscle
11043	$710.00	$426.00	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
11044	$612.92	$368.00	Debridement; skin, subcutaneous tissue, muscle, and bone
11044	$612.92	$368.00	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
11045	$78.58	$47.00	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code
11046	$142.88	$86.00	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List
11047	$236.92	$142.00	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List
11055	$220.00	$132.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11055	$220.00	$132.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11055	$220.00	$132.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	$240.00	$144.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions
11056	$240.00	$144.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions
11056	$240.00	$144.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions
11057	$260.00	$156.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions
11057	$260.00	$156.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions
11057	$260.00	$156.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions
11102	$350.00	$210.00	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
11102	$350.00	$210.00	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
11103	$175.00	$105.00	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
11103	$175.00	$105.00	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
11104	$420.00	$252.00	Punch biopsy of skin (including simple closure, when performed); single lesion
11104	$420.00	$252.00	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	$190.00	$114.00	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
11105	$190.00	$114.00	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
11106	$510.00	$306.00	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion
11106	$510.00	$306.00	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion
11107	$220.00	$132.00	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for
11107	$220.00	$132.00	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for
11200	$285.00	$171.00	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11200	$285.00	$171.00	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11200	$285.00	$171.00	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	$60.00	$36.00	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
11201	$60.00	$36.00	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
11201	$60.00	$36.00	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
11300	$310.00	$186.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11300	$310.00	$186.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11300	$310.00	$186.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	$450.00	$270.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11301	$450.00	$270.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11301	$450.00	$270.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	$409.00	$245.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11302	$409.00	$245.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11302	$409.00	$245.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	$498.00	$299.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11303	$498.00	$299.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11303	$498.00	$299.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	$350.00	$210.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11305	$350.00	$210.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11305	$350.00	$210.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	$400.00	$240.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11306	$400.00	$240.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11306	$400.00	$240.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	$450.00	$270.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11307	$450.00	$270.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11307	$450.00	$270.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	$473.00	$284.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11308	$473.00	$284.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11308	$473.00	$284.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11308	$473.00	$284.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11308	$473.00	$284.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11308	$473.00	$284.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	$378.00	$227.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11310	$378.00	$227.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11310	$378.00	$227.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	$449.00	$269.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11311	$449.00	$269.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11311	$449.00	$269.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	$511.00	$307.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11312	$511.00	$307.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11312	$511.00	$307.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	$593.00	$356.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11313	$593.00	$356.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11313	$593.00	$356.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11313	$593.00	$356.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
11313	$593.00	$356.00	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	$424.00	$254.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11400	$424.00	$254.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11400	$424.00	$254.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	$515.00	$309.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11401	$515.00	$309.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11401	$515.00	$309.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	$569.00	$341.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11402	$569.00	$341.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11402	$569.00	$341.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	$655.00	$393.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11403	$655.00	$393.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11403	$655.00	$393.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	$742.00	$445.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11404	$742.00	$445.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	$637.08	$382.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	$419.00	$251.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11420	$419.00	$251.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11420	$419.00	$251.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	$319.00	$191.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11421	$319.00	$191.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	$593.00	$356.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11422	$593.00	$356.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11422	$593.00	$356.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	$681.00	$409.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11423	$681.00	$409.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	$477.56	$287.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	$656.54	$394.00	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	$472.00	$283.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11440	$472.00	$283.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11440	$472.00	$283.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	$573.00	$344.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11441	$573.00	$344.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11441	$573.00	$344.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	$639.00	$383.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11442	$639.00	$383.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11442	$639.00	$383.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	$754.00	$452.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11443	$754.00	$452.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11443	$754.00	$452.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	$936.00	$562.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11444	$936.00	$562.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11444	$936.00	$562.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	$1,269.00	$761.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11446	$1,269.00	$761.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11446	$1,269.00	$761.00	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	$856.00	$514.00	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11450	$856.00	$514.00	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	$1,048.86	$629.00	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11451	$1,048.86	$629.00	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	$842.00	$505.00	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11462	$842.00	$505.00	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	$1,049.20	$630.00	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11463	$1,049.20	$630.00	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	$905.68	$543.00	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11470	$905.68	$543.00	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	$1,081.34	$649.00	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11471	$1,081.34	$649.00	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11600	$651.00	$391.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11600	$651.00	$391.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11600	$651.00	$391.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	$754.00	$452.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11601	$754.00	$452.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11601	$754.00	$452.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	$809.00	$485.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11602	$809.00	$485.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11602	$809.00	$485.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	$920.00	$552.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11603	$920.00	$552.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11603	$920.00	$552.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	$1,025.00	$615.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11604	$1,025.00	$615.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11604	$1,025.00	$615.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	$891.24	$535.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	$653.00	$392.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11620	$653.00	$392.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11620	$653.00	$392.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	$758.00	$455.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11621	$758.00	$455.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11621	$758.00	$455.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	$835.00	$501.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11622	$835.00	$501.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11622	$835.00	$501.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	$975.00	$585.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11623	$975.00	$585.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11623	$975.00	$585.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	$1,108.00	$665.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11624	$1,108.00	$665.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11624	$1,108.00	$665.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11624	$1,108.00	$665.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	$807.08	$484.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11626	$807.08	$484.00	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	$671.00	$403.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11640	$671.00	$403.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11640	$671.00	$403.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	$782.00	$469.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11641	$782.00	$469.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
11641	$782.00	$469.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	$884.00	$530.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11642	$884.00	$530.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11642	$884.00	$530.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	$1,039.00	$623.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11643	$1,039.00	$623.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11643	$1,039.00	$623.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	$1,278.00	$767.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11644	$1,278.00	$767.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11644	$1,278.00	$767.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	$1,001.38	$601.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11646	$1,001.38	$601.00	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11719	$28.66	$17.00	Trimming of nondystrophic nails, any number
11719	$28.66	$17.00	Trimming of nondystrophic nails, any number
11720	$66.08	$40.00	Debridement of nail(s) by any method(s); one to five
11721	$89.80	$54.00	Debridement of nail(s) by any method(s); six or more
11730	$377.00	$226.00	Avulsion of nail plate, partial or complete, simple; single
11730	$377.00	$226.00	Avulsion of nail plate, partial or complete, simple; single
11730	$377.00	$226.00	Avulsion of nail plate, partial or complete, simple; single
11730	$377.00	$226.00	Avulsion of nail plate, partial or complete, simple; single
11732	$65.22	$39.00	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	$192.00	$115.00	Evacuation of subungual hematoma
11740	$192.00	$115.00	Evacuation of subungual hematoma
11740	$192.00	$115.00	Evacuation of subungual hematoma
11740	$192.00	$115.00	Evacuation of subungual hematoma
11740	$192.00	$115.00	Evacuation of subungual hematoma
11750	$529.00	$317.00	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
11750	$529.00	$317.00	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal
11750	$529.00	$317.00	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
11750	$529.00	$317.00	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
11750	$529.00	$317.00	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
11750	$529.00	$317.00	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal
11750	$529.00	$317.00	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal
11755	$242.86	$146.00	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11755	$242.86	$146.00	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	$609.00	$365.00	Repair of nail bed
11760	$609.00	$365.00	Repair of nail bed
11760	$609.00	$365.00	Repair of nail bed
11760	$609.00	$365.00	Repair of nail bed
11760	$609.00	$365.00	Repair of nail bed
11762	$577.76	$347.00	Reconstruction of nail bed with graft
11765	$547.00	$328.00	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11765	$547.00	$328.00	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11765	$547.00	$328.00	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11765	$547.00	$328.00	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	$694.00	$416.00	Excision of pilonidal cyst or sinus; simple
11771	$1,247.80	$749.00	Excision of pilonidal cyst or sinus; extensive
11771	$1,247.80	$749.00	Excision of pilonidal cyst or sinus; extensive
11772	$1,532.12	$919.00	Excision of pilonidal cyst or sinus; complicated
11772	$1,532.12	$919.00	Excision of pilonidal cyst or sinus; complicated
11900	$190.00	$114.00	Injection, intralesional; up to and including seven lesions
11900	$190.00	$114.00	Injection, intralesional; up to and including seven lesions
11900	$190.00	$114.00	Injection, intralesional; up to and including seven lesions
11900	$190.00	$114.00	Injection, intralesional; up to and including seven lesions
11901	$139.70	$84.00	Injection, intralesional; more than seven lesions
11920	$400.48	$240.00	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11920	$400.48	$240.00	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	$438.86	$263.00	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11921	$438.86	$263.00	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	$122.74	$74.00	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List
11922	$122.74	$74.00	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or
11950	$164.84	$99.00	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11950	$164.84	$99.00	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	$218.26	$131.00	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11951	$218.26	$131.00	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	$290.58	$174.00	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11952	$290.58	$174.00	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	$321.40	$193.00	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11954	$321.40	$193.00	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	$2,045.28	$1,227.00	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	$1,124.26	$675.00	Replacement of tissue expander with permanent prosthesis
11971	$1,109.24	$666.00	Removal of tissue expander(s) without insertion of prosthesis
11976	$285.54	$171.00	Removal, implantable contraceptive capsules
11976	$285.54	$171.00	Removal, implantable contraceptive capsules
11980	$187.38	$112.00	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11980	$187.38	$112.00	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11981	$330.00	$198.00	Insertion, non-biodegradable drug delivery implant
11981	$330.00	$198.00	Insertion, non-biodegradable drug delivery implant
11981	$330.00	$198.00	Insertion, non-biodegradable drug delivery implant
11982	$360.00	$216.00	Removal, non-biodegradable drug delivery implant
11982	$360.00	$216.00	Removal, non-biodegradable drug delivery implant
11982	$360.00	$216.00	Removal, non-biodegradable drug delivery implant
11983	$460.00	$276.00	Removal with reinsertion, non-biodegradable drug delivery implant
11983	$460.00	$276.00	Removal with reinsertion, non-biodegradable drug delivery implant
11983	$460.00	$276.00	Removal with reinsertion, non-biodegradable drug delivery implant
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
12001	$382.00	$229.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Lac repair, simple S,N,G,T,E <2.5cm
12001	$382.00	$229.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	$462.00	$277.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12002	$462.00	$277.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12002	$462.00	$277.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12002	$462.00	$277.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	$536.00	$322.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12004	$536.00	$322.00	Laceration repair, simple S,N,G,T,E; 7.6-12.5 cm
12004	$536.00	$322.00	Laceration repair, simple S,N,G,T,E; 7.6-12.5 cm
12004	$536.00	$322.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12004	$536.00	$322.00	Laceration repair, simple S,N,G,T,E; 7.6-12.5 cm
12004	$536.00	$322.00	Laceration repair, simple S,N,G,T,E; 7.6-12.5 cm
12004	$536.00	$322.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12004	$536.00	$322.00	Laceration repair, simple S,N,G,T,E; 7.6-12.5 cm
12004	$536.00	$322.00	Laceration repair, simple S,N,G,T,E; 7.6-12.5 cm
12004	$536.00	$322.00	Laceration repair, simple S,N,G,T,E; 7.6-12.5 cm
12004	$536.00	$322.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	$714.00	$428.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12005	$714.00	$428.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12005	$714.00	$428.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12005	$714.00	$428.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	$822.00	$493.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12006	$822.00	$493.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12006	$822.00	$493.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12006	$822.00	$493.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	$930.00	$558.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12007	$930.00	$558.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12007	$930.00	$558.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12007	$930.00	$558.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011	$454.00	$272.00	Laceration repair, simple F,E,E,N,L; less than 2.5cm
12011	$454.00	$272.00	Laceration repair, simple F,E,E,N,L; less than 2.5cm
12011	$454.00	$272.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12011	$454.00	$272.00	Laceration repair, simple F,E,E,N,L; less than 2.5cm
12011	$454.00	$272.00	Laceration repair, simple F,E,E,N,L; less than 2.5cm
12011	$454.00	$272.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12011	$454.00	$272.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12011	$454.00	$272.00	Laceration repair, simple F,E,E,N,L; less than 2.5cm
12011	$454.00	$272.00	Laceration repair, simple F,E,E,N,L; less than 2.5cm
12011	$454.00	$272.00	Laceration repair, simple F,E,E,N,L; less than 2.5cm
12013	$472.00	$283.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12013	$472.00	$283.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12013	$472.00	$283.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12013	$472.00	$283.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12013	$472.00	$283.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	$575.00	$345.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12014	$575.00	$345.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12014	$575.00	$345.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12014	$575.00	$345.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	$693.00	$416.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12015	$693.00	$416.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12015	$693.00	$416.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12015	$693.00	$416.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	$876.00	$526.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12016	$876.00	$526.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12016	$876.00	$526.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12016	$876.00	$526.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	$596.00	$358.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12017	$596.00	$358.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12017	$596.00	$358.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12017	$596.00	$358.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	$333.14	$200.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	$1,218.00	$731.00	Treatment of superficial wound dehiscence; simple closure
12020	$1,218.00	$731.00	Treatment of superficial wound dehiscence; simple closure
12020	$1,218.00	$731.00	Treatment of superficial wound dehiscence; simple closure
12020	$1,218.00	$731.00	Treatment of superficial wound dehiscence; simple closure
12021	$351.16	$211.00	Treatment of superficial wound dehiscence; with packing
12031	$1,072.00	$643.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12031	$1,072.00	$643.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12031	$1,072.00	$643.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12031	$1,072.00	$643.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	$927.00	$556.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12032	$927.00	$556.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12032	$927.00	$556.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12032	$927.00	$556.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12032	$927.00	$556.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	$1,360.00	$816.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12034	$1,360.00	$816.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12034	$1,360.00	$816.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12034	$1,360.00	$816.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	$1,576.00	$946.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12035	$1,576.00	$946.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12035	$1,576.00	$946.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12035	$1,576.00	$946.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	$1,749.00	$1,049.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12036	$1,749.00	$1,049.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12036	$1,749.00	$1,049.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12036	$1,749.00	$1,049.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	$968.90	$581.00	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	$1,074.00	$644.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12041	$1,074.00	$644.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12041	$1,074.00	$644.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12041	$1,074.00	$644.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	$1,261.00	$757.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12042	$1,261.00	$757.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
12042	$1,261.00	$757.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12042	$1,261.00	$757.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	$1,556.00	$934.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12044	$1,556.00	$934.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12044	$1,556.00	$934.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12044	$1,556.00	$934.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	$1,674.00	$1,004.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12045	$1,674.00	$1,004.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12045	$1,674.00	$1,004.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	$995.26	$597.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	$1,089.82	$654.00	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	$1,154.00	$692.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12051	$1,154.00	$692.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12051	$1,154.00	$692.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12051	$1,154.00	$692.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	$1,282.00	$769.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12052	$1,282.00	$769.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12052	$1,282.00	$769.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12052	$1,282.00	$769.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	$1,477.00	$886.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12053	$1,477.00	$886.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12053	$1,477.00	$886.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12053	$1,477.00	$886.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	$1,552.00	$931.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12054	$1,552.00	$931.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12054	$1,552.00	$931.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12054	$1,552.00	$931.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	$997.42	$598.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	$1,154.20	$693.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	$1,201.36	$721.00	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	$677.00	$406.00	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	$786.68	$472.00	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	$229.84	$138.00	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	$704.80	$423.00	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13120	$704.80	$423.00	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	$1,392.00	$835.00	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13121	$1,392.00	$835.00	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13121	$1,392.00	$835.00	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13121	$1,392.00	$835.00	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	$249.56	$150.00	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13122	$249.56	$150.00	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	$1,272.00	$763.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13131	$1,272.00	$763.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13131	$1,272.00	$763.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13131	$1,272.00	$763.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	$1,540.00	$924.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13132	$1,540.00	$924.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13132	$1,540.00	$924.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13132	$1,540.00	$924.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	$332.18	$199.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for
13151	$839.02	$503.00	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	$1,621.00	$973.00	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13152	$1,621.00	$973.00	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13152	$1,621.00	$973.00	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13152	$1,621.00	$973.00	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	$366.28	$220.00	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	$1,577.92	$947.00	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	$1,279.40	$768.00	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	$1,624.06	$974.00	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	$1,414.92	$849.00	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	$1,743.96	$1,046.00	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	$1,526.90	$916.00	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	$1,854.78	$1,113.00	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	$1,539.90	$924.00	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	$2,001.06	$1,201.00	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14301	$2,157.22	$1,294.00	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	$417.52	$251.00	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
14350	$1,323.24	$794.00	Filleted finger or toe flap, including preparation of recipient site
15002	$677.44	$406.00	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of
15003	$135.52	$81.00	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of
15004	$777.88	$467.00	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of
15005	$228.80	$137.00	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of
15040	$521.34	$313.00	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15050	$1,172.48	$703.00	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	$1,725.18	$1,035.00	Split graft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15100	$1,725.18	$1,035.00	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	$365.32	$219.00	Split graft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in
15101	$365.32	$219.00	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List
15110	$1,639.96	$984.00	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15111	$221.98	$133.00	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in
15115	$1,610.86	$967.00	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of
15116	$299.26	$180.00	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional
15120	$1,682.22	$1,009.00	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or less, or one percent of body area of
15120	$1,682.22	$1,009.00	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body
15121	$406.98	$244.00	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each
15121	$406.98	$244.00	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or each additional one
15130	$1,435.46	$861.00	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15130	$1,435.46	$861.00	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15131	$192.50	$116.00	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in
15135	$1,732.74	$1,040.00	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of
15136	$189.78	$114.00	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1%
15136	$189.78	$114.00	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1%
15150	$1,385.98	$832.00	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15150	$1,385.98	$832.00	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
15151	$229.92	$138.00	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15151	$229.92	$138.00	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15152	$299.84	$180.00	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
15152	$299.84	$180.00	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List
15155	$1,579.96	$948.00	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15155	$1,579.96	$948.00	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	$308.60	$185.00	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List
15156	$308.60	$185.00	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm
15157	$343.78	$206.00	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or
15200	$1,675.78	$1,005.00	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15200	$1,675.78	$1,005.00	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	$275.20	$165.00	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary
15201	$275.20	$165.00	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)
15220	$1,541.42	$925.00	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15220	$1,541.42	$925.00	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	$253.00	$152.00	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for
15240	$1,861.26	$1,117.00	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15240	$1,861.26	$1,117.00	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	$343.22	$206.00	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq
15260	$2,005.26	$1,203.00	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15260	$2,005.26	$1,203.00	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	$404.90	$243.00	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for
15271	$305.24	$183.00	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272	$48.18	$29.00	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part
15273	$601.88	$361.00	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or
15274	$157.46	$94.00	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface
15275	$316.30	$190.00	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to
15276	$64.42	$39.00	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to
15277	$672.82	$404.00	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area
15278	$186.12	$112.00	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area
15570	$1,805.28	$1,083.00	Formation of direct or tubed pedicle, with or without transfer; trunk
15570	$1,805.28	$1,083.00	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	$1,763.08	$1,058.00	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15572	$1,763.08	$1,058.00	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	$1,714.34	$1,029.00	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15574	$1,714.34	$1,029.00	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	$1,566.98	$940.00	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15576	$1,566.98	$940.00	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	$675.94	$406.00	Delay of flap or sectioning of flap (division and inset); at trunk
15600	$675.94	$406.00	Delay of flap or sectioning of flap (division and inset); at trunk
15610	$743.98	$446.00	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15610	$743.98	$446.00	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	$899.96	$540.00	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15620	$899.96	$540.00	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	$932.28	$559.00	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15630	$932.28	$559.00	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	$1,091.28	$655.00	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15730	$2,800.80	$1,680.00	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
15731	$2,232.62	$1,340.00	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15733	$2,030.74	$1,218.00	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter,
15734	$2,948.78	$1,769.00	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15734	$2,948.78	$1,769.00	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	$2,407.66	$1,445.00	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15736	$2,407.66	$1,445.00	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	$2,488.00	$1,493.00	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15738	$2,488.00	$1,493.00	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	$2,031.00	$1,219.00	Flap; island pedicle
15750	$1,850.88	$1,111.00	Flap; neurovascular pedicle
15750	$1,850.88	$1,111.00	Flap; neurovascular pedicle
15756	$4,468.36	$2,681.00	Free muscle or myocutaneous flap with microvascular anastomosis
15757	$4,440.30	$2,664.00	Free skin flap with microvascular anastomosis
15757	$4,440.30	$2,664.00	Free skin flap with microvascular anastomosis
15758	$4,423.52	$2,654.00	Free fascial flap with microvascular anastomosis
15758	$4,423.52	$2,654.00	Free fascial flap with microvascular anastomosis
15760	$1,691.10	$1,015.00	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15769	$956.32	$574.00	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15770	$1,346.20	$808.00	Graft; derma-fat-fascia
15771	$1,225.80	$735.00	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	$381.50	$229.00	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List
15773	$1,196.30	$718.00	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774	$372.36	$223.00	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc
15775	$747.74	$449.00	Punch graft for hair transplant; 1 to 15 punch grafts
15775	$747.74	$449.00	Punch graft for hair transplant; 1 to 15 punch grafts
15776	$1,009.88	$606.00	Punch graft for hair transplant; more than 15 punch grafts
15776	$1,009.88	$606.00	Punch graft for hair transplant; more than 15 punch grafts
15777	$416.62	$250.00	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary
15778	$755.44	$453.00	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue
15780	$1,696.64	$1,018.00	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15780	$1,696.64	$1,018.00	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	$1,051.38	$631.00	Dermabrasion; segmental, face
15781	$1,051.38	$631.00	Dermabrasion; segmental, face
15782	$978.04	$587.00	Dermabrasion; regional, other than face
15782	$978.04	$587.00	Dermabrasion; regional, other than face
15783	$908.64	$545.00	Dermabrasion; superficial, any site (eg, tattoo removal)
15783	$908.64	$545.00	Dermabrasion; superficial, any site, (eg, tattoo removal)
15786	$456.14	$274.00	Abrasion; single lesion (eg, keratosis, scar)
15786	$456.14	$274.00	Abrasion; single lesion (eg, keratosis, scar)
15787	$59.92	$36.00	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15787	$59.92	$36.00	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)
15788	$779.40	$468.00	Chemical peel, facial; epidermal
15788	$779.40	$468.00	Chemical peel, facial; epidermal
15789	$1,073.98	$644.00	Chemical peel, facial; dermal
15789	$1,073.98	$644.00	Chemical peel, facial; dermal
15792	$673.26	$404.00	Chemical peel, nonfacial; epidermal
15792	$673.26	$404.00	Chemical peel, nonfacial; epidermal
15793	$958.02	$575.00	Chemical peel, nonfacial; dermal
15793	$958.02	$575.00	Chemical peel, nonfacial; dermal
15820	$1,154.98	$693.00	Blepharoplasty, lower eyelid;
15821	$1,235.90	$742.00	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	$919.18	$552.00	Blepharoplasty, upper eyelid;

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
15823	$1,237.78	$743.00	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15830	$2,325.66	$1,395.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	$1,846.74	$1,108.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15832	$1,846.74	$1,108.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
15833	$1,749.08	$1,049.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15833	$1,749.08	$1,049.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	$1,781.32	$1,069.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15834	$1,781.32	$1,069.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
15835	$1,854.56	$1,113.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15835	$1,854.56	$1,113.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	$1,591.88	$955.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15836	$1,591.88	$955.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
15837	$1,738.90	$1,043.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
15837	$1,738.90	$1,043.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	$1,301.88	$781.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15838	$1,301.88	$781.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	$1,782.84	$1,070.00	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
15839	$1,782.84	$1,070.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15840	$1,993.40	$1,196.00	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15840	$1,993.40	$1,196.00	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	$3,517.12	$2,110.00	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15841	$3,517.12	$2,110.00	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	$5,307.06	$3,184.00	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15842	$5,307.06	$3,184.00	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	$2,116.78	$1,270.00	Graft for facial nerve paralysis; regional muscle transfer
15845	$2,116.78	$1,270.00	Graft for facial nerve paralysis; regional muscle transfer
15851	$111.38	$67.00	Removal of sutures under anesthesia (other than local), other surgeon
15851	$111.38	$67.00	Removal of sutures under anesthesia (other than local), other surgeon
15852	$142.00	$85.00	Dressing change (for other than burns) under anesthesia (other than local)
15852	$142.00	$85.00	Dressing change (for other than burns) under anesthesia (other than local)
15852	$142.00	$85.00	Dressing change (for other than burns) under anesthesia (other than local)
15853	$23.02	$14.00	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)
15854	$29.14	$17.00	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)
15860	$206.08	$124.00	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15920	$1,262.88	$758.00	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	$1,593.28	$956.00	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	$1,395.06	$837.00	Excision, sacral pressure ulcer, with primary suture;
15933	$1,730.62	$1,038.00	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	$1,957.88	$1,175.00	Excision, sacral pressure ulcer, with skin flap closure;
15935	$2,298.80	$1,379.00	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	$1,754.74	$1,053.00	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	$1,942.24	$1,165.00	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	$1,408.06	$845.00	Excision, ischial pressure ulcer, with primary suture;
15941	$1,889.86	$1,134.00	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	$1,863.06	$1,118.00	Excision, ischial pressure ulcer, with skin flap closure;
15945	$2,031.78	$1,219.00	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	$3,157.42	$1,894.00	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	$1,274.64	$765.00	Excision, trochanteric pressure ulcer, with primary suture;
15951	$1,793.50	$1,076.00	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	$1,827.24	$1,096.00	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	$2,010.96	$1,207.00	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	$2,302.32	$1,381.00	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	$2,301.76	$1,381.00	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
16000	$264.00	$158.00	Initial treatment, first degree burn, when no more than local treatment is required
16000	$264.00	$158.00	Initial treatment, first degree burn, when no more than local treatment is required
16000	$264.00	$158.00	Initial treatment, first degree burn, when no more than local treatment is required
16000	$264.00	$158.00	Initial treatment, first degree burn, when no more than local treatment is required
16000	$264.00	$158.00	Initial treatment, first degree burn, when no more than local treatment is required
16000	$264.00	$158.00	Initial treatment, first degree burn, when no more than local treatment is required
16020	$283.00	$170.00	Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small
16020	$283.00	$170.00	Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small
16020	$283.00	$170.00	Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small
16020	$283.00	$170.00	Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small
16020	$283.00	$170.00	Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small
16020	$283.00	$170.00	Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small
16025	$513.00	$308.00	Dressings and/or debridement, initial or subsequent; without anesthesia, medium (eg, whole face or whole extremity)
16025	$513.00	$308.00	Dressings and/or debridement, initial or subsequent; without anesthesia, medium (eg, whole face or whole extremity)
16025	$513.00	$308.00	Dressings and/or debridement, initial or subsequent; without anesthesia, medium (eg, whole face or whole extremity)
16030	$395.12	$237.00	Dressings and/or debridement, initial or subsequent; without anesthesia, large (eg, more than one extremity)
16035	$379.14	$227.00	Escharotomy; initial incision
16035	$379.14	$227.00	Escharotomy; initial incision
16036	$158.92	$95.00	Escharotomy; each additional incision (List separately in addition to code for primary procedure)
16036	$158.92	$95.00	Escharotomy; each additional incision (List separately in addition to code for primary procedure)
17000	$226.00	$136.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all premalignant lesions (eg, actinic keratoses) other than
17000	$226.00	$136.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17000	$226.00	$136.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all premalignant lesions (eg, actinic keratoses) other than
17000	$226.00	$136.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17000	$226.00	$136.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all premalignant lesions (eg, actinic keratoses) other than
17000	$226.00	$136.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	$22.00	$13.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all premalignant lesions (eg, actinic keratoses) other than
17003	$22.00	$13.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all premalignant lesions (eg, actinic keratoses) other than
17003	$22.00	$13.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all premalignant lesions (eg, actinic keratoses) other than
17004	$552.00	$331.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses)
17004	$552.00	$331.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses)
17004	$552.00	$331.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses)
17106	$694.02	$416.00	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	$902.72	$542.00	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	$1,274.92	$765.00	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	$377.00	$226.00	
17110	$377.00	$226.00	
17110	$377.00	$226.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; up to 14
17110	$377.00	$226.00	
17110	$377.00	$226.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; up to 14
17111	$441.00	$265.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more
17111	$441.00	$265.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more
17111	$441.00	$265.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more
17250	$170.56	$102.00	Chemical cauterization of granulation tissue (ie, proud flesh)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
17250	$170.56	$102.00	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	$200.10	$120.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm
17261	$298.38	$179.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to
17262	$357.36	$214.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to
17263	$387.12	$232.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to
17264	$415.54	$249.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to
17266	$471.68	$283.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over
17270	$301.58	$181.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion
17271	$334.46	$201.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion
17272	$377.64	$227.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion
17273	$419.30	$252.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion
17274	$490.28	$294.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion
17276	$567.04	$340.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion
17280	$283.38	$170.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous
17281	$360.76	$216.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous
17282	$411.84	$247.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous
17283	$486.72	$292.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous
17284	$552.48	$331.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous
17286	$711.96	$427.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous
17311	$1,365.00	$819.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17311	$1,365.00	$819.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17312	$826.58	$496.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17313	$1,283.80	$770.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17313	$1,283.80	$770.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17314	$791.90	$475.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17314	$791.90	$475.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17315	$161.16	$97.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17315	$161.16	$97.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic
17340	$173.00	$104.00	Cryotherapy (CO2 slush, liquid N2) for acne
17340	$173.00	$104.00	Cryotherapy (CO2 slush, liquid N2) for acne
17340	$173.00	$104.00	Cryotherapy (CO2 slush, liquid N2) for acne
17340	$173.00	$104.00	Cryotherapy (CO2 slush, liquid N2) for acne
17340	$173.00	$104.00	Cryotherapy (CO2 slush, liquid N2) for acne
17360	$246.14	$148.00	Chemical exfoliation for acne (eg, acne paste, acid)
19000	$320.00	$192.00	Puncture aspiration of cyst of breast;
19000	$320.00	$192.00	Puncture aspiration of cyst of breast;
19001	$51.32	$31.00	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19020	$917.96	$551.00	Mastotomy with exploration or drainage of abscess, deep
19030	$323.74	$194.00	Injection procedure only for mammary ductogram or galactogram
19081	$977.44	$586.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when
19082	$747.64	$449.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when
19083	$967.54	$581.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when
19084	$733.64	$440.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when
19085	$1,483.94	$890.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when
19086	$1,145.66	$687.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when
19100	$290.44	$174.00	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	$632.18	$379.00	Biopsy of breast; open, incisional
19105	$4,431.36	$2,659.00	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19105	$4,431.36	$2,659.00	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19110	$955.74	$573.00	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	$905.12	$543.00	Excision of lactiferous duct fistula
19120	$1,036.38	$622.00	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or
19125	$1,141.14	$685.00	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19125	$1,141.14	$685.00	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	$306.56	$184.00	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative
19126	$306.56	$184.00	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative
19281	$480.12	$288.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic
19282	$338.58	$203.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including
19283	$511.70	$307.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance
19284	$370.30	$222.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic
19285	$714.80	$429.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance
19286	$582.20	$349.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound
19287	$1,232.58	$740.00	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance
19288	$947.54	$569.00	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic
19294	$315.32	$189.00	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy
19296	$7,024.98	$4,215.00	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging
19297	$179.60	$108.00	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging
19298	$1,726.98	$1,036.00	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following
19300	$1,154.60	$693.00	Mastectomy for gynecomastia
19301	$1,296.92	$778.00	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19301	$1,296.92	$778.00	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	$1,780.76	$1,068.00	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	$1,881.94	$1,129.00	Mastectomy, simple, complete
19303	$1,881.94	$1,129.00	Mastectomy, simple, complete
19305	$2,248.28	$1,349.00	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19305	$2,248.28	$1,349.00	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	$2,400.32	$1,440.00	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19306	$2,400.32	$1,440.00	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19307	$2,314.46	$1,389.00	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19307	$2,314.46	$1,389.00	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19316	$1,575.28	$945.00	Mastopexy
19318	$2,167.86	$1,301.00	Reduction mammaplasty
19325	$1,231.72	$739.00	Mammaplasty, augmentation; with prosthetic implant
19328	$1,108.84	$665.00	Removal of intact mammary implant
19330	$1,287.54	$773.00	Removal of mammary implant material
19340	$1,512.44	$907.00	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	$1,518.44	$911.00	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	$1,663.92	$998.00	Nipple/areola reconstruction
19355	$1,511.02	$907.00	Correction of inverted nipples
19357	$2,318.56	$1,391.00	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	$3,077.60	$1,847.00	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19361	$3,077.60	$1,847.00	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364	$5,336.50	$3,202.00	Breast reconstruction with free flap
19367	$3,493.34	$2,096.00	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	$4,261.74	$2,557.00	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular
19369	$3,961.42	$2,377.00	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	$1,341.54	$805.00	Open periprosthetic capsulotomy, breast

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
19371	$1,421.02	$853.00	Periprosthetic capsulectomy, breast
19380	$1,609.60	$966.00	Revision of reconstructed breast
19396	$537.72	$323.00	Preparation of moulage for custom breast implant
20100	$1,169.30	$702.00	Exploration of penetrating wound (separate procedure); neck
20100	$1,169.30	$702.00	Exploration of penetrating wound (separate procedure); neck
20101	$1,110.80	$666.00	Exploration of penetrating wound (separate procedure); chest
20101	$1,110.80	$666.00	Exploration of penetrating wound (separate procedure); chest
20102	$1,189.28	$714.00	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20102	$1,189.28	$714.00	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	$1,115.64	$669.00	Exploration of penetrating wound (separate procedure); extremity
20103	$1,115.64	$669.00	Exploration of penetrating wound (separate procedure); extremity
20150	$1,993.48	$1,196.00	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	$427.54	$257.00	Biopsy, muscle; superficial
20205	$599.62	$360.00	Biopsy, muscle; deep
20206	$430.28	$258.00	Biopsy, muscle, percutaneous needle
20206	$430.28	$258.00	Biopsy, muscle, percutaneous needle
20220	$456.08	$274.00	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20220	$456.08	$274.00	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	$744.00	$446.00	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20225	$744.00	$446.00	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	$274.28	$165.00	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
20240	$274.28	$165.00	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	$668.20	$401.00	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)
20245	$668.20	$401.00	Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250	$777.74	$467.00	Biopsy, vertebral body, open; thoracic
20251	$854.06	$512.00	Biopsy, vertebral body, open; lumbar or cervical
20500	$252.12	$151.00	Injection of sinus tract; therapeutic (separate procedure)
20501	$278.94	$167.00	Injection of sinus tract; diagnostic (sinogram)
20520	$721.00	$433.00	Removal of foreign body in muscle or tendon sheath; simple
20520	$721.00	$433.00	Removal of foreign body in muscle or tendon sheath; simple
20520	$721.00	$433.00	Removal of foreign body in muscle or tendon sheath; simple
20520	$721.00	$433.00	Removal of foreign body in muscle or tendon sheath; simple
20525	$932.54	$560.00	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	$165.22	$99.00	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20527	$175.66	$105.00	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren"s contracture)
20550	$191.00	$115.00	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20550	$191.00	$115.00	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20550	$191.00	$115.00	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20550	$191.00	$115.00	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	$189.00	$113.00	Injection(s); single tendon origin/insertion
20551	$189.00	$113.00	Injection(s); single tendon origin/insertion
20551	$189.00	$113.00	Injection(s); single tendon origin/insertion
20551	$189.00	$113.00	Injection(s); single tendon origin/insertion
20552	$172.00	$103.00	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20552	$172.00	$103.00	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20552	$172.00	$103.00	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20552	$172.00	$103.00	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	$198.00	$119.00	Injection(s); single or multiple trigger point(s), three or more muscle(s)
20553	$198.00	$119.00	Injection(s); single or multiple trigger point(s), three or more muscle(s)
20553	$198.00	$119.00	Injection(s); single or multiple trigger point(s), three or more muscle(s)
20553	$198.00	$119.00	Injection(s); single or multiple trigger point(s), three or more muscle(s)
20555	$670.22	$402.00	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the
20560	$50.54	$30.00	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	$73.78	$44.00	Needle insertion(s) without injection(s); 3 or more muscles
20600	$177.00	$106.00	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20600	$177.00	$106.00	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20600	$177.00	$106.00	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20600	$177.00	$106.00	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20604	$165.96	$100.00	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting
20605	$180.00	$108.00	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20605	$180.00	$108.00	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20605	$180.00	$108.00	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20605	$180.00	$108.00	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20606	$179.12	$107.00	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with
20610	$213.00	$128.00	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20610	$213.00	$128.00	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20610	$213.00	$128.00	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20610	$213.00	$128.00	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20611	$197.46	$118.00	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent
20612	$216.00	$130.00	Aspiration and/or injection of ganglion cyst(s) any location
20612	$216.00	$130.00	Aspiration and/or injection of ganglion cyst(s) any location
20612	$216.00	$130.00	Aspiration and/or injection of ganglion cyst(s) any location
20612	$216.00	$130.00	Aspiration and/or injection of ganglion cyst(s) any location
20615	$497.16	$298.00	Aspiration and injection for treatment of bone cyst
20650	$470.10	$282.00	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	$464.60	$279.00	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20660	$464.60	$279.00	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661	$1,042.86	$626.00	Application of halo, including removal; cranial
20662	$1,058.50	$635.00	Application of halo, including removal; pelvic
20663	$976.58	$586.00	Application of halo, including removal; femoral
20664	$1,780.12	$1,068.00	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta),
20664	$1,780.12	$1,068.00	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)
20665	$240.20	$144.00	Removal of tongs or halo applied by another physician
20670	$705.30	$423.00	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)
20680	$1,195.14	$717.00	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	$1,189.78	$714.00	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692	$2,257.18	$1,354.00	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693	$908.20	$545.00	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	$872.48	$523.00	Removal, under anesthesia, of external fixation system
20696	$2,306.06	$1,384.00	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame),
20697	$3,457.42	$2,074.00	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame),
20700	$162.52	$98.00	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)
20701	$123.76	$74.00	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)
20702	$276.98	$166.00	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
20703	$203.10	$122.00	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
20704	$291.38	$175.00	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
20705	$240.72	$144.00	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
20802	$5,387.30	$3,232.00	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20802	$5,387.30	$3,232.00	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805	$6,389.34	$3,834.00	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20805	$6,389.34	$3,834.00	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808	$7,695.24	$4,617.00	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20808	$7,695.24	$4,617.00	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20816	$4,033.16	$2,420.00	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20816	$4,033.16	$2,420.00	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822	$3,495.68	$2,097.00	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20822	$3,495.68	$2,097.00	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824	$4,042.02	$2,425.00	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20824	$4,042.02	$2,425.00	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827	$3,589.30	$2,154.00	Replantation, thumb (includes distal tip to MP joint), complete amputation
20827	$3,589.30	$2,154.00	Replantation, thumb (includes distal tip to MP joint), complete amputation
20838	$5,468.48	$3,281.00	Replantation, foot, complete amputation
20838	$5,468.48	$3,281.00	Replantation, foot, complete amputation
20900	$760.54	$456.00	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	$535.32	$321.00	Bone graft, any donor area; major or large
20910	$967.80	$581.00	Cartilage graft; costochondral
20912	$964.86	$579.00	Cartilage graft; nasal septum
20920	$801.98	$481.00	Fascia lata graft; by stripper
20922	$1,225.30	$735.00	Fascia lata graft; by incision and area exposure, complex or sheet
20924	$1,017.10	$610.00	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20931	$212.80	$128.00	Allograft for spine surgery only; structural
20931	$212.80	$128.00	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20932	$1,460.06	$876.00	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List
20933	$1,339.16	$804.00	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in
20934	$1,458.88	$875.00	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to
20937	$322.16	$193.00	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
20937	$322.16	$193.00	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for
20938	$351.46	$211.00	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)
20938	$351.46	$211.00	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in
20939	$134.70	$81.00	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary
20950	$517.50	$311.00	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle
20950	$517.50	$311.00	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle
20955	$4,784.54	$2,871.00	Bone graft with microvascular anastomosis; fibula
20955	$4,784.54	$2,871.00	Bone graft with microvascular anastomosis; fibula
20956	$5,178.96	$3,107.00	Bone graft with microvascular anastomosis; iliac crest
20956	$5,178.96	$3,107.00	Bone graft with microvascular anastomosis; iliac crest
20957	$5,396.88	$3,238.00	Bone graft with microvascular anastomosis; metatarsal
20957	$5,396.88	$3,238.00	Bone graft with microvascular anastomosis; metatarsal
20962	$5,273.52	$3,164.00	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20962	$5,273.52	$3,164.00	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20969	$5,309.40	$3,186.00	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20969	$5,309.40	$3,186.00	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	$5,587.86	$3,353.00	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20970	$5,587.86	$3,353.00	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	$5,569.82	$3,342.00	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20972	$5,569.82	$3,342.00	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	$5,878.14	$3,527.00	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20973	$5,878.14	$3,527.00	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20974	$172.98	$104.00	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975	$349.90	$210.00	Electrical stimulation to aid bone healing; invasive (operative)
20979	$111.62	$67.00	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982	$6,759.60	$4,056.00	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance
20982	$6,759.60	$4,056.00	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,
20983	$9,871.14	$5,923.00	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension,
20985	$280.24	$168.00	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (List separately in addition to code for primary procedure)
21010	$1,477.94	$887.00	Arthrotomy, temporomandibular joint
21011	$753.32	$452.00	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	$680.46	$408.00	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21012	$680.46	$408.00	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	$1,065.72	$639.00	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
21014	$1,042.10	$625.00	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21014	$1,042.10	$625.00	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21015	$1,395.16	$837.00	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
21015	$1,395.16	$837.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21016	$1,985.48	$1,191.00	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater
21016	$1,985.48	$1,191.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; 2 cm or greater
21025	$1,609.16	$966.00	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21025	$1,609.16	$966.00	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	$1,103.26	$662.00	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	$1,555.04	$933.00	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	$924.60	$555.00	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	$767.46	$460.00	Excision of torus mandibularis
21031	$767.46	$460.00	Excision of torus mandibularis
21032	$754.10	$452.00	Excision of maxillary torus palatinus
21032	$754.10	$452.00	Excision of maxillary torus palatinus
21034	$2,572.66	$1,544.00	Excision of malignant tumor of maxilla or zygoma
21034	$2,572.66	$1,544.00	Excision of malignant tumor of maxilla or zygoma
21040	$933.46	$560.00	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	$1,713.04	$1,028.00	Excision of malignant tumor of mandible;
21045	$2,371.54	$1,423.00	Excision of malignant tumor of mandible; radical resection
21046	$1,965.80	$1,179.00	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047	$2,402.76	$1,442.00	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048	$1,990.48	$1,194.00	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21049	$2,279.26	$1,368.00	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
21050	$1,721.96	$1,033.00	Condylectomy, temporomandibular joint (separate procedure)
21060	$1,560.00	$936.00	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	$1,216.06	$730.00	Coronoidectomy (separate procedure)
21073	$820.54	$492.00	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076	$1,762.14	$1,057.00	Impression and custom preparation; surgical obturator prosthesis
21077	$4,268.56	$2,561.00	Impression and custom preparation; orbital prosthesis
21079	$2,948.80	$1,769.00	Impression and custom preparation; interim obturator prosthesis
21080	$3,354.44	$2,013.00	Impression and custom preparation; definitive obturator prosthesis
21081	$3,091.02	$1,855.00	Impression and custom preparation; mandibular resection prosthesis
21082	$2,912.60	$1,748.00	Impression and custom preparation; palatal augmentation prosthesis

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
21083	$2,760.40	$1,656.00	Impression and custom preparation; palatal lift prosthesis
21084	$3,145.86	$1,888.00	Impression and custom preparation; speech aid prosthesis
21085	$1,374.48	$825.00	Impression and custom preparation; oral surgical splint
21086	$3,168.06	$1,901.00	Impression and custom preparation; auricular prosthesis
21087	$3,168.06	$1,901.00	Impression and custom preparation; nasal prosthesis
21100	$1,253.76	$752.00	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	$1,712.94	$1,028.00	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	$418.30	$251.00	Injection procedure for temporomandibular joint arthrography
21116	$418.30	$251.00	Injection procedure for temporomandibular joint arthrography
21120	$1,323.92	$794.00	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	$1,277.10	$766.00	Genioplasty; sliding osteotomy, single piece
21122	$1,489.58	$894.00	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	$1,676.38	$1,006.00	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	$5,143.02	$3,086.00	Augmentation, mandibular body or angle; prosthetic material
21125	$5,143.02	$3,086.00	Augmentation, mandibular body or angle; prosthetic material
21127	$7,936.78	$4,762.00	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21127	$7,936.78	$4,762.00	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	$1,499.14	$899.00	Reduction forehead; contouring only
21138	$1,819.08	$1,091.00	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	$2,159.16	$1,296.00	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	$2,642.88	$1,586.00	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21141	$2,642.88	$1,586.00	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	$2,711.18	$1,627.00	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21142	$2,711.18	$1,627.00	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	$2,793.74	$1,676.00	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
21143	$2,793.74	$1,676.00	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	$3,065.16	$1,839.00	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21145	$3,065.16	$1,839.00	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	$3,202.00	$1,921.00	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted
21146	$3,202.00	$1,921.00	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral
21147	$3,365.46	$2,019.00	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg,
21147	$3,365.46	$2,019.00	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted
21150	$3,224.06	$1,934.00	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21150	$3,224.06	$1,934.00	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	$3,545.92	$2,128.00	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21151	$3,545.92	$2,128.00	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	$3,818.40	$2,291.00	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21154	$3,818.40	$2,291.00	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	$4,231.88	$2,539.00	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21155	$4,231.88	$2,539.00	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	$5,065.20	$3,039.00	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts);
21159	$5,065.20	$3,039.00	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts);
21160	$5,489.90	$3,294.00	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts);
21160	$5,489.90	$3,294.00	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts);
21172	$4,131.94	$2,479.00	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	$4,337.86	$2,603.00	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with
21179	$2,995.40	$1,797.00	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	$3,343.04	$2,006.00	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	$1,477.22	$886.00	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	$4,157.90	$2,495.00	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous
21183	$4,519.40	$2,712.00	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous
21184	$4,857.52	$2,915.00	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous
21188	$3,122.98	$1,874.00	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	$2,438.78	$1,463.00	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	$2,818.12	$1,691.00	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	$2,651.34	$1,591.00	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	$2,830.64	$1,698.00	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	$2,001.86	$1,201.00	Osteotomy, mandible, segmental;
21199	$2,011.50	$1,207.00	Osteotomy, mandible, segmental; with genioglossus advancement
21206	$1,939.94	$1,164.00	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	$3,258.52	$1,955.00	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	$1,577.98	$947.00	Osteoplasty, facial bones; reduction
21210	$3,518.06	$2,111.00	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	$8,107.44	$4,864.00	Graft, bone; mandible (includes obtaining graft)
21230	$1,479.36	$888.00	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	$1,476.10	$886.00	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	$2,087.88	$1,253.00	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	$2,013.74	$1,208.00	Arthroplasty, temporomandibular joint, with allograft
21243	$3,209.80	$1,926.00	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	$1,994.72	$1,197.00	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	$2,427.82	$1,457.00	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	$1,685.78	$1,011.00	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	$3,127.50	$1,877.00	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	$1,968.38	$1,181.00	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	$2,669.80	$1,602.00	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	$2,648.94	$1,589.00	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	$2,462.06	$1,477.00	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	$2,710.78	$1,626.00	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	$4,787.10	$2,872.00	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	$4,430.64	$2,658.00	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	$3,171.38	$1,903.00	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	$3,974.12	$2,384.00	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	$2,045.50	$1,227.00	Malar augmentation, prosthetic material
21270	$2,045.50	$1,227.00	Malar augmentation, prosthetic material
21275	$1,675.66	$1,005.00	Secondary revision of orbitocraniofacial reconstruction
21275	$1,675.66	$1,005.00	Secondary revision of orbitocraniofacial reconstruction
21280	$1,176.90	$706.00	Medial canthopexy (separate procedure)
21282	$804.78	$483.00	Lateral canthopexy
21295	$402.52	$242.00	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	$816.62	$490.00	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21315	$310.26	$186.00	Closed treatment of nasal bone fracture; without stabilization
21315	$310.26	$186.00	Closed treatment of nasal bone fracture; without stabilization
21320	$434.12	$260.00	Closed treatment of nasal bone fracture; with stabilization
21320	$434.12	$260.00	Closed treatment of nasal bone fracture; with stabilization
21325	$893.26	$536.00	Open treatment of nasal fracture; uncomplicated
21325	$893.26	$536.00	Open treatment of nasal fracture; uncomplicated
21330	$1,069.82	$642.00	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
21330	$1,069.82	$642.00	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	$1,425.96	$856.00	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21335	$1,425.96	$856.00	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	$1,275.26	$765.00	Open treatment of nasal septal fracture, with or without stabilization
21336	$1,275.26	$765.00	Open treatment of nasal septal fracture, with or without stabilization
21337	$1,383.00	$830.00	Closed treatment of nasal septal fracture, with or without stabilization
21337	$1,383.00	$830.00	Closed treatment of nasal septal fracture, with or without stabilization
21337	$1,383.00	$830.00	Closed treatment of nasal septal fracture, with or without stabilization
21338	$1,348.26	$809.00	Open treatment of nasoethmoid fracture; without external fixation
21338	$1,348.26	$809.00	Open treatment of nasoethmoid fracture; without external fixation
21339	$1,519.84	$912.00	Open treatment of nasoethmoid fracture; with external fixation
21339	$1,519.84	$912.00	Open treatment of nasoethmoid fracture; with external fixation
21340	$1,498.04	$899.00	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal
21340	$1,498.04	$899.00	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal
21343	$2,163.12	$1,298.00	Open treatment of depressed frontal sinus fracture
21343	$2,163.12	$1,298.00	Open treatment of depressed frontal sinus fracture
21344	$2,748.08	$1,649.00	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21344	$2,748.08	$1,649.00	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	$1,607.94	$965.00	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21345	$1,607.94	$965.00	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	$2,010.04	$1,206.00	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21346	$2,010.04	$1,206.00	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	$2,068.26	$1,241.00	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21347	$2,068.26	$1,241.00	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	$2,158.96	$1,295.00	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21348	$2,158.96	$1,295.00	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	$899.52	$540.00	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21355	$899.52	$540.00	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	$1,099.12	$659.00	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21356	$1,099.12	$659.00	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	$1,051.76	$631.00	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21360	$1,051.76	$631.00	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	$2,149.08	$1,289.00	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with
21365	$2,149.08	$1,289.00	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with
21366	$2,526.18	$1,516.00	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with
21366	$2,526.18	$1,516.00	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with
21385	$1,460.22	$876.00	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21385	$1,460.22	$876.00	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	$1,381.20	$829.00	Open treatment of orbital floor blowout fracture; periorbital approach
21386	$1,381.20	$829.00	Open treatment of orbital floor blowout fracture; periorbital approach
21387	$1,524.34	$915.00	Open treatment of orbital floor blowout fracture; combined approach
21387	$1,524.34	$915.00	Open treatment of orbital floor blowout fracture; combined approach
21390	$1,589.88	$954.00	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21390	$1,589.88	$954.00	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395	$1,989.60	$1,194.00	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21395	$1,989.60	$1,194.00	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21400	$447.28	$268.00	Closed treatment of fracture of orbit, except blowout; without manipulation
21400	$447.28	$268.00	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	$1,027.20	$616.00	Closed treatment of fracture of orbit, except blowout; with manipulation
21401	$1,027.20	$616.00	Closed treatment of fracture of orbit, except blowout; with manipulation
21406	$1,170.94	$703.00	Open treatment of fracture of orbit, except blowout; without implant
21406	$1,170.94	$703.00	Open treatment of fracture of orbit, except blowout; without implant
21407	$1,295.72	$777.00	Open treatment of fracture of orbit, except blowout; with implant
21407	$1,295.72	$777.00	Open treatment of fracture of orbit, except blowout; with implant
21408	$1,791.86	$1,075.00	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21408	$1,791.86	$1,075.00	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	$1,306.30	$784.00	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	$1,262.06	$757.00	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	$1,579.84	$948.00	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	$1,392.36	$835.00	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	$1,424.94	$855.00	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	$3,417.80	$2,051.00	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	$2,789.44	$1,674.00	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or
21436	$4,022.04	$2,413.00	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining
21440	$1,512.70	$908.00	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	$1,546.86	$928.00	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	$1,190.38	$714.00	Closed treatment of mandibular fracture; without manipulation
21451	$1,548.58	$929.00	Closed treatment of mandibular fracture; with manipulation
21452	$1,450.72	$870.00	Percutaneous treatment of mandibular fracture, with external fixation
21453	$2,172.22	$1,303.00	Closed treatment of mandibular fracture with interdental fixation
21454	$993.42	$596.00	Open treatment of mandibular fracture with external fixation
21461	$3,567.22	$2,140.00	Open treatment of mandibular fracture; without interdental fixation
21462	$3,891.00	$2,335.00	Open treatment of mandibular fracture; with interdental fixation
21465	$1,608.96	$965.00	Open treatment of mandibular condylar fracture
21470	$2,313.00	$1,388.00	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or
21480	$464.00	$278.00	Closed treatment of temporomandibular dislocation; initial or subsequent
21480	$464.00	$278.00	Closed treatment of temporomandibular dislocation; initial or subsequent
21480	$464.00	$278.00	Closed treatment of temporomandibular dislocation; initial or subsequent
21480	$464.00	$278.00	Closed treatment of temporomandibular dislocation; initial or subsequent
21480	$464.00	$278.00	Closed treatment of temporomandibular dislocation; initial or subsequent
21480	$464.00	$278.00	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	$1,905.28	$1,143.00	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21485	$1,905.28	$1,143.00	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	$1,587.12	$952.00	Open treatment of temporomandibular dislocation
21497	$1,429.26	$858.00	Interdental wiring, for condition other than fracture
21501	$980.54	$588.00	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	$1,000.44	$600.00	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21510	$895.72	$537.00	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	$530.36	$318.00	Biopsy, soft tissue of neck or thorax
21552	$889.72	$534.00	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21552	$889.72	$534.00	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21554	$1,447.82	$869.00	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21554	$1,447.82	$869.00	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21555	$866.98	$520.00	Excision tumor, soft tissue of neck or thorax; subcutaneous
21555	$866.98	$520.00	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	$1,055.02	$633.00	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21556	$1,055.02	$633.00	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
21557	$1,878.46	$1,127.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax
21557	$1,878.46	$1,127.00	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21558	$2,626.04	$1,576.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or greater
21558	$2,626.04	$1,576.00	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater
21600	$1,145.46	$687.00	Excision of rib, partial
21601	$2,232.50	$1,340.00	Excision of chest wall tumor including rib(s)
21602	$3,022.12	$1,813.00	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy
21603	$3,268.78	$1,961.00	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy
21610	$2,384.70	$1,431.00	Costotransversectomy (separate procedure)
21615	$1,212.60	$728.00	Excision first and/or cervical rib;
21616	$1,375.92	$826.00	Excision first and/or cervical rib; with sympathectomy
21620	$992.12	$595.00	Ostectomy of sternum, partial
21627	$1,089.78	$654.00	Sternal debridement
21630	$2,602.88	$1,562.00	Radical resection of sternum;
21685	$1,941.72	$1,165.00	Hyoid myotomy and suspension
21700	$685.68	$411.00	Division of scalenus anticus; without resection of cervical rib
21705	$1,019.26	$612.00	Division of scalenus anticus; with resection of cervical rib
21720	$1,072.18	$643.00	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	$1,094.52	$657.00	Division of sternocleidomastoid for torticollis, open operation; with cast application
21740	$1,979.22	$1,188.00	Reconstructive repair of pectus excavatum or carinatum; open
21750	$1,310.50	$786.00	Closure of median sternotomy separation with or without debridement (separate procedure)
21805	$1,275.00	$765.00	Open treatment of rib fracture without fixation, each
21811	$1,137.06	$682.00	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
21812	$1,377.70	$827.00	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
21813	$1,883.14	$1,130.00	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs
21820	$315.52	$189.00	Closed treatment of sternum fracture
21825	$1,096.22	$658.00	Open treatment of sternum fracture with or without skeletal fixation
21920	$509.34	$306.00	Biopsy, soft tissue of back or flank; superficial
21925	$993.04	$596.00	Biopsy, soft tissue of back or flank; deep
21930	$1,003.82	$602.00	Excision, tumor, soft tissue of back or flank
21930	$1,003.82	$602.00	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21931	$934.90	$561.00	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21931	$934.90	$561.00	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21932	$1,319.48	$792.00	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
21933	$1,458.38	$875.00	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
21933	$1,458.38	$875.00	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
21935	$2,001.06	$1,201.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank
21935	$2,001.06	$1,201.00	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm
21936	$2,762.74	$1,658.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; 5 cm or greater
21936	$2,762.74	$1,658.00	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater
22010	$1,938.12	$1,163.00	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22010	$1,938.12	$1,163.00	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015	$1,892.42	$1,135.00	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22015	$1,892.42	$1,135.00	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22100	$1,891.04	$1,135.00	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101	$1,776.82	$1,066.00	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22101	$1,776.82	$1,066.00	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102	$1,517.18	$910.00	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22102	$1,517.18	$910.00	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103	$256.80	$154.00	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional
22110	$2,096.94	$1,258.00	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	$2,261.52	$1,357.00	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22112	$2,261.52	$1,357.00	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	$2,261.52	$1,357.00	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22114	$2,261.52	$1,357.00	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	$273.26	$164.00	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional
22206	$4,799.76	$2,880.00	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22206	$4,799.76	$2,880.00	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	$4,687.04	$2,812.00	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22207	$4,687.04	$2,812.00	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208	$1,134.10	$680.00	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral
22208	$1,134.10	$680.00	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); each additional
22210	$3,524.02	$2,114.00	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22210	$3,524.02	$2,114.00	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical
22212	$3,003.88	$1,802.00	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22212	$3,003.88	$1,802.00	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic
22214	$2,999.90	$1,800.00	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22214	$2,999.90	$1,800.00	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar
22216	$698.94	$419.00	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary
22216	$698.94	$419.00	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary
22220	$3,215.84	$1,930.00	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22220	$3,215.84	$1,930.00	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; cervical
22222	$3,479.42	$2,088.00	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22222	$3,479.42	$2,088.00	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; thoracic
22224	$3,136.70	$1,882.00	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22224	$3,136.70	$1,882.00	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; lumbar
22226	$693.70	$416.00	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code
22226	$693.70	$416.00	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code
22310	$632.66	$380.00	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22310	$632.66	$380.00	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	$1,825.22	$1,095.00	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without
22315	$1,825.22	$1,095.00	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or
22318	$3,247.14	$1,948.00	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal
22319	$3,599.62	$2,160.00	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal
22325	$2,932.84	$1,760.00	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar
22326	$2,981.14	$1,789.00	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical
22327	$3,044.30	$1,827.00	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic
22328	$541.86	$325.00	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; each
22505	$295.30	$177.00	Manipulation of spine requiring anesthesia, any region
22510	$3,494.64	$2,097.00	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;
22511	$3,494.20	$2,097.00	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance;
22512	$1,413.98	$848.00	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each
22513	$10,916.60	$6,550.00	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg,
22514	$10,869.02	$6,521.00	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg,
22515	$5,571.50	$3,343.00	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg,
22526	$11,064.00	$6,638.00	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	$9,019.00	$5,411.00	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
22532	$3,520.10	$2,112.00	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic
22533	$3,275.48	$1,965.00	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar
22534	$694.68	$417.00	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each
22534	$694.68	$417.00	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic or lumbar, each
22548	$3,862.00	$2,317.00	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22551	$3,332.10	$1,999.00	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical
22551	$3,332.10	$1,999.00	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical
22552	$761.42	$457.00	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical
22554	$2,491.20	$1,495.00	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); cervical below C2
22556	$3,312.02	$1,987.00	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic
22558	$2,991.38	$1,795.00	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar
22585	$622.68	$374.00	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); each additional interspace (List
22586	$3,992.28	$2,395.00	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone
22586	$3,992.28	$2,395.00	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone
22590	$3,141.64	$1,885.00	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	$3,003.12	$1,802.00	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	$2,583.72	$1,550.00	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	$2,545.68	$1,527.00	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612	$3,106.30	$1,864.00	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614	$752.12	$451.00	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22614	$752.12	$451.00	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	$3,073.06	$1,844.00	Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace;
22632	$615.18	$369.00	Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace;
22632	$615.18	$369.00	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace;
22633	$3,550.24	$2,130.00	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare
22634	$931.26	$559.00	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare
22800	$2,705.48	$1,623.00	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22800	$2,705.48	$1,623.00	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	$4,132.06	$2,479.00	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22802	$4,132.06	$2,479.00	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	$4,739.60	$2,844.00	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22804	$4,739.60	$2,844.00	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	$3,561.08	$2,137.00	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22808	$3,561.08	$2,137.00	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	$3,947.76	$2,369.00	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22810	$3,947.76	$2,369.00	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	$4,328.04	$2,597.00	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22812	$4,328.04	$2,597.00	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	$4,217.16	$2,530.00	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22818	$4,217.16	$2,530.00	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	$4,854.46	$2,913.00	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22819	$4,854.46	$2,913.00	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830	$1,635.70	$981.00	Exploration of spinal fusion
22836	$3,367.20	$2,020.00	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	$3,709.10	$2,225.00	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments
22838	$3,757.46	$2,254.00	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
22840	$1,450.86	$871.00	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation,
22842	$1,466.60	$880.00	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments
22843	$1,571.22	$943.00	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments
22844	$1,899.00	$1,139.00	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments
22845	$1,394.30	$837.00	Anterior instrumentation; 2 to 3 vertebral segments
22846	$1,452.02	$871.00	Anterior instrumentation; 4 to 7 vertebral segments
22847	$1,545.02	$927.00	Anterior instrumentation; 8 or more vertebral segments
22848	$692.44	$415.00	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum
22849	$2,570.30	$1,542.00	Reinsertion of spinal fixation device
22850	$1,467.24	$880.00	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22852	$1,413.14	$848.00	Removal of posterior segmental instrumentation
22853	$495.30	$297.00	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges),
22854	$644.20	$387.00	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges),
22855	$2,183.58	$1,310.00	Removal of anterior instrumentation
22856	$3,185.54	$1,911.00	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal
22857	$3,439.28	$2,064.00	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace
22858	$975.62	$585.00	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal
22859	$643.66	$386.00	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without
22860	$794.22	$477.00	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace,
22861	$4,526.52	$2,716.00	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22862	$4,535.38	$2,721.00	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace
22864	$4,047.18	$2,428.00	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	$4,429.96	$2,658.00	Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace
22867	$2,093.84	$1,256.00	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open
22868	$464.50	$279.00	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open
22869	$856.00	$514.00	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when
22870	$227.72	$137.00	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when
22900	$1,126.36	$676.00	Excision, abdominal wall tumor, subfascial (eg, desmoid)
22900	$1,126.36	$676.00	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
22901	$1,319.04	$791.00	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
22901	$1,319.04	$791.00	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
22902	$941.44	$565.00	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	$875.66	$525.00	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
22903	$875.66	$525.00	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
22904	$2,049.42	$1,230.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; less than 5 cm
22904	$2,049.42	$1,230.00	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
22905	$2,610.64	$1,566.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; 5 cm or greater
22905	$2,610.64	$1,566.00	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater
23000	$1,114.84	$669.00	Removal of subdeltoid calcareous deposits, open
23020	$1,390.66	$834.00	Capsular contracture release (eg, Sever type procedure)
23030	$877.66	$527.00	Incision and drainage, shoulder area; deep abscess or hematoma
23031	$864.22	$519.00	Incision and drainage, shoulder area; infected bursa
23035	$1,368.08	$821.00	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	$1,440.86	$865.00	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	$1,126.74	$676.00	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	$449.38	$270.00	Biopsy, soft tissue of shoulder area; superficial
23066	$1,159.64	$696.00	Biopsy, soft tissue of shoulder area; deep
23071	$840.18	$504.00	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23071	$840.18	$504.00	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073	$1,386.70	$832.00	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
23073	$1,386.70	$832.00	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
23075	$1,027.22	$616.00	Excision, soft tissue tumor, shoulder area; subcutaneous
23075	$1,027.22	$616.00	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076	$1,093.88	$656.00	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23076	$1,093.88	$656.00	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
23077	$2,224.98	$1,335.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23077	$2,224.98	$1,335.00	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
23078	$2,832.66	$1,700.00	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater
23078	$2,832.66	$1,700.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; 5 cm or greater
23100	$1,031.54	$619.00	Arthrotomy, glenohumeral joint, including biopsy
23101	$930.32	$558.00	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	$1,294.20	$777.00	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	$1,023.70	$614.00	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	$1,339.74	$804.00	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	$1,191.36	$715.00	Claviculectomy; partial
23120	$1,191.36	$715.00	Claviculectomy; partial
23125	$1,428.86	$857.00	Claviculectomy; total
23130	$1,252.82	$752.00	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23130	$1,252.82	$752.00	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	$1,126.06	$676.00	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	$1,401.16	$841.00	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	$1,263.70	$758.00	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	$1,346.28	$808.00	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	$1,603.40	$962.00	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	$1,371.10	$823.00	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	$1,144.88	$687.00	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	$1,156.42	$694.00	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	$1,542.16	$925.00	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	$1,393.16	$836.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	$1,359.86	$816.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	$1,488.30	$893.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	$1,165.04	$699.00	Ostectomy of scapula, partial (eg, superior medial angle)
23195	$1,503.94	$902.00	Resection, humeral head
23200	$2,974.58	$1,785.00	Radical resection for tumor; clavicle
23200	$2,974.58	$1,785.00	Radical resection of tumor; clavicle
23210	$3,481.00	$2,089.00	Radical resection for tumor; scapula
23210	$3,481.00	$2,089.00	Radical resection of tumor; scapula
23220	$3,808.48	$2,285.00	Radical resection of bone tumor, proximal humerus;
23220	$3,808.48	$2,285.00	Radical resection of tumor, proximal humerus
23330	$603.90	$362.00	Removal of foreign body, shoulder; subcutaneous
23333	$963.74	$578.00	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23334	$2,115.00	$1,269.00	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
23335	$2,507.54	$1,505.00	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
23350	$317.16	$190.00	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395	$2,554.42	$1,533.00	Muscle transfer, any type, shoulder or upper arm; single
23395	$2,554.42	$1,533.00	Muscle transfer, any type, shoulder or upper arm; single
23397	$2,258.12	$1,355.00	Muscle transfer, any type, shoulder or upper arm; multiple
23400	$1,939.56	$1,164.00	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	$1,234.14	$740.00	Tenotomy, shoulder area; single tendon
23406	$1,478.56	$887.00	Tenotomy, shoulder area; multiple tendons through same incision
23410	$1,641.76	$985.00	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23410	$1,641.76	$985.00	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	$1,705.04	$1,023.00	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23412	$1,705.04	$1,023.00	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	$1,412.16	$847.00	Coracoacromial ligament release, with or without acromioplasty
23420	$1,951.08	$1,171.00	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	$1,493.94	$896.00	Tenodesis of long tendon of biceps
23440	$1,514.76	$909.00	Resection or transplantation of long tendon of biceps
23450	$1,883.96	$1,130.00	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	$1,932.12	$1,159.00	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	$2,168.36	$1,301.00	Capsulorrhaphy, anterior, any type; with bone block
23462	$2,120.04	$1,272.00	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	$2,222.18	$1,333.00	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	$2,231.72	$1,339.00	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470	$2,372.98	$1,424.00	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	$2,851.76	$1,711.00	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23473	$3,168.10	$1,901.00	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	$3,417.36	$2,050.00	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23480	$1,642.44	$985.00	Osteotomy, clavicle, with or without internal fixation;
23485	$1,897.80	$1,139.00	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	$1,720.76	$1,032.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	$2,025.20	$1,215.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	$779.00	$467.00	Closed treatment of clavicular fracture; without manipulation
23500	$779.00	$467.00	Closed treatment of clavicular fracture; without manipulation
23500	$779.00	$467.00	Closed treatment of clavicular fracture; without manipulation
23505	$1,242.00	$745.00	Closed treatment of clavicular fracture; with manipulation
23505	$1,242.00	$745.00	Closed treatment of clavicular fracture; with manipulation
23505	$1,242.00	$745.00	Closed treatment of clavicular fracture; with manipulation
23515	$1,450.04	$870.00	Open treatment of clavicular fracture, with or without internal or external fixation
23520	$508.66	$305.00	Closed treatment of sternoclavicular dislocation; without manipulation
23525	$833.70	$500.00	Closed treatment of sternoclavicular dislocation; with manipulation
23530	$1,166.24	$700.00	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	$1,268.22	$761.00	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	$824.00	$494.00	Closed treatment of acromioclavicular dislocation; without manipulation
23540	$824.00	$494.00	Closed treatment of acromioclavicular dislocation; without manipulation
23540	$824.00	$494.00	Closed treatment of acromioclavicular dislocation; without manipulation
23545	$1,251.00	$751.00	Closed treatment of acromioclavicular dislocation; with manipulation
23545	$1,251.00	$751.00	Closed treatment of acromioclavicular dislocation; with manipulation
23545	$1,251.00	$751.00	Closed treatment of acromioclavicular dislocation; with manipulation
23550	$1,154.68	$693.00	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	$1,301.88	$781.00	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	$495.52	$297.00	Closed treatment of scapular fracture; without manipulation
23575	$856.60	$514.00	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585	$1,943.18	$1,166.00	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation
23600	$1,161.00	$697.00	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23600	$1,161.00	$697.00	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23600	$1,161.00	$697.00	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	$1,605.00	$963.00	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
23605	$1,605.00	$963.00	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23605	$1,605.00	$963.00	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615	$1,769.16	$1,062.00	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);
23616	$2,447.04	$1,468.00	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);
23620	$945.00	$567.00	Closed treatment of greater humeral tuberosity fracture; without manipulation
23620	$945.00	$567.00	Closed treatment of greater humeral tuberosity fracture; without manipulation
23620	$945.00	$567.00	Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	$794.36	$477.00	Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	$1,571.94	$943.00	Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation
23650	$1,395.00	$837.00	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23650	$1,395.00	$837.00	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23650	$1,395.00	$837.00	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23650	$1,395.00	$837.00	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	$836.42	$502.00	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	$1,183.72	$710.00	Open treatment of acute shoulder dislocation
23665	$1,493.00	$896.00	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23665	$1,493.00	$896.00	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23665	$1,493.00	$896.00	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23670	$1,748.78	$1,049.00	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation
23675	$1,138.58	$683.00	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	$1,860.74	$1,116.00	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation
23700	$395.30	$237.00	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800	$2,045.46	$1,227.00	Arthrodesis, glenohumeral joint;
23802	$2,552.92	$1,532.00	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900	$2,740.02	$1,644.00	Interthoracoscapular amputation (forequarter)
23920	$2,235.48	$1,341.00	Disarticulation of shoulder;
23921	$959.60	$576.00	Disarticulation of shoulder; secondary closure or scar revision
23930	$716.44	$430.00	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	$603.30	$362.00	Incision and drainage, upper arm or elbow area; bursa
23935	$1,043.96	$626.00	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	$974.56	$585.00	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	$1,440.36	$864.00	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	$517.50	$311.00	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	$1,266.54	$760.00	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24071	$811.30	$487.00	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24071	$811.30	$487.00	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	$1,380.58	$828.00	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
24073	$1,380.58	$828.00	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
24075	$1,057.24	$634.00	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24075	$1,057.24	$634.00	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	$1,100.36	$660.00	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24076	$1,100.36	$660.00	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
24077	$2,022.42	$1,213.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24077	$2,022.42	$1,213.00	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
24079	$2,610.32	$1,566.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; 5 cm or greater
24079	$2,610.32	$1,566.00	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater
24100	$858.48	$515.00	Arthrotomy, elbow; with synovial biopsy only
24101	$1,025.02	$615.00	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	$1,247.02	$748.00	Arthrotomy, elbow; with synovectomy
24105	$743.18	$446.00	Excision, olecranon bursa
24110	$1,198.34	$719.00	Excision or curettage of bone cyst or benign tumor, humerus;
24115	$1,482.56	$890.00	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	$1,718.38	$1,031.00	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	$1,085.10	$651.00	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	$1,261.18	$757.00	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	$1,315.54	$789.00	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	$1,044.66	$627.00	Excision, radial head
24134	$1,504.16	$903.00	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	$1,278.78	$767.00	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	$1,396.04	$838.00	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	$1,416.24	$850.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	$1,202.68	$722.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	$1,275.68	$765.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149	$2,364.02	$1,418.00	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150	$3,049.08	$1,829.00	Radical resection of tumor, shaft or distal humerus
24150	$3,049.08	$1,829.00	Radical resection for tumor, shaft or distal humerus;
24152	$2,660.70	$1,596.00	Radical resection of tumor, radial head or neck
24152	$2,660.70	$1,596.00	Radical resection for tumor, radial head or neck;
24155	$1,702.20	$1,021.00	Resection of elbow joint (arthrectomy)
24160	$2,491.78	$1,495.00	Implant removal; elbow joint
24164	$1,457.30	$874.00	Implant removal; radial head
24200	$447.68	$269.00	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	$1,240.56	$744.00	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220	$375.08	$225.00	Injection procedure for elbow arthrography
24300	$914.78	$549.00	Manipulation, elbow, under anesthesia
24301	$1,506.70	$904.00	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	$1,176.28	$706.00	Tendon lengthening, upper arm or elbow, each tendon
24310	$955.86	$574.00	Tenotomy, open, elbow to shoulder, each tendon
24320	$1,565.94	$940.00	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	$1,445.02	$867.00	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	$1,575.74	$945.00	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	$1,249.50	$750.00	Tenolysis, triceps
24332	$1,249.50	$750.00	Tenolysis, triceps
24340	$1,224.82	$735.00	Tenodesis of biceps tendon at elbow (separate procedure)
24341	$1,515.92	$910.00	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	$1,552.70	$932.00	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	$1,451.14	$871.00	Repair lateral collateral ligament, elbow, with local tissue
24344	$2,211.40	$1,327.00	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	$1,436.84	$862.00	Repair medial collateral ligament, elbow, with local tissue
24346	$2,211.40	$1,327.00	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357	$842.24	$505.00	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24357	$842.24	$505.00	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	$1,080.46	$648.00	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24358	$1,080.46	$648.00	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	$1,338.92	$803.00	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or
24360	$1,804.72	$1,083.00	Arthroplasty, elbow; with membrane (eg, fascial)
24361	$2,010.20	$1,206.00	Arthroplasty, elbow; with distal humeral prosthetic replacement

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24362	$2,111.86	$1,267.00	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	$2,867.04	$1,720.00	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	$1,293.76	$776.00	Arthroplasty, radial head;
24366	$1,372.76	$824.00	Arthroplasty, radial head; with implant
24370	$3,039.82	$1,824.00	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
24371	$3,480.34	$2,088.00	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component
24400	$1,660.80	$996.00	Osteotomy, humerus, with or without internal fixation
24410	$2,109.12	$1,265.00	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	$2,122.82	$1,274.00	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	$2,104.54	$1,263.00	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	$2,159.98	$1,296.00	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	$1,356.98	$814.00	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	$1,837.34	$1,102.00	Decompression fasciotomy, forearm, with brachial artery exploration
24498	$1,725.88	$1,036.00	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	$1,258.00	$755.00	Closed treatment of humeral shaft fracture; without manipulation
24500	$1,258.00	$755.00	Closed treatment of humeral shaft fracture; without manipulation
24500	$1,258.00	$755.00	Closed treatment of humeral shaft fracture; without manipulation
24505	$1,722.00	$1,033.00	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24505	$1,722.00	$1,033.00	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24505	$1,722.00	$1,033.00	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	$1,764.68	$1,059.00	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	$1,715.68	$1,029.00	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	$1,326.00	$796.00	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24530	$1,326.00	$796.00	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24530	$1,326.00	$796.00	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	$2,115.00	$1,269.00	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal
24535	$2,115.00	$1,269.00	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal
24535	$2,115.00	$1,269.00	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal
24538	$1,588.28	$953.00	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	$1,857.92	$1,115.00	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension
24546	$2,071.12	$1,243.00	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension
24560	$700.56	$420.00	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	$1,121.42	$673.00	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	$1,462.00	$877.00	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	$1,482.00	$889.00	Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation
24576	$741.74	$445.00	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	$1,153.10	$692.00	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	$1,679.76	$1,008.00	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation
24582	$1,654.54	$993.00	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	$2,156.36	$1,294.00	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587	$2,163.98	$1,298.00	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant
24600	$1,295.00	$777.00	Treatment of closed elbow dislocation; without anesthesia
24600	$1,295.00	$777.00	Treatment of closed elbow dislocation; without anesthesia
24600	$1,295.00	$777.00	Treatment of closed elbow dislocation; without anesthesia
24600	$1,295.00	$777.00	Treatment of closed elbow dislocation; without anesthesia
24605	$1,610.00	$966.00	Treatment of closed elbow dislocation; requiring anesthesia
24605	$1,610.00	$966.00	Treatment of closed elbow dislocation; requiring anesthesia
24605	$1,610.00	$966.00	Treatment of closed elbow dislocation; requiring anesthesia
24615	$1,434.74	$861.00	Open treatment of acute or chronic elbow dislocation
24620	$1,982.00	$1,189.00	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24620	$1,982.00	$1,189.00	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24620	$1,982.00	$1,189.00	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	$1,371.86	$823.00	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or
24640	$344.00	$206.00	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24640	$344.00	$206.00	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24640	$344.00	$206.00	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	$926.00	$556.00	Closed treatment of radial head or neck fracture; without manipulation
24650	$926.00	$556.00	Closed treatment of radial head or neck fracture; without manipulation
24650	$926.00	$556.00	Closed treatment of radial head or neck fracture; without manipulation
24655	$1,544.00	$926.00	Closed treatment of radial head or neck fracture; with manipulation
24655	$1,544.00	$926.00	Closed treatment of radial head or neck fracture; with manipulation
24655	$1,544.00	$926.00	Closed treatment of radial head or neck fracture; with manipulation
24665	$1,334.56	$801.00	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;
24666	$1,475.52	$885.00	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement
24670	$1,020.00	$612.00	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
24670	$1,020.00	$612.00	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
24670	$1,020.00	$612.00	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
24675	$1,571.00	$943.00	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation
24675	$1,571.00	$943.00	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation
24675	$1,571.00	$943.00	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24675	$1,571.00	$943.00	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation
24675	$1,571.00	$943.00	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24675	$1,571.00	$943.00	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24685	$1,323.48	$794.00	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation
24800	$1,673.22	$1,004.00	Arthrodesis, elbow joint; local
24802	$2,000.00	$1,200.00	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900	$1,536.44	$922.00	Amputation, arm through humerus; with primary closure
24920	$1,472.70	$884.00	Amputation, arm through humerus; open, circular (guillotine)
24925	$1,155.08	$693.00	Amputation, arm through humerus; secondary closure or scar revision
24930	$1,550.50	$930.00	Amputation, arm through humerus; re-amputation
24931	$1,855.86	$1,114.00	Amputation, arm through humerus; with implant
24935	$2,428.94	$1,457.00	Stump elongation, upper extremity
25000	$715.04	$429.00	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001	$721.12	$433.00	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020	$1,479.20	$888.00	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	$2,610.48	$1,566.00	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	$1,558.98	$935.00	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025	$2,437.92	$1,463.00	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25025	$2,437.92	$1,463.00	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028	$1,384.24	$831.00	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031	$756.24	$454.00	Incision and drainage, forearm and/or wrist; bursa
25035	$1,194.06	$716.00	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	$1,131.92	$679.00	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	$510.28	$306.00	Biopsy, soft tissue of forearm and/or wrist; superficial
25066	$760.34	$456.00	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25071	$851.18	$511.00	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25071	$851.18	$511.00	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater

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25073	$1,082.44	$649.00	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25073	$1,082.44	$649.00	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25075	$1,033.34	$620.00	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25075	$1,033.34	$620.00	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
25076	$1,052.00	$631.00	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)
25076	$1,052.00	$631.00	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
25077	$1,694.96	$1,017.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25077	$1,694.96	$1,017.00	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm
25078	$2,305.56	$1,383.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or greater
25078	$2,305.56	$1,383.00	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater
25085	$915.80	$549.00	Capsulotomy, wrist (eg, contracture)
25100	$718.84	$431.00	Arthrotomy, wrist joint; with biopsy
25101	$833.02	$500.00	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	$995.66	$597.00	Arthrotomy, wrist joint; with synovectomy
25107	$1,262.96	$758.00	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	$1,091.90	$655.00	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	$710.66	$426.00	Excision, lesion of tendon sheath, forearm and/or wrist
25111	$672.20	$403.00	Excision of ganglion, wrist (dorsal or volar); primary
25112	$802.58	$482.00	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	$1,532.96	$920.00	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	$1,231.94	$739.00	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors,
25118	$787.42	$472.00	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	$1,023.32	$614.00	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	$1,022.66	$614.00	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	$1,208.16	$725.00	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes
25126	$1,215.98	$730.00	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	$926.54	$556.00	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	$1,142.00	$685.00	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	$1,014.82	$609.00	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	$1,060.70	$636.00	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	$1,152.86	$692.00	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	$1,186.42	$712.00	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170	$2,899.84	$1,740.00	Radical resection of tumor, radius or ulna
25170	$2,899.84	$1,740.00	Radical resection for tumor, radius or ulna
25210	$1,006.96	$604.00	Carpectomy; one bone
25215	$1,257.10	$754.00	Carpectomy; all bones of proximal row
25230	$887.06	$532.00	Radial styloidectomy (separate procedure)
25240	$880.70	$528.00	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	$381.20	$229.00	Injection procedure for wrist arthrography
25248	$847.52	$509.00	Exploration with removal of deep foreign body, forearm or wrist
25250	$1,085.34	$651.00	Removal of wrist prosthesis; (separate procedure)
25251	$1,447.66	$869.00	Removal of wrist prosthesis; complicated, including total wrist
25259	$869.48	$522.00	Manipulation, wrist, under anesthesia
25260	$1,291.30	$775.00	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	$1,286.44	$772.00	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	$1,518.04	$911.00	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	$1,664.00	$998.00	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25270	$1,664.00	$998.00	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25270	$1,664.00	$998.00	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	$1,873.00	$1,124.00	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25272	$1,873.00	$1,124.00	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25272	$1,873.00	$1,124.00	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	$1,347.86	$809.00	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	$1,361.52	$817.00	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	$1,149.62	$690.00	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	$892.48	$535.00	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	$1,072.94	$644.00	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	$1,396.72	$838.00	Tenodesis at wrist; flexors of fingers
25301	$1,301.62	$781.00	Tenodesis at wrist; extensors of fingers
25310	$1,444.36	$867.00	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	$1,447.90	$869.00	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	$1,544.18	$927.00	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	$1,831.94	$1,099.00	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	$2,002.92	$1,202.00	Capsulorrhaphy or reconstruction, wrist, open. (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open
25332	$1,698.94	$1,019.00	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	$1,886.96	$1,132.00	Centralization of wrist on ulna (eg, radial club hand)
25337	$1,795.74	$1,077.00	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or
25350	$1,362.36	$817.00	Osteotomy, radius; distal third
25355	$1,537.56	$923.00	Osteotomy, radius; middle or proximal third
25360	$1,326.44	$796.00	Osteotomy; ulna
25365	$1,833.28	$1,100.00	Osteotomy; radius AND ulna
25370	$2,024.38	$1,215.00	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	$1,904.98	$1,143.00	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	$1,546.60	$928.00	Osteoplasty, radius OR ulna; shortening
25391	$1,986.64	$1,192.00	Osteoplasty, radius OR ulna; lengthening with autograft
25392	$2,020.84	$1,213.00	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	$2,242.88	$1,346.00	Osteoplasty, radius AND ulna; lengthening with autograft
25394	$1,576.86	$946.00	Osteoplasty, carpal bone, shortening
25400	$1,609.62	$966.00	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	$2,071.76	$1,243.00	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	$1,931.20	$1,159.00	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	$2,317.16	$1,390.00	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	$1,922.72	$1,154.00	Repair of defect with autograft; radius OR ulna
25426	$2,230.02	$1,338.00	Repair of defect with autograft; radius AND ulna
25430	$1,477.56	$887.00	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431	$1,582.88	$950.00	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440	$1,547.04	$928.00	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	$1,875.12	$1,125.00	Arthroplasty with prosthetic replacement; distal radius
25442	$1,630.58	$978.00	Arthroplasty with prosthetic replacement; distal ulna
25443	$1,578.98	$947.00	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	$1,665.62	$999.00	Arthroplasty with prosthetic replacement; lunate
25445	$1,453.04	$872.00	Arthroplasty with prosthetic replacement; trapezium
25446	$2,332.94	$1,400.00	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	$1,615.06	$969.00	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25448	$1,781.72	$1,069.00	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed
25449	$2,062.48	$1,237.00	Revision of arthroplasty, including removal of implant, wrist joint
25450	$1,251.50	$751.00	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
25455	$1,472.80	$884.00	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	$1,447.54	$869.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	$1,486.94	$892.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492	$1,814.30	$1,089.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25500	$995.00	$597.00	Closed treatment of radial shaft fracture; without manipulation
25500	$995.00	$597.00	Closed treatment of radial shaft fracture; without manipulation
25500	$995.00	$597.00	Closed treatment of radial shaft fracture; without manipulation
25505	$1,738.00	$1,043.00	Closed treatment of radial shaft fracture; with manipulation
25505	$1,738.00	$1,043.00	Closed treatment of radial shaft fracture; with manipulation
25505	$1,738.00	$1,043.00	Closed treatment of radial shaft fracture; with manipulation
25515	$1,357.32	$814.00	Open treatment of radial shaft fracture, with or without internal or external fixation
25520	$1,965.00	$1,179.00	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25520	$1,965.00	$1,179.00	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25520	$1,965.00	$1,179.00	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	$1,593.80	$956.00	Open treatment of radial shaft fracture, with internal and/ or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi
25526	$1,917.96	$1,151.00	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar
25530	$930.00	$558.00	Closed treatment of ulnar shaft fracture; without manipulation
25530	$930.00	$558.00	Closed treatment of ulnar shaft fracture; without manipulation
25530	$930.00	$558.00	Closed treatment of ulnar shaft fracture; without manipulation
25535	$1,690.00	$1,014.00	Closed treatment of ulnar shaft fracture; with manipulation
25535	$1,690.00	$1,014.00	Closed treatment of ulnar shaft fracture; with manipulation
25535	$1,690.00	$1,014.00	Closed treatment of ulnar shaft fracture; with manipulation
25545	$1,270.34	$762.00	Open treatment of ulnar shaft fracture, with or without internal or external fixation
25560	$1,014.00	$608.00	Closed treatment of radial and ulnar shaft fractures; without manipulation
25560	$1,014.00	$608.00	Closed treatment of radial and ulnar shaft fractures; without manipulation
25560	$1,014.00	$608.00	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	$1,771.00	$1,063.00	Closed treatment of radial and ulnar shaft fractures; with manipulation
25565	$1,771.00	$1,063.00	Closed treatment of radial and ulnar shaft fractures; with manipulation
25565	$1,771.00	$1,063.00	Closed treatment of radial and ulnar shaft fractures; with manipulation
25565	$1,771.00	$1,063.00	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	$1,369.14	$821.00	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna
25575	$1,818.24	$1,091.00	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna
25600	$1,184.00	$710.00	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation
25600	$1,184.00	$710.00	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation
25600	$1,184.00	$710.00	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation
25605	$2,239.00	$1,343.00	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25605	$2,239.00	$1,343.00	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25605	$2,239.00	$1,343.00	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25605	$2,239.00	$1,343.00	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25606	$1,361.12	$817.00	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	$1,502.48	$901.00	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	$1,671.54	$1,003.00	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	$2,116.76	$1,270.00	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25622	$1,074.00	$644.00	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25622	$1,074.00	$644.00	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25622	$1,074.00	$644.00	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	$1,026.30	$616.00	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	$1,454.42	$873.00	Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation
25630	$1,064.00	$638.00	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone
25630	$1,064.00	$638.00	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone
25630	$1,064.00	$638.00	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone
25635	$972.86	$584.00	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone
25645	$1,158.52	$695.00	Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone
25650	$1,142.00	$685.00	Closed treatment of ulnar styloid fracture
25650	$1,142.00	$685.00	Closed treatment of ulnar styloid fracture
25650	$1,142.00	$685.00	Closed treatment of ulnar styloid fracture
25651	$1,004.02	$602.00	Percutaneous skeletal fixation of ulnar styloid fracture
25652	$1,267.80	$761.00	Open treatment of ulnar styloid fracture
25660	$1,534.00	$920.00	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25660	$1,534.00	$920.00	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25660	$1,534.00	$920.00	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670	$1,226.16	$736.00	Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25671	$1,094.22	$657.00	Percutaneous skeletal fixation of distal radioulnar dislocation
25675	$953.84	$572.00	Closed treatment of distal radioulnar dislocation with manipulation
25676	$1,276.66	$766.00	Open treatment of distal radioulnar dislocation, acute or chronic
25680	$1,090.56	$654.00	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	$1,479.24	$888.00	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	$1,669.00	$1,001.00	Closed treatment of lunate dislocation, with manipulation
25690	$1,669.00	$1,001.00	LUNATE DISLOCATION, WITH MANIPULATION
25690	$1,669.00	$1,001.00	Closed treatment of lunate dislocation, with manipulation
25690	$1,669.00	$1,001.00	LUNATE DISLOCATION, WITH MANIPULATION
25690	$1,669.00	$1,001.00	Closed treatment of lunate dislocation, with manipulation
25690	$1,669.00	$1,001.00	LUNATE DISLOCATION, WITH MANIPULATION
25695	$1,280.88	$769.00	Open treatment of lunate dislocation
25800	$1,473.60	$884.00	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	$1,699.34	$1,020.00	Arthrodesis, wrist; with sliding graft
25810	$1,746.54	$1,048.00	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	$1,313.94	$788.00	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	$1,601.52	$961.00	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	$2,059.08	$1,235.00	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25830	$2,059.08	$1,235.00	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25900	$1,451.92	$871.00	Amputation, forearm, through radius and ulna;
25905	$1,411.44	$847.00	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907	$1,243.24	$746.00	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909	$1,380.98	$829.00	Amputation, forearm, through radius and ulna; re-amputation
25915	$2,313.08	$1,388.00	Krukenberg procedure
25920	$1,468.22	$881.00	Disarticulation through wrist;
25922	$1,302.36	$781.00	Disarticulation through wrist; secondary closure or scar revision
25924	$1,433.08	$860.00	Disarticulation through wrist; re-amputation
25927	$1,726.76	$1,036.00	Transmetacarpal amputation;
25929	$1,212.74	$728.00	Transmetacarpal amputation; secondary closure or scar revision
25931	$1,597.76	$959.00	Transmetacarpal amputation; re-amputation
26010	$1,114.00	$668.00	Drainage of finger abscess; simple
26010	$1,114.00	$668.00	DRAINAGE OF FINGER ABSCESS(Not Paronychia)
26010	$1,114.00	$668.00	DRAINAGE OF FINGER ABSCESS(Not Paronychia)
26010	$1,114.00	$668.00	Drainage of finger abscess; simple
26010	$1,114.00	$668.00	Drainage of finger abscess; simple

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26010	$1,114.00	$668.00	DRAINAGE OF FINGER ABSCESS(Not Paronychia)
26011	$1,557.00	$934.00	Drainage of finger abscess; complicated (eg, felon)
26011	$1,557.00	$934.00	Drainage of finger abscess; complicated (eg, felon)
26011	$1,557.00	$934.00	Drainage of finger abscess; complicated (eg, felon)
26020	$1,132.10	$679.00	Drainage of tendon sheath, digit and/or palm, each
26025	$851.70	$511.00	Drainage of palmar bursa; single, bursa
26030	$1,000.00	$600.00	Drainage of palmar bursa; multiple bursa
26030	$1,000.00	$600.00	Drainage of palmar bursa; multiple bursa
26034	$1,125.80	$675.00	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	$1,733.58	$1,040.00	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	$1,137.84	$683.00	Decompressive fasciotomy, hand (excludes 26035)
26040	$653.08	$392.00	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	$966.44	$580.00	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	$1,181.80	$709.00	Tendon sheath incision (eg, for trigger finger)
26060	$521.70	$313.00	Tenotomy, percutaneous, single, each digit
26070	$663.16	$398.00	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	$695.94	$418.00	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	$820.78	$492.00	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	$699.50	$420.00	Arthrotomy with biopsy; carpometacarpal joint, each
26105	$704.02	$422.00	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	$670.04	$402.00	Arthrotomy with biopsy; interphalangeal joint, each
26111	$844.52	$507.00	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26111	$844.52	$507.00	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	$1,111.60	$667.00	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
26113	$1,111.60	$667.00	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
26115	$1,105.06	$663.00	Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous
26115	$1,105.06	$663.00	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	$1,068.94	$641.00	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)
26116	$1,068.94	$641.00	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
26117	$1,502.76	$902.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26117	$1,502.76	$902.00	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
26118	$2,106.06	$1,264.00	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater
26118	$2,106.06	$1,264.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater
26121	$1,217.76	$731.00	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	$1,697.02	$1,018.00	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or
26125	$523.24	$314.00	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or
26130	$958.76	$575.00	Synovectomy, carpometacarpal joint
26135	$1,127.80	$677.00	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26135	$1,127.80	$677.00	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	$1,036.14	$622.00	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26140	$1,036.14	$622.00	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	$1,053.08	$632.00	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26145	$1,053.08	$632.00	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	$1,233.40	$740.00	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	$835.12	$501.00	Excision of tendon, palm, flexor or extensor, single, each tendon
26170	$835.12	$501.00	Excision of tendon, palm, flexor, single (separate procedure), each
26180	$924.34	$555.00	Excision of tendon, finger, flexor (separate procedure), each tendon
26185	$1,141.84	$685.00	Sesamoidectomy, thumb or finger (separate procedure)
26200	$919.86	$552.00	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	$1,224.24	$735.00	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	$918.30	$551.00	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	$1,148.80	$689.00	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	$1,017.70	$611.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	$1,003.32	$602.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26235	$1,003.32	$602.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	$903.00	$542.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26236	$903.00	$542.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	$2,124.20	$1,275.00	Radical resection, metacarpal (eg, tumor);
26260	$1,597.02	$958.00	Radical resection of tumor, proximal or middle phalanx of finger
26260	$1,597.02	$958.00	Radical resection, proximal or middle phalanx of finger (eg, tumor);
26262	$1,275.98	$766.00	Radical resection, distal phalanx of finger (eg, tumor)
26262	$1,275.98	$766.00	Radical resection of tumor, distal phalanx of finger
26320	$717.28	$430.00	Removal of implant from finger or hand
26340	$749.26	$450.00	Manipulation, finger joint, under anesthesia, each joint
26341	$237.52	$143.00	Manipulation, palmar fascial cord (ie, Dupuytren"s cord), post enzyme injection (eg, collagenase), single cord
26350	$1,503.84	$902.00	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	$1,668.86	$1,001.00	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each
26356	$1,612.80	$968.00	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357	$1,797.00	$1,078.00	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358	$1,976.88	$1,186.00	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each
26370	$1,574.62	$945.00	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	$1,829.76	$1,098.00	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	$1,762.40	$1,057.00	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	$1,753.78	$1,052.00	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	$1,996.78	$1,198.00	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	$1,210.88	$727.00	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	$1,435.26	$861.00	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	$1,701.88	$1,021.00	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26415	$1,701.88	$1,021.00	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	$1,840.70	$1,104.00	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418	$2,082.00	$1,249.00	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26418	$2,082.00	$1,249.00	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26418	$2,082.00	$1,249.00	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	$1,486.04	$892.00	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	$1,696.00	$1,018.00	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26426	$1,696.00	$1,018.00	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26426	$1,696.00	$1,018.00	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	$1,598.64	$959.00	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	$1,101.56	$661.00	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	$1,150.60	$690.00	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	$1,398.38	$839.00	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	$1,344.14	$806.00	Realignment of extensor tendon, hand, each tendon
26440	$1,308.70	$785.00	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	$1,993.14	$1,196.00	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	$1,218.82	$731.00	Tenolysis, extensor tendon, hand OR finger, each tendon
26449	$1,425.08	$855.00	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	$941.14	$565.00	Tenotomy, flexor, palm, open, each tendon

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
26455	$934.42	$561.00	Tenotomy, flexor, finger, open, each tendon
26460	$915.38	$549.00	Tenotomy, extensor, hand or finger, open, each tendon
26471	$1,332.44	$799.00	Tenodesis; of proximal interphalangeal joint, each joint
26474	$1,312.22	$787.00	Tenodesis; of distal joint, each joint
26476	$1,296.04	$778.00	Lengthening of tendon, extensor, hand or finger, each tendon
26477	$1,267.76	$761.00	Shortening of tendon, extensor, hand or finger, each tendon
26478	$1,328.30	$797.00	Lengthening of tendon, flexor, hand or finger, each tendon
26479	$1,359.94	$816.00	Shortening of tendon, flexor, hand or finger, each tendon
26480	$1,445.72	$867.00	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	$1,745.86	$1,048.00	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	$1,679.02	$1,007.00	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	$1,925.46	$1,155.00	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	$1,682.78	$1,010.00	Opponensplasty; superficialis tendon transfer type, each tendon
26492	$1,858.08	$1,115.00	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	$1,689.28	$1,014.00	Opponensplasty; hypothenar muscle transfer
26496	$1,813.06	$1,088.00	Opponensplasty; other methods
26497	$1,811.08	$1,087.00	Transfer of tendon to restore intrinsic function; ring and small finger
26498	$2,347.50	$1,409.00	Transfer of tendon to restore intrinsic function; all four fingers
26499	$1,746.80	$1,048.00	Correction claw finger, other methods
26500	$1,384.08	$830.00	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	$1,516.10	$910.00	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508	$1,360.58	$816.00	Release of thenar muscle(s) (eg, thumb contracture)
26510	$1,292.10	$775.00	Cross intrinsic transfer, each tendon
26516	$1,496.70	$898.00	Capsulodesis, metacarpophalangeal joint; single digit
26517	$1,737.00	$1,042.00	Capsulodesis, metacarpophalangeal joint; two digits
26518	$1,757.28	$1,054.00	Capsulodesis, metacarpophalangeal joint; three or four digits
26520	$1,368.38	$821.00	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	$1,378.36	$827.00	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	$1,105.40	$663.00	Arthroplasty, metacarpophalangeal joint; each joint
26531	$1,285.20	$771.00	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	$902.50	$542.00	Arthroplasty, interphalangeal joint; each joint
26536	$1,509.14	$905.00	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	$1,408.74	$845.00	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	$1,679.98	$1,008.00	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	$1,453.98	$872.00	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	$1,474.50	$885.00	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	$2,100.14	$1,260.00	Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation)
26548	$1,608.08	$965.00	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	$3,264.88	$1,959.00	Pollicization of a digit
26551	$6,467.42	$3,880.00	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	$6,424.10	$3,854.00	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26553	$6,424.10	$3,854.00	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554	$7,472.50	$4,484.00	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26554	$7,472.50	$4,484.00	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	$2,750.14	$1,650.00	Transfer, finger to another position without microvascular anastomosis
26556	$6,686.76	$4,012.00	Transfer, free toe joint, with microvascular anastomosis
26560	$1,279.82	$768.00	Repair of syndactyly (web finger) each web space; with skin flaps
26561	$1,961.80	$1,177.00	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	$2,746.20	$1,648.00	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	$1,435.32	$861.00	Osteotomy; metacarpal, each
26567	$1,447.60	$869.00	Osteotomy; phalanx of finger, each
26568	$1,858.78	$1,115.00	Osteoplasty, lengthening, metacarpal or phalanx
26580	$3,063.90	$1,838.00	Repair cleft hand
26587	$2,089.34	$1,254.00	Reconstruction of polydactylous digit, soft tissue and bone
26590	$2,840.30	$1,704.00	Repair macrodactylia, each digit
26591	$990.52	$594.00	Repair, intrinsic muscles of hand, each muscle
26593	$1,300.70	$780.00	Release, intrinsic muscles of hand, each muscle
26596	$1,641.30	$985.00	Excision of constricting ring of finger, with multiple Z-plasties
26600	$1,053.00	$632.00	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26600	$1,053.00	$632.00	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26600	$1,053.00	$632.00	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	$1,143.00	$686.00	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26605	$1,143.00	$686.00	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26605	$1,143.00	$686.00	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	$1,029.54	$618.00	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	$986.38	$592.00	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	$1,174.30	$705.00	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone
26641	$1,446.00	$868.00	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26641	$1,446.00	$868.00	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26641	$1,446.00	$868.00	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	$1,487.00	$892.00	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26645	$1,487.00	$892.00	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26645	$1,487.00	$892.00	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	$992.02	$595.00	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation
26665	$1,278.42	$767.00	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation
26670	$1,218.00	$731.00	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26670	$1,218.00	$731.00	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26670	$1,218.00	$731.00	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	$961.96	$577.00	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	$1,047.62	$629.00	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	$1,179.46	$708.00	Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint
26686	$1,258.22	$755.00	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction
26700	$1,174.00	$704.00	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26700	$1,174.00	$704.00	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26700	$1,174.00	$704.00	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	$911.74	$547.00	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	$921.14	$553.00	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	$1,169.50	$702.00	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation
26720	$707.00	$424.00	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26720	$707.00	$424.00	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26720	$707.00	$424.00	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	$1,182.00	$709.00	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26725	$1,182.00	$709.00	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26725	$1,182.00	$709.00	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	$973.96	$584.00	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	$1,211.22	$727.00	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each
26740	$495.78	$297.00	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
26742	$778.38	$467.00	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	$1,499.78	$900.00	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each
26750	$660.00	$396.00	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26750	$660.00	$396.00	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26750	$660.00	$396.00	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	$1,116.00	$670.00	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26755	$1,116.00	$670.00	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26755	$1,116.00	$670.00	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	$872.62	$524.00	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	$1,030.78	$618.00	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each
26770	$1,003.00	$602.00	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26770	$1,003.00	$602.00	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26770	$1,003.00	$602.00	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26770	$1,003.00	$602.00	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	$826.78	$496.00	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776	$925.28	$555.00	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	$1,121.80	$673.00	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single
26820	$1,665.42	$999.00	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	$1,554.46	$933.00	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	$1,669.92	$1,002.00	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	$1,568.58	$941.00	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	$1,724.94	$1,035.00	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	$1,477.90	$887.00	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	$1,677.02	$1,006.00	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	$1,236.98	$742.00	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	$197.88	$119.00	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary
26861	$197.88	$119.00	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary
26862	$1,541.88	$925.00	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	$440.70	$264.00	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to
26910	$1,532.26	$919.00	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	$1,422.58	$854.00	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	$1,378.72	$827.00	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26990	$1,363.24	$818.00	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	$1,400.14	$840.00	Incision and drainage, pelvis or hip joint area; infected bursa
26992	$2,001.28	$1,201.00	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	$786.68	$472.00	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	$1,086.64	$652.00	Tenotomy, adductor of hip, open
27003	$1,211.54	$727.00	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	$1,449.80	$870.00	Tenotomy, hip flexor(s), open. (separate procedure)
27006	$1,436.12	$862.00	Tenotomy, abductors and/or extensor(s) of hip, open. (separate procedure)
27025	$1,873.96	$1,124.00	Fasciotomy, hip or thigh, any type
27027	$1,756.98	$1,054.00	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle),
27030	$1,862.60	$1,118.00	Arthrotomy, hip, with drainage (eg, infection)
27033	$1,936.92	$1,162.00	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	$2,260.44	$1,356.00	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	$2,032.28	$1,219.00	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus,
27040	$675.24	$405.00	Biopsy, soft tissue of pelvis and hip area; superficial
27041	$1,411.78	$847.00	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27043	$932.86	$560.00	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	$1,455.32	$873.00	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
27047	$983.18	$590.00	Excision, tumor, pelvis and hip area; subcutaneous tissue
27048	$1,224.38	$735.00	Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049	$2,817.16	$1,690.00	Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)
27049	$2,817.16	$1,690.00	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
27050	$831.56	$499.00	Arthrotomy, with biopsy; sacroiliac joint
27052	$1,174.88	$705.00	Arthrotomy, with biopsy; hip joint
27054	$1,386.32	$832.00	Arthrotomy with synovectomy, hip joint
27057	$2,000.08	$1,200.00	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle)
27059	$3,560.24	$2,136.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 cm or greater
27060	$948.22	$569.00	Excision; ischial bursa
27062	$919.08	$551.00	Excision; trochanteric bursa or calcification
27065	$1,062.10	$637.00	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
27066	$1,642.70	$986.00	Excision of bone cyst or benign tumor; deep, with or without autograft
27067	$2,065.26	$1,239.00	Excision of bone cyst or benign tumor; with autograft requiring separate incision
27070	$1,747.54	$1,049.00	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of
27071	$1,930.46	$1,158.00	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	$4,088.42	$2,453.00	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis
27076	$4,928.58	$2,957.00	Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	$5,490.80	$3,294.00	Radical resection of tumor or infection; innominate bone, total
27078	$4,032.60	$2,420.00	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur
27080	$1,017.44	$610.00	Coccygectomy, primary
27086	$624.28	$375.00	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	$1,228.86	$737.00	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27090	$1,654.80	$993.00	Removal of hip prosthesis; (separate procedure)
27091	$3,141.96	$1,885.00	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27093	$450.30	$270.00	Injection procedure for hip arthrography; without anesthesia
27095	$604.84	$363.00	Injection procedure for hip arthrography; with anesthesia
27096	$328.66	$197.00	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
27097	$1,375.80	$825.00	Release or recession, hamstring, proximal
27098	$1,402.06	$841.00	Transfer, adductor to ischium
27100	$1,666.20	$1,000.00	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	$1,743.36	$1,046.00	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	$1,936.74	$1,162.00	Transfer iliopsoas; to greater trochanter of femur
27111	$1,806.58	$1,084.00	Transfer iliopsoas; to femoral neck
27120	$2,572.00	$1,543.00	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	$2,190.00	$1,314.00	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	$2,246.20	$1,348.00	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	$2,536.58	$1,522.00	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	$3,292.16	$1,975.00	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	$3,735.92	$2,242.00	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	$2,886.74	$1,732.00	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	$2,997.40	$1,798.00	Revision of total hip arthroplasty; femoral component only, with or without allograft
27140	$1,791.02	$1,075.00	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	$2,536.38	$1,522.00	Osteotomy, iliac, acetabular or innominate bone;
27147	$2,890.32	$1,734.00	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	$3,120.06	$1,872.00	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	$3,358.02	$2,015.00	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
27158	$2,766.14	$1,660.00	Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161	$2,421.18	$1,453.00	Osteotomy, femoral neck (separate procedure)
27165	$2,712.28	$1,627.00	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	$2,317.82	$1,391.00	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	$1,337.18	$802.00	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	$1,843.32	$1,106.00	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	$2,219.84	$1,332.00	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	$1,843.32	$1,106.00	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179	$1,950.94	$1,171.00	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181	$2,228.96	$1,337.00	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	$1,445.02	$867.00	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	$1,985.86	$1,192.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27197	$265.84	$160.00	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior
27198	$625.96	$376.00	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior
27200	$654.00	$392.00	Closed treatment of coccygeal fracture
27200	$654.00	$392.00	Closed treatment of coccygeal fracture
27200	$654.00	$392.00	Closed treatment of coccygeal fracture
27202	$1,061.04	$637.00	Open treatment of coccygeal fracture
27215	$3,722.00	$2,233.00	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation
27216	$5,350.00	$3,210.00	Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)
27217	$5,170.00	$3,102.00	Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)
27218	$6,850.00	$4,110.00	Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)
27220	$845.70	$507.00	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222	$1,954.78	$1,173.00	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27226	$2,089.58	$1,254.00	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	$3,255.84	$1,954.00	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal
27228	$3,691.58	$2,215.00	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular
27230	$993.26	$596.00	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232	$1,445.00	$867.00	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27235	$1,807.42	$1,084.00	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236	$2,366.38	$1,420.00	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238	$954.74	$573.00	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation
27240	$1,903.88	$1,142.00	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244	$2,434.22	$1,461.00	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	$2,431.10	$1,459.00	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or
27246	$798.60	$479.00	Closed treatment of greater trochanteric fracture, without manipulation
27248	$1,484.48	$891.00	Open treatment of greater trochanteric fracture, with or without internal or external fixation
27250	$568.00	$341.00	Closed treatment of hip dislocation, traumatic; without anesthesia
27250	$568.00	$341.00	Closed treatment of hip dislocation, traumatic; without anesthesia
27250	$568.00	$341.00	Closed treatment of hip dislocation, traumatic; without anesthesia
27250	$568.00	$341.00	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	$1,486.96	$892.00	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27253	$1,870.14	$1,122.00	Open treatment of hip dislocation, traumatic, without internal fixation
27254	$2,517.24	$1,510.00	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256	$635.16	$381.00	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without
27257	$717.44	$430.00	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring
27258	$2,208.52	$1,325.00	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including
27259	$3,050.94	$1,831.00	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including
27265	$1,411.00	$847.00	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27265	$1,411.00	$847.00	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27265	$1,411.00	$847.00	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	$1,171.74	$703.00	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27267	$895.04	$537.00	Closed treatment of femoral fracture, proximal end, head; without manipulation
27268	$1,103.58	$662.00	Closed treatment of femoral fracture, proximal end, head; with manipulation
27269	$2,452.00	$1,471.00	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27275	$373.30	$224.00	Manipulation, hip joint, requiring general anesthesia
27278	$24,826.84	$14,896.00	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]),
27279	$1,592.94	$956.00	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed,
27280	$2,683.34	$1,610.00	Arthrodesis, sacroiliac joint (including obtaining graft)
27282	$1,721.86	$1,033.00	Arthrodesis, symphysis pubis (including obtaining graft)
27284	$3,154.04	$1,892.00	Arthrodesis, hip joint (including obtaining graft);
27286	$3,237.90	$1,943.00	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	$3,205.90	$1,924.00	Interpelviabdominal amputation (hindquarter amputation)
27295	$2,469.88	$1,482.00	Disarticulation of hip
27301	$1,349.04	$809.00	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303	$1,291.68	$775.00	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27305	$980.80	$588.00	Fasciotomy, iliotibial (tenotomy), open
27306	$699.62	$420.00	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	$832.84	$500.00	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	$1,472.74	$884.00	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27323	$546.84	$328.00	Biopsy, soft tissue of thigh or knee area; superficial
27323	$546.84	$328.00	Biopsy, soft tissue of thigh or knee area; superficial
27324	$832.06	$499.00	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27324	$832.06	$499.00	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27325	$1,143.54	$686.00	Neurectomy, hamstring muscle
27325	$1,143.54	$686.00	Neurectomy, hamstring muscle
27326	$1,062.42	$637.00	Neurectomy, popliteal (gastrocnemius)
27326	$1,062.42	$637.00	Neurectomy, popliteal (gastrocnemius)
27327	$994.46	$597.00	Excision, tumor, thigh or knee area; subcutaneous
27327	$994.46	$597.00	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	$1,243.16	$746.00	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27328	$1,243.16	$746.00	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
27329	$2,054.40	$1,233.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27329	$2,054.40	$1,233.00	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
27330	$863.00	$518.00	Arthrotomy, knee; with synovial biopsy only
27330	$863.00	$518.00	Arthrotomy, knee; with synovial biopsy only
27331	$971.34	$583.00	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	$1,306.38	$784.00	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	$1,195.18	$717.00	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	$1,385.18	$831.00	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	$1,538.18	$923.00	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27337	$839.50	$504.00	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27337	$839.50	$504.00	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	$1,499.50	$900.00	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27339	$1,499.50	$900.00	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27340	$768.46	$461.00	Excision, prepatellar bursa
27345	$992.92	$596.00	Excision of synovial cyst of popliteal space (eg, Baker's cyst)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
27347	$1,071.06	$643.00	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	$1,320.64	$792.00	Patellectomy or hemipatellectomy
27355	$1,232.06	$739.00	Excision or curettage of bone cyst or benign tumor of femur;
27356	$1,488.76	$893.00	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	$1,636.98	$982.00	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	$530.64	$318.00	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	$1,803.88	$1,082.00	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27360	$1,803.88	$1,082.00	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27364	$3,076.82	$1,846.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; 5 cm or greater
27364	$3,076.82	$1,846.00	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
27365	$4,034.36	$2,421.00	Radical resection of tumor, femur or knee
27365	$4,034.36	$2,421.00	Radical resection of tumor, bone, femur or knee
27369	$347.12	$208.00	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography
27372	$1,179.72	$708.00	Removal of foreign body, deep, thigh region or knee area
27380	$1,254.54	$753.00	Suture of infrapatellar tendon; primary
27381	$1,644.66	$987.00	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	$1,226.18	$736.00	Suture of quadriceps or hamstring muscle rupture; primary
27386	$1,716.68	$1,030.00	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	$919.42	$552.00	Tenotomy, open, hamstring, knee to hip; single tendon
27391	$1,173.16	$704.00	Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg
27392	$1,436.40	$862.00	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	$1,017.98	$611.00	Lengthening of hamstring tendon; single tendon
27394	$1,322.10	$793.00	Lengthening of hamstring tendon; multiple tendons, one leg
27395	$1,765.88	$1,060.00	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	$1,250.26	$750.00	Transplant, hamstring tendon to patella; single tendon
27397	$1,834.72	$1,101.00	Transplant, hamstring tendon to patella; multiple tendons
27400	$1,402.72	$842.00	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	$1,302.22	$781.00	Arthrotomy with meniscus repair, knee
27405	$1,361.46	$817.00	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	$1,602.06	$961.00	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	$1,930.24	$1,158.00	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412	$3,258.58	$1,955.00	Autologous chondrocyte implantation, knee
27415	$2,726.06	$1,636.00	Osteochondral allograft, knee, open
27416	$1,954.72	$1,173.00	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27418	$1,636.76	$982.00	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	$1,500.14	$900.00	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	$1,494.02	$896.00	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	$1,506.14	$904.00	Reconstruction of dislocating patella; with patellectomy
27425	$928.06	$557.00	Lateral retinacular release, open
27427	$1,422.94	$854.00	Ligamentous reconstruction (augmentation), knee; extra-articular
27427	$1,422.94	$854.00	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	$2,233.98	$1,340.00	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27428	$2,233.98	$1,340.00	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	$2,518.46	$1,511.00	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27429	$2,518.46	$1,511.00	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	$1,489.40	$894.00	Quadricepsplasty (eg, Bennett or Thompson type)
27435	$1,622.46	$973.00	Capsulotomy, posterior capsular release, knee
27437	$1,331.92	$799.00	Arthroplasty, patella; without prosthesis
27438	$1,683.22	$1,010.00	Arthroplasty, patella; with prosthesis
27440	$1,600.10	$960.00	Arthroplasty, knee, tibial plateau;
27441	$1,650.62	$990.00	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	$1,742.74	$1,046.00	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	$1,635.76	$981.00	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	$2,484.72	$1,491.00	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	$2,274.80	$1,365.00	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	$2,533.32	$1,520.00	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448	$1,657.78	$995.00	Osteotomy, femur, shaft or supracondylar; without fixation
27450	$2,004.06	$1,202.00	Osteotomy, femur, shaft or supracondylar; with fixation
27454	$2,564.20	$1,539.00	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455	$1,915.66	$1,149.00	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before
27457	$1,899.98	$1,140.00	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal
27465	$2,472.10	$1,483.00	Osteoplasty, femur; shortening (excluding 64876)
27466	$2,352.66	$1,412.00	Osteoplasty, femur; lengthening
27468	$2,655.30	$1,593.00	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470	$2,343.96	$1,406.00	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	$2,507.04	$1,504.00	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475	$1,336.54	$802.00	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477	$1,474.02	$884.00	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479	$1,832.64	$1,100.00	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485	$1,353.86	$812.00	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	$2,777.64	$1,667.00	Revision of total knee arthroplasty, with or without allograft; one component
27487	$3,450.82	$2,070.00	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	$2,383.02	$1,430.00	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495	$2,244.06	$1,346.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur
27496	$1,117.32	$670.00	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);
27497	$1,172.10	$703.00	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	$1,328.92	$797.00	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	$1,413.86	$848.00	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	$1,758.00	$1,055.00	Closed treatment of femoral shaft fracture, without manipulation
27500	$1,758.00	$1,055.00	Closed treatment of femoral shaft fracture, without manipulation
27500	$1,758.00	$1,055.00	Closed treatment of femoral shaft fracture, without manipulation
27500	$1,758.00	$1,055.00	Closed treatment of femoral shaft fracture, without manipulation
27500	$1,758.00	$1,055.00	Closed treatment of femoral shaft fracture, without manipulation
27500	$1,758.00	$1,055.00	Closed treatment of femoral shaft fracture, without manipulation
27501	$1,024.08	$614.00	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27501	$1,024.08	$614.00	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27501	$1,024.08	$614.00	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	$2,478.00	$1,487.00	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27502	$2,478.00	$1,487.00	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27502	$2,478.00	$1,487.00	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	$1,602.84	$962.00	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal
27506	$2,654.44	$1,593.00	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking
27507	$1,919.00	$1,151.00	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	$1,077.46	$646.00	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	$1,363.28	$818.00	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar
27510	$2,248.00	$1,349.00	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27510	$2,248.00	$1,349.00	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
27510	$2,248.00	$1,349.00	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511	$1,966.66	$1,180.00	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation
27513	$2,430.06	$1,458.00	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation
27514	$1,911.40	$1,147.00	Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation
27516	$1,071.16	$643.00	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	$1,396.80	$838.00	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27519	$1,765.56	$1,059.00	Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation
27520	$685.40	$411.00	Closed treatment of patellar fracture, without manipulation
27524	$1,512.04	$907.00	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27530	$1,071.00	$643.00	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27530	$1,071.00	$643.00	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27530	$1,071.00	$643.00	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	$1,266.84	$760.00	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27535	$1,776.68	$1,066.00	Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation
27536	$2,359.14	$1,415.00	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27538	$1,000.42	$600.00	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27540	$1,633.12	$980.00	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation
27550	$1,737.00	$1,042.00	Closed treatment of knee dislocation; without anesthesia
27550	$1,737.00	$1,042.00	Closed treatment of knee dislocation; without anesthesia
27550	$1,737.00	$1,042.00	Closed treatment of knee dislocation; without anesthesia
27552	$1,285.88	$772.00	Closed treatment of knee dislocation; requiring anesthesia
27556	$1,735.44	$1,041.00	Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation/reconstruction
27557	$2,061.72	$1,237.00	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair
27558	$2,341.14	$1,405.00	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair, with augmentation/reconstruction
27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
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27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
27560	$1,281.00	$769.00	Closed treatment of patellar dislocation; without anesthesia
27562	$1,004.82	$603.00	Closed treatment of patellar dislocation; requiring anesthesia
27562	$1,004.82	$603.00	Closed treatment of patellar dislocation; requiring anesthesia
27566	$1,783.34	$1,070.00	Open treatment of patellar dislocation, with or without partial or total patellectomy
27570	$314.18	$189.00	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27580	$2,918.56	$1,751.00	Arthrodesis, knee, any technique
27590	$1,510.34	$906.00	Amputation, thigh, through femur, any level;
27591	$1,921.20	$1,153.00	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	$1,313.72	$788.00	Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	$998.96	$599.00	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	$1,387.16	$832.00	Amputation, thigh, through femur, any level; re-amputation
27598	$1,358.38	$815.00	Disarticulation at knee
27600	$794.72	$477.00	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	$877.04	$526.00	Decompression fasciotomy, leg; posterior compartment(s) only
27602	$925.94	$556.00	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	$1,040.60	$624.00	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	$922.36	$553.00	Incision and drainage, leg or ankle; infected bursa
27605	$654.18	$393.00	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	$541.30	$325.00	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	$1,195.32	$717.00	Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	$1,294.16	$777.00	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	$1,156.80	$694.00	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	$505.76	$303.00	Biopsy, soft tissue of leg or ankle area; superficial
27614	$1,166.02	$700.00	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	$1,996.50	$1,198.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
27615	$1,996.50	$1,198.00	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
27616	$2,456.70	$1,474.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater
27616	$2,456.70	$1,474.00	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater
27618	$967.02	$580.00	Excision, tumor, leg or ankle area; subcutaneous tissue
27618	$967.02	$580.00	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27619	$933.66	$560.00	Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27619	$933.66	$560.00	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
27620	$907.60	$545.00	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	$1,144.52	$687.00	Arthrotomy, with synovectomy, ankle;
27626	$1,227.88	$737.00	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	$1,084.26	$651.00	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27632	$817.70	$491.00	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27632	$817.70	$491.00	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634	$1,332.36	$799.00	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
27634	$1,332.36	$799.00	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
27635	$1,160.16	$696.00	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	$1,505.40	$903.00	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638	$1,491.36	$895.00	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	$1,650.42	$990.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia
27641	$1,313.70	$788.00	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula
27645	$3,481.00	$2,089.00	Radical resection of tumor; tibia
27645	$3,481.00	$2,089.00	Radical resection of tumor, bone; tibia
27646	$3,031.32	$1,819.00	Radical resection of tumor; fibula
27646	$3,031.32	$1,819.00	Radical resection of tumor, bone; fibula
27647	$1,959.38	$1,176.00	Radical resection of tumor; talus or calcaneus
27647	$1,959.38	$1,176.00	Radical resection of tumor, bone; talus or calcaneus
27648	$412.60	$248.00	Injection procedure for ankle arthrography
27650	$1,325.76	$795.00	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	$1,332.96	$800.00	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	$1,440.44	$864.00	Repair, secondary, Achilles tendon, with or without graft
27656	$1,727.00	$1,036.00	Repair, fascial defect of leg
27656	$1,727.00	$1,036.00	Repair, fascial defect of leg
27656	$1,727.00	$1,036.00	Repair, fascial defect of leg
27658	$749.64	$450.00	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	$949.26	$570.00	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	$722.46	$433.00	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	$841.96	$505.00	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	$999.00	$599.00	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	$1,224.92	$735.00	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	$855.60	$513.00	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	$1,025.90	$616.00	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
27685	$1,312.92	$788.00	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	$1,066.24	$640.00	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	$916.82	$550.00	Gastrocnemius recession (eg, Strayer procedure)
27690	$1,286.62	$772.00	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	$1,492.58	$896.00	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor
27692	$198.86	$119.00	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	$981.14	$589.00	Repair, primary, disrupted ligament, ankle; collateral
27696	$1,099.30	$660.00	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	$1,277.54	$767.00	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	$1,430.02	$858.00	Arthroplasty, ankle;
27702	$1,911.88	$1,147.00	Arthroplasty, ankle; with implant (total ankle)
27703	$2,209.10	$1,325.00	Arthroplasty, ankle; revision, total ankle
27704	$1,135.36	$681.00	Removal of ankle implant
27705	$1,486.00	$892.00	Osteotomy; tibia
27707	$825.56	$495.00	Osteotomy; fibula
27709	$2,262.36	$1,357.00	Osteotomy; tibia and fibula
27712	$2,194.78	$1,317.00	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	$2,131.64	$1,279.00	Osteoplasty, tibia and fibula, lengthening or shortening
27720	$1,745.20	$1,047.00	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	$1,790.96	$1,075.00	Repair of nonunion or malunion, tibia; with sliding graft
27724	$2,475.54	$1,485.00	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	$2,421.46	$1,453.00	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27726	$1,905.30	$1,143.00	Repair of fibula nonunion and/or malunion with internal fixation
27727	$2,069.92	$1,242.00	Repair of congenital pseudarthrosis, tibia
27730	$1,189.68	$714.00	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	$926.06	$556.00	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	$1,326.76	$796.00	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	$1,424.86	$855.00	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	$1,561.50	$937.00	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745	$1,468.24	$881.00	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	$1,202.00	$721.00	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27750	$1,202.00	$721.00	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27750	$1,202.00	$721.00	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	$1,811.00	$1,087.00	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27752	$1,811.00	$1,087.00	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27752	$1,811.00	$1,087.00	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756	$1,192.36	$715.00	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	$1,791.96	$1,075.00	Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage
27759	$1,985.46	$1,191.00	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	$1,158.00	$695.00	Closed treatment of medial malleolus fracture; without manipulation
27760	$1,158.00	$695.00	Closed treatment of medial malleolus fracture; without manipulation
27762	$1,649.00	$989.00	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27762	$1,649.00	$989.00	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27762	$1,649.00	$989.00	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	$1,222.60	$734.00	Open treatment of medial malleolus fracture, with or without internal or external fixation
27767	$613.08	$368.00	Closed treatment of posterior malleolus fracture; without manipulation
27768	$1,525.00	$915.00	Closed treatment of posterior malleolus fracture; with manipulation
27768	$1,525.00	$915.00	Closed treatment of posterior malleolus fracture; with manipulation
27768	$1,525.00	$915.00	Closed treatment of posterior malleolus fracture; with manipulation
27769	$1,456.18	$874.00	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780	$1,076.00	$646.00	Closed treatment of proximal fibula or shaft fracture; without manipulation
27780	$1,076.00	$646.00	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	$1,500.00	$900.00	Closed treatment of proximal fibula or shaft fracture; with manipulation
27781	$1,500.00	$900.00	Closed treatment of proximal fibula or shaft fracture; with manipulation
27781	$1,500.00	$900.00	Closed treatment of proximal fibula or shaft fracture; with manipulation
27784	$1,426.84	$856.00	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation
27786	$1,082.00	$649.00	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27786	$1,082.00	$649.00	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	$1,455.00	$873.00	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27788	$1,455.00	$873.00	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	$1,294.10	$776.00	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation
27808	$1,166.00	$700.00	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27808	$1,166.00	$700.00	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27808	$1,166.00	$700.00	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27810	$1,619.00	$971.00	Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation
27810	$1,619.00	$971.00	Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation
27814	$1,529.12	$917.00	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation
27816	$1,148.00	$689.00	Closed treatment of trimalleolar ankle fracture; without manipulation
27816	$1,148.00	$689.00	Closed treatment of trimalleolar ankle fracture; without manipulation
27816	$1,148.00	$689.00	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	$1,680.00	$1,008.00	Closed treatment of trimalleolar ankle fracture; with manipulation
27818	$1,680.00	$1,008.00	Closed treatment of trimalleolar ankle fracture; with manipulation
27818	$1,680.00	$1,008.00	Closed treatment of trimalleolar ankle fracture; with manipulation
27822	$1,744.32	$1,047.00	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip
27823	$1,961.44	$1,177.00	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip
27824	$658.96	$395.00	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	$1,121.72	$673.00	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or
27826	$1,705.66	$1,023.00	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only
27827	$2,235.46	$1,341.00	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only
27828	$2,630.90	$1,579.00	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia
27829	$1,415.46	$849.00	Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation
27830	$813.16	$488.00	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	$844.00	$506.00	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832	$1,527.60	$917.00	Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula
27840	$1,313.00	$788.00	Closed treatment of ankle dislocation; without anesthesia
27840	$1,313.00	$788.00	Closed treatment of ankle dislocation; without anesthesia
27840	$1,313.00	$788.00	Closed treatment of ankle dislocation; without anesthesia
27842	$1,000.42	$600.00	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846	$1,449.98	$870.00	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	$1,588.60	$953.00	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27860	$329.36	$198.00	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870	$2,002.28	$1,201.00	Arthrodesis, ankle, open
27871	$1,380.56	$828.00	Arthrodesis, tibiofibular joint, proximal or distal
27880	$1,734.80	$1,041.00	Amputation, leg, through tibia and fibula;
27881	$1,612.42	$967.00	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882	$1,146.44	$688.00	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884	$1,136.42	$682.00	Amputation, leg, through tibia and fibula; secondary closure or scar revision

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
27886	$1,269.22	$762.00	Amputation, leg, through tibia and fibula; re-amputation
27888	$1,103.40	$662.00	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	$1,246.78	$748.00	Ankle disarticulation
27892	$1,078.32	$647.00	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	$1,242.32	$745.00	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	$1,618.60	$971.00	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
28001	$338.58	$203.00	Incision and drainage, bursa, foot
28002	$484.98	$291.00	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	$740.38	$444.00	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	$1,141.80	$685.00	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	$852.46	$511.00	Fasciotomy, foot and/or toe
28010	$474.08	$284.00	Tenotomy, percutaneous, toe; single tendon
28011	$639.22	$384.00	Tenotomy, percutaneous, toe; multiple tendons
28020	$1,064.86	$639.00	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	$970.92	$583.00	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	$927.26	$556.00	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28035	$1,065.08	$639.00	Release, tarsal tunnel (posterior tibial nerve decompression)
28039	$938.16	$563.00	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	$900.52	$540.00	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
28043	$759.36	$456.00	Excision, tumor, foot; subcutaneous tissue
28045	$962.10	$577.00	Excision, tumor, foot; deep, subfascial, intramuscular
28046	$1,405.10	$843.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28047	$2,053.32	$1,232.00	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater
28050	$828.86	$497.00	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	$774.00	$464.00	Arthrotomy with biopsy; metatarsophalangeal joint
28054	$730.76	$438.00	Arthrotomy with biopsy; interphalangeal joint
28055	$780.94	$469.00	Neurectomy, intrinsic musculature of foot
28060	$1,029.50	$618.00	Fasciectomy, plantar fascia; partial (separate procedure)
28062	$1,163.84	$698.00	Fasciectomy, plantar fascia; radical (separate procedure)
28070	$1,018.52	$611.00	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	$978.92	$587.00	Synovectomy; metatarsophalangeal joint, each
28080	$1,078.26	$647.00	Excision, interdigital (Morton) neuroma, single, each
28086	$1,034.40	$621.00	Synovectomy, tendon sheath, foot; flexor
28088	$925.96	$556.00	Synovectomy, tendon sheath, foot; extensor
28090	$928.52	$557.00	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	$842.98	$506.00	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	$1,227.88	$737.00	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	$1,236.52	$742.00	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	$775.46	$465.00	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	$1,054.52	$633.00	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	$852.84	$512.00	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	$1,012.44	$607.00	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	$867.90	$521.00	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	$925.70	$555.00	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	$942.00	$565.00	Ostectomy, complete excision; first metatarsal head
28112	$961.52	$577.00	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	$1,170.34	$702.00	Ostectomy, complete excision; fifth metatarsal head
28114	$2,134.76	$1,281.00	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	$1,355.42	$813.00	Ostectomy, excision of tarsal coalition
28118	$1,212.70	$728.00	Ostectomy, calcaneus;
28119	$1,047.56	$629.00	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	$1,333.98	$800.00	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	$1,181.14	$709.00	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus
28124	$953.92	$572.00	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	$775.96	$466.00	Resection, partial or complete, phalangeal base, each toe
28130	$1,257.78	$755.00	Talectomy (astragalectomy)
28140	$1,121.70	$673.00	Metatarsectomy
28150	$832.92	$500.00	Phalangectomy, toe, each toe
28153	$802.78	$482.00	Resection, condyle(s), distal end of phalanx, each toe
28160	$813.56	$488.00	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	$2,195.54	$1,317.00	Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	$1,432.90	$860.00	Radical resection of tumor, bone; metatarsal
28175	$936.56	$562.00	Radical resection of tumor, bone; phalanx of toe
28190	$785.00	$471.00	Removal of foreign body, foot; subcutaneous
28190	$785.00	$471.00	Removal of foreign body, foot; subcutaneous
28190	$785.00	$471.00	Removal of foreign body, foot; subcutaneous
28192	$913.70	$548.00	Removal of foreign body, foot; deep
28193	$1,034.66	$621.00	Removal of foreign body, foot; complicated
28200	$986.50	$592.00	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	$1,199.32	$720.00	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	$962.66	$578.00	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	$1,169.14	$701.00	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	$892.36	$535.00	Tenolysis, flexor, foot; single tendon
28222	$1,068.74	$641.00	Tenolysis, flexor, foot; multiple tendons
28225	$825.96	$496.00	Tenolysis, extensor, foot; single tendon
28226	$1,236.18	$742.00	Tenolysis, extensor, foot; multiple tendons
28230	$862.52	$518.00	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	$749.72	$450.00	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	$821.64	$493.00	Tenotomy, open, extensor, foot or toe, each tendon
28238	$1,323.58	$794.00	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	$880.66	$528.00	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	$1,176.52	$706.00	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	$1,437.58	$863.00	Capsulotomy, midfoot; medial release only (separate procedure)
28261	$2,157.88	$1,295.00	Capsulotomy, midfoot; with tendon lengthening
28262	$2,747.58	$1,649.00	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	$1,782.32	$1,069.00	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	$971.56	$583.00	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	$760.10	$456.00	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28272	$760.10	$456.00	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	$991.22	$595.00	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	$1,081.16	$649.00	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	$874.38	$525.00	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	$1,202.04	$721.00	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	$1,371.38	$823.00	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28291	$1,355.30	$813.00	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	$1,394.82	$837.00	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28295	$2,060.72	$1,236.00	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method

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28296	$1,756.72	$1,054.00	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	$2,013.08	$1,208.00	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure
28298	$1,653.02	$992.00	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	$2,009.42	$1,206.00	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	$1,303.12	$782.00	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	$1,439.18	$864.00	Osteotomy; talus
28304	$1,651.00	$991.00	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	$1,342.28	$805.00	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	$1,211.34	$727.00	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	$1,570.52	$942.00	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	$1,139.42	$684.00	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	$1,803.12	$1,082.00	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	$1,098.44	$659.00	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	$1,121.00	$673.00	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	$1,062.82	$638.00	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	$954.86	$573.00	Sesamoidectomy, first toe (separate procedure)
28320	$1,231.72	$739.00	Repair, nonunion or malunion; tarsal bones
28322	$1,564.80	$939.00	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	$1,128.38	$677.00	Reconstruction, toe, macrodactyly; soft tissue resection
28341	$1,309.94	$786.00	Reconstruction, toe, macrodactyly; requiring bone resection
28344	$834.96	$501.00	Reconstruction, toe(s); polydactyly
28345	$1,022.68	$614.00	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360	$2,196.92	$1,318.00	Reconstruction, cleft foot
28400	$852.00	$511.00	Closed treatment of calcaneal fracture; without manipulation
28400	$852.00	$511.00	Closed treatment of calcaneal fracture; without manipulation
28400	$852.00	$511.00	Closed treatment of calcaneal fracture; without manipulation
28405	$935.80	$561.00	Closed treatment of calcaneal fracture; with manipulation
28406	$1,198.94	$719.00	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	$2,233.66	$1,340.00	Open treatment of calcaneal fracture, with or without internal or external fixation;
28420	$2,582.16	$1,549.00	Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone graft (includes obtaining graft)
28430	$826.00	$496.00	Closed treatment of talus fracture; without manipulation
28430	$826.00	$496.00	Closed treatment of talus fracture; without manipulation
28430	$826.00	$496.00	Closed treatment of talus fracture; without manipulation
28435	$1,273.00	$764.00	Closed treatment of talus fracture; with manipulation
28435	$1,273.00	$764.00	Closed treatment of talus fracture; with manipulation
28435	$1,273.00	$764.00	Closed treatment of talus fracture; with manipulation
28436	$1,013.24	$608.00	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	$2,082.04	$1,249.00	Open treatment of talus fracture, with or without internal or external fixation
28446	$2,435.10	$1,461.00	Open osteochondral autograft, talus (includes obtaining graft[s])
28450	$440.96	$265.00	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	$525.08	$315.00	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	$763.04	$458.00	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	$1,296.02	$778.00	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each
28470	$749.00	$449.00	Closed treatment of metatarsal fracture; without manipulation, each
28470	$749.00	$449.00	Closed treatment of metatarsal fracture; without manipulation, each
28470	$749.00	$449.00	Closed treatment of metatarsal fracture; without manipulation, each
28475	$538.14	$323.00	Closed treatment of metatarsal fracture; with manipulation, each
28476	$801.22	$481.00	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	$1,135.18	$681.00	Open treatment of metatarsal fracture, with or without internal or external fixation, each
28490	$492.00	$295.00	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28490	$492.00	$295.00	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28490	$492.00	$295.00	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	$622.00	$373.00	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28495	$622.00	$373.00	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28495	$622.00	$373.00	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	$1,020.10	$612.00	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	$1,296.42	$778.00	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
28510	$418.00	$251.00	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28510	$418.00	$251.00	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28510	$418.00	$251.00	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	$564.00	$338.00	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28515	$564.00	$338.00	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28515	$564.00	$338.00	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	$1,121.84	$673.00	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
28530	$246.92	$148.00	Closed treatment of sesamoid fracture
28531	$661.80	$397.00	Open treatment of sesamoid fracture, with or without internal fixation
28540	$406.14	$244.00	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	$648.86	$389.00	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	$1,186.16	$712.00	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	$1,684.40	$1,011.00	Open treatment of tarsal bone dislocation, with or without internal or external fixation
28570	$498.18	$299.00	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	$789.42	$474.00	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576	$800.54	$480.00	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	$1,809.14	$1,085.00	Open treatment of talotarsal joint dislocation, with or without internal or external fixation
28600	$456.80	$274.00	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	$717.16	$430.00	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	$810.22	$486.00	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615	$1,663.72	$998.00	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation
28630	$518.00	$311.00	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28630	$518.00	$311.00	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	$347.50	$209.00	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	$715.76	$429.00	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	$1,298.52	$779.00	Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation
28660	$426.00	$256.00	Closed treatment of interphalangeal joint dislocation; without anesthesia
28660	$426.00	$256.00	Closed treatment of interphalangeal joint dislocation; without anesthesia
28660	$426.00	$256.00	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	$331.00	$199.00	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	$348.86	$209.00	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	$1,148.74	$689.00	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation
28705	$2,414.58	$1,449.00	Arthrodesis; pantalar
28715	$1,881.58	$1,129.00	Arthrodesis; triple
28725	$1,557.40	$934.00	Arthrodesis; subtalar
28730	$1,449.88	$870.00	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	$1,554.36	$933.00	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	$1,369.26	$822.00	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	$1,640.54	$984.00	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	$1,547.80	$929.00	Arthrodesis, great toe; metatarsophalangeal joint

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
28755	$1,012.08	$607.00	Arthrodesis, great toe; interphalangeal joint
28760	$1,529.52	$918.00	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28800	$1,049.34	$630.00	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	$1,390.26	$834.00	Amputation, foot; transmetatarsal
28810	$837.52	$503.00	Amputation, metatarsal, with toe, single
28820	$584.76	$351.00	Amputation, toe; metatarsophalangeal joint
28825	$573.62	$344.00	Amputation, toe; interphalangeal joint
28890	$620.08	$372.00	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar
29000	$749.24	$450.00	Application of halo type body cast (see 20661-20663 for insertion)
29010	$581.06	$349.00	Application of Risser jacket, localizer, body; only
29015	$620.56	$372.00	Application of Risser jacket, localizer, body; including head
29035	$549.26	$330.00	Application of body cast, shoulder to hips;
29040	$624.14	$374.00	Application of body cast, shoulder to hips; including head, Minerva type
29044	$612.08	$367.00	Application of body cast, shoulder to hips; including one thigh
29046	$668.26	$401.00	Application of body cast, shoulder to hips; including both thighs
29049	$208.00	$125.00	Application, cast; figure-of-eight
29055	$472.92	$284.00	Application, cast; shoulder spica
29058	$255.18	$153.00	Application, cast; plaster Velpeau
29065	$200.86	$121.00	Application, cast; shoulder to hand (long arm)
29065	$200.86	$121.00	Application, cast; shoulder to hand (long arm)
29065	$200.86	$121.00	Application, cast; shoulder to hand (long arm)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29075	$302.00	$181.00	Applic Cast Short Arm (elbow to finger)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29075	$302.00	$181.00	Applic Cast Short Arm (elbow to finger)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29075	$302.00	$181.00	Applic Cast Short Arm (elbow to finger)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29075	$302.00	$181.00	Applic Cast Short Arm (elbow to finger)
29075	$302.00	$181.00	Application, cast; elbow to finger (short arm)
29085	$330.00	$198.00	Application, cast; hand and lower forearm (gauntlet)
29085	$330.00	$198.00	Application, cast; hand and lower forearm (gauntlet)
29085	$330.00	$198.00	Application, cast; hand and lower forearm (gauntlet)
29085	$330.00	$198.00	Application, cast; hand and lower forearm (gauntlet)
29086	$161.64	$97.00	Application, cast; finger (eg, contracture)
29105	$281.00	$169.00	Application of long arm splint (shoulder to hand)
29105	$281.00	$169.00	Application of long arm splint (shoulder to hand)
29105	$281.00	$169.00	Application of long arm splint (shoulder to hand)
29105	$281.00	$169.00	Application of long arm splint (shoulder to hand)
29125	$229.00	$137.00	Application of short arm splint (forearm to hand); static
29125	$229.00	$137.00	Application of short arm splint (forearm to hand); static
29125	$229.00	$137.00	Application of short arm splint (forearm to hand); static
29125	$229.00	$137.00	Application of short arm splint (forearm to hand); static
29126	$163.46	$98.00	Application of short arm splint (forearm to hand); dynamic
29130	$142.00	$85.00	Application of finger splint; static
29130	$142.00	$85.00	Application of finger splint; static
29130	$142.00	$85.00	Application of finger splint; static
29130	$142.00	$85.00	Application of finger splint; static
29131	$112.36	$67.00	Application of finger splint; dynamic
29200	$62.76	$38.00	Strapping; thorax
29240	$58.66	$35.00	Strapping; shoulder (eg, Velpeau)
29260	$57.70	$35.00	Strapping; elbow or wrist
29280	$58.90	$35.00	Strapping; hand or finger
29305	$522.02	$313.00	Application of hip spica cast; one leg
29325	$576.02	$346.00	Application of hip spica cast; one and one-half spica or both legs
29345	$459.00	$275.00	Application of long leg cast (thigh to toes);
29345	$459.00	$275.00	Application of long leg cast (thigh to toes);
29345	$459.00	$275.00	Application of long leg cast (thigh to toes);
29345	$459.00	$275.00	Application of long leg cast (thigh to toes);
29355	$289.82	$174.00	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	$336.30	$202.00	Application of long leg cast brace
29365	$256.16	$154.00	Application of cylinder cast (thigh to ankle)
29405	$274.00	$164.00	Application of short leg cast (below knee to toes);
29405	$274.00	$164.00	Application of short leg cast (below knee to toes);
29405	$274.00	$164.00	Application of short leg cast (below knee to toes);
29425	$257.00	$154.00	Application of short leg cast (below knee to toes); walking or ambulatory type
29425	$257.00	$154.00	Application of short leg cast (below knee to toes); walking or ambulatory type
29425	$257.00	$154.00	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	$256.00	$154.00	Application of patellar tendon bearing (PTB) cast
29440	$87.68	$53.00	Adding walker to previously applied cast
29445	$257.18	$154.00	Application of rigid total contact leg cast
29450	$291.30	$175.00	Application of clubfoot cast with molding or manipulation, long or short leg
29505	$312.00	$187.00	Application of long leg splint (thigh to ankle or toes)
29505	$312.00	$187.00	Application of long leg splint (thigh to ankle or toes)
29505	$312.00	$187.00	Application of long leg splint (thigh to ankle or toes)
29505	$312.00	$187.00	Application of long leg splint (thigh to ankle or toes)
29515	$248.00	$149.00	Application of short leg splint (calf to foot)
29515	$248.00	$149.00	Application of short leg splint (calf to foot)
29515	$248.00	$149.00	Application of short leg splint (calf to foot)
29515	$248.00	$149.00	Application of short leg splint (calf to foot)
29520	$68.74	$41.00	Strapping; hip
29530	$58.52	$35.00	Strapping; knee
29540	$56.32	$34.00	Strapping; ankle and/or foot
29550	$39.18	$24.00	Strapping; toes
29580	$126.28	$76.00	Strapping; Unna boot
29581	$175.90	$106.00	Application of multi-layer venous wound compression system, below knee
29584	$158.24	$95.00	Application of multi-layer compression system; upper arm, forearm, hand, and fingers
29700	$133.80	$80.00	Removal or bivalving; gauntlet, boot or body cast
29705	$215.00	$129.00	Removal or bivalving; full arm or full leg cast
29705	$215.00	$129.00	Removal or bivalving; full arm or full leg cast
29705	$215.00	$129.00	Removal or bivalving; full arm or full leg cast
29710	$252.24	$151.00	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29720	$180.44	$108.00	Repair of spica, body cast or jacket
29730	$130.80	$78.00	Windowing of cast

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
29740	$201.98	$121.00	Wedging of cast (except clubfoot casts)
29750	$217.48	$130.00	Wedging of clubfoot cast
29800	$1,073.56	$644.00	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	$1,190.22	$714.00	Arthroscopy, temporomandibular joint, surgical
29805	$952.28	$571.00	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	$2,107.10	$1,264.00	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	$2,058.84	$1,235.00	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	$1,181.00	$709.00	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	$1,078.08	$647.00	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	$1,196.76	$718.00	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	$1,094.12	$656.00	Arthroscopy, shoulder, surgical; debridement, limited
29823	$1,191.88	$715.00	Arthroscopy, shoulder, surgical; debridement, extensive
29824	$1,362.86	$818.00	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	$1,181.82	$709.00	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	$333.46	$200.00	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827	$2,122.22	$1,273.00	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	$1,824.86	$1,095.00	Arthroscopy, shoulder, surgical; biceps tenodesis
29830	$928.44	$557.00	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	$1,001.20	$601.00	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	$1,032.26	$619.00	Arthroscopy, elbow, surgical; synovectomy, partial
29836	$1,183.68	$710.00	Arthroscopy, elbow, surgical; synovectomy, complete
29837	$1,050.62	$630.00	Arthroscopy, elbow, surgical; debridement, limited
29838	$1,199.96	$720.00	Arthroscopy, elbow, surgical; debridement, extensive
29840	$925.66	$555.00	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	$988.22	$593.00	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	$1,015.78	$609.00	Arthroscopy, wrist, surgical; synovectomy, partial
29845	$1,185.04	$711.00	Arthroscopy, wrist, surgical; synovectomy, complete
29846	$1,058.52	$635.00	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	$1,098.52	$659.00	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	$1,043.44	$626.00	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850	$1,260.36	$756.00	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external
29851	$1,856.82	$1,114.00	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external
29855	$1,564.96	$939.00	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)
29856	$1,979.14	$1,187.00	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)
29860	$1,324.28	$795.00	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	$1,390.40	$834.00	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	$1,625.18	$975.00	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	$1,633.44	$980.00	Arthroscopy, hip, surgical; with synovectomy
29866	$2,104.22	$1,263.00	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)
29867	$2,544.84	$1,527.00	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	$3,298.20	$1,979.00	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29868	$3,298.20	$1,979.00	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870	$1,125.46	$675.00	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	$1,041.88	$625.00	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	$1,092.34	$655.00	Arthroscopy, knee, surgical; with lateral release
29874	$1,079.74	$648.00	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	$1,003.26	$602.00	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	$1,312.78	$788.00	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)
29877	$1,250.26	$750.00	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	$1,330.38	$798.00	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	$1,132.78	$680.00	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	$1,092.76	$656.00	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	$1,380.72	$828.00	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	$1,677.62	$1,007.00	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	$1,247.60	$749.00	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	$1,521.36	$913.00	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	$1,285.04	$771.00	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	$1,515.52	$909.00	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	$1,934.86	$1,161.00	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	$2,441.22	$1,465.00	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	$1,353.72	$812.00	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	$1,285.12	$771.00	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes
29893	$1,331.22	$799.00	Endoscopic plantar fasciotomy
29894	$1,014.76	$609.00	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	$921.24	$553.00	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	$987.40	$592.00	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	$1,121.36	$673.00	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	$1,982.42	$1,189.00	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	$1,029.94	$618.00	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	$1,100.60	$660.00	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	$1,164.78	$699.00	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29904	$1,290.80	$774.00	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	$1,027.64	$617.00	Arthroscopy, subtalar joint, surgical; with synovectomy
29906	$1,335.38	$801.00	Arthroscopy, subtalar joint, surgical; with debridement
29907	$1,756.14	$1,054.00	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
29914	$1,979.46	$1,188.00	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	$2,016.86	$1,210.00	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	$2,019.72	$1,212.00	Arthroscopy, hip, surgical; with labral repair
30000	$531.32	$319.00	Drainage abscess or hematoma, nasal, internal approach
30020	$532.14	$319.00	Drainage abscess or hematoma, nasal septum
30100	$278.74	$167.00	Biopsy, intranasal
30110	$495.70	$297.00	Excision, nasal polyp(s), simple
30115	$1,538.00	$923.00	Excision, nasal polyp(s), extensive
30115	$1,538.00	$923.00	Excision, nasal polyp(s), extensive
30115	$1,538.00	$923.00	Excision, nasal polyp(s), extensive
30117	$1,934.84	$1,161.00	Excision or destruction (eg, laser), intranasal lesion; internal approach
30118	$1,405.78	$843.00	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	$1,023.04	$614.00	Excision or surgical planing of skin of nose for rhinophyma
30124	$611.06	$367.00	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	$1,296.00	$778.00	Excision dermoid cyst, nose; complex, under bone or cartilage
30130	$835.48	$501.00	Excision turbinate, partial or complete, any method
30130	$835.48	$501.00	Excision inferior turbinate, partial or complete, any method
30140	$590.44	$354.00	Submucous resection turbinate, partial or complete, any method
30140	$590.44	$354.00	Submucous resection inferior turbinate, partial or complete, any method
30150	$1,580.86	$949.00	Rhinectomy; partial
30160	$1,613.78	$968.00	Rhinectomy; total
30200	$219.42	$132.00	Injection into turbinate(s), therapeutic

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
30210	$303.64	$182.00	Displacement therapy (Proetz type)
30220	$599.12	$359.00	Insertion, nasal septal prosthesis (button)
30300	$688.00	$413.00	Removal foreign body, intranasal; office type procedure
30300	$688.00	$413.00	Removal foreign body, intranasal; office type procedure
30300	$688.00	$413.00	Removal foreign body, intranasal; office type procedure
30300	$688.00	$413.00	Removal foreign body, intranasal; office type procedure
30300	$688.00	$413.00	Removal foreign body, intranasal; office type procedure
30300	$688.00	$413.00	Removal foreign body, intranasal; office type procedure
30310	$413.62	$248.00	Removal foreign body, intranasal; requiring general anesthesia
30320	$976.86	$586.00	Removal foreign body, intranasal; by lateral rhinotomy
30400	$2,447.68	$1,469.00	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	$2,812.22	$1,687.00	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	$2,861.64	$1,717.00	Rhinoplasty, primary; including major septal repair
30430	$2,144.04	$1,286.00	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	$2,664.64	$1,599.00	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	$3,469.92	$2,082.00	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	$1,645.90	$988.00	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	$3,154.38	$1,893.00	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	$2,031.62	$1,219.00	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30468	$4,845.12	$2,907.00	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
30469	$4,713.92	$2,828.00	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling
30520	$1,341.42	$805.00	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	$1,471.06	$883.00	Repair choanal atresia; intranasal
30545	$1,987.16	$1,192.00	Repair choanal atresia; transpalatine
30560	$633.60	$380.00	Lysis intranasal synechia
30580	$1,226.44	$736.00	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	$1,048.26	$629.00	Repair fistula; oronasal
30620	$1,337.76	$803.00	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	$1,329.66	$798.00	Repair nasal septal perforations
30801	$439.18	$264.00	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction);
30801	$439.18	$264.00	Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); superficial
30802	$557.16	$334.00	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction);
30802	$557.16	$334.00	Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); intramural
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30901	$515.00	$309.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	$798.00	$479.00	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30903	$798.00	$479.00	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30903	$798.00	$479.00	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30903	$798.00	$479.00	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30903	$798.00	$479.00	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30903	$798.00	$479.00	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	$1,146.00	$688.00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30905	$1,146.00	$688.00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30905	$1,146.00	$688.00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30905	$1,146.00	$688.00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30905	$1,146.00	$688.00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30905	$1,146.00	$688.00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	$755.00	$453.00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915	$1,196.38	$718.00	Ligation arteries; ethmoidal
30915	$1,196.38	$718.00	Ligation arteries; ethmoidal
30920	$1,724.74	$1,035.00	Ligation arteries; internal maxillary artery, transantral
30920	$1,724.74	$1,035.00	Ligation arteries; internal maxillary artery, transantral
30930	$238.12	$143.00	Fracture nasal inferior turbinate(s), therapeutic
30930	$238.12	$143.00	Fracture nasal turbinate(s), therapeutic
31000	$372.24	$223.00	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31000	$372.24	$223.00	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002	$373.54	$224.00	Lavage by cannulation; sphenoid sinus
31002	$373.54	$224.00	Lavage by cannulation; sphenoid sinus
31020	$853.96	$512.00	Sinusotomy, maxillary (antrotomy); intranasal
31020	$853.96	$512.00	Sinusotomy, maxillary (antrotomy); intranasal
31030	$1,293.68	$776.00	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31030	$1,293.68	$776.00	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	$1,190.30	$714.00	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31032	$1,190.30	$714.00	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040	$1,595.44	$957.00	Pterygomaxillary fossa surgery, any approach
31050	$1,032.80	$620.00	Sinusotomy, sphenoid, with or without biopsy;
31050	$1,032.80	$620.00	Sinusotomy, sphenoid, with or without biopsy;
31051	$1,379.26	$828.00	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	$952.12	$571.00	Sinusotomy frontal; external, simple (trephine operation)
31075	$1,644.96	$987.00	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	$2,161.54	$1,297.00	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
31081	$2,314.20	$1,389.00	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	$2,393.10	$1,436.00	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085	$2,465.92	$1,480.00	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086	$2,332.34	$1,399.00	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087	$2,220.92	$1,333.00	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	$2,200.14	$1,320.00	Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
3111F	$2,222.00	$1,333.00	CT or MRI of the brain performed within 24 hours of arrival to the hospital (STR)
3112F	$2,222.00	$1,333.00	CT or MRI of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than
3112F	$2,222.00	$1,333.00	CT or MRI of the brain performed greater than 24 hours after arrival to the hospital (STR)
31200	$1,253.40	$752.00	Ethmoidectomy; intranasal, anterior
31201	$1,550.06	$930.00	Ethmoidectomy; intranasal, total
31205	$1,871.28	$1,123.00	Ethmoidectomy; extranasal, total
31225	$3,550.06	$2,130.00	Maxillectomy; without orbital exenteration
31230	$3,952.80	$2,372.00	Maxillectomy; with orbital exenteration (en bloc)
31231	$382.08	$229.00	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31231	$382.08	$229.00	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	$541.06	$325.00	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31233	$541.06	$325.00	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	$618.10	$371.00	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31235	$618.10	$371.00	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
31237	$528.98	$317.00	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31237	$528.98	$317.00	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	$512.90	$308.00	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31238	$512.90	$308.00	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	$1,204.48	$723.00	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31239	$1,204.48	$723.00	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	$313.00	$188.00	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31240	$313.00	$188.00	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31241	$863.04	$518.00	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
31242	$4,850.32	$2,910.00	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
31243	$4,709.32	$2,826.00	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
31253	$971.16	$583.00	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal
31254	$872.40	$523.00	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31254	$872.40	$523.00	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255	$629.32	$378.00	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31255	$629.32	$378.00	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256	$353.82	$212.00	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31257	$866.60	$520.00	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
31259	$917.02	$550.00	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
31267	$516.78	$310.00	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31267	$516.78	$310.00	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	$735.80	$441.00	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
31276	$735.80	$441.00	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287	$393.28	$236.00	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31287	$393.28	$236.00	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	$456.82	$274.00	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31288	$456.82	$274.00	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290	$2,248.76	$1,349.00	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31290	$2,248.76	$1,349.00	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	$2,401.14	$1,441.00	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31291	$2,401.14	$1,441.00	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31292	$1,944.32	$1,167.00	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31292	$1,944.32	$1,167.00	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293	$2,103.92	$1,262.00	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
31293	$2,103.92	$1,262.00	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
31294	$2,402.88	$1,442.00	Nasal/sinus endoscopy, surgical; with optic nerve decompression
31294	$2,402.88	$1,442.00	Nasal/sinus endoscopy, surgical; with optic nerve decompression
31295	$3,191.56	$1,915.00	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31296	$3,243.04	$1,946.00	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	$3,163.46	$1,898.00	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
31298	$5,994.74	$3,597.00	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)
31300	$2,479.24	$1,488.00	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31360	$4,048.74	$2,429.00	Laryngectomy; total, without radical neck dissection
31365	$4,989.44	$2,994.00	Laryngectomy; total, with radical neck dissection
31367	$4,287.52	$2,573.00	Laryngectomy; subtotal supraglottic, without radical neck dissection
31368	$4,733.84	$2,840.00	Laryngectomy; subtotal supraglottic, with radical neck dissection
31370	$4,027.20	$2,416.00	Partial laryngectomy (hemilaryngectomy); horizontal
31375	$3,831.10	$2,299.00	Partial laryngectomy (hemilaryngectomy); laterovertical
31380	$3,778.40	$2,267.00	Partial laryngectomy (hemilaryngectomy); anterovertical
31382	$4,132.44	$2,479.00	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390	$5,491.66	$3,295.00	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31390	$5,491.66	$3,295.00	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	$5,759.38	$3,456.00	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31395	$5,759.38	$3,456.00	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400	$2,027.56	$1,217.00	Arytenoidectomy or arytenoidopexy, external approach
31420	$1,653.14	$992.00	Epiglottidectomy
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31500	$450.00	$270.00	Intubation, endotracheal, emergency procedure
31502	$67.10	$40.00	Tracheotomy tube change prior to establishment of fistula tract
31505	$177.04	$106.00	Laryngoscopy, indirect; diagnostic (separate procedure)
31510	$429.70	$258.00	Laryngoscopy, indirect; with biopsy
31511	$416.44	$250.00	Laryngoscopy, indirect; with removal of foreign body
31511	$416.44	$250.00	Laryngoscopy, indirect; with removal of foreign body
31512	$431.16	$259.00	Laryngoscopy, indirect; with removal of lesion
31513	$258.04	$155.00	Laryngoscopy, indirect; with vocal cord injection
31515	$428.84	$257.00	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520	$307.70	$185.00	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31520	$307.70	$185.00	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	$496.88	$298.00	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31525	$496.88	$298.00	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	$309.04	$185.00	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope
31526	$309.04	$185.00	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527	$382.50	$230.00	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528	$283.64	$170.00	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	$315.52	$189.00	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	$388.56	$233.00	Laryngoscopy, direct, operative, with foreign body removal;
31530	$388.56	$233.00	Laryngoscopy, direct, operative, with foreign body removal;
31531	$411.82	$247.00	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope
31531	$411.82	$247.00	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535	$371.40	$223.00	Laryngoscopy, direct, operative, with biopsy;
31535	$371.40	$223.00	Laryngoscopy, direct, operative, with biopsy;
31536	$410.70	$246.00	Laryngoscopy, direct, operative, with biopsy; with operating microscope
31536	$410.70	$246.00	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	$471.08	$283.00	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31540	$471.08	$283.00	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	$512.78	$308.00	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope
31541	$512.78	$308.00	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545	$702.86	$422.00	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction
31546	$1,064.16	$639.00	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction
31551	$3,061.64	$1,837.00	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age
31552	$2,957.60	$1,775.00	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
31553	$3,326.50	$1,996.00	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age
31554	$3,327.86	$1,997.00	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older
31560	$608.02	$365.00	Laryngoscopy, direct, operative, with arytenoidectomy;
31560	$608.02	$365.00	Laryngoscopy, direct, operative, with arytenoidectomy;
31561	$662.78	$398.00	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope
31561	$662.78	$398.00	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
31570	$679.46	$408.00	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31570	$679.46	$408.00	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	$485.90	$292.00	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31571	$485.90	$292.00	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope
31572	$1,027.06	$616.00	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
31573	$570.94	$343.00	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope
31574	$1,818.10	$1,091.00	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
31575	$255.98	$154.00	Laryngoscopy, flexible fiberoptic; diagnostic
31576	$536.06	$322.00	Laryngoscopy, flexible fiberoptic; with biopsy
31577	$539.22	$324.00	Laryngoscopy, flexible fiberoptic; with removal of foreign body
31577	$539.22	$324.00	Laryngoscopy, flexible; with removal of foreign body(s)
31578	$606.88	$364.00	Laryngoscopy, flexible fiberoptic; with removal of lesion
31578	$606.88	$364.00	Laryngoscopy, flexible; with removal of lesion(s), non-laser
31579	$392.10	$235.00	Laryngoscopy, flexible or rigid telescopic, with stroboscopy
31579	$392.10	$235.00	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
31580	$2,552.44	$1,531.00	Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal
31580	$2,552.44	$1,531.00	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
31584	$2,794.74	$1,677.00	Laryngoplasty; with open reduction of fracture
31584	$2,794.74	$1,677.00	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed
31587	$2,408.32	$1,445.00	Laryngoplasty, cricoid split
31587	$2,408.32	$1,445.00	Laryngoplasty, cricoid split, without graft placement
31590	$1,869.78	$1,122.00	Laryngeal reinnervation by neuromuscular pedicle
31591	$2,199.50	$1,320.00	Laryngoplasty, medialization, unilateral
31592	$3,431.08	$2,059.00	Cricotracheal resection
31600	$587.16	$352.00	Tracheostomy, planned (separate procedure);
31601	$875.30	$525.00	Tracheostomy, planned (separate procedure); under two years
31603	$615.02	$369.00	Tracheostomy, emergency procedure; transtracheal
31605	$635.02	$381.00	Tracheostomy, emergency procedure; cricothyroid membrane
31610	$1,891.32	$1,135.00	Tracheostomy, fenestration procedure with skin flaps
31611	$1,070.66	$642.00	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	$184.54	$111.00	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	$840.18	$504.00	Tracheostoma revision; simple, without flap rotation
31614	$1,413.52	$848.00	Tracheostoma revision; complex, with flap rotation
31615	$339.78	$204.00	Tracheobronchoscopy through established tracheostomy incision
31620	$1,482.00	$889.00	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))
31622	$500.68	$300.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
31623	$546.22	$328.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings
31624	$509.96	$306.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage
31625	$690.40	$414.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites
31626	$1,538.18	$923.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
31627	$2,051.26	$1,231.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition
31628	$733.40	$440.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31628	$733.40	$440.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe
31629	$889.84	$534.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or
31629	$889.84	$534.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar
31630	$380.54	$228.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture
31631	$434.22	$261.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as
31631	$434.22	$261.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31632	$126.62	$76.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to
31632	$126.62	$76.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in
31633	$158.42	$95.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in
31634	$2,842.60	$1,706.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of
31635	$582.20	$349.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body
31636	$416.44	$250.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as
31636	$416.44	$250.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required),
31637	$144.98	$87.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary
31637	$144.98	$87.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code
31638	$471.68	$283.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session
31638	$471.68	$283.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes
31640	$471.84	$283.00	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor
31641	$483.54	$290.00	Bronchoscopy, (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31641	$483.54	$290.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than
31643	$325.00	$195.00	Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application
31645	$547.48	$328.00	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31645	$547.48	$328.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial
31646	$274.08	$164.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same
31646	$274.08	$164.00	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent
31647	$393.14	$236.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway
31648	$377.12	$226.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe
31648	$377.12	$226.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe
31649	$132.20	$79.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in
31649	$132.20	$79.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in
31651	$144.44	$87.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway
31651	$144.44	$87.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway
31652	$2,413.36	$1,448.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or
31653	$2,500.26	$1,500.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or
31654	$237.22	$142.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during
31660	$360.68	$216.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	$381.84	$229.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
31717	$562.34	$337.00	Catheterization with bronchial brush biopsy
31720	$103.48	$62.00	Catheter aspiration (separate procedure); nasotracheal
31725	$151.56	$91.00	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside
31730	$2,067.46	$1,240.00	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31730	$2,067.46	$1,240.00	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750	$2,682.84	$1,610.00	Tracheoplasty; cervical
31755	$3,444.06	$2,066.00	Tracheoplasty; tracheopharyngeal fistulization, each stage
31760	$2,635.26	$1,581.00	Tracheoplasty; intrathoracic
31766	$3,377.02	$2,026.00	Carinal reconstruction
31770	$2,529.36	$1,518.00	Bronchoplasty; graft repair
31775	$2,665.56	$1,599.00	Bronchoplasty; excision stenosis and anastomosis
31780	$2,359.48	$1,416.00	Excision tracheal stenosis and anastomosis; cervical

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
31781	$2,818.02	$1,691.00	Excision tracheal stenosis and anastomosis; cervicothoracic
31785	$2,108.16	$1,265.00	Excision of tracheal tumor or carcinoma; cervical
31786	$2,747.80	$1,649.00	Excision of tracheal tumor or carcinoma; thoracic
31800	$1,403.26	$842.00	Suture of tracheal wound or injury; cervical
31805	$1,578.56	$947.00	Suture of tracheal wound or injury; intrathoracic
31820	$881.36	$529.00	Surgical closure tracheostomy or fistula; without plastic repair
31825	$1,222.96	$734.00	Surgical closure tracheostomy or fistula; with plastic repair
31830	$987.82	$593.00	Revision of tracheostomy scar
32035	$1,426.68	$856.00	Thoracostomy; with rib resection for empyema
32035	$1,426.68	$856.00	Thoracostomy; with rib resection for empyema
32036	$1,522.56	$914.00	Thoracostomy; with open flap drainage for empyema
32036	$1,522.56	$914.00	Thoracostomy; with open flap drainage for empyema
32096	$1,542.60	$926.00	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32097	$1,542.56	$926.00	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
32098	$1,453.28	$872.00	Thoracotomy, with biopsy(ies) of pleura
32100	$1,565.24	$939.00	Thoracotomy; with exploration
32100	$1,565.24	$939.00	Thoracotomy, major; with exploration and biopsy
32110	$2,845.96	$1,708.00	Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear
32120	$1,688.08	$1,013.00	Thoracotomy, major; for postoperative complications
32124	$1,779.78	$1,068.00	Thoracotomy, major; with open intrapleural pneumonolysis
32140	$1,905.38	$1,143.00	Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure
32141	$2,900.42	$1,740.00	Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure
32150	$1,961.12	$1,177.00	Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit
32151	$1,931.76	$1,159.00	Thoracotomy, major; with removal of intrapulmonary foreign body
32160	$1,551.56	$931.00	Thoracotomy, major; with cardiac massage
32200	$2,199.18	$1,320.00	Pneumonostomy; with open drainage of abscess or cyst
32200	$2,199.18	$1,320.00	Pneumonostomy, with open drainage of abscess or cyst
32215	$1,551.12	$931.00	Pleural scarification for repeat pneumothorax
32220	$3,073.88	$1,844.00	Decortication, pulmonary (separate procedure); total
32225	$1,914.46	$1,149.00	Decortication, pulmonary (separate procedure); partial
32310	$1,769.42	$1,062.00	Pleurectomy, parietal (separate procedure)
32320	$3,077.42	$1,846.00	Decortication and parietal pleurectomy
32400	$338.44	$203.00	Biopsy, pleura; percutaneous needle
32408	$1,655.34	$993.00	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed
32440	$2,998.86	$1,799.00	Removal of lung, pneumonectomy;
32440	$2,998.86	$1,799.00	Removal of lung, total pneumonectomy;
32442	$5,766.02	$3,460.00	Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445	$6,689.12	$4,013.00	Removal of lung, total pneumonectomy; extrapleural
32445	$6,689.12	$4,013.00	Removal of lung, pneumonectomy; extrapleural
32480	$2,825.66	$1,695.00	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482	$3,025.30	$1,815.00	Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)
32484	$2,735.06	$1,641.00	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)
32486	$4,428.18	$2,657.00	Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve
32488	$4,537.92	$2,723.00	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32491	$2,820.72	$1,692.00	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal
32501	$455.96	$274.00	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for
32503	$3,416.18	$2,050.00	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without
32504	$3,883.74	$2,330.00	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest
32505	$1,789.26	$1,074.00	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial
32506	$292.20	$175.00	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary
32507	$292.20	$175.00	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)
32540	$3,291.96	$1,975.00	Extrapleural enucleation of empyema (empyemectomy)
32550	$1,494.66	$897.00	Insertion of indwelling tunneled pleural catheter with cuff
32551	$1,424.00	$854.00	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)
32551	$1,424.00	$854.00	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open. (separate procedure)
32551	$1,424.00	$854.00	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)
32551	$1,424.00	$854.00	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)
32551	$1,424.00	$854.00	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open. (separate procedure)
32551	$1,424.00	$854.00	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open. (separate procedure)
32552	$359.32	$216.00	Removal of indwelling tunneled pleural catheter with cuff
32553	$997.08	$598.00	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
32554	$459.62	$276.00	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32554	$459.62	$276.00	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32554	$459.62	$276.00	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32554	$459.62	$276.00	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32554	$459.62	$276.00	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32554	$459.62	$276.00	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32555	$616.36	$370.00	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32556	$1,442.92	$866.00	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557	$1,289.16	$774.00	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
32560	$492.16	$295.00	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
32560	$492.16	$295.00	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32561	$187.76	$113.00	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break-up of multiloculated effusion); initial day
32562	$168.20	$101.00	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break-up of multiloculated effusion); subsequent day
32601	$586.94	$352.00	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
32601	$586.94	$352.00	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy
32604	$907.10	$544.00	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32604	$907.10	$544.00	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32606	$876.98	$526.00	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32606	$876.98	$526.00	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32607	$586.10	$352.00	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32608	$719.32	$432.00	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
32609	$487.10	$292.00	Thoracoscopy; with biopsy(ies) of pleura
32650	$1,292.56	$776.00	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32650	$1,292.56	$776.00	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651	$2,098.64	$1,259.00	Thoracoscopy, surgical; with partial pulmonary decortication
32651	$2,098.64	$1,259.00	Thoracoscopy, surgical; with partial pulmonary decortication
32652	$3,170.82	$1,902.00	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32652	$3,170.82	$1,902.00	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653	$2,034.94	$1,221.00	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32653	$2,034.94	$1,221.00	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654	$2,295.66	$1,377.00	Thoracoscopy, surgical; with control of traumatic hemorrhage
32654	$2,295.66	$1,377.00	Thoracoscopy, surgical; with control of traumatic hemorrhage
32655	$1,836.54	$1,102.00	Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure
32655	$1,836.54	$1,102.00	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed
32656	$1,550.06	$930.00	Thoracoscopy, surgical; with parietal pleurectomy
32656	$1,550.06	$930.00	Thoracoscopy, surgical; with parietal pleurectomy

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
32658	$1,379.18	$828.00	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32658	$1,379.18	$828.00	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659	$1,417.58	$851.00	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32659	$1,417.58	$851.00	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32661	$1,535.66	$921.00	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32661	$1,535.66	$921.00	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662	$1,718.44	$1,031.00	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32662	$1,718.44	$1,031.00	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663	$2,663.66	$1,598.00	Thoracoscopy, surgical; with lobectomy, total or segmental
32663	$2,663.66	$1,598.00	Thoracoscopy, surgical; with lobectomy (single lobe)
32664	$1,628.84	$977.00	Thoracoscopy, surgical; with thoracic sympathectomy
32664	$1,628.84	$977.00	Thoracoscopy, surgical; with thoracic sympathectomy
32665	$2,350.12	$1,410.00	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32665	$2,350.12	$1,410.00	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32666	$1,673.54	$1,004.00	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral
32667	$292.74	$176.00	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for
32668	$293.42	$176.00	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)
32669	$2,558.96	$1,535.00	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)
32670	$3,044.14	$1,826.00	Thoracoscopy, surgical; with removal of 2 lobes (bilobectomy)
32671	$3,363.30	$2,018.00	Thoracoscopy, surgical; with removal of lung (pneumonectomy)
32672	$2,885.32	$1,731.00	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any
32673	$2,319.80	$1,392.00	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral
32674	$403.08	$242.00	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)
32701	$395.66	$237.00	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
32800	$1,829.08	$1,097.00	Repair lung hernia through chest wall
32810	$1,736.26	$1,042.00	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	$5,320.10	$3,192.00	Open closure of major bronchial fistula
32820	$2,693.08	$1,616.00	Major reconstruction, chest wall (posttraumatic)
32851	$6,208.18	$3,725.00	Lung transplant, single; without cardiopulmonary bypass
32851	$6,208.18	$3,725.00	Lung transplant, single; without cardiopulmonary bypass
32852	$6,688.44	$4,013.00	Lung transplant, single; with cardiopulmonary bypass
32853	$8,679.28	$5,208.00	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32853	$8,679.28	$5,208.00	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	$9,169.44	$5,502.00	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
32900	$2,824.18	$1,695.00	Resection of ribs, extrapleural, all stages
32905	$2,548.00	$1,529.00	Thoracoplasty, Schede type or extrapleural (all stages);
32905	$2,548.00	$1,529.00	Thoracoplasty, Schede type or extrapleural (all stages);
32906	$3,133.68	$1,880.00	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32906	$3,133.68	$1,880.00	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940	$2,358.90	$1,415.00	Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	$250.48	$150.00	Pneumothorax, therapeutic, intrapleural injection of air
32994	$9,344.42	$5,607.00	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous,
32997	$643.96	$386.00	Total lung lavage (unilateral)
32998	$5,960.82	$3,576.00	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension,
32998	$5,960.82	$3,576.00	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous,
33016	$442.36	$265.00	Pericardiocentesis, including imaging guidance, when performed
33017	$465.52	$279.00	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older
33018	$545.72	$327.00	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5
33019	$399.14	$239.00	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance
33020	$1,586.62	$952.00	Pericardiotomy for removal of clot or foreign body (primary procedure)
33025	$1,477.70	$887.00	Creation of pericardial window or partial resection for drainage
33030	$3,798.56	$2,279.00	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031	$4,683.50	$2,810.00	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050	$1,933.58	$1,160.00	Excision of pericardial cyst or tumor
33050	$1,933.58	$1,160.00	Resection of pericardial cyst or tumor
33120	$3,957.30	$2,374.00	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130	$2,600.90	$1,561.00	Resection of external cardiac tumor
33140	$2,947.36	$1,768.00	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141	$247.70	$149.00	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for
33202	$1,475.40	$885.00	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
33202	$1,475.40	$885.00	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
33203	$1,549.02	$929.00	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33203	$1,549.02	$929.00	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33206	$873.42	$524.00	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33206	$873.42	$524.00	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	$916.70	$550.00	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33207	$916.70	$550.00	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	$989.54	$594.00	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33208	$989.54	$594.00	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210	$304.80	$183.00	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33210	$304.80	$183.00	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211	$316.52	$190.00	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33211	$316.52	$190.00	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212	$623.94	$374.00	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular
33212	$623.94	$374.00	Insertion of pacemaker pulse generator only; with existing single lead
33213	$649.28	$390.00	Insertion of pacemaker pulse generator only; with existing dual leads
33213	$649.28	$390.00	Insertion or replacement of pacemaker pulse generator only; dual chamber
33214	$919.40	$552.00	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse
33215	$596.70	$358.00	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
33216	$715.92	$430.00	Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator
33216	$715.92	$430.00	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33217	$711.78	$427.00	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
33217	$711.78	$427.00	Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33218	$750.86	$451.00	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
33218	$750.86	$451.00	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator
33220	$733.40	$440.00	Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33220	$733.40	$440.00	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
33221	$686.14	$412.00	Insertion of pacemaker pulse generator only; with existing multiple leads
33222	$665.86	$400.00	Relocation of skin pocket for pacemaker
33222	$665.86	$400.00	Revision or relocation of skin pocket for pacemaker
33223	$786.38	$472.00	Relocation of skin pocket for implantable defibrillator
33223	$786.38	$472.00	Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator
33224	$968.70	$581.00	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-
33225	$871.84	$523.00	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse
33226	$926.74	$556.00	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)
33227	$652.08	$391.00	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
33228	$682.14	$409.00	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
33229	$715.52	$429.00	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
33230	$716.12	$430.00	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads
33231	$768.70	$461.00	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
33233	$453.24	$272.00	Removal of permanent pacemaker pulse generator
33233	$453.24	$272.00	Removal of permanent pacemaker pulse generator only
33234	$929.28	$558.00	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235	$1,221.84	$733.00	Removal of transvenous pacemaker electrode(s); dual lead system
33236	$1,513.22	$908.00	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237	$1,619.42	$972.00	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238	$1,823.08	$1,094.00	Removal of permanent transvenous electrode(s) by thoracotomy
33240	$689.70	$414.00	Insertion of implantable defibrillator pulse generator only; with existing single lead
33240	$689.70	$414.00	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
33241	$417.04	$250.00	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator
33243	$2,625.86	$1,576.00	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy
33244	$1,650.12	$990.00	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction
33244	$1,650.12	$990.00	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
33249	$1,741.28	$1,045.00	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
33249	$1,741.28	$1,045.00	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator
33250	$2,767.82	$1,661.00	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus
33251	$3,095.52	$1,857.00	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus
33254	$2,593.00	$1,556.00	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33254	$2,593.00	$1,556.00	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33255	$3,087.92	$1,853.00	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33255	$3,087.92	$1,853.00	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33256	$3,650.74	$2,190.00	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
33256	$3,650.74	$2,190.00	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
33257	$1,121.22	$673.00	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List
33257	$1,121.22	$673.00	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List
33258	$1,244.14	$746.00	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without
33258	$1,244.14	$746.00	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without
33259	$1,627.10	$976.00	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with
33261	$3,058.74	$1,835.00	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33262	$714.78	$429.00	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system
33262	$714.78	$429.00	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
33263	$742.80	$446.00	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system
33263	$742.80	$446.00	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
33264	$773.68	$464.00	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system
33264	$773.68	$464.00	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
33265	$2,598.58	$1,559.00	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33265	$2,598.58	$1,559.00	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266	$3,497.44	$2,098.00	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33266	$3,497.44	$2,098.00	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33267	$1,991.68	$1,195.00	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33268	$243.50	$146.00	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via
33269	$1,589.30	$954.00	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33270	$1,071.64	$643.00	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold
33271	$871.30	$523.00	Insertion of subcutaneous implantable defibrillator electrode
33272	$670.48	$402.00	Removal of subcutaneous implantable defibrillator electrode
33273	$770.24	$462.00	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
33274	$912.90	$548.00	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound,
33275	$962.56	$578.00	Transcatheter removal of permanent leadless pacemaker, right ventricular
33276	$1,110.18	$666.00	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse
33277	$535.48	$321.00	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
33278	$1,100.58	$660.00	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system,
33279	$662.84	$398.00	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed;
33280	$408.58	$245.00	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse
33281	$714.78	$429.00	Repositioning of phrenic nerve stimulator transvenous lead(s)
33285	$8,002.22	$4,801.00	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	$251.56	$151.00	Removal, subcutaneous cardiac rhythm monitor
33287	$748.88	$449.00	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when
33288	$959.28	$576.00	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when
33289	$632.28	$379.00	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the
33300	$4,628.70	$2,777.00	Repair of cardiac wound; without bypass
33305	$7,700.80	$4,620.00	Repair of cardiac wound; with cardiopulmonary bypass
33310	$2,233.22	$1,340.00	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
33315	$3,618.78	$2,171.00	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
33320	$2,042.80	$1,226.00	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321	$2,265.14	$1,359.00	Suture repair of aorta or great vessels; with shunt bypass
33322	$2,643.32	$1,586.00	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330	$2,708.44	$1,625.00	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33335	$3,537.24	$2,122.00	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33340	$1,471.28	$883.00	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s),
33361	$2,277.70	$1,367.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33362	$2,484.64	$1,491.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	$2,573.02	$1,544.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33364	$2,564.46	$1,539.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365	$2,680.16	$1,608.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
33366	$2,956.66	$1,774.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)
33367	$1,142.84	$686.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous
33368	$1,383.48	$830.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous
33369	$1,825.96	$1,096.00	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg,
33370	$251.96	$151.00	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and
33390	$3,650.16	$2,190.00	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)
33391	$4,324.78	$2,595.00	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)
33404	$3,317.56	$1,991.00	Construction of apical-aortic conduit
33405	$4,299.52	$2,580.00	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33405	$4,299.52	$2,580.00	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406	$5,450.42	$3,270.00	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)
33406	$5,450.42	$3,270.00	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410	$4,818.26	$2,891.00	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33410	$4,818.26	$2,891.00	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve
33411	$6,329.64	$3,798.00	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp
33412	$5,918.50	$3,551.00	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	$6,071.38	$3,643.00	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33414	$4,060.10	$2,436.00	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	$3,840.70	$2,304.00	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33415	$3,840.70	$2,304.00	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
33416	$3,837.90	$2,303.00	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417	$3,180.44	$1,908.00	Aortoplasty (gusset) for supravalvular stenosis
33418	$3,404.78	$2,043.00	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis
33419	$795.98	$478.00	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List
33420	$2,757.68	$1,655.00	Valvotomy, mitral valve; closed heart
33422	$3,160.86	$1,897.00	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425	$5,156.54	$3,094.00	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	$4,515.24	$2,709.00	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	$4,616.02	$2,770.00	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430	$5,306.64	$3,184.00	Replacement, mitral valve, with cardiopulmonary bypass
33440	$6,399.54	$3,840.00	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract
33460	$4,519.08	$2,711.00	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463	$5,810.18	$3,486.00	Valvuloplasty, tricuspid valve; without ring insertion
33463	$5,810.18	$3,486.00	Valvuloplasty, tricuspid valve; without ring insertion
33464	$4,615.62	$2,769.00	Valvuloplasty, tricuspid valve; with ring insertion
33464	$4,615.62	$2,769.00	Valvuloplasty, tricuspid valve; with ring insertion
33465	$5,204.98	$3,123.00	Replacement, tricuspid valve, with cardiopulmonary bypass
33468	$4,626.42	$2,776.00	Tricuspid valve repositioning and plication for Ebstein anomaly
33474	$4,132.08	$2,479.00	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475	$4,390.44	$2,634.00	Replacement, pulmonary valve
33475	$4,390.44	$2,634.00	Replacement, pulmonary valve
33476	$2,910.80	$1,746.00	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33477	$2,468.12	$1,481.00	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
33478	$3,005.30	$1,803.00	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496	$3,160.24	$1,896.00	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33496	$3,160.24	$1,896.00	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33500	$2,963.46	$1,778.00	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501	$2,128.60	$1,277.00	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
33502	$2,451.56	$1,471.00	Repair of anomalous coronary artery; by ligation
33503	$2,551.38	$1,531.00	Repair of anomalous coronary artery; by graft, without cardiopulmonary bypass
33504	$2,805.44	$1,683.00	Repair of anomalous coronary artery; by graft, with cardiopulmonary bypass
33505	$3,879.10	$2,327.00	Repair of anomalous coronary artery; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506	$3,874.42	$2,325.00	Repair of anomalous coronary artery; by translocation from pulmonary artery to aorta
33506	$3,874.42	$2,325.00	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33507	$3,257.42	$1,954.00	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33507	$3,257.42	$1,954.00	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33508	$30.10	$18.00	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary
33509	$325.32	$195.00	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
33510	$3,666.32	$2,200.00	Coronary artery bypass, vein only; single coronary venous graft
33510	$3,666.32	$2,200.00	Coronary artery bypass, vein only; single coronary venous graft
33511	$4,026.78	$2,416.00	Coronary artery bypass, vein only; 2 coronary venous grafts
33511	$4,026.78	$2,416.00	Coronary artery bypass, vein only; two coronary venous grafts
33512	$4,580.10	$2,748.00	Coronary artery bypass, vein only; three coronary venous grafts
33512	$4,580.10	$2,748.00	Coronary artery bypass, vein only; 3 coronary venous grafts
33513	$4,678.44	$2,807.00	Coronary artery bypass, vein only; 4 coronary venous grafts
33513	$4,678.44	$2,807.00	Coronary artery bypass, vein only; four coronary venous grafts
33514	$4,924.14	$2,954.00	Coronary artery bypass, vein only; five coronary venous grafts
33514	$4,924.14	$2,954.00	Coronary artery bypass, vein only; 5 coronary venous grafts
33516	$5,096.64	$3,058.00	Coronary artery bypass, vein only; 6 or more coronary venous grafts
33516	$5,096.64	$3,058.00	Coronary artery bypass, vein only; six or more coronary venous grafts
33517	$350.38	$210.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33517	$350.38	$210.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft)
33518	$770.68	$462.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
33518	$770.68	$462.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for arterial graft)
33519	$1,017.02	$610.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
33519	$1,017.02	$610.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for arterial graft)
33521	$1,220.76	$732.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)
33521	$1,220.76	$732.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for arterial graft)
33522	$1,370.92	$823.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
33522	$1,370.92	$823.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for arterial graft)
33523	$1,544.68	$927.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for arterial graft)
33523	$1,544.68	$927.00	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
33530	$981.92	$589.00	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for
33530	$981.92	$589.00	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary
33533	$3,552.30	$2,131.00	Coronary artery bypass, using arterial graft(s); single arterial graft
33533	$3,552.30	$2,131.00	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	$4,171.32	$2,503.00	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts
33534	$4,171.32	$2,503.00	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
33535	$4,632.26	$2,779.00	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
33535	$4,632.26	$2,779.00	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts
33536	$4,987.98	$2,993.00	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts
33536	$4,987.98	$2,993.00	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
33542	$4,975.48	$2,985.00	Myocardial resection (eg, ventricular aneurysmectomy)
33545	$5,776.76	$3,466.00	Repair of postinfarction ventricular septal defect, with or without myocardial resection
33548	$5,569.58	$3,342.00	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)
33548	$5,569.58	$3,342.00	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)
33572	$430.32	$258.00	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery
33600	$3,275.20	$1,965.00	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602	$3,181.78	$1,909.00	Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606	$3,384.96	$2,031.00	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608	$3,429.48	$2,058.00	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left
33610	$3,382.76	$2,030.00	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611	$3,689.12	$2,213.00	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	$3,786.78	$2,272.00	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615	$3,791.78	$2,275.00	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery
33615	$3,791.78	$2,275.00	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery
33617	$4,102.42	$2,461.00	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	$5,215.26	$3,129.00	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33620	$3,120.84	$1,873.00	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)
33621	$1,774.62	$1,065.00	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)
33622	$6,459.58	$3,876.00	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and
33641	$3,107.70	$1,865.00	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	$3,281.32	$1,969.00	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	$3,439.46	$2,064.00	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	$3,326.24	$1,996.00	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665	$3,619.98	$2,172.00	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670	$3,713.72	$2,228.00	Repair of complete atrioventricular canal, with or without prosthetic valve

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
33675	$3,726.88	$2,236.00	Closure of multiple ventricular septal defects;
33676	$3,825.08	$2,295.00	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)
33677	$3,971.98	$2,383.00	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset
33681	$3,515.92	$2,110.00	Closure of ventricular septal defect, with or without patch;
33684	$3,572.88	$2,144.00	Closure of ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
33688	$3,550.70	$2,130.00	Closure of ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
33690	$2,307.50	$1,385.00	Banding of pulmonary artery
33692	$3,687.96	$2,213.00	Complete repair tetralogy of Fallot without pulmonary atresia;
33694	$3,689.12	$2,213.00	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697	$3,884.98	$2,331.00	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular
33702	$2,950.50	$1,770.00	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710	$3,878.12	$2,327.00	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720	$2,952.48	$1,771.00	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33724	$2,918.22	$1,751.00	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
33726	$3,841.18	$2,305.00	Repair of pulmonary venous stenosis
33730	$3,806.52	$2,284.00	Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)
33732	$3,143.62	$1,886.00	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33735	$2,485.78	$1,491.00	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736	$2,693.24	$1,616.00	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33741	$1,412.50	$848.00	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist,
33745	$2,018.22	$1,211.00	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all
33746	$806.54	$484.00	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all
33750	$2,404.50	$1,443.00	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755	$2,525.78	$1,515.00	Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762	$2,442.66	$1,466.00	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764	$2,525.78	$1,515.00	Shunt; central, with prosthetic graft
33764	$2,525.78	$1,515.00	Shunt; central, with prosthetic graft
33766	$2,535.40	$1,521.00	Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)
33767	$2,703.38	$1,622.00	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33768	$778.46	$467.00	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
33770	$3,992.12	$2,395.00	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771	$4,097.40	$2,458.00	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33774	$3,431.20	$2,059.00	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
33775	$3,527.36	$2,116.00	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary
33776	$3,731.90	$2,239.00	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular
33777	$3,584.94	$2,151.00	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic
33778	$4,449.04	$2,669.00	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779	$4,376.42	$2,626.00	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33780	$4,463.26	$2,678.00	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33781	$4,347.86	$2,609.00	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33782	$6,076.04	$3,646.00	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
33783	$6,563.66	$3,938.00	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia
33786	$4,298.00	$2,579.00	Total repair, truncus arteriosus (Rastelli type operation)
33788	$2,911.40	$1,747.00	Reimplantation of an anomalous pulmonary artery
33800	$1,882.30	$1,129.00	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802	$2,086.52	$1,252.00	Division of aberrant vessel (vascular ring);
33803	$2,191.98	$1,315.00	Division of aberrant vessel (vascular ring); with reanastomosis
33814	$2,912.84	$1,748.00	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820	$1,852.84	$1,112.00	Repair of patent ductus arteriosus; by ligation
33822	$1,951.80	$1,171.00	Repair of patent ductus arteriosus; by division, under 18 years
33824	$2,264.72	$1,359.00	Repair of patent ductus arteriosus; by division, 18 years and older
33840	$2,375.24	$1,425.00	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845	$2,558.92	$1,535.00	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851	$2,438.34	$1,463.00	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset
33852	$2,674.16	$1,605.00	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853	$3,489.64	$2,094.00	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33858	$6,392.68	$3,836.00	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection
33859	$4,599.92	$2,760.00	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)
33863	$5,924.70	$3,555.00	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary
33864	$6,054.88	$3,633.00	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic annulus remodeling (eg,
33866	$1,724.26	$1,035.00	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch
33871	$6,126.66	$3,676.00	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with
33875	$5,169.36	$3,102.00	Descending thoracic aorta graft, with or without bypass
33877	$6,767.36	$4,060.00	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
33880	$3,339.82	$2,004.00	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic
33881	$2,869.58	$1,722.00	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic
33883	$2,080.08	$1,248.00	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating
33883	$2,080.08	$1,248.00	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating
33884	$732.72	$440.00	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating
33884	$732.72	$440.00	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating
33886	$1,799.02	$1,079.00	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33886	$1,799.02	$1,079.00	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33889	$1,486.44	$892.00	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891	$1,786.78	$1,072.00	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic
33894	$1,843.66	$1,106.00	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side
33895	$1,466.54	$880.00	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing
33897	$1,090.64	$654.00	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta
33900	$1,113.10	$668.00	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
33901	$1,463.26	$878.00	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral
33902	$1,412.50	$848.00	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral
33903	$1,664.76	$999.00	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral
33904	$558.00	$335.00	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List
33910	$4,932.86	$2,960.00	Pulmonary artery embolectomy; with cardiopulmonary bypass
33915	$2,606.08	$1,564.00	Pulmonary artery embolectomy; without cardiopulmonary bypass
33916	$7,865.12	$4,719.00	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917	$2,787.86	$1,673.00	Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920	$3,429.90	$2,058.00	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922	$2,655.00	$1,593.00	Transection of pulmonary artery with cardiopulmonary bypass
33924	$535.00	$321.00	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code
33925	$3,247.26	$1,948.00	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926	$4,555.72	$2,733.00	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33926	$4,555.72	$2,733.00	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33927	$4,769.00	$2,861.00	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
33935	$9,282.60	$5,570.00	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33935	$9,282.60	$5,570.00	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33945	$9,183.88	$5,510.00	Heart transplant, with or without recipient cardiectomy
33946	$583.88	$350.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
33947	$646.84	$388.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial
33948	$453.68	$272.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous
33949	$442.76	$266.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial
33951	$792.66	$476.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous)
33952	$802.16	$481.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous)
33953	$884.22	$531.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous)
33954	$894.68	$537.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous)
33955	$1,545.20	$927.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or
33956	$1,564.70	$939.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or
33957	$345.80	$207.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous)
33958	$345.80	$207.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous)
33959	$438.56	$263.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous)
33962	$438.56	$263.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous)
33963	$872.86	$524.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or
33964	$920.36	$552.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or
33965	$345.80	$207.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous)
33966	$445.58	$267.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous)
33967	$486.88	$292.00	Insertion of intra-aortic balloon assist device, percutaneous
33967	$486.88	$292.00	Insertion of intra-aortic balloon assist device, percutaneous
33968	$64.06	$38.00	Removal of intra-aortic balloon assist device, percutaneous
33969	$508.44	$305.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous)
33970	$662.64	$398.00	Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971	$1,352.66	$812.00	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973	$937.54	$563.00	Insertion of intra-aortic balloon assist device through the ascending aorta
33974	$1,709.82	$1,026.00	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
33975	$2,450.74	$1,470.00	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	$2,954.38	$1,773.00	Insertion of ventricular assist device; extracorporeal, biventricular
33977	$2,122.16	$1,273.00	Removal of ventricular assist device; extracorporeal, single ventricle
33978	$2,500.20	$1,500.00	Removal of ventricular assist device; extracorporeal, biventricular
33979	$3,639.32	$2,184.00	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980	$3,348.72	$2,009.00	Removal of ventricular assist device, implantable intracorporeal, single ventricle
33981	$1,547.84	$929.00	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
33982	$3,639.14	$2,183.00	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
33983	$4,280.74	$2,568.00	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass
33984	$532.56	$320.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous)
33985	$958.10	$575.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or
33986	$986.14	$592.00	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or
33987	$387.76	$233.00	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for
33988	$1,450.36	$870.00	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
33989	$920.36	$552.00	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
33990	$677.34	$406.00	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
33991	$849.38	$510.00	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal
33992	$353.18	$212.00	Removal of percutaneous ventricular assist device at separate and distinct session from insertion
33993	$312.84	$188.00	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
33995	$665.38	$399.00	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
33997	$303.40	$182.00	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion
34001	$1,716.78	$1,030.00	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051	$1,900.82	$1,140.00	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
34101	$1,126.04	$676.00	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
34111	$1,123.32	$674.00	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
34151	$2,610.10	$1,566.00	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision
34201	$1,913.80	$1,148.00	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
34203	$1,782.38	$1,069.00	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34401	$2,508.60	$1,505.00	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421	$1,308.10	$785.00	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451	$2,687.02	$1,612.00	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471	$2,024.16	$1,215.00	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490	$1,084.54	$651.00	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34501	$1,690.72	$1,014.00	Valvuloplasty, femoral vein
34501	$1,690.72	$1,014.00	Valvuloplasty, femoral vein
34502	$2,937.58	$1,763.00	Reconstruction of vena cava, any method
34510	$1,918.68	$1,151.00	Venous valve transposition, any vein donor
34520	$1,860.62	$1,116.00	Cross-over vein graft to venous system
34530	$1,773.16	$1,064.00	Saphenopopliteal vein anastomosis
34701	$2,316.76	$1,390.00	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective
34702	$3,346.00	$2,008.00	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective
34703	$2,565.24	$1,539.00	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device
34704	$4,258.12	$2,555.00	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device
34705	$2,851.04	$1,711.00	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,
34706	$4,250.24	$2,550.00	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,
34707	$2,177.58	$1,307.00	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective
34708	$3,390.46	$2,034.00	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective
34709	$598.62	$359.00	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal
34710	$1,493.66	$896.00	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm,
34711	$547.72	$329.00	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm,
34712	$1,233.08	$740.00	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation
34713	$229.18	$138.00	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when
34714	$503.78	$302.00	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin
34715	$554.38	$333.00	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in
34716	$697.82	$419.00	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by
34717	$820.98	$493.00	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure
34718	$2,309.40	$1,386.00	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched
34808	$375.84	$226.00	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34808	$375.84	$226.00	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34812	$382.48	$229.00	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)
34812	$382.48	$229.00	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
34813	$435.72	$261.00	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
34820	$625.48	$375.00	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision,
34820	$625.48	$375.00	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision,
34830	$3,292.58	$1,976.00	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
34831	$3,616.98	$2,170.00	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac
34832	$3,539.32	$2,124.00	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral
34833	$729.04	$437.00	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or
34833	$729.04	$437.00	Open iliac artery exposure with creation of conduit for delivery of infrarenal aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision,
34834	$239.74	$144.00	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)
34834	$239.74	$144.00	Open brachial artery exposure to assist in the deployment of infrarenal aortic or iliac endovascular prosthesis by arm incision, unilateral
35001	$2,085.38	$1,251.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
35002	$2,135.20	$1,281.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid,
35002	$2,135.20	$1,281.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid,
35005	$1,872.40	$1,123.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35011	$1,898.76	$1,139.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive
35013	$2,221.28	$1,333.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-
35013	$2,221.28	$1,333.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-
35021	$2,399.54	$1,440.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35022	$2,739.16	$1,644.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate,
35022	$2,739.16	$1,644.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate,
35045	$1,824.90	$1,095.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35081	$3,234.38	$1,941.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35082	$4,051.78	$2,431.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal
35082	$4,051.78	$2,431.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal
35091	$3,324.24	$1,995.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35092	$4,849.32	$2,910.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal
35092	$4,849.32	$2,910.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal
35102	$3,512.46	$2,107.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35103	$4,042.40	$2,425.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal
35103	$4,042.40	$2,425.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal
35111	$2,488.08	$1,493.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35112	$3,055.04	$1,833.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
35112	$3,055.04	$1,833.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
35121	$2,955.48	$1,773.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35122	$3,530.10	$2,118.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac,
35122	$3,530.10	$2,118.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac,
35131	$2,599.50	$1,560.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35132	$3,055.04	$1,833.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery
35132	$3,055.04	$1,833.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery
35141	$2,046.74	$1,228.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35142	$2,472.86	$1,484.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common
35142	$2,472.86	$1,484.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common
35151	$2,319.20	$1,392.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and
35152	$2,616.84	$1,570.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35152	$2,616.84	$1,570.00	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35180	$1,477.30	$886.00	Repair, congenital arteriovenous fistula; head and neck
35182	$3,410.82	$2,046.00	Repair, congenital arteriovenous fistula; thorax and abdomen
35184	$1,810.82	$1,086.00	Repair, congenital arteriovenous fistula; extremities
35188	$2,516.20	$1,510.00	Repair, acquired or traumatic arteriovenous fistula; head and neck
35189	$2,822.90	$1,694.00	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190	$1,428.92	$857.00	Repair, acquired or traumatic arteriovenous fistula; extremities
35201	$1,761.00	$1,057.00	Repair blood vessel, direct; neck
35206	$1,524.06	$914.00	Repair blood vessel, direct; upper extremity
35207	$1,504.74	$903.00	Repair blood vessel, direct; hand, finger
35211	$2,650.02	$1,590.00	Repair blood vessel, direct; intrathoracic, with bypass
35216	$3,966.12	$2,380.00	Repair blood vessel, direct; intrathoracic, without bypass
35221	$2,790.96	$1,675.00	Repair blood vessel, direct; intra-abdominal
35226	$1,563.14	$938.00	Repair blood vessel, direct; lower extremity
35231	$2,423.38	$1,454.00	Repair blood vessel with vein graft; neck
35236	$1,921.72	$1,153.00	Repair blood vessel with vein graft; upper extremity
35241	$2,727.14	$1,636.00	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	$2,963.78	$1,778.00	Repair blood vessel with vein graft; intrathoracic, without bypass
35251	$3,272.00	$1,963.00	Repair blood vessel with vein graft; intra-abdominal
35256	$1,922.86	$1,154.00	Repair blood vessel with vein graft; lower extremity
35261	$1,844.70	$1,107.00	Repair blood vessel with graft other than vein; neck
35266	$1,638.48	$983.00	Repair blood vessel with graft other than vein; upper extremity
35271	$2,624.86	$1,575.00	Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276	$2,773.08	$1,664.00	Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281	$3,084.40	$1,851.00	Repair blood vessel with graft other than vein; intra-abdominal
35286	$1,745.10	$1,047.00	Repair blood vessel with graft other than vein; lower extremity
35301	$2,117.10	$1,270.00	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision
35302	$2,089.64	$1,254.00	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303	$2,295.08	$1,377.00	Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304	$2,384.14	$1,430.00	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305	$2,287.84	$1,373.00	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306	$826.00	$496.00	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
35311	$2,935.64	$1,761.00	Thromboendarterectomy, with or without patch graft; subclavian, innominate, by thoracic incision
35321	$1,709.48	$1,026.00	Thromboendarterectomy, with or without patch graft; axillary-brachial
35331	$2,712.24	$1,627.00	Thromboendarterectomy, with or without patch graft; abdominal aorta
35341	$2,578.20	$1,547.00	Thromboendarterectomy, with or without patch graft; mesenteric, celiac, or renal
35351	$2,411.36	$1,447.00	Thromboendarterectomy, with or without patch graft; iliac
35355	$1,924.56	$1,155.00	Thromboendarterectomy, with or without patch graft; iliofemoral
35361	$2,846.86	$1,708.00	Thromboendarterectomy, with or without patch graft; combined aortoiliac
35363	$3,036.36	$1,822.00	Thromboendarterectomy, with or without patch graft; combined aortoiliofemoral
35371	$1,527.88	$917.00	Thromboendarterectomy, with or without patch graft; common femoral
35372	$1,827.28	$1,096.00	Thromboendarterectomy, with or without patch graft; deep (profunda) femoral
35390	$296.62	$178.00	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)
35390	$296.62	$178.00	Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)
35400	$267.38	$160.00	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)
35500	$591.14	$355.00	Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary
35501	$2,725.56	$1,635.00	Bypass graft, with vein; carotid
35501	$2,725.56	$1,635.00	Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506	$2,383.84	$1,430.00	Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35506	$2,383.84	$1,430.00	Bypass graft, with vein; carotid-subclavian
35508	$2,492.08	$1,495.00	Bypass graft, with vein; carotid-vertebral
35508	$2,492.08	$1,495.00	Bypass graft, with vein; carotid-vertebral
35509	$2,638.66	$1,583.00	Bypass graft, with vein; carotid-contralateral carotid
35509	$2,638.66	$1,583.00	Bypass graft, with vein; carotid-carotid
35510	$2,299.78	$1,380.00	Bypass graft, with vein; carotid-brachial
35510	$2,299.78	$1,380.00	Bypass graft, with vein; carotid-brachial
35511	$2,096.60	$1,258.00	Bypass graft, with vein; subclavian-subclavian
35511	$2,096.60	$1,258.00	Bypass graft, with vein; subclavian-subclavian
35512	$2,255.84	$1,354.00	Bypass graft, with vein; subclavian-brachial
35512	$2,255.84	$1,354.00	Bypass graft, with vein; subclavian-brachial
35515	$2,492.08	$1,495.00	Bypass graft, with vein; subclavian-vertebral
35515	$2,492.08	$1,495.00	Bypass graft, with vein; subclavian-vertebral
35516	$2,283.04	$1,370.00	Bypass graft, with vein; subclavian-axillary
35516	$2,283.04	$1,370.00	Bypass graft, with vein; subclavian-axillary

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
35518	$2,138.88	$1,283.00	Bypass graft, with vein; axillary-axillary
35518	$2,138.88	$1,283.00	Bypass graft, with vein; axillary-axillary
35521	$2,301.42	$1,381.00	Bypass graft, with vein; axillary-femoral
35521	$2,301.42	$1,381.00	Bypass graft, with vein; axillary-femoral
35522	$2,189.24	$1,314.00	Bypass graft, with vein; axillary-brachial
35522	$2,189.24	$1,314.00	Bypass graft, with vein; axillary-brachial
35523	$2,304.82	$1,383.00	Bypass graft, with vein; brachial-ulnar or -radial
35523	$2,304.82	$1,383.00	Bypass graft, with vein; brachial-ulnar or -radial
35525	$2,060.18	$1,236.00	Bypass graft, with vein; brachial-brachial
35525	$2,060.18	$1,236.00	Bypass graft, with vein; brachial-brachial
35526	$3,271.64	$1,963.00	Bypass graft, with vein; aortosubclavian or carotid
35526	$3,271.64	$1,963.00	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid
35531	$3,639.72	$2,184.00	Bypass graft, with vein; aortoceliac or aortomesenteric
35531	$3,639.72	$2,184.00	Bypass graft, with vein; aortoceliac or aortomesenteric
35533	$2,817.78	$1,691.00	Bypass graft, with vein; axillary-femoral-femoral
35533	$2,817.78	$1,691.00	Bypass graft, with vein; axillary-femoral-femoral
35535	$3,552.90	$2,132.00	Bypass graft, with vein; hepatorenal
35535	$3,552.90	$2,132.00	Bypass graft, with vein; hepatorenal
35536	$3,158.62	$1,895.00	Bypass graft, with vein; splenorenal
35536	$3,158.62	$1,895.00	Bypass graft, with vein; splenorenal
35537	$3,888.90	$2,333.00	Bypass graft, with vein; aortoiliac
35537	$3,888.90	$2,333.00	Bypass graft, with vein; aortoiliac
35538	$4,356.56	$2,614.00	Bypass graft, with vein; aortobi-iliac
35538	$4,356.56	$2,614.00	Bypass graft, with vein; aortobi-iliac
35539	$4,088.26	$2,453.00	Bypass graft, with vein; aortofemoral
35539	$4,088.26	$2,453.00	Bypass graft, with vein; aortofemoral
35540	$4,554.22	$2,733.00	Bypass graft, with vein; aortobifemoral
35540	$4,554.22	$2,733.00	Bypass graft, with vein; aortobifemoral
35556	$2,607.48	$1,564.00	Bypass graft, with vein; femoral-popliteal
35556	$2,607.48	$1,564.00	Bypass graft, with vein; femoral-popliteal
35558	$2,292.76	$1,376.00	Bypass graft, with vein; femoral-femoral
35558	$2,292.76	$1,376.00	Bypass graft, with vein; femoral-femoral
35560	$3,185.86	$1,912.00	Bypass graft, with vein; aortorenal
35560	$3,185.86	$1,912.00	Bypass graft, with vein; aortorenal
35563	$2,479.74	$1,488.00	Bypass graft, with vein; ilioiliac
35563	$2,479.74	$1,488.00	Bypass graft, with vein; ilioiliac
35565	$2,452.50	$1,472.00	Bypass graft, with vein; iliofemoral
35565	$2,452.50	$1,472.00	Bypass graft, with vein; iliofemoral
35566	$3,101.14	$1,861.00	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35566	$3,101.14	$1,861.00	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35570	$2,757.26	$1,654.00	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35570	$2,757.26	$1,654.00	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35571	$2,475.64	$1,485.00	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35571	$2,475.64	$1,485.00	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35572	$639.32	$384.00	Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in
35583	$2,696.28	$1,618.00	In-situ vein bypass; femoral-popliteal
35583	$2,696.28	$1,618.00	In-situ vein bypass; femoral-popliteal
35585	$3,119.62	$1,872.00	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35585	$3,119.62	$1,872.00	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587	$2,495.54	$1,497.00	In-situ vein bypass; popliteal-tibial, peroneal
35587	$2,495.54	$1,497.00	In-situ vein bypass; popliteal-tibial, peroneal
35600	$348.38	$209.00	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
35600	$348.38	$209.00	Harvest of upper extremity artery, one segment, for coronary artery bypass procedure
35601	$2,635.14	$1,581.00	Bypass graft, with other than vein; carotid
35601	$2,635.14	$1,581.00	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606	$2,200.32	$1,320.00	Bypass graft, with other than vein; carotid-subclavian
35606	$2,200.32	$1,320.00	Bypass graft, with other than vein; carotid-subclavian
35612	$1,962.78	$1,178.00	Bypass graft, with other than vein; subclavian-subclavian
35612	$1,962.78	$1,178.00	Bypass graft, with other than vein; subclavian-subclavian
35616	$2,063.46	$1,238.00	Bypass graft, with other than vein; subclavian-axillary
35616	$2,063.46	$1,238.00	Bypass graft, with other than vein; subclavian-axillary
35621	$2,049.76	$1,230.00	Bypass graft, with other than vein; axillary-femoral
35621	$2,049.76	$1,230.00	Bypass graft, with other than vein; axillary-femoral
35623	$2,462.52	$1,478.00	Bypass graft, with other than vein; axillary-popliteal or -tibial
35623	$2,462.52	$1,478.00	Bypass graft, with other than vein; axillary-popliteal or -tibial
35626	$3,011.96	$1,807.00	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid
35626	$3,011.96	$1,807.00	Bypass graft, with other than vein; aortosubclavian or carotid
35631	$3,451.68	$2,071.00	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35631	$3,451.68	$2,071.00	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35632	$3,373.94	$2,024.00	Bypass graft, with other than vein; ilio-celiac
35632	$3,373.94	$2,024.00	Bypass graft, with other than vein; ilio-celiac
35633	$3,691.30	$2,215.00	Bypass graft, with other than vein; ilio-mesenteric
35633	$3,691.30	$2,215.00	Bypass graft, with other than vein; ilio-mesenteric
35634	$3,302.20	$1,981.00	Bypass graft, with other than vein; iliorenal
35634	$3,302.20	$1,981.00	Bypass graft, with other than vein; iliorenal
35636	$2,982.02	$1,789.00	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35636	$2,982.02	$1,789.00	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35637	$3,100.26	$1,860.00	Bypass graft, with other than vein; aortoiliac
35637	$3,100.26	$1,860.00	Bypass graft, with other than vein; aortoiliac
35638	$3,268.42	$1,961.00	Bypass graft, with other than vein; aortobi-iliac
35638	$3,268.42	$1,961.00	Bypass graft, with other than vein; aortobi-iliac
35642	$1,861.80	$1,117.00	Bypass graft, with other than vein; carotid-vertebral
35642	$1,861.80	$1,117.00	Bypass graft, with other than vein; carotid-vertebral
35645	$1,778.66	$1,067.00	Bypass graft, with other than vein; subclavian-vertebral
35645	$1,778.66	$1,067.00	Bypass graft, with other than vein; subclavian-vertebral
35646	$3,182.30	$1,909.00	Bypass graft, with other than vein; aortobifemoral
35646	$3,182.30	$1,909.00	Bypass graft, with other than vein; aortobifemoral
35647	$2,872.10	$1,723.00	Bypass graft, with other than vein; aortofemoral
35647	$2,872.10	$1,723.00	Bypass graft, with other than vein; aortofemoral
35650	$1,913.80	$1,148.00	Bypass graft, with other than vein; axillary-axillary
35650	$1,913.80	$1,148.00	Bypass graft, with other than vein; axillary-axillary
35654	$2,557.46	$1,534.00	Bypass graft, with other than vein; axillary-femoral-femoral
35654	$2,557.46	$1,534.00	Bypass graft, with other than vein; axillary-femoral-femoral
35656	$2,005.88	$1,204.00	Bypass graft, with other than vein; femoral-popliteal
35656	$2,005.88	$1,204.00	Bypass graft, with other than vein; femoral-popliteal
35661	$2,031.20	$1,219.00	Bypass graft, with other than vein; femoral-femoral
35661	$2,031.20	$1,219.00	Bypass graft, with other than vein; femoral-femoral

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
35663	$2,284.20	$1,371.00	Bypass graft, with other than vein; ilioiliac
35663	$2,284.20	$1,371.00	Bypass graft, with other than vein; ilioiliac
35665	$2,196.30	$1,318.00	Bypass graft, with other than vein; iliofemoral
35665	$2,196.30	$1,318.00	Bypass graft, with other than vein; iliofemoral
35666	$2,411.50	$1,447.00	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35666	$2,411.50	$1,447.00	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	$2,115.86	$1,270.00	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35671	$2,115.86	$1,270.00	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681	$147.68	$89.00	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35681	$147.68	$89.00	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35682	$652.50	$392.00	Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure)
35682	$652.50	$392.00	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)
35683	$759.86	$456.00	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)
35683	$759.86	$456.00	Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure)
35685	$368.04	$221.00	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
35686	$298.46	$179.00	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)
35691	$1,776.14	$1,066.00	Transposition and/or reimplantation; vertebral to carotid artery
35691	$1,776.14	$1,066.00	Transposition and/or reimplantation; vertebral to carotid artery
35693	$1,580.38	$948.00	Transposition and/or reimplantation; vertebral to subclavian artery
35693	$1,580.38	$948.00	Transposition and/or reimplantation; vertebral to subclavian artery
35694	$1,855.40	$1,113.00	Transposition and/or reimplantation; subclavian to carotid artery
35694	$1,855.40	$1,113.00	Transposition and/or reimplantation; subclavian to carotid artery
35695	$1,924.60	$1,155.00	Transposition and/or reimplantation; carotid to subclavian artery
35695	$1,924.60	$1,155.00	Transposition and/or reimplantation; carotid to subclavian artery
35697	$272.16	$163.00	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)
35700	$281.70	$169.00	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original
35700	$281.70	$169.00	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original
35701	$851.66	$511.00	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35701	$851.66	$511.00	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35702	$784.58	$471.00	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)
35703	$794.12	$476.00	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)
35800	$1,431.28	$859.00	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	$3,818.26	$2,291.00	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	$2,352.78	$1,412.00	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860	$1,601.58	$961.00	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35870	$2,338.40	$1,403.00	Repair of graft-enteric fistula
35875	$1,113.08	$668.00	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	$1,768.52	$1,061.00	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35879	$1,731.04	$1,039.00	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881	$1,920.60	$1,152.00	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883	$2,231.88	$1,339.00	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
35884	$2,316.54	$1,390.00	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
35901	$907.90	$545.00	Excision of infected graft; neck
35901	$907.90	$545.00	Excision of infected graft; neck
35903	$1,069.02	$641.00	Excision of infected graft; extremity
35903	$1,069.02	$641.00	Excision of infected graft; extremity
35905	$3,139.52	$1,884.00	Excision of infected graft; thorax
35905	$3,139.52	$1,884.00	Excision of infected graft; thorax
35907	$3,575.74	$2,145.00	Excision of infected graft; abdomen
35907	$3,575.74	$2,145.00	Excision of infected graft; abdomen
36000	$152.00	$91.00	Introduction of needle or intracatheter, vein
36002	$304.10	$182.00	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
36005	$486.74	$292.00	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	$1,023.40	$614.00	Introduction of catheter, superior or inferior vena cava
36011	$1,542.56	$926.00	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	$1,607.08	$964.00	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	$1,494.40	$897.00	Introduction of catheter, right heart or main pulmonary artery
36014	$1,507.10	$904.00	Selective catheter placement, left or right pulmonary artery
36015	$1,617.68	$971.00	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	$1,053.36	$632.00	Introduction of needle or intracatheter, carotid or vertebral artery
36140	$976.70	$586.00	Introduction of needle or intracatheter, upper or lower extremity artery
36140	$976.70	$586.00	Introduction of needle or intracatheter; extremity artery
36160	$1,082.26	$649.00	Introduction of needle or intracatheter, aortic, translumbar
36200	$1,130.58	$678.00	Introduction of catheter, aorta
36215	$2,009.36	$1,206.00	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	$2,063.62	$1,238.00	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	$3,620.62	$2,172.00	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	$411.58	$247.00	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family
36221	$1,890.08	$1,134.00	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and
36222	$2,396.20	$1,438.00	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation
36223	$3,331.84	$1,999.00	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation
36224	$4,062.68	$2,438.00	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological
36225	$3,160.56	$1,896.00	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological
36226	$3,960.26	$2,376.00	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision
36227	$480.64	$288.00	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological
36228	$2,600.20	$1,560.00	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel
36245	$2,383.80	$1,430.00	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36245	$2,383.80	$1,430.00	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	$1,591.08	$955.00	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	$1,591.08	$955.00	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	$2,726.20	$1,636.00	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	$2,726.20	$1,636.00	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	$226.10	$136.00	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a
36248	$226.10	$136.00	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a
36251	$2,462.52	$1,478.00	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter
36252	$2,666.72	$1,600.00	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter
36253	$3,879.92	$2,328.00	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal
36254	$3,751.00	$2,251.00	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal
36260	$1,290.08	$774.00	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	$818.70	$491.00	Revision of implanted intra-arterial infusion pump
36262	$626.80	$376.00	Removal of implanted intra-arterial infusion pump
36400	$54.32	$33.00	Venipuncture, under age 3 years, necessitating physicianÆs skill, not to be used for routine venipuncture; femoral or jugular vein
36405	$47.18	$28.00	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine
36405	$47.18	$28.00	Venipuncture, under age 3 years, necessitating physician? skill, not to be used for routine venipuncture; scalp vein
36405	$47.18	$28.00	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine
36405	$47.18	$28.00	Venipuncture, under age 3 years, necessitating physician? skill, not to be used for routine venipuncture; scalp vein
36405	$47.18	$28.00	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
36405	$47.18	$28.00	Venipuncture, under age 3 years, necessitating physician? skill, not to be used for routine venipuncture; scalp vein
36406	$35.44	$21.00	Venipuncture, under age 3 years, necessitating physicianÆs skill, not to be used for routine venipuncture; other vein
36406	$35.44	$21.00	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine
36410	$35.96	$22.00	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or
36410	$35.96	$22.00	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36415	$30.00	$18.00	
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36415	$30.00	$18.00	
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36415	$30.00	$18.00	
36415	$30.00	$18.00	
36415	$30.00	$18.00	Collection of venous blood by venipuncture
36416	$26.00	$16.00	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36416	$26.00	$16.00	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36416	$26.00	$16.00	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36416	$26.00	$16.00	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36420	$89.36	$54.00	Venipuncture, cutdown; under age 1 year
36425	$75.74	$45.00	Venipuncture, cutdown; age 1 or over
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36430	$87.44	$52.00	Transfusion, blood or blood components
36440	$95.58	$57.00	Push transfusion, blood, 2 years or younger
36440	$95.58	$57.00	Push transfusion, blood, 2 years or under
36450	$326.38	$196.00	Exchange transfusion, blood; newborn
36450	$326.38	$196.00	Exchange transfusion, blood; newborn
36455	$236.88	$142.00	Exchange transfusion, blood; other than newborn
36455	$236.88	$142.00	Exchange transfusion, blood; other than newborn
36456	$187.50	$113.00	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn
36460	$661.50	$397.00	Transfusion, intrauterine, fetal
36460	$661.50	$397.00	Transfusion, intrauterine, fetal
36465	$2,477.88	$1,487.00	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance
36466	$2,597.68	$1,559.00	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance
36470	$231.18	$139.00	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36470	$231.18	$139.00	Injection of sclerosing solution; single vein
36471	$395.36	$237.00	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
36471	$395.36	$237.00	Injection of sclerosing solution; multiple veins, same leg
36473	$2,288.76	$1,373.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein
36474	$488.98	$293.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent
36475	$2,052.28	$1,231.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36475	$2,052.28	$1,231.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	$543.08	$326.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and
36476	$543.08	$326.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent
36478	$1,890.64	$1,134.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36478	$1,890.64	$1,134.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	$590.68	$354.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent
36481	$3,344.10	$2,006.00	Percutaneous portal vein catheterization by any method
36481	$3,344.10	$2,006.00	Percutaneous portal vein catheterization by any method
36482	$3,203.64	$1,922.00	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access
36483	$269.86	$162.00	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access
36500	$346.62	$208.00	Venous catheterization for selective organ blood sampling
36500	$346.62	$208.00	Venous catheterization for selective organ blood sampling
36510	$170.20	$102.00	Catheterization of umbilical vein for diagnosis or therapy, newborn
36510	$170.20	$102.00	Catheterization of umbilical vein for diagnosis or therapy, newborn
36511	$217.76	$131.00	Therapeutic apheresis; for white blood cells
36512	$206.18	$124.00	Therapeutic apheresis; for red blood cells
36513	$209.92	$126.00	Therapeutic apheresis; for platelets
36514	$1,389.56	$834.00	Therapeutic apheresis; for plasma pheresis
36516	$4,355.82	$2,613.00	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion
36516	$4,355.82	$2,613.00	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	$2,668.54	$1,601.00	Photopheresis, extracorporeal
36555	$606.00	$364.00	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
36555	$606.00	$364.00	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36555	$606.00	$364.00	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
36555	$606.00	$364.00	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36555	$606.00	$364.00	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
36555	$606.00	$364.00	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	$685.00	$411.00	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36556	$685.00	$411.00	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36556	$685.00	$411.00	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36556	$685.00	$411.00	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36556	$685.00	$411.00	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36556	$685.00	$411.00	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	$2,222.18	$1,333.00	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age
36558	$1,583.74	$950.00	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	$2,369.22	$1,422.00	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age
36561	$1,864.84	$1,119.00	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	$2,089.10	$1,253.00	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	$1,586.16	$952.00	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port
36566	$7,873.04	$4,724.00	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)
36568	$176.86	$106.00	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36568	$176.86	$106.00	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age
36569	$181.66	$109.00	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36569	$181.66	$109.00	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	$2,786.36	$1,672.00	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36570	$2,786.36	$1,672.00	Insertion of peripherally inserted central venous access device, with subcutaneous port; under 5 years of age

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
36571	$2,395.12	$1,437.00	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36571	$2,395.12	$1,437.00	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36572	$736.74	$442.00	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation,
36573	$740.54	$444.00	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation,
36575	$281.10	$169.00	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576	$662.42	$397.00	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	$815.70	$489.00	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	$365.80	$219.00	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36580	$365.80	$219.00	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	$1,483.66	$890.00	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	$1,679.26	$1,008.00	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36583	$2,204.26	$1,323.00	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
36584	$630.86	$379.00	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36584	$630.86	$379.00	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36585	$2,619.62	$1,572.00	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36585	$2,619.62	$1,572.00	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	$322.86	$194.00	Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	$434.88	$261.00	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36591	$56.40	$34.00	Collection of blood specimen from a completely implantable venous access device
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36592	$100.00	$60.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36593	$70.56	$42.00	Declotting by thrombolytic agent of implanted vascular access device or catheter
36595	$1,143.52	$686.00	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
36596	$229.04	$137.00	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
36597	$216.90	$130.00	Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598	$234.04	$140.00	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36598	$234.04	$140.00	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36600	$54.64	$33.00	Arterial puncture, withdrawal of blood for diagnosis
36600	$54.64	$33.00	Arterial puncture, withdrawal of blood for diagnosis
36620	$83.80	$50.00	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36620	$83.80	$50.00	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625	$200.64	$120.00	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36625	$200.64	$120.00	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36640	$229.30	$138.00	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36640	$229.30	$138.00	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36660	$131.38	$79.00	Catheterization, umbilical artery, newborn, for diagnosis or therapy
36660	$131.38	$79.00	Catheterization, umbilical artery, newborn, for diagnosis or therapy
36680	$114.70	$69.00	Placement of needle for intraosseous infusion
36680	$114.70	$69.00	Placement of needle for intraosseous infusion
36800	$231.34	$139.00	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	$373.20	$224.00	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815	$254.82	$153.00	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36818	$1,300.74	$780.00	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36818	$1,300.74	$780.00	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819	$1,373.64	$824.00	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36819	$1,373.64	$824.00	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820	$1,377.74	$827.00	Arteriovenous anastomosis, open; by forearm vein transposition
36821	$1,245.20	$747.00	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36823	$2,729.66	$1,638.00	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without
36825	$1,495.64	$897.00	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	$1,258.78	$755.00	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen,
36831	$1,168.56	$701.00	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
36832	$1,428.30	$857.00	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36832	$1,428.30	$857.00	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833	$1,523.24	$914.00	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36835	$937.64	$563.00	Insertion of Thomas shunt (separate procedure)
36836	$15,510.34	$9,306.00	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation
36837	$18,415.10	$11,049.00	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation
36838	$2,141.16	$1,285.00	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
36838	$2,141.16	$1,285.00	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
36860	$460.14	$276.00	External cannula declotting (separate procedure); without balloon catheter
36861	$262.76	$158.00	External cannula declotting (separate procedure); with balloon catheter
36901	$1,359.36	$816.00	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter
36902	$2,319.62	$1,392.00	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter
36903	$8,063.44	$4,838.00	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter
36904	$3,472.40	$2,083.00	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological
36905	$4,351.28	$2,611.00	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological
36906	$10,277.04	$6,166.00	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological
36907	$1,132.10	$679.00	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and
36908	$2,710.98	$1,627.00	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision
36909	$3,598.34	$2,159.00	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and
37140	$4,476.52	$2,686.00	Venous anastomosis, open; portocaval
37145	$4,155.76	$2,493.00	Venous anastomosis, open; renoportal
37160	$4,267.18	$2,560.00	Venous anastomosis, open; caval-mesenteric
37180	$4,102.58	$2,462.00	Venous anastomosis, open; splenorenal, proximal
37181	$4,476.52	$2,686.00	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37182	$1,547.68	$929.00	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with
37183	$11,117.16	$6,670.00	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with
37184	$3,274.22	$1,965.00	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance
37184	$3,274.22	$1,965.00	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and
37185	$910.86	$547.00	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance
37185	$910.86	$547.00	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and
37186	$2,276.00	$1,366.00	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass
37186	$2,276.00	$1,366.00	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or
37187	$3,221.14	$1,933.00	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	$2,771.62	$1,663.00	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance,
37191	$3,860.74	$2,316.00	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation,
37192	$2,445.64	$1,467.00	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and
37193	$2,879.88	$1,728.00	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and
37197	$2,976.20	$1,786.00	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and
37200	$409.98	$246.00	Transcatheter biopsy

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
37202	$1,783.00	$1,070.00	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
37211	$727.08	$436.00	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment
37212	$636.80	$382.00	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
37213	$434.54	$261.00	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation,
37214	$230.30	$138.00	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation,
37215	$1,858.16	$1,115.00	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological
37215	$1,858.16	$1,115.00	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37217	$2,034.72	$1,221.00	Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral
37218	$1,569.52	$942.00	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach,
37220	$4,770.64	$2,862.00	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	$5,837.96	$3,503.00	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within
37222	$1,183.58	$710.00	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in
37223	$2,407.28	$1,444.00	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes
37224	$5,532.92	$3,320.00	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	$16,568.94	$9,941.00	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel,
37226	$15,335.72	$9,201.00	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty
37227	$21,165.32	$12,699.00	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes
37228	$7,835.88	$4,702.00	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	$16,916.00	$10,150.00	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the
37230	$16,924.78	$10,155.00	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes
37231	$22,231.74	$13,339.00	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy,
37232	$1,558.84	$935.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately
37233	$2,024.32	$1,215.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within
37234	$6,882.06	$4,129.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s),
37235	$7,623.50	$4,574.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and
37236	$5,223.16	$3,134.00	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or
37237	$2,466.32	$1,480.00	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or
37238	$6,571.60	$3,943.00	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty
37239	$3,289.90	$1,974.00	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty
37241	$8,796.94	$5,278.00	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary
37242	$13,567.76	$8,141.00	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary
37243	$16,461.08	$9,877.00	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary
37244	$12,559.40	$7,536.00	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary
37246	$3,449.90	$2,070.00	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or
37247	$1,166.60	$700.00	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or
37248	$2,581.84	$1,549.00	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation
37249	$851.32	$511.00	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation
37250	$592.00	$355.00	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for
37251	$447.00	$268.00	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition
37252	$1,801.54	$1,081.00	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and
37253	$337.78	$203.00	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and
37500	$1,193.18	$716.00	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37565	$1,412.36	$847.00	Ligation, internal jugular vein
37600	$1,468.36	$881.00	Ligation; external carotid artery
37605	$1,389.44	$834.00	Ligation; internal or common carotid artery
37606	$1,456.06	$874.00	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607	$716.46	$430.00	Ligation or banding of angioaccess arteriovenous fistula
37609	$606.44	$364.00	Ligation or biopsy, temporal artery
37615	$1,013.98	$608.00	Ligation, major artery (eg, post-traumatic, rupture); neck
37616	$2,203.44	$1,322.00	Ligation, major artery (eg, post-traumatic, rupture); chest
37617	$2,534.08	$1,520.00	Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618	$760.22	$456.00	Ligation, major artery (eg, post-traumatic, rupture); extremity
37619	$3,326.80	$1,996.00	Ligation of inferior vena cava
37650	$872.94	$524.00	Ligation of femoral vein
37660	$2,544.56	$1,527.00	Ligation of common iliac vein
37700	$472.42	$283.00	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	$749.02	$449.00	Ligation, division, and stripping, short saphenous vein
37722	$872.10	$523.00	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	$1,101.60	$661.00	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating
37760	$1,091.34	$655.00	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg
37760	$1,091.34	$655.00	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
37761	$1,015.92	$610.00	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	$807.60	$485.00	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37765	$807.60	$485.00	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	$955.72	$573.00	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
37780	$453.96	$272.00	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	$1,104.00	$662.00	Ligation, division, and/or excision of varicose vein cluster(s), one leg
37785	$1,104.00	$662.00	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37785	$1,104.00	$662.00	Ligation, division, and/or excision of varicose vein cluster(s), one leg
37785	$1,104.00	$662.00	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37785	$1,104.00	$662.00	Ligation, division, and/or excision of varicose vein cluster(s), one leg
37785	$1,104.00	$662.00	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37788	$2,460.70	$1,476.00	Penile revascularization, artery, with or without vein graft
37788	$2,460.70	$1,476.00	Penile revascularization, artery, with or without vein graft
37790	$957.02	$574.00	Penile venous occlusive procedure
38100	$2,234.70	$1,341.00	Splenectomy; total (separate procedure)
38100	$2,234.70	$1,341.00	Splenectomy; total (separate procedure)
38101	$2,261.74	$1,357.00	Splenectomy; partial (separate procedure)
38101	$2,261.74	$1,357.00	Splenectomy; partial (separate procedure)
38102	$502.98	$302.00	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38102	$502.98	$302.00	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115	$2,504.50	$1,503.00	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120	$2,070.26	$1,242.00	Laparoscopy, surgical, splenectomy
38120	$2,070.26	$1,242.00	Laparoscopy, surgical, splenectomy
38200	$250.54	$150.00	Injection procedure for splenoportography
38205	$163.12	$98.00	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
38205	$163.12	$98.00	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic
38206	$160.38	$96.00	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38220	$316.58	$190.00	Bone marrow; aspiration only
38220	$316.58	$190.00	Diagnostic bone marrow; aspiration(s)
38221	$323.16	$194.00	Bone marrow; biopsy, needle or trocar
38221	$323.16	$194.00	Diagnostic bone marrow; biopsy(ies)
38222	$350.18	$210.00	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
38228	$578.28	$347.00	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous
38230	$392.24	$235.00	Bone marrow harvesting for transplantation
38230	$392.24	$235.00	Bone marrow harvesting for transplantation; allogeneic
38232	$362.82	$218.00	Bone marrow harvesting for transplantation; autologous

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
38240	$475.56	$285.00	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic
38240	$475.56	$285.00	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
38241	$350.74	$210.00	Bone marrow or blood-derived peripheral stem cell transplantation; autologous
38241	$350.74	$210.00	Hematopoietic progenitor cell (HPC); autologous transplantation
38242	$247.80	$149.00	Allogeneic lymphocyte infusions
38242	$247.80	$149.00	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions
38243	$243.66	$146.00	Hematopoietic progenitor cell (HPC); HPC boost
38300	$674.44	$405.00	Drainage of lymph node abscess or lymphadenitis; simple
38300	$674.44	$405.00	Drainage of lymph node abscess or lymphadenitis; simple
38305	$985.56	$591.00	Drainage of lymph node abscess or lymphadenitis; extensive
38305	$985.56	$591.00	Drainage of lymph node abscess or lymphadenitis; extensive
38308	$933.94	$560.00	Lymphangiotomy or other operations on lymphatic channels
38380	$1,153.40	$692.00	Suture and/or ligation of thoracic duct; cervical approach
38381	$1,566.22	$940.00	Suture and/or ligation of thoracic duct; thoracic approach
38382	$1,328.70	$797.00	Suture and/or ligation of thoracic duct; abdominal approach
38500	$665.50	$399.00	Biopsy or excision of lymph node(s); open, superficial
38500	$665.50	$399.00	Biopsy or excision of lymph node(s); open, superficial
38505	$343.86	$206.00	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38505	$343.86	$206.00	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	$1,042.76	$626.00	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38510	$1,042.76	$626.00	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	$928.78	$557.00	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38520	$928.78	$557.00	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	$872.90	$524.00	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38525	$872.90	$524.00	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	$1,129.46	$678.00	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38530	$1,129.46	$678.00	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38531	$882.76	$530.00	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)
38542	$1,037.24	$622.00	Dissection, deep jugular node(s)
38542	$1,037.24	$622.00	Dissection, deep jugular node(s)
38550	$1,040.20	$624.00	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38550	$1,040.20	$624.00	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	$2,015.70	$1,209.00	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38555	$2,015.70	$1,209.00	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562	$1,399.92	$840.00	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38562	$1,399.92	$840.00	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	$1,379.32	$828.00	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38564	$1,379.32	$828.00	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570	$1,015.80	$609.00	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38570	$1,015.80	$609.00	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	$1,297.20	$778.00	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38571	$1,297.20	$778.00	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	$1,757.80	$1,055.00	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38572	$1,757.80	$1,055.00	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38573	$2,309.26	$1,386.00	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies),
38700	$1,596.96	$958.00	Suprahyoid lymphadenectomy
38700	$1,596.96	$958.00	Suprahyoid lymphadenectomy
38720	$2,644.54	$1,587.00	Cervical lymphadenectomy (complete)
38720	$2,644.54	$1,587.00	Cervical lymphadenectomy (complete)
38724	$2,856.66	$1,714.00	Cervical lymphadenectomy (modified radical neck dissection)
38724	$2,856.66	$1,714.00	Cervical lymphadenectomy (modified radical neck dissection)
38740	$1,383.14	$830.00	Axillary lymphadenectomy; superficial
38745	$1,734.30	$1,041.00	Axillary lymphadenectomy; complete
38746	$402.56	$242.00	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)
38747	$509.04	$305.00	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in
38760	$1,642.70	$986.00	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765	$2,562.74	$1,538.00	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate
38770	$1,580.90	$949.00	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780	$2,068.54	$1,241.00	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
38790	$161.58	$97.00	Injection procedure; lymphangiography
38792	$164.66	$99.00	Injection procedure; for identification of sentinel node
38792	$164.66	$99.00	Injection procedure; radioactive tracer for identification of sentinel node
38794	$556.92	$334.00	Cannulation, thoracic duct
38900	$264.08	$158.00	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to
39000	$989.54	$594.00	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010	$1,523.36	$914.00	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200	$1,666.62	$1,000.00	Excision of mediastinal cyst
39200	$1,666.62	$1,000.00	Resection of mediastinal cyst
39220	$2,191.48	$1,315.00	Excision of mediastinal tumor
39220	$2,191.48	$1,315.00	Resection of mediastinal tumor
39400	$2,605.00	$1,563.00	Mediastinoscopy, with or without biopsy
39401	$590.52	$354.00	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed
39402	$768.44	$461.00	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)
39501	$1,656.48	$994.00	Repair, laceration of diaphragm, any approach
39503	$10,961.48	$6,577.00	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39540	$1,671.84	$1,003.00	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541	$1,815.34	$1,089.00	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545	$1,734.60	$1,041.00	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560	$1,568.80	$941.00	Resection, diaphragm; with simple repair (eg, primary suture)
39560	$1,568.80	$941.00	Resection, diaphragm; with simple repair (eg, primary suture)
39561	$2,448.68	$1,469.00	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39561	$2,448.68	$1,469.00	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
40490	$243.88	$146.00	Biopsy of lip
40500	$1,059.30	$636.00	Vermilionectomy (lip shave), with mucosal advancement
40510	$978.38	$587.00	Excision of lip; transverse wedge excision with primary closure
40520	$1,011.80	$607.00	Excision of lip; V-excision with primary direct linear closure
40525	$1,097.90	$659.00	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	$1,251.38	$751.00	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	$1,113.56	$668.00	Resection of lip, more than one-fourth, without reconstruction
40650	$969.34	$582.00	Repair lip, full thickness; vermilion only
40652	$1,046.04	$628.00	Repair lip, full thickness; up to half vertical height
40654	$1,180.10	$708.00	Repair lip, full thickness; over one-half vertical height, or complex
40700	$2,004.58	$1,203.00	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	$2,358.36	$1,415.00	Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure
40702	$1,985.60	$1,191.00	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages
40720	$2,036.54	$1,222.00	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	$2,136.34	$1,282.00	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
40800	$679.00	$407.00	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40800	$679.00	$407.00	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40800	$679.00	$407.00	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	$593.18	$356.00	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	$397.02	$238.00	Removal of embedded foreign body, vestibule of mouth; simple
40804	$397.02	$238.00	Removal of embedded foreign body, vestibule of mouth; simple
40805	$577.18	$346.00	Removal of embedded foreign body, vestibule of mouth; complicated
40805	$577.18	$346.00	Removal of embedded foreign body, vestibule of mouth; complicated
40806	$203.56	$122.00	Incision of labial frenum (frenotomy)
40808	$339.06	$203.00	Biopsy, vestibule of mouth
40810	$432.40	$259.00	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	$553.50	$332.00	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	$749.74	$450.00	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	$808.18	$485.00	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	$725.22	$435.00	Excision of mucosa of vestibule of mouth as donor graft
40819	$547.92	$329.00	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40819	$547.92	$329.00	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	$513.68	$308.00	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	$452.14	$271.00	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	$597.96	$359.00	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	$1,710.72	$1,026.00	Vestibuloplasty; anterior
40842	$1,652.64	$992.00	Vestibuloplasty; posterior, unilateral
40843	$2,394.02	$1,436.00	Vestibuloplasty; posterior, bilateral
40844	$3,006.28	$1,804.00	Vestibuloplasty; entire arch
40845	$2,936.22	$1,762.00	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41000	$296.88	$178.00	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	$458.58	$275.00	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	$685.60	$411.00	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	$664.26	$399.00	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	$803.10	$482.00	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	$852.68	$512.00	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	$427.68	$257.00	Incision of lingual frenum (frenotomy)
41015	$807.38	$484.00	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	$932.98	$560.00	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	$929.04	$557.00	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	$1,054.40	$633.00	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41019	$973.44	$584.00	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial
41100	$374.04	$224.00	Biopsy of tongue; anterior two-thirds
41105	$375.26	$225.00	Biopsy of tongue; posterior one-third
41108	$337.80	$203.00	Biopsy of floor of mouth
41110	$456.30	$274.00	Excision of lesion of tongue without closure
41112	$678.76	$407.00	Excision of lesion of tongue with closure; anterior two-thirds
41113	$724.52	$435.00	Excision of lesion of tongue with closure; posterior one-third
41114	$1,232.90	$740.00	Excision of lesion of tongue with closure; with local tongue flap
41115	$517.04	$310.00	Excision of lingual frenum (frenectomy)
41116	$667.54	$401.00	Excision, lesion of floor of mouth
41120	$2,101.44	$1,261.00	Glossectomy; less than one-half tongue
41130	$2,590.10	$1,554.00	Glossectomy; hemiglossectomy
41135	$4,248.40	$2,549.00	Glossectomy; partial, with unilateral radical neck dissection
41140	$4,279.60	$2,568.00	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
41145	$5,381.82	$3,229.00	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41145	$5,381.82	$3,229.00	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	$4,311.30	$2,587.00	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41150	$4,311.30	$2,587.00	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	$4,691.20	$2,815.00	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41153	$4,691.20	$2,815.00	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	$5,828.92	$3,497.00	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41155	$5,828.92	$3,497.00	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41250	$937.00	$562.00	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41250	$937.00	$562.00	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41250	$937.00	$562.00	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41250	$937.00	$562.00	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41250	$937.00	$562.00	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41250	$937.00	$562.00	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	$619.46	$372.00	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	$651.34	$391.00	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41510	$914.24	$549.00	Suture of tongue to lip for micrognathia (Douglas type procedure)
41512	$1,329.20	$798.00	Tongue base suspension, permanent suture technique
41520	$730.20	$438.00	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41520	$730.20	$438.00	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41530	$1,797.26	$1,078.00	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41800	$1,004.00	$602.00	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41800	$1,004.00	$602.00	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41800	$1,004.00	$602.00	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41800	$1,004.00	$602.00	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	$611.78	$367.00	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41805	$611.78	$367.00	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	$811.38	$487.00	Removal of embedded foreign body from dentoalveolar structures; bone
41806	$811.38	$487.00	Removal of embedded foreign body from dentoalveolar structures; bone
41822	$713.66	$428.00	Excision of fibrous tuberosities, dentoalveolar structures
41823	$1,065.48	$639.00	Excision of osseous tuberosities, dentoalveolar structures
41825	$439.76	$264.00	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	$601.74	$361.00	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	$873.60	$524.00	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	$707.88	$425.00	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	$939.22	$564.00	Alveolectomy, including curettage of osteitis or sequestrectomy
41872	$951.20	$571.00	Gingivoplasty, each quadrant (specify)
41874	$789.00	$473.00	Alveoloplasty, each quadrant (specify)
42000	$528.00	$317.00	Drainage of abscess of palate, uvula
42000	$528.00	$317.00	Drainage of abscess of palate, uvula
42000	$528.00	$317.00	Drainage of abscess of palate, uvula
42100	$291.40	$175.00	Biopsy of palate, uvula
42104	$434.66	$261.00	Excision, lesion of palate, uvula; without closure
42104	$434.66	$261.00	Excision, lesion of palate, uvula; without closure
42106	$505.92	$304.00	Excision, lesion of palate, uvula; with simple primary closure
42106	$505.92	$304.00	Excision, lesion of palate, uvula; with simple primary closure
42107	$897.54	$539.00	Excision, lesion of palate, uvula; with local flap closure

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42107	$897.54	$539.00	Excision, lesion of palate, uvula; with local flap closure
42120	$1,993.76	$1,196.00	Resection of palate or extensive resection of lesion
42140	$618.26	$371.00	Uvulectomy, excision of uvula
42145	$1,367.02	$820.00	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42145	$1,367.02	$820.00	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	$448.50	$269.00	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	$506.10	$304.00	Repair, laceration of palate; up to 2 cm
42182	$653.58	$392.00	Repair, laceration of palate; over 2 cm or complex
42200	$1,840.02	$1,104.00	Palatoplasty for cleft palate, soft and/or hard palate only
42205	$1,909.04	$1,145.00	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	$2,133.26	$1,280.00	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	$1,400.84	$841.00	Palatoplasty for cleft palate; major revision
42220	$1,155.68	$693.00	Palatoplasty for cleft palate; secondary lengthening procedure
42225	$1,979.36	$1,188.00	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	$1,813.12	$1,088.00	Lengthening of palate, and pharyngeal flap
42227	$1,687.38	$1,012.00	Lengthening of palate, with island flap
42235	$1,488.38	$893.00	Repair of anterior palate, including vomer flap
42260	$1,711.06	$1,027.00	Repair of nasolabial fistula
42280	$352.72	$212.00	Maxillary impression for palatal prosthesis
42280	$352.72	$212.00	Maxillary impression for palatal prosthesis
42281	$450.30	$270.00	Insertion of pin-retained palatal prosthesis
42281	$450.30	$270.00	Insertion of pin-retained palatal prosthesis
42300	$428.84	$257.00	Drainage of abscess; parotid, simple
42305	$864.96	$519.00	Drainage of abscess; parotid, complicated
42310	$343.12	$206.00	Drainage of abscess; submaxillary or sublingual, intraoral
42320	$518.56	$311.00	Drainage of abscess; submaxillary, external
42330	$467.94	$281.00	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	$862.22	$517.00	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	$1,060.28	$636.00	Sialolithotomy; parotid, extraoral or complicated intraoral
42400	$188.80	$113.00	Biopsy of salivary gland; needle
42405	$608.48	$365.00	Biopsy of salivary gland; incisional
42408	$1,084.88	$651.00	Excision of sublingual salivary cyst (ranula)
42409	$787.04	$472.00	Marsupialization of sublingual salivary cyst (ranula)
42410	$1,249.72	$750.00	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	$2,092.26	$1,255.00	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	$2,339.94	$1,404.00	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	$1,662.96	$998.00	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426	$2,655.12	$1,593.00	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440	$829.64	$498.00	Excision of submandibular (submaxillary) gland
42450	$947.52	$569.00	Excision of sublingual gland
42500	$901.26	$541.00	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	$1,149.96	$690.00	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	$985.16	$591.00	Parotid duct diversion, bilateral (Wilke type procedure);
42509	$1,617.92	$971.00	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	$1,207.74	$725.00	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42550	$301.84	$181.00	Injection procedure for sialography
42600	$1,086.98	$652.00	Closure salivary fistula
42650	$149.28	$90.00	Dilation salivary duct
42660	$198.06	$119.00	Dilation and catheterization of salivary duct, with or without injection
42665	$749.60	$450.00	Ligation salivary duct, intraoral
42700	$384.94	$231.00	Incision and drainage abscess; peritonsillar
42720	$886.76	$532.00	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	$1,584.50	$951.00	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	$316.32	$190.00	Biopsy; oropharynx
42804	$431.64	$259.00	Biopsy; nasopharynx, visible lesion, simple
42806	$482.36	$289.00	Biopsy; nasopharynx, survey for unknown primary lesion
42808	$466.94	$280.00	Excision or destruction of lesion of pharynx, any method
42809	$409.98	$246.00	Removal of foreign body from pharynx
42810	$781.24	$469.00	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	$1,072.04	$643.00	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	$584.40	$351.00	Tonsillectomy and adenoidectomy; under age 12
42821	$609.58	$366.00	Tonsillectomy and adenoidectomy; age 12 or over
42825	$542.96	$326.00	Tonsillectomy, primary or secondary; under age 12
42826	$515.36	$309.00	Tonsillectomy, primary or secondary; age 12 or over
42830	$431.42	$259.00	Adenoidectomy, primary; under age 12
42831	$468.96	$281.00	Adenoidectomy, primary; age 12 or over
42835	$402.82	$242.00	Adenoidectomy, secondary; under age 12
42836	$496.30	$298.00	Adenoidectomy, secondary; age 12 or over
42842	$2,002.16	$1,201.00	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	$2,719.32	$1,632.00	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845	$4,318.90	$2,591.00	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42860	$394.34	$237.00	Excision of tonsil tags
42870	$1,177.98	$707.00	Excision or destruction lingual tonsil, any method (separate procedure)
42890	$2,791.74	$1,675.00	Limited pharyngectomy
42892	$3,662.94	$2,198.00	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	$4,641.82	$2,785.00	Resection of pharyngeal wall requiring closure with myocutaneous flap
42900	$656.60	$394.00	Suture pharynx for wound or injury
42950	$1,587.42	$952.00	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	$1,912.22	$1,147.00	Pharyngoesophageal repair
42953	$1,912.22	$1,147.00	Pharyngoesophageal repair
42955	$1,509.50	$906.00	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	$531.00	$319.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42960	$531.00	$319.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42960	$531.00	$319.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42960	$531.00	$319.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42960	$531.00	$319.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42960	$531.00	$319.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961	$838.26	$503.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962	$1,032.08	$619.00	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42970	$820.94	$493.00	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs
42971	$902.88	$542.00	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972	$1,008.02	$605.00	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42975	$191.10	$115.00	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible,
43020	$1,119.62	$672.00	Esophagotomy, cervical approach, with removal of foreign body
43030	$1,042.42	$625.00	Cricopharyngeal myotomy
43045	$2,511.96	$1,507.00	Esophagotomy, thoracic approach, with removal of foreign body
43100	$1,264.94	$759.00	Excision of lesion, esophagus, with primary repair; cervical approach

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
43101	$1,935.72	$1,161.00	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107	$5,680.18	$3,408.00	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty
43108	$8,385.66	$5,031.00	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation
43112	$6,488.90	$3,893.00	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty
43112	$6,488.90	$3,893.00	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown
43113	$8,217.42	$4,930.00	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation,
43116	$9,369.98	$5,622.00	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117	$6,211.30	$3,727.00	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic
43118	$6,848.40	$4,109.00	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or
43121	$5,429.60	$3,258.00	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without
43122	$4,951.74	$2,971.00	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without
43123	$8,515.68	$5,109.00	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine
43124	$7,220.38	$4,332.00	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43130	$1,562.14	$937.00	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	$2,802.92	$1,682.00	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43180	$1,081.54	$649.00	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker"s diverticulum), with cricopharyngeal myotomy,
43191	$307.22	$184.00	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
43192	$334.14	$200.00	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance
43193	$334.52	$201.00	Esophagoscopy, rigid, transoral; with biopsy, single or multiple
43194	$376.06	$226.00	Esophagoscopy, rigid, transoral; with removal of foreign body
43195	$365.00	$219.00	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)
43196	$386.10	$232.00	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire
43197	$385.28	$231.00	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)
43198	$427.02	$256.00	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple
43200	$523.46	$314.00	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43200	$523.46	$314.00	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43201	$517.52	$311.00	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43202	$700.24	$420.00	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43202	$700.24	$420.00	Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204	$262.98	$158.00	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43205	$272.88	$164.00	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
43206	$603.16	$362.00	Esophagoscopy, rigid or flexible; with optical endomicroscopy
43210	$828.94	$497.00	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43211	$453.22	$272.00	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
43212	$365.14	$219.00	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43213	$2,358.64	$1,415.00	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
43214	$378.68	$227.00	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43215	$773.32	$464.00	Esophagoscopy, flexible, transoral; with removal of foreign body(s)
43215	$773.32	$464.00	Esophagoscopy, rigid or flexible; with removal of foreign body
43216	$802.58	$482.00	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43216	$802.58	$482.00	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43217	$827.50	$497.00	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43217	$827.50	$497.00	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43220	$1,734.00	$1,040.00	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)
43220	$1,734.00	$1,040.00	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
43226	$762.46	$457.00	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43226	$762.46	$457.00	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
43227	$1,160.06	$696.00	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
43227	$1,160.06	$696.00	Esophagoscopy, flexible, transoral; with control of bleeding, any method
43229	$1,378.54	$827.00	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when
43231	$301.64	$181.00	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination
43231	$301.64	$181.00	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232	$383.04	$230.00	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43232	$383.04	$230.00	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43233	$441.34	$265.00	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when
43235	$571.72	$343.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without
43235	$571.72	$343.00	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate
43236	$788.56	$473.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal
43237	$377.80	$227.00	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent
43237	$377.80	$227.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound
43238	$449.26	$270.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-
43238	$449.26	$270.00	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes
43239	$740.86	$445.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43239	$740.86	$445.00	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43240	$753.18	$452.00	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s],
43240	$753.18	$452.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of
43241	$276.08	$166.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal
43241	$276.08	$166.00	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	$506.14	$304.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-
43242	$506.14	$304.00	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes
43243	$458.52	$275.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of
43243	$458.52	$275.00	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
43244	$472.26	$283.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal
43244	$472.26	$283.00	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices
43245	$1,158.58	$695.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for
43245	$1,158.58	$695.00	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
43246	$386.24	$232.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of
43246	$386.24	$232.00	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
43247	$756.92	$454.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
43247	$756.92	$454.00	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	$813.94	$488.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire
43248	$813.94	$488.00	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	$2,074.50	$1,245.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus
43249	$2,074.50	$1,245.00	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43250	$884.12	$530.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s),
43250	$884.12	$530.00	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43251	$969.34	$582.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s),
43251	$969.34	$582.00	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43252	$674.84	$405.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy
43252	$674.84	$405.00	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
43253	$506.66	$304.00	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg,
43254	$520.96	$313.00	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	$1,219.90	$732.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any
43255	$1,219.90	$732.00	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43257	$448.60	$269.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to
43257	$448.60	$269.00	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for
43259	$436.96	$262.00	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
43259	$436.96	$262.00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound
43260	$620.72	$372.00	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43260	$620.72	$372.00	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate
43261	$650.74	$390.00	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	$686.60	$412.00	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	$687.82	$413.00	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43263	$687.82	$413.00	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi
43264	$700.78	$420.00	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)
43264	$700.78	$420.00	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts
43265	$830.80	$498.00	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
43265	$830.80	$498.00	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)
43266	$419.68	$252.00	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when
43270	$1,421.10	$853.00	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire
43273	$228.64	$137.00	Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary
43274	$888.52	$533.00	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation
43275	$723.66	$434.00	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
43276	$924.50	$555.00	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation
43277	$727.62	$437.00	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty),
43278	$831.76	$499.00	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide
43279	$2,481.10	$1,489.00	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43279	$2,481.10	$1,489.00	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43280	$2,094.78	$1,257.00	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43280	$2,094.78	$1,257.00	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43281	$2,965.90	$1,780.00	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43282	$3,341.88	$2,005.00	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43283	$299.02	$179.00	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary
43284	$1,282.82	$770.00	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty
43285	$1,316.90	$790.00	Removal of esophageal sphincter augmentation device
43286	$6,095.08	$3,657.00	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic
43287	$6,763.10	$4,058.00	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with
43288	$7,142.34	$4,285.00	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic
43290	$4,918.76	$2,951.00	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43291	$903.74	$542.00	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)
43300	$1,248.62	$749.00	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	$2,159.74	$1,296.00	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310	$2,828.94	$1,697.00	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312	$3,008.62	$1,805.00	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
43313	$5,634.42	$3,381.00	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314	$6,010.76	$3,606.00	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
43320	$2,717.30	$1,630.00	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43325	$2,643.12	$1,586.00	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
43327	$1,629.30	$978.00	Esophagogastric fundoplasty partial or complete; laparotomy
43328	$2,141.34	$1,285.00	Esophagogastric fundoplasty partial or complete; thoracotomy
43330	$2,600.14	$1,560.00	Esophagomyotomy (Heller type); abdominal approach
43330	$2,600.14	$1,560.00	Esophagomyotomy (Heller type); abdominal approach
43331	$2,571.04	$1,543.00	Esophagomyotomy (Heller type); thoracic approach
43331	$2,571.04	$1,543.00	Esophagomyotomy (Heller type); thoracic approach
43332	$2,219.88	$1,332.00	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
43333	$2,440.64	$1,464.00	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis
43334	$2,365.86	$1,420.00	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis
43335	$2,536.72	$1,522.00	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis
43336	$2,758.44	$1,655.00	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other
43337	$2,937.78	$1,763.00	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis
43338	$215.24	$129.00	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
43340	$2,683.98	$1,610.00	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	$2,684.80	$1,611.00	Esophagojejunostomy (without total gastrectomy); thoracic approach
43341	$2,684.80	$1,611.00	Esophagojejunostomy (without total gastrectomy); thoracic approach
43351	$2,543.58	$1,526.00	Esophagostomy, fistulization of esophagus, external; thoracic approach
43351	$2,543.58	$1,526.00	Esophagostomy, fistulization of esophagus, external; thoracic approach
43352	$2,060.22	$1,236.00	Esophagostomy, fistulization of esophagus, external; cervical approach
43352	$2,060.22	$1,236.00	Esophagostomy, fistulization of esophagus, external; cervical approach
43360	$4,285.86	$2,572.00	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach,
43361	$5,228.32	$3,137.00	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon
43400	$2,956.26	$1,774.00	Ligation, direct, esophageal varices
43405	$2,804.20	$1,683.00	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410	$2,049.78	$1,230.00	Suture of esophageal wound or injury; cervical approach
43415	$4,922.02	$2,953.00	Suture of esophageal wound or injury; transthoracic or transabdominal approach
43420	$2,007.78	$1,205.00	Closure of esophagostomy or fistula; cervical approach
43425	$2,763.46	$1,658.00	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43450	$375.42	$225.00	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43450	$375.42	$225.00	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	$1,545.76	$927.00	Dilation of esophagus, over guide wire
43460	$411.26	$247.00	Esophagogastric tamponade, with balloon (Sengstaaken type)
43497	$1,539.30	$924.00	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
43500	$1,542.10	$925.00	Gastrotomy; with exploration or foreign body removal
43501	$2,618.42	$1,571.00	Gastrotomy; with suture repair of bleeding ulcer
43502	$2,963.20	$1,778.00	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510	$1,862.22	$1,117.00	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520	$1,398.36	$839.00	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43605	$1,651.58	$991.00	Biopsy of stomach; by laparotomy
43610	$1,900.58	$1,140.00	Excision, local; ulcer or benign tumor of stomach
43611	$2,392.74	$1,436.00	Excision, local; malignant tumor of stomach
43620	$3,835.56	$2,301.00	Gastrectomy, total; with esophagoenterostomy
43621	$4,401.02	$2,641.00	Gastrectomy, total; with Roux-en-Y reconstruction
43622	$4,461.30	$2,677.00	Gastrectomy, total; with formation of intestinal pouch, any type
43631	$2,822.02	$1,693.00	Gastrectomy, partial, distal; with gastroduodenostomy
43631	$2,822.02	$1,693.00	Gastrectomy, partial, distal; with gastroduodenostomy
43632	$3,941.98	$2,365.00	Gastrectomy, partial, distal; with gastrojejunostomy
43632	$3,941.98	$2,365.00	Gastrectomy, partial, distal; with gastrojejunostomy
43633	$3,729.68	$2,238.00	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43633	$3,729.68	$2,238.00	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	$4,107.18	$2,464.00	Gastrectomy, partial, distal; with formation of intestinal pouch
43634	$4,107.18	$2,464.00	Gastrectomy, partial, distal; with formation of intestinal pouch
43635	$215.28	$129.00	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)
43635	$215.28	$129.00	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
43640	$2,324.38	$1,395.00	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	$2,350.16	$1,410.00	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
43644	$3,371.80	$2,023.00	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	$3,593.42	$2,156.00	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43651	$1,295.08	$777.00	Laparoscopy, surgical; transection of vagus nerves, truncal
43651	$1,295.08	$777.00	Laparoscopy, surgical; transection of vagus nerves, truncal
43652	$1,503.34	$902.00	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43652	$1,503.34	$902.00	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43653	$1,143.12	$686.00	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43653	$1,143.12	$686.00	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43752	$77.24	$46.00	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43752	$77.24	$46.00	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician"s skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician"s skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician"s skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician"s skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician"s skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43753	$68.00	$41.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43754	$466.58	$280.00	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
43755	$399.48	$240.00	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory
43756	$536.12	$322.00	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
43757	$720.86	$433.00	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation,
43761	$239.18	$144.00	Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition
43762	$443.18	$266.00	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of
43763	$652.58	$392.00	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of
43770	$2,201.54	$1,321.00	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
43770	$2,201.54	$1,321.00	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	$2,493.52	$1,496.00	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43771	$2,493.52	$1,496.00	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
43772	$1,856.30	$1,114.00	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
43772	$1,856.30	$1,114.00	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	$2,493.52	$1,496.00	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
43773	$2,493.52	$1,496.00	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	$1,878.12	$1,127.00	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
43774	$1,878.12	$1,127.00	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	$2,124.98	$1,275.00	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43800	$1,812.62	$1,088.00	Pyloroplasty
43810	$1,982.58	$1,190.00	Gastroduodenostomy
43820	$2,619.30	$1,572.00	Gastrojejunostomy; without vagotomy
43825	$2,554.34	$1,533.00	Gastrojejunostomy; with vagotomy, any type
43830	$1,380.12	$828.00	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831	$1,206.82	$724.00	Gastrostomy, open; neonatal, for feeding
43832	$2,041.92	$1,225.00	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840	$2,647.24	$1,588.00	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43843	$2,502.42	$1,501.00	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43843	$2,502.42	$1,501.00	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	$3,811.60	$2,287.00	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit
43846	$3,214.02	$1,928.00	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	$3,513.12	$2,108.00	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43847	$3,513.12	$2,108.00	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	$3,756.70	$2,254.00	Revision of gastric restrictive procedure for morbid obesity (separate procedure)
43860	$3,176.76	$1,906.00	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	$3,313.76	$1,988.00	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43870	$1,388.04	$833.00	Closure of gastrostomy, surgical
43880	$3,118.84	$1,871.00	Closure of gastrocolic fistula
43886	$735.76	$441.00	Gastric restrictive procedure, open; revision of subcutaneous port component only
43886	$735.76	$441.00	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	$665.36	$399.00	Gastric restrictive procedure, open; removal of subcutaneous port component only
43887	$665.36	$399.00	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	$924.60	$555.00	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43888	$924.60	$555.00	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
44005	$2,122.16	$1,273.00	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010	$1,656.32	$994.00	Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015	$269.28	$162.00	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
44020	$1,900.10	$1,140.00	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021	$1,897.78	$1,139.00	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025	$1,915.32	$1,149.00	Colotomy, for exploration, biopsy(s), or foreign body removal
44050	$1,826.04	$1,096.00	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	$2,895.34	$1,737.00	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44100	$204.68	$123.00	Biopsy of intestine by capsule, tube, peroral (one or more specimens)
44110	$1,659.82	$996.00	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	$1,909.84	$1,146.00	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
44120	$2,373.02	$1,424.00	Enterectomy, resection of small intestine; single resection and anastomosis
44121	$460.30	$276.00	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125	$2,286.82	$1,372.00	Enterectomy, resection of small intestine; with enterostomy
44126	$4,777.64	$2,867.00	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44126	$4,777.64	$2,867.00	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127	$5,506.78	$3,304.00	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44127	$5,506.78	$3,304.00	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44128	$464.14	$278.00	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection
44128	$464.14	$278.00	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection
44130	$2,562.38	$1,537.00	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44139	$230.08	$138.00	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140	$2,607.94	$1,565.00	Colectomy, partial; with anastomosis
44141	$3,508.58	$2,105.00	Colectomy, partial; with skin level cecostomy or colostomy
44143	$3,196.38	$1,918.00	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	$3,414.38	$2,049.00	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	$3,194.28	$1,917.00	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	$4,062.16	$2,437.00	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147	$3,741.24	$2,245.00	Colectomy, partial; abdominal and transanal approach
44150	$3,596.84	$2,158.00	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151	$4,161.54	$2,497.00	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44155	$4,005.72	$2,403.00	Colectomy, total, abdominal, with proctectomy; with ileostomy
44156	$4,447.22	$2,668.00	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157	$4,231.12	$2,539.00	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
44158	$4,335.06	$2,601.00	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
44160	$2,414.86	$1,449.00	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180	$1,795.08	$1,077.00	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44180	$1,795.08	$1,077.00	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186	$1,275.04	$765.00	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44186	$1,275.04	$765.00	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187	$2,126.88	$1,276.00	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44187	$2,126.88	$1,276.00	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188	$2,361.94	$1,417.00	Laparoscopy, surgical, colostomy or skin level cecostomy
44188	$2,361.94	$1,417.00	Laparoscopy, surgical, colostomy or skin level cecostomy
44202	$2,693.14	$1,616.00	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44202	$2,693.14	$1,616.00	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203	$459.08	$275.00	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44203	$459.08	$275.00	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44204	$2,974.08	$1,784.00	Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	$2,585.34	$1,551.00	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206	$3,361.36	$2,017.00	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207	$3,496.16	$2,098.00	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
44208	$3,804.90	$2,283.00	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210	$3,429.46	$2,058.00	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	$4,103.12	$2,462.00	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with
44211	$4,103.12	$2,462.00	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy,
44212	$3,934.92	$2,361.00	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44213	$356.82	$214.00	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary
44213	$356.82	$214.00	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary
44227	$3,202.88	$1,922.00	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
44227	$3,202.88	$1,922.00	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
44300	$1,642.50	$986.00	Enterostomy or cecostomy, tube (eg, for decompression or feeding) (separate procedure)
44310	$2,023.30	$1,214.00	Ileostomy or jejunostomy, non-tube (separate procedure)
44312	$1,173.92	$704.00	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	$1,959.12	$1,175.00	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316	$2,751.04	$1,651.00	Continent ileostomy (Kock procedure) (separate procedure)
44320	$2,338.94	$1,403.00	Colostomy or skin level cecostomy; (separate procedure)
44322	$1,974.10	$1,184.00	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340	$1,238.88	$743.00	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345	$2,053.48	$1,232.00	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	$2,306.24	$1,384.00	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360	$278.02	$167.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by
44361	$307.28	$184.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	$369.86	$222.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body
44364	$394.60	$237.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by
44365	$352.12	$211.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot
44366	$462.48	$277.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery,
44369	$473.58	$284.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not
44370	$515.10	$309.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372	$462.66	$278.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	$371.56	$223.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to
44376	$547.78	$329.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by
44377	$574.48	$345.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	$739.40	$444.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar
44379	$787.54	$473.00	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380	$396.26	$238.00	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44380	$396.26	$238.00	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44381	$1,875.70	$1,125.00	Ileoscopy, through stoma; with transendoscopic balloon dilation
44382	$586.38	$352.00	Ileoscopy, through stoma; with biopsy, single or multiple
44384	$295.86	$178.00	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
44385	$433.56	$260.00	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate
44386	$612.90	$368.00	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
44386	$612.90	$368.00	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	$629.02	$377.00	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44388	$629.02	$377.00	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	$812.74	$488.00	Colonoscopy through stoma; with biopsy, single or multiple
44390	$800.38	$480.00	Colonoscopy through stoma; with removal of foreign body
44391	$1,244.20	$747.00	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	$771.16	$463.00	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44394	$863.92	$518.00	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	$4,522.26	$2,713.00	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)
44402	$503.50	$302.00	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	$585.00	$351.00	Colonoscopy through stoma; with endoscopic mucosal resection
44404	$829.78	$498.00	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	$1,085.74	$651.00	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	$443.30	$266.00	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and
44407	$530.76	$318.00	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic
44408	$447.28	$268.00	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when
44500	$37.10	$22.00	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44500	$37.10	$22.00	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44602	$2,714.66	$1,629.00	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44602	$2,714.66	$1,629.00	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603	$3,128.40	$1,877.00	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44603	$3,128.40	$1,877.00	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604	$2,043.72	$1,226.00	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44604	$2,043.72	$1,226.00	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	$2,497.70	$1,499.00	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615	$2,082.26	$1,249.00	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620	$1,683.64	$1,010.00	Closure of enterostomy, large or small intestine;
44625	$1,963.24	$1,178.00	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44626	$3,070.68	$1,842.00	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
44640	$2,700.72	$1,620.00	Closure of intestinal cutaneous fistula
44650	$2,781.04	$1,669.00	Closure of enteroenteric or enterocolic fistula
44660	$2,600.32	$1,560.00	Closure of enterovesical fistula; without intestinal or bladder resection
44661	$2,988.16	$1,793.00	Closure of enterovesical fistula; with intestine and/or bladder resection
44680	$2,095.40	$1,257.00	Intestinal plication (separate procedure)
44680	$2,095.40	$1,257.00	Intestinal plication (separate procedure)
44700	$1,944.58	$1,167.00	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
44701	$324.66	$195.00	Intraoperative colonic lavage (List separately in addition to code for primary procedure)
44720	$521.92	$313.00	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721	$731.40	$439.00	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
44800	$1,522.60	$914.00	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
44820	$1,665.86	$1,000.00	Excision of lesion of mesentery (separate procedure)
44850	$1,467.06	$880.00	Suture of mesentery (separate procedure)
44900	$1,533.84	$920.00	Incision and drainage of appendiceal abscess; open
44900	$1,533.84	$920.00	Incision and drainage of appendiceal abscess, open
44950	$1,254.50	$753.00	Appendectomy;
44955	$160.20	$96.00	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary
44960	$1,710.38	$1,026.00	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	$1,184.66	$711.00	Laparoscopy, surgical, appendectomy
44970	$1,184.66	$711.00	Laparoscopy, surgical, appendectomy
45000	$851.40	$511.00	Transrectal drainage of pelvic abscess
45005	$638.58	$383.00	Incision and drainage of submucosal abscess, rectum
45020	$1,138.32	$683.00	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess
45100	$606.86	$364.00	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	$746.08	$448.00	Anorectal myomectomy
45110	$3,523.16	$2,114.00	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	$2,116.04	$1,270.00	Proctectomy; partial resection of rectum, transabdominal approach
45112	$3,520.04	$2,112.00	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113	$3,618.54	$2,171.00	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114	$3,521.18	$2,113.00	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116	$3,005.18	$1,803.00	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45119	$3,643.38	$2,186.00	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with or without
45120	$3,113.14	$1,868.00	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel,
45121	$3,391.86	$2,035.00	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45123	$2,172.12	$1,303.00	Proctectomy, partial, without anastomosis, perineal approach
45126	$5,290.42	$3,174.00	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or
45130	$2,114.88	$1,269.00	Excision of rectal procidentia, with anastomosis; perineal approach
45135	$2,535.52	$1,521.00	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136	$3,469.60	$2,082.00	Excision of ileoanal reservoir with ileostomy
45150	$842.54	$506.00	Division of stricture of rectum
45160	$2,010.22	$1,206.00	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45171	$1,228.38	$737.00	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
45172	$1,627.74	$977.00	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
45190	$1,382.92	$830.00	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45190	$1,382.92	$830.00	Destruction of rectal tumor (eg, electrodessication, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45300	$260.08	$156.00	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	$1,825.18	$1,095.00	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	$356.82	$214.00	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	$420.70	$252.00	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	$403.38	$242.00	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	$416.42	$250.00	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	$449.12	$269.00	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	$433.70	$260.00	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	$438.96	$263.00	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare
45321	$202.82	$122.00	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	$229.00	$137.00	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	$375.10	$225.00	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	$567.24	$340.00	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	$550.12	$330.00	Sigmoidoscopy, flexible; with removal of foreign body
45333	$646.78	$388.00	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	$960.04	$576.00	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	$577.08	$346.00	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45335	$577.08	$346.00	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	$220.88	$133.00	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	$593.64	$356.00	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45338	$593.64	$356.00	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	$891.86	$535.00	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45340	$891.86	$535.00	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	$240.86	$145.00	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	$328.96	$197.00	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	$4,373.74	$2,624.00	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	$297.90	$179.00	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	$382.80	$230.00	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	$1,302.56	$782.00	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45378	$674.30	$405.00	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45378	$674.30	$405.00	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon
45379	$857.34	$514.00	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	$856.08	$514.00	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	$873.12	$524.00	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45381	$873.12	$524.00	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	$1,298.44	$779.00	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma
45382	$1,298.44	$779.00	Colonoscopy, flexible; with control of bleeding, any method
45384	$962.62	$578.00	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45384	$962.62	$578.00	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	$895.42	$537.00	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45385	$895.42	$537.00	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	$1,190.88	$715.00	Colonoscopy, flexible; with transendoscopic balloon dilation
45386	$1,190.88	$715.00	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
45388	$4,680.38	$2,808.00	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	$557.30	$334.00	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	$639.62	$384.00	Colonoscopy, flexible; with endoscopic mucosal resection
45391	$497.00	$298.00	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392	$585.68	$351.00	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45393	$483.06	$290.00	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45395	$3,789.76	$2,274.00	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45395	$3,789.76	$2,274.00	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	$4,110.44	$2,466.00	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-
45397	$4,110.44	$2,466.00	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-
45398	$1,595.78	$957.00	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45400	$2,204.82	$1,323.00	Laparoscopy, surgical; proctopexy (for prolapse)
45402	$2,937.88	$1,763.00	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45500	$1,132.64	$680.00	Proctoplasty; for stenosis
45505	$1,199.48	$720.00	Proctoplasty; for prolapse of mucous membrane
45520	$319.74	$192.00	Perirectal injection of sclerosing solution for prolapse
45540	$2,048.68	$1,229.00	Proctopexy for prolapse; abdominal approach
45541	$1,844.98	$1,107.00	Proctopexy for prolapse; perineal approach
45550	$2,831.06	$1,699.00	Proctopexy combined with sigmoid resection, abdominal approach
45560	$1,359.96	$816.00	Repair of rectocele (separate procedure)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
45562	$2,290.84	$1,375.00	Exploration, repair, and presacral drainage for rectal injury;
45563	$3,228.32	$1,937.00	Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800	$2,482.52	$1,490.00	Closure of rectovesical fistula;
45805	$2,858.96	$1,715.00	Closure of rectovesical fistula; with colostomy
45820	$2,488.34	$1,493.00	Closure of rectourethral fistula;
45825	$2,996.48	$1,798.00	Closure of rectourethral fistula; with colostomy
45900	$420.94	$253.00	Reduction of procidentia (separate procedure) under anesthesia
45905	$339.74	$204.00	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	$384.26	$231.00	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	$710.16	$426.00	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	$207.92	$125.00	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
45990	$207.92	$125.00	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46020	$229.94	$138.00	Placement of seton
46030	$505.82	$303.00	Removal of anal seton, other marker
46040	$1,116.76	$670.00	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	$878.78	$527.00	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	$780.00	$468.00	Incision and drainage, perianal abscess, superficial
46050	$780.00	$468.00	Incision and drainage, perianal abscess, superficial
46050	$780.00	$468.00	Incision and drainage, perianal abscess, superficial
46050	$780.00	$468.00	Incision and drainage, perianal abscess, superficial
46050	$780.00	$468.00	Incision and drainage, perianal abscess, superficial
46050	$780.00	$468.00	Incision and drainage, perianal abscess, superficial
46060	$977.62	$587.00	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070	$549.64	$330.00	Incision, anal septum (infant)
46080	$570.52	$342.00	Sphincterotomy, anal, division of sphincter (separate procedure)
46083	$683.00	$410.00	Incision of thrombosed hemorrhoid, external
46083	$683.00	$410.00	Incision of thrombosed hemorrhoid, external
46083	$683.00	$410.00	Incision of thrombosed hemorrhoid, external
46083	$683.00	$410.00	Incision of thrombosed hemorrhoid, external
46083	$683.00	$410.00	Incision of thrombosed hemorrhoid, external
46083	$683.00	$410.00	Incision of thrombosed hemorrhoid, external
46200	$958.32	$575.00	Fissurectomy, with or without sphincterotomy
46220	$499.94	$300.00	Papillectomy or excision of single tag, anus (separate procedure)
46220	$499.94	$300.00	Excision of single external papilla or tag, anus
46221	$575.08	$345.00	Hemorrhoidectomy, by simple ligature (eg, rubber band)
46230	$622.82	$374.00	Excision of external hemorrhoid tags and/or multiple papillae
46250	$963.40	$578.00	Hemorrhoidectomy, external, 2 or more columns/groups
46250	$963.40	$578.00	Hemorrhoidectomy, external, complete
46255	$1,040.16	$624.00	Hemorrhoidectomy, internal and external, single column/group;
46255	$1,040.16	$624.00	Hemorrhoidectomy, internal and external, simple;
46257	$836.82	$502.00	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46257	$836.82	$502.00	Hemorrhoidectomy, internal and external, simple; with fissurectomy
46258	$961.48	$577.00	Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy
46258	$961.48	$577.00	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
46260	$961.42	$577.00	Hemorrhoidectomy, internal and external, 2 or more columns/groups;
46260	$961.42	$577.00	Hemorrhoidectomy, internal and external, complex or extensive;
46261	$1,059.78	$636.00	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46261	$1,059.78	$636.00	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy
46262	$1,168.18	$701.00	Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy
46262	$1,168.18	$701.00	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
46270	$1,074.38	$645.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46270	$1,074.38	$645.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	$1,132.64	$680.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular
46275	$1,132.64	$680.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
46280	$964.22	$579.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when
46280	$964.22	$579.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton
46285	$1,134.62	$681.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46285	$1,134.62	$681.00	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	$1,116.66	$670.00	Closure of anal fistula with rectal advancement flap
46320	$700.00	$420.00	Enucleation or excision of external thrombotic hemorrhoid
46320	$700.00	$420.00	Excision of thrombosed hemorrhoid, external
46320	$700.00	$420.00	Enucleation or excision of external thrombotic hemorrhoid
46320	$700.00	$420.00	Excision of thrombosed hemorrhoid, external
46320	$700.00	$420.00	Enucleation or excision of external thrombotic hemorrhoid
46320	$700.00	$420.00	Excision of thrombosed hemorrhoid, external
46500	$630.66	$378.00	Injection of sclerosing solution, hemorrhoids
46505	$623.88	$374.00	Chemodenervation of internal anal sphincter
46600	$381.00	$229.00	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46600	$381.00	$229.00	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46600	$381.00	$229.00	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46600	$381.00	$229.00	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46601	$296.10	$178.00	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including
46604	$1,241.98	$745.00	Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	$548.62	$329.00	Anoscopy; with biopsy, single or multiple
46607	$408.30	$245.00	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
46608	$570.28	$342.00	Anoscopy; with removal of foreign body
46608	$570.28	$342.00	Anoscopy; with removal of foreign body
46610	$541.30	$325.00	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46610	$541.30	$325.00	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	$437.98	$263.00	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	$648.66	$389.00	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46612	$648.66	$389.00	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614	$331.96	$199.00	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
46614	$331.96	$199.00	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
46615	$347.48	$208.00	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700	$1,302.22	$781.00	Anoplasty, plastic operation for stricture; adult
46705	$1,142.04	$685.00	Anoplasty, plastic operation for stricture; infant
46706	$359.72	$216.00	Repair of anal fistula with fibrin glue
46707	$1,009.22	$606.00	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
46710	$2,177.14	$1,306.00	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712	$4,295.66	$2,577.00	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46715	$1,103.96	$662.00	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46715	$1,103.96	$662.00	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	$2,446.18	$1,468.00	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46716	$2,446.18	$1,468.00	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	$3,899.02	$2,339.00	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	$4,474.02	$2,684.00	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
46740	$4,247.18	$2,548.00	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	$4,889.32	$2,934.00	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744	$6,862.94	$4,118.00	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	$7,550.32	$4,530.00	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	$8,174.18	$4,905.00	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal
46750	$1,471.68	$883.00	Sphincteroplasty, anal, for incontinence or prolapse; adult
46751	$1,328.64	$797.00	Sphincteroplasty, anal, for incontinence or prolapse; child
46753	$1,227.36	$736.00	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	$699.98	$420.00	Removal of Thiersch wire or suture, anal canal
46760	$2,179.36	$1,308.00	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	$1,787.46	$1,072.00	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46900	$487.78	$293.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46900	$487.78	$293.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	$532.44	$319.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46910	$532.44	$319.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	$519.32	$312.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46916	$519.32	$312.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	$880.56	$528.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46917	$880.56	$528.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	$622.70	$374.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	$1,114.30	$669.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery,
46924	$1,114.30	$669.00	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery,
46930	$444.96	$267.00	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
46940	$529.76	$318.00	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46940	$529.76	$318.00	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	$502.84	$302.00	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	$688.52	$413.00	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
46945	$688.52	$413.00	Ligation of internal hemorrhoids; single procedure
46946	$764.68	$459.00	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
46946	$764.68	$459.00	Ligation of internal hemorrhoids; multiple procedures
46947	$771.88	$463.00	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46948	$885.50	$531.00	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with
47000	$591.64	$355.00	Biopsy of liver, needle; percutaneous
47001	$199.16	$120.00	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47001	$199.16	$120.00	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47010	$2,369.04	$1,421.00	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages
47010	$2,369.04	$1,421.00	Hepatotomy; for open drainage of abscess or cyst, one or two stages
47015	$2,274.72	$1,365.00	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47100	$1,666.40	$1,000.00	Biopsy of liver, wedge
47120	$4,528.96	$2,717.00	Hepatectomy, resection of liver; partial lobectomy
47122	$6,620.62	$3,972.00	Hepatectomy, resection of liver; trisegmentectomy
47125	$5,943.74	$3,566.00	Hepatectomy, resection of liver; total left lobectomy
47130	$6,370.44	$3,822.00	Hepatectomy, resection of liver; total right lobectomy
47135	$10,483.96	$6,290.00	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136	$19,934.00	$11,960.00	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47140	$6,944.32	$4,167.00	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47140	$6,944.32	$4,167.00	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141	$8,287.58	$4,973.00	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47141	$8,287.58	$4,973.00	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142	$9,117.64	$5,471.00	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
47142	$9,117.64	$5,471.00	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
47146	$624.78	$375.00	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	$730.18	$438.00	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
47300	$2,213.88	$1,328.00	Marsupialization of cyst or abscess of liver
47350	$2,651.44	$1,591.00	Management of liver hemorrhage; simple suture of liver wound or injury
47360	$3,630.54	$2,178.00	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361	$5,809.56	$3,486.00	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362	$2,764.04	$1,658.00	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47370	$2,445.52	$1,467.00	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency
47371	$2,452.62	$1,472.00	Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical
47380	$2,811.28	$1,687.00	Ablation, open, of one or more liver tumor(s); radiofrequency
47381	$2,879.62	$1,728.00	Ablation, open, of one or more liver tumor(s); cryosurgical
47382	$7,030.38	$4,218.00	Ablation, one or more liver tumor(s), percutaneous, radiofrequency
47383	$11,477.02	$6,886.00	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
47400	$4,156.56	$2,494.00	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420	$2,596.62	$1,558.00	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal
47425	$2,657.40	$1,594.00	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or
47460	$2,472.18	$1,483.00	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47480	$1,727.22	$1,036.00	Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)
47490	$651.34	$391.00	Percutaneous cholecystostomy
47500	$518.00	$311.00	Injection procedure for percutaneous transhepatic cholangiography
47505	$202.00	$121.00	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)
47510	$2,552.00	$1,531.00	Introduction of percutaneous transhepatic catheter for biliary drainage
47511	$3,123.00	$1,874.00	Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	$4,188.00	$2,513.00	Change of percutaneous biliary drainage catheter
47530	$7,991.00	$4,795.00	Revision and/or reinsertion of transhepatic tube
47531	$820.64	$492.00	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all
47532	$1,635.82	$981.00	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all
47533	$2,253.60	$1,352.00	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or
47534	$2,477.98	$1,487.00	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or
47535	$1,722.88	$1,034.00	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when
47536	$1,230.16	$738.00	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic
47537	$950.48	$570.00	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic
47538	$7,193.64	$4,316.00	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon
47539	$8,019.20	$4,812.00	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon
47540	$8,111.86	$4,867.00	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon
47541	$2,270.00	$1,362.00	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous,
47542	$965.00	$579.00	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological
47543	$759.52	$456.00	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all
47544	$1,616.16	$970.00	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical,
47550	$311.22	$187.00	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47552	$533.10	$320.00	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate
47552	$533.10	$320.00	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate
47553	$532.68	$320.00	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	$858.14	$515.00	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	$632.30	$379.00	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556	$716.06	$430.00	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
47560	$1,345.00	$807.00	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561	$1,454.00	$872.00	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
47562	$1,297.74	$779.00	Laparoscopy, surgical; cholecystectomy
47563	$1,410.10	$846.00	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	$2,188.80	$1,313.00	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	$1,518.20	$911.00	Laparoscopy, surgical; cholecystoenterostomy
47600	$2,093.24	$1,256.00	Cholecystectomy;
47605	$2,199.86	$1,320.00	Cholecystectomy; with cholangiography
47610	$2,441.86	$1,465.00	Cholecystectomy with exploration of common duct;
47612	$2,473.14	$1,484.00	Cholecystectomy with exploration of common duct; with choledochoenterostomy
47620	$2,667.80	$1,601.00	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47630	$2,873.00	$1,724.00	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
47700	$2,071.14	$1,243.00	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701	$3,366.66	$2,020.00	Portoenterostomy (eg, Kasai procedure)
47711	$3,016.50	$1,810.00	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712	$3,862.72	$2,318.00	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715	$2,591.94	$1,555.00	Excision of choledochal cyst
47720	$2,255.92	$1,354.00	Cholecystoenterostomy; direct
47721	$2,637.96	$1,583.00	Cholecystoenterostomy; with gastroenterostomy
47740	$2,557.54	$1,535.00	Cholecystoenterostomy; Roux-en-Y
47741	$2,869.36	$1,722.00	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760	$4,353.46	$2,612.00	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765	$5,844.66	$3,507.00	Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780	$4,784.58	$2,871.00	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	$6,230.34	$3,738.00	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800	$3,030.86	$1,819.00	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801	$2,162.52	$1,298.00	Placement of choledochal stent
47801	$2,162.52	$1,298.00	Placement of choledochal stent
47900	$2,684.76	$1,611.00	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
48000	$3,645.02	$2,187.00	Placement of drains, peripancreatic, for acute pancreatitis;
48001	$4,453.78	$2,672.00	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48001	$4,453.78	$2,672.00	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48020	$2,302.44	$1,381.00	Removal of pancreatic calculus
48100	$1,735.12	$1,041.00	Biopsy of pancreas, open. (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48100	$1,735.12	$1,041.00	Biopsy of pancreas, open. (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102	$998.26	$599.00	Biopsy of pancreas, percutaneous needle
48102	$998.26	$599.00	Biopsy of pancreas, percutaneous needle
48105	$5,471.52	$3,283.00	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48120	$2,168.24	$1,301.00	Excision of lesion of pancreas (eg, cyst, adenoma)
48140	$3,044.96	$1,827.00	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145	$3,169.12	$1,901.00	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146	$3,658.70	$2,195.00	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148	$2,437.18	$1,462.00	Excision of ampulla of Vater
48150	$6,029.38	$3,618.00	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure);
48152	$5,572.48	$3,343.00	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure);
48153	$5,990.30	$3,594.00	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type
48154	$5,596.82	$3,358.00	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type
48155	$3,539.00	$2,123.00	Pancreatectomy, total
48400	$203.64	$122.00	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
48400	$203.64	$122.00	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
48500	$2,244.62	$1,347.00	Marsupialization of pancreatic cyst
48510	$2,144.00	$1,286.00	External drainage, pseudocyst of pancreas; open
48520	$2,140.72	$1,284.00	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540	$2,538.78	$1,523.00	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545	$2,621.68	$1,573.00	Pancreatorrhaphy for injury
48547	$3,472.20	$2,083.00	Duodenal exclusion with gastrojejunostomy for pancreatic injury
48548	$3,241.58	$1,945.00	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
48552	$448.94	$269.00	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
48554	$5,193.16	$3,116.00	Transplantation of pancreatic allograft
48556	$2,541.18	$1,525.00	Removal of transplanted pancreatic allograft
48556	$2,541.18	$1,525.00	Removal of transplanted pancreatic allograft
49000	$1,505.02	$903.00	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	$2,027.66	$1,217.00	Reopening of recent laparotomy
49010	$1,796.14	$1,078.00	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49013	$872.36	$523.00	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration
49014	$729.80	$438.00	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed
49020	$3,102.24	$1,861.00	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open
49020	$3,102.24	$1,861.00	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
49040	$1,963.60	$1,178.00	Drainage of subdiaphragmatic or subphrenic abscess; open
49040	$1,963.60	$1,178.00	Drainage of subdiaphragmatic or subphrenic abscess, open
49060	$2,153.40	$1,292.00	Drainage of retroperitoneal abscess, open
49060	$2,153.40	$1,292.00	Drainage of retroperitoneal abscess; open
49062	$1,507.56	$905.00	Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49082	$415.44	$249.00	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49083	$575.06	$345.00	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49084	$206.52	$124.00	Peritoneal lavage, including imaging guidance, when performed
49180	$345.34	$207.00	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49180	$345.34	$207.00	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49185	$2,438.04	$1,463.00	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study,
49186	$2,562.44	$1,537.00	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum
49187	$3,263.56	$1,958.00	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum
49188	$3,901.06	$2,341.00	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum
49189	$4,535.00	$2,721.00	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum
49190	$5,589.66	$3,354.00	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum
49215	$4,296.58	$2,578.00	Excision of presacral or sacrococcygeal tumor
49250	$1,178.16	$707.00	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255	$1,561.02	$937.00	Omentectomy, epiploectomy, resection of omentum (separate procedure)
49320	$650.32	$390.00	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	$678.34	$407.00	Laparoscopy, surgical; with biopsy (single or multiple)
49321	$678.34	$407.00	Laparoscopy, surgical; with biopsy (single or multiple)
49322	$735.50	$441.00	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49322	$735.50	$441.00	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323	$1,257.72	$755.00	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49324	$752.94	$452.00	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
49324	$752.94	$452.00	Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
49325	$803.26	$482.00	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49326	$359.26	$216.00	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
49327	$249.14	$149.00	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic,
49400	$293.92	$176.00	Injection of air or contrast into peritoneal cavity (separate procedure)
49402	$1,672.80	$1,004.00	Removal of peritoneal foreign body from peritoneal cavity
49402	$1,672.80	$1,004.00	Removal of peritoneal foreign body from peritoneal cavity
49405	$1,717.56	$1,031.00	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum),
49406	$1,718.24	$1,031.00	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous
49407	$1,466.20	$880.00	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or
49411	$951.96	$571.00	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except
49412	$157.52	$95.00	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum,
49418	$1,903.08	$1,142.00	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including
49419	$805.66	$483.00	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
49419	$805.66	$483.00	Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)
49421	$433.62	$260.00	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent
49421	$433.62	$260.00	Insertion of tunneled intraperitoneal catheter for dialysis, open
49422	$423.82	$254.00	Removal of permanent intraperitoneal cannula or catheter
49422	$423.82	$254.00	Removal of tunneled intraperitoneal catheter
49423	$1,129.68	$678.00	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
49424	$351.00	$211.00	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49424	$351.00	$211.00	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425	$1,532.08	$919.00	Insertion of peritoneal-venous shunt
49426	$1,317.22	$790.00	Revision of peritoneal-venous shunt
49427	$75.36	$45.00	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49427	$75.36	$45.00	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428	$843.40	$506.00	Ligation of peritoneal-venous shunt
49429	$894.04	$536.00	Removal of peritoneal-venous shunt
49435	$226.12	$136.00	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
49436	$1,050.44	$630.00	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
49440	$1,610.52	$966.00	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49441	$1,873.02	$1,124.00	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442	$1,531.16	$919.00	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49446	$1,549.66	$930.00	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation
49450	$1,149.04	$689.00	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image
49451	$1,227.44	$736.00	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and
49452	$1,490.20	$894.00	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49460	$1,399.98	$840.00	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any
49465	$269.96	$162.00	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube,
49491	$1,568.30	$941.00	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without
49492	$1,879.42	$1,128.00	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or
49492	$1,879.42	$1,128.00	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without
49495	$809.00	$485.00	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6
49495	$809.00	$485.00	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of
49496	$1,215.60	$729.00	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of
49496	$1,215.60	$729.00	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6
49500	$828.02	$497.00	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
49500	$828.02	$497.00	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49501	$1,197.38	$718.00	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; incarcerated or strangulated
49501	$1,197.38	$718.00	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	$1,033.60	$620.00	Repair initial inguinal hernia, age 5 years or over; reducible
49505	$1,033.60	$620.00	Repair initial inguinal hernia, age 5 years or older; reducible
49507	$1,159.34	$696.00	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated
49507	$1,159.34	$696.00	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	$1,245.86	$748.00	Repair recurrent inguinal hernia, any age; reducible
49520	$1,245.86	$748.00	Repair recurrent inguinal hernia, any age; reducible
49521	$1,409.68	$846.00	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49521	$1,409.68	$846.00	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	$1,132.70	$680.00	Repair inguinal hernia, sliding, any age
49525	$1,132.70	$680.00	Repair inguinal hernia, sliding, any age
49540	$1,324.58	$795.00	Repair lumbar hernia
49550	$1,141.24	$685.00	Repair initial femoral hernia, any age; reducible
49550	$1,141.24	$685.00	Repair initial femoral hernia, any age; reducible
49553	$1,245.96	$748.00	Repair initial femoral hernia, any age; incarcerated or strangulated
49553	$1,245.96	$748.00	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	$1,191.84	$715.00	Repair recurrent femoral hernia; reducible
49555	$1,191.84	$715.00	Repair recurrent femoral hernia; reducible
49557	$1,415.84	$850.00	Repair recurrent femoral hernia; incarcerated or strangulated
49557	$1,415.84	$850.00	Repair recurrent femoral hernia; incarcerated or strangulated
49591	$663.50	$398.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including
49592	$921.10	$553.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including
49593	$1,107.94	$665.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including
49594	$1,440.34	$864.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including
49595	$1,493.92	$896.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including
49596	$1,981.84	$1,189.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including
49600	$1,444.54	$867.00	Repair of small omphalocele, with primary closure
49605	$9,457.72	$5,675.00	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	$2,211.72	$1,327.00	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	$1,366.32	$820.00	Repair of omphalocele (Gross type operation); first stage
49611	$1,206.44	$724.00	Repair of omphalocele (Gross type operation); second stage
49613	$815.86	$490.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent,
49614	$1,104.86	$663.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent,
49615	$1,235.38	$741.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent,
49616	$1,657.20	$994.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent,
49617	$1,716.68	$1,030.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent,
49618	$2,401.78	$1,441.00	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent,
49621	$1,456.20	$874.00	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when
49622	$1,808.84	$1,085.00	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when
49623	$389.96	$234.00	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia
49650	$858.80	$515.00	Laparoscopy, surgical; repair initial inguinal hernia
49650	$858.80	$515.00	Laparoscopy, surgical; repair initial inguinal hernia
49651	$1,119.02	$671.00	Laparoscopy, surgical; repair recurrent inguinal hernia
49651	$1,119.02	$671.00	Laparoscopy, surgical; repair recurrent inguinal hernia
49900	$1,628.32	$977.00	Suture, secondary, of abdominal wall for evisceration or dehiscence
49904	$2,702.06	$1,621.00	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49904	$2,702.06	$1,621.00	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905	$674.06	$404.00	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49905	$674.06	$404.00	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
50010	$1,388.98	$833.00	Renal exploration, not necessitating other specific procedures
50020	$1,991.30	$1,195.00	Drainage of perirenal or renal abscess, open

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
50020	$1,991.30	$1,195.00	Drainage of perirenal or renal abscess; open
50040	$1,814.32	$1,089.00	Nephrostomy, nephrotomy with drainage
50045	$1,827.94	$1,097.00	Nephrotomy, with exploration
50060	$2,223.22	$1,334.00	Nephrolithotomy; removal of calculus
50065	$2,355.72	$1,413.00	Nephrolithotomy; secondary surgical operation for calculus
50070	$2,311.88	$1,387.00	Nephrolithotomy; complicated by congenital kidney abnormality
50075	$2,836.62	$1,702.00	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)
50080	$1,367.58	$821.00	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	$2,192.68	$1,316.00	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50100	$2,114.20	$1,269.00	Transection or repositioning of aberrant renal vessels (separate procedure)
50120	$1,859.44	$1,116.00	Pyelotomy; with exploration
50125	$1,923.02	$1,154.00	Pyelotomy; with drainage, pyelostomy
50130	$2,019.70	$1,212.00	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50200	$1,000.64	$600.00	Renal biopsy; percutaneous, by trocar or needle
50200	$1,000.64	$600.00	Renal biopsy; percutaneous, by trocar or needle
50205	$1,478.40	$887.00	Renal biopsy; by surgical exposure of kidney
50205	$1,478.40	$887.00	Renal biopsy; by surgical exposure of kidney
50220	$2,065.06	$1,239.00	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50220	$2,065.06	$1,239.00	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225	$2,314.52	$1,389.00	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50225	$2,314.52	$1,389.00	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230	$2,489.46	$1,494.00	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval
50230	$2,489.46	$1,494.00	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval
50234	$2,535.58	$1,521.00	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236	$2,851.80	$1,711.00	Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240	$2,593.44	$1,556.00	Nephrectomy, partial
50250	$2,375.22	$1,425.00	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed
50280	$1,853.28	$1,112.00	Excision or unroofing of cyst(s) of kidney
50290	$1,762.40	$1,057.00	Excision of perinephric cyst
50320	$3,011.24	$1,807.00	Donor nephrectomy (including cold preservation); open, from living donor
50320	$3,011.24	$1,807.00	Donor nephrectomy (including cold preservation); open, from living donor
50327	$412.48	$247.00	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328	$362.42	$217.00	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329	$344.40	$207.00	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50340	$1,900.18	$1,140.00	Recipient nephrectomy (separate procedure)
50360	$4,755.94	$2,854.00	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	$5,685.48	$3,411.00	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370	$2,396.88	$1,438.00	Removal of transplanted renal allograft
50380	$4,027.02	$2,416.00	Renal autotransplantation, reimplantation of kidney
50382	$1,932.98	$1,160.00	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and
50382	$1,932.98	$1,160.00	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and
50384	$1,657.92	$995.00	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	$1,657.92	$995.00	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50385	$1,958.74	$1,175.00	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological
50386	$1,462.44	$877.00	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and
50387	$1,064.50	$639.00	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological
50387	$1,064.50	$639.00	Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including
50389	$798.74	$479.00	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50390	$180.74	$108.00	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	$245.70	$147.00	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or
50392	$969.00	$581.00	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393	$1,172.00	$703.00	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50394	$668.00	$401.00	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling
50396	$225.62	$135.00	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398	$3,444.00	$2,066.00	Change of nephrostomy or pyelostomy tube
50400	$2,254.94	$1,353.00	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or
50405	$2,719.10	$1,631.00	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or
50430	$1,233.80	$740.00	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and
50431	$627.06	$376.00	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and
50432	$1,759.80	$1,056.00	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg,
50433	$2,191.12	$1,315.00	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg,
50434	$1,760.00	$1,056.00	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging
50435	$1,156.28	$694.00	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound
50436	$293.54	$176.00	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated
50437	$486.46	$292.00	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated
50500	$2,509.20	$1,506.00	Nephrorrhaphy, suture of kidney wound or injury
50520	$2,264.56	$1,359.00	Closure of nephrocutaneous or pyelocutaneous fistula
50525	$2,863.88	$1,718.00	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50525	$2,863.88	$1,718.00	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526	$3,064.50	$1,839.00	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50526	$3,064.50	$1,839.00	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540	$2,238.54	$1,343.00	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)
50541	$1,791.52	$1,075.00	Laparoscopy, surgical; ablation of renal cysts
50542	$2,275.88	$1,366.00	Laparoscopy, surgical; ablation of renal mass lesion(s)
50543	$2,904.44	$1,743.00	Laparoscopy, surgical; partial nephrectomy
50544	$2,413.28	$1,448.00	Laparoscopy, surgical; pyeloplasty
50544	$2,413.28	$1,448.00	Laparoscopy, surgical; pyeloplasty
50545	$2,596.66	$1,558.00	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and
50546	$2,349.18	$1,410.00	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547	$3,187.62	$1,913.00	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548	$2,608.30	$1,565.00	Laparoscopy, surgical; nephrectomy with total ureterectomy
50548	$2,608.30	$1,565.00	Laparoscopy, surgical; nephrectomy with total ureterectomy
50551	$717.82	$431.00	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	$768.56	$461.00	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50555	$820.16	$492.00	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50557	$834.20	$501.00	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50561	$944.22	$567.00	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50562	$1,119.44	$672.00	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50570	$945.94	$568.00	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572	$1,023.74	$614.00	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral
50574	$1,087.38	$652.00	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50575	$1,372.56	$824.00	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with
50576	$1,084.74	$651.00	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with
50580	$1,167.40	$700.00	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal
50590	$1,464.02	$878.00	Lithotripsy, extracorporeal shock wave
50592	$5,383.02	$3,230.00	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	$7,223.60	$4,334.00	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
50600	$1,833.68	$1,100.00	Ureterotomy with exploration or drainage (separate procedure)
50605	$1,961.98	$1,177.00	Ureterotomy for insertion of indwelling stent, all types
50606	$952.42	$571.00	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated
50610	$1,847.60	$1,109.00	Ureterolithotomy; upper one-third of ureter
50620	$1,767.28	$1,060.00	Ureterolithotomy; middle one-third of ureter
50630	$1,746.40	$1,048.00	Ureterolithotomy; lower one-third of ureter
50650	$2,029.58	$1,218.00	Ureterectomy, with bladder cuff (separate procedure)
50660	$2,230.22	$1,338.00	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50684	$251.40	$151.00	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	$284.54	$171.00	Manometric studies through ureterostomy or indwelling ureteral catheter
50688	$154.70	$93.00	Change of ureterostomy tube
50688	$154.70	$93.00	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690	$235.20	$141.00	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50693	$1,924.10	$1,154.00	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or
50694	$2,162.46	$1,297.00	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or
50695	$2,592.42	$1,555.00	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or
50700	$1,814.98	$1,089.00	Ureteroplasty, plastic operation on ureter (eg, stricture)
50705	$3,577.78	$2,147.00	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and
50706	$1,620.20	$972.00	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50715	$2,363.20	$1,418.00	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722	$1,991.14	$1,195.00	Ureterolysis for ovarian vein syndrome
50725	$2,151.64	$1,291.00	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727	$1,011.66	$607.00	Revision of urinary-cutaneous anastomosis (any type urostomy);
50728	$1,380.42	$828.00	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50740	$2,389.40	$1,434.00	Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750	$2,250.32	$1,350.00	Ureterocalycostomy, anastomosis of ureter to renal calyx
50760	$2,201.48	$1,321.00	Ureteroureterostomy
50770	$2,250.32	$1,350.00	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780	$2,173.66	$1,304.00	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	$2,100.12	$1,260.00	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783	$2,199.18	$1,320.00	Ureteroneocystostomy; with extensive ureteral tailoring
50785	$2,370.66	$1,422.00	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800	$1,809.56	$1,086.00	Ureteroenterostomy, direct anastomosis of ureter to intestine
50810	$2,746.64	$1,648.00	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815	$2,394.04	$1,436.00	Ureterocolon conduit, including intestine anastomosis
50820	$2,561.26	$1,537.00	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825	$3,205.30	$1,923.00	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830	$3,502.08	$2,101.00	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840	$2,408.06	$1,445.00	Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845	$2,458.80	$1,475.00	Cutaneous appendico-vesicostomy
50860	$1,852.62	$1,112.00	Ureterostomy, transplantation of ureter to skin
50900	$1,654.74	$993.00	Ureterorrhaphy, suture of ureter (separate procedure)
50920	$1,729.92	$1,038.00	Closure of ureterocutaneous fistula
50930	$2,150.30	$1,290.00	Closure of ureterovisceral fistula (including visceral repair)
50940	$1,741.00	$1,045.00	Deligation of ureter
50945	$1,893.00	$1,136.00	Laparoscopy, surgical; ureterolithotomy
50947	$2,691.10	$1,615.00	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	$2,485.34	$1,491.00	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50951	$751.96	$451.00	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	$796.38	$478.00	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with
50955	$847.84	$509.00	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50957	$855.90	$514.00	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with
50961	$767.02	$460.00	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with
50970	$714.64	$429.00	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972	$690.60	$414.00	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral
50974	$910.66	$546.00	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976	$898.40	$539.00	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or
50980	$686.10	$412.00	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign
51020	$933.68	$560.00	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51020	$933.68	$560.00	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51040	$582.44	$349.00	Cystostomy, cystotomy with drainage
51045	$972.30	$583.00	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	$936.62	$562.00	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060	$1,152.96	$692.00	Transvesical ureterolithotomy
51065	$1,147.52	$689.00	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	$814.02	$488.00	Drainage of perivesical or prevesical space abscess
51100	$146.14	$88.00	Aspiration of bladder; by needle
51101	$499.00	$299.00	Aspiration of bladder; by trocar or intracatheter
51102	$469.52	$282.00	Aspiration of bladder; with insertion of suprapubic catheter
51500	$1,258.76	$755.00	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	$1,177.66	$707.00	Cystotomy; for simple excision of vesical neck (separate procedure)
51525	$1,681.46	$1,009.00	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530	$1,512.98	$908.00	Cystotomy; for excision of bladder tumor
51535	$1,532.28	$919.00	Cystotomy for excision, incision, or repair of ureterocele
51550	$1,883.22	$1,130.00	Cystectomy, partial; simple
51555	$2,459.18	$1,476.00	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565	$2,514.66	$1,509.00	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	$2,862.36	$1,717.00	Cystectomy, complete; (separate procedure)
51575	$3,527.54	$2,117.00	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580	$3,687.28	$2,212.00	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585	$4,097.52	$2,459.00	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac,
51590	$3,749.78	$2,250.00	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595	$4,241.08	$2,545.00	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external
51596	$4,581.20	$2,749.00	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597	$4,461.40	$2,677.00	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy
51600	$413.18	$248.00	Injection procedure for cystography or voiding urethrocystography
51605	$75.46	$45.00	Injection procedure and placement of chain for contrast and/or chain urethrocystography
51610	$255.26	$153.00	Injection procedure for retrograde urethrocystography
51610	$255.26	$153.00	Injection procedure for retrograde urethrocystography
51700	$251.00	$151.00	Bladder irrigation, simple, lavage and/or instillation
51700	$251.00	$151.00	Bladder irrigation, simple, lavage and/or instillation
51700	$251.00	$151.00	Bladder irrigation, simple, lavage and/or instillation
51701	$180.00	$108.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51701	$180.00	$108.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51701	$180.00	$108.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51701	$180.00	$108.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51701	$180.00	$108.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
51701	$180.00	$108.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51701	$180.00	$108.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	$254.00	$152.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51702	$254.00	$152.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51702	$254.00	$152.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51702	$254.00	$152.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51702	$254.00	$152.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51702	$254.00	$152.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51702	$254.00	$152.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	$606.00	$364.00	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51703	$606.00	$364.00	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51703	$606.00	$364.00	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51703	$606.00	$364.00	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51703	$606.00	$364.00	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51703	$606.00	$364.00	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	$195.22	$117.00	Change of cystostomy tube; simple
51710	$270.30	$162.00	Change of cystostomy tube; complicated
51715	$698.32	$419.00	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	$177.60	$107.00	Bladder instillation of anticarcinogenic agent (including detention time)
51721	$1,087.88	$653.00	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the
51725	$416.00	$250.00	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	$559.16	$336.00	Complex cystometrogram (eg, calibrated electronic equipment)
51727	$685.88	$412.00	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique
51728	$683.06	$410.00	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique
51729	$721.16	$433.00	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile
51736	$27.14	$16.00	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	$28.36	$17.00	Complex uroflowmetry (eg, calibrated electronic equipment)
51741	$28.36	$17.00	Complex uroflowmetry (eg, calibrated electronic equipment)
51784	$127.58	$77.00	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	$793.00	$476.00	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	$509.70	$306.00	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51797	$335.90	$202.00	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)
51798	$23.56	$14.00	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51798	$23.56	$14.00	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51798	$23.56	$14.00	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51798	$23.56	$14.00	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51798	$23.56	$14.00	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51798	$23.56	$14.00	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51800	$2,030.26	$1,218.00	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without
51820	$2,124.32	$1,275.00	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840	$1,367.72	$821.00	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841	$1,581.20	$949.00	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845	$1,149.90	$690.00	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51860	$1,460.64	$876.00	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865	$1,751.92	$1,051.00	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880	$917.78	$551.00	Closure of cystostomy (separate procedure)
51900	$1,620.80	$972.00	Closure of vesicovaginal fistula, abdominal approach
51920	$1,503.24	$902.00	Closure of vesicouterine fistula;
51925	$2,107.00	$1,264.00	Closure of vesicouterine fistula; with hysterectomy
51940	$3,191.06	$1,915.00	Closure, exstrophy of bladder
51960	$2,701.02	$1,621.00	Enterocystoplasty, including intestinal anastomosis
51980	$1,404.44	$843.00	Cutaneous vesicostomy
51990	$1,460.58	$876.00	Laparoscopy, surgical; urethral suspension for stress incontinence
51992	$1,632.12	$979.00	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
52000	$441.84	$265.00	Cystourethroscopy (separate procedure)
52001	$832.32	$499.00	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52001	$832.32	$499.00	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	$568.58	$341.00	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	$852.70	$512.00	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy
52010	$722.72	$434.00	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	$710.84	$427.00	Cystourethroscopy, with biopsy(s)
52204	$710.84	$427.00	Cystourethroscopy, with biopsy
52214	$1,428.38	$857.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	$1,493.20	$896.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	$475.66	$285.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	$557.10	$334.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	$755.36	$453.00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250	$463.38	$278.00	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260	$407.74	$245.00	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	$698.14	$419.00	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	$796.08	$478.00	Cystourethroscopy, with internal urethrotomy; female
52275	$1,027.62	$617.00	Cystourethroscopy, with internal urethrotomy; male
52276	$511.46	$307.00	Cystourethroscopy with direct vision internal urethrotomy
52277	$623.86	$374.00	Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	$612.38	$367.00	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for
52282	$650.78	$390.00	Cystourethroscopy, with insertion of urethral stent
52282	$650.78	$390.00	Cystourethroscopy, with insertion of permanent urethral stent
52283	$668.80	$401.00	Cystourethroscopy, with steroid injection into stricture
52284	$5,180.24	$3,108.00	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis,
52285	$660.70	$396.00	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy,
52287	$731.84	$439.00	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52290	$471.82	$283.00	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	$540.78	$324.00	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301	$560.18	$336.00	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305	$536.68	$322.00	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	$602.52	$362.00	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	$895.98	$538.00	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	$1,698.08	$1,019.00	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	$911.96	$547.00	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320	$476.52	$286.00	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	$617.08	$370.00	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52325	$617.08	$370.00	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	$498.20	$299.00	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52327	$498.20	$299.00	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	$1,152.90	$692.00	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	$750.32	$450.00	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	$356.00	$214.00	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
52341	$548.66	$329.00	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52342	$597.26	$358.00	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343	$664.76	$399.00	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	$712.98	$428.00	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	$712.98	$428.00	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	$760.52	$456.00	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	$859.86	$516.00	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	$585.30	$351.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	$684.32	$411.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	$755.36	$453.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	$805.04	$483.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	$901.88	$541.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52356	$801.78	$481.00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52400	$933.64	$560.00	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52402	$510.20	$306.00	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52441	$2,427.30	$1,456.00	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	$1,663.46	$998.00	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately
52450	$943.88	$566.00	Transurethral incision of prostate
52500	$978.88	$587.00	Transurethral resection of bladder neck (separate procedure)
52601	$1,427.58	$857.00	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral
52630	$807.82	$485.00	Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative
52640	$647.74	$389.00	Transurethral resection; of postoperative bladder neck contracture
52647	$3,027.54	$1,817.00	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral
52648	$3,125.10	$1,875.00	Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy,
52649	$1,620.48	$972.00	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral
52700	$876.66	$526.00	Transurethral drainage of prostatic abscess
53000	$294.98	$177.00	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	$596.18	$358.00	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	$188.64	$113.00	Meatotomy, cutting of meatus (separate procedure); except infant
53025	$136.22	$82.00	Meatotomy, cutting of meatus (separate procedure); infant
53040	$779.20	$468.00	Drainage of deep periurethral abscess
53060	$376.20	$226.00	Drainage of Skene's gland abscess or cyst
53080	$835.60	$501.00	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	$1,279.34	$768.00	Drainage of perineal urinary extravasation; complicated
53200	$315.68	$189.00	Biopsy of urethra
53210	$1,536.64	$922.00	Urethrectomy, total, including cystostomy; female
53215	$1,815.98	$1,090.00	Urethrectomy, total, including cystostomy; male
53220	$895.02	$537.00	Excision or fulguration of carcinoma of urethra
53230	$1,202.28	$721.00	Excision of urethral diverticulum (separate procedure); female
53235	$1,252.26	$751.00	Excision of urethral diverticulum (separate procedure); male
53240	$843.00	$506.00	Marsupialization of urethral diverticulum, male or female
53250	$788.82	$473.00	Excision of bulbourethral gland (Cowper's gland)
53260	$413.52	$248.00	Excision or fulguration; urethral polyp(s), distal urethra
53265	$456.52	$274.00	Excision or fulguration; urethral caruncle
53270	$423.86	$254.00	Excision or fulguration; Skene's glands
53275	$516.08	$310.00	Excision or fulguration; urethral prolapse
53400	$1,575.70	$945.00	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53400	$1,575.70	$945.00	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405	$1,713.46	$1,028.00	Urethroplasty; second stage (formation of urethra), including urinary diversion
53405	$1,713.46	$1,028.00	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	$1,916.62	$1,150.00	Urethroplasty, one-stage reconstruction of male anterior urethra
53415	$2,205.16	$1,323.00	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra
53420	$1,647.40	$988.00	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53420	$1,647.40	$988.00	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	$1,831.54	$1,099.00	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage
53425	$1,831.54	$1,099.00	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	$1,904.44	$1,143.00	Urethroplasty, reconstruction of female urethra
53431	$2,250.44	$1,350.00	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440	$1,479.84	$888.00	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	$1,551.92	$931.00	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	$1,558.92	$935.00	Insertion of tandem cuff (dual cuff)
53445	$1,493.06	$896.00	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	$1,269.20	$762.00	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	$1,583.88	$950.00	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448	$2,490.74	$1,494.00	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative
53449	$1,210.80	$726.00	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450	$813.70	$488.00	Urethromeatoplasty, with mucosal advancement
53460	$906.12	$544.00	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53500	$1,467.26	$880.00	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53500	$1,467.26	$880.00	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53502	$963.26	$578.00	Urethrorrhaphy, suture of urethral wound or injury, female
53505	$962.58	$578.00	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	$1,249.62	$750.00	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	$1,562.24	$937.00	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520	$1,106.16	$664.00	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	$176.02	$106.00	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	$171.68	$103.00	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605	$123.36	$74.00	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	$333.64	$200.00	Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	$320.72	$192.00	Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	$151.40	$91.00	Dilation of female urethra including suppository and/or instillation; initial
53661	$149.32	$90.00	Dilation of female urethra including suppository and/or instillation; subsequent
53665	$72.24	$43.00	Dilation of female urethra, general or conduction (spinal) anesthesia
53850	$2,752.04	$1,651.00	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	$2,687.00	$1,612.00	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53854	$3,238.80	$1,943.00	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
53855	$1,259.36	$756.00	Insertion of a temporary prostatic urethral stent, including urethral measurement
53860	$4,608.64	$2,765.00	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
53865	$5,978.62	$3,587.00	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
53866	$281.22	$169.00	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
54000	$328.28	$197.00	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	$398.12	$239.00	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015	$599.04	$359.00	Incision and drainage of penis, deep
54050	$292.96	$176.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54050	$292.96	$176.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	$280.96	$169.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54055	$280.96	$169.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
54056	$295.14	$177.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54056	$295.14	$177.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	$280.02	$168.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54057	$280.02	$168.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	$393.32	$236.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	$450.72	$270.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery,
54065	$450.72	$270.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery,
54100	$404.90	$243.00	Biopsy of penis; (separate procedure)
54105	$549.36	$330.00	Biopsy of penis; deep structures
54110	$1,231.10	$739.00	Excision of penile plaque (Peyronie disease);
54111	$1,568.18	$941.00	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54111	$1,568.18	$941.00	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112	$1,837.40	$1,102.00	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54112	$1,837.40	$1,102.00	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	$913.84	$548.00	Removal foreign body from deep penile tissue (eg, plastic implant)
54120	$1,248.66	$749.00	Amputation of penis; partial
54125	$1,626.06	$976.00	Amputation of penis; complete
54130	$2,332.50	$1,400.00	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135	$2,941.78	$1,765.00	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54150	$294.10	$176.00	Circumcision, using clamp or other device with regional dorsal penile or ring block
54150	$294.10	$176.00	Circumcision, using clamp or other device; newborn
54160	$440.04	$264.00	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
54160	$440.04	$264.00	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161	$391.18	$235.00	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54161	$391.18	$235.00	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn
54162	$510.38	$306.00	Lysis or excision of penile post-circumcision adhesions
54163	$438.18	$263.00	Repair incomplete circumcision
54164	$390.64	$234.00	Frenulotomy of penis
54200	$236.40	$142.00	Injection procedure for Peyronie disease;
54205	$1,053.50	$632.00	Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	$442.98	$266.00	Irrigation of corpora cavernosa for priapism
54230	$213.80	$128.00	Injection procedure for corpora cavernosography
54231	$287.56	$173.00	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	$182.90	$110.00	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	$216.46	$130.00	Penile plethysmography
54250	$238.72	$143.00	Nocturnal penile tumescence and/or rigidity test
54300	$1,272.34	$763.00	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	$1,469.32	$882.00	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308	$1,409.60	$846.00	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	$1,608.64	$965.00	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	$1,945.76	$1,167.00	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	$1,403.62	$842.00	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	$1,533.94	$920.00	One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	$1,896.70	$1,138.00	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326	$1,846.82	$1,108.00	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	$1,835.08	$1,101.00	One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin
54332	$1,978.00	$1,187.00	One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube
54336	$2,323.20	$1,394.00	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	$1,125.10	$675.00	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	$1,850.64	$1,110.00	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	$1,978.30	$1,187.00	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes
54352	$2,755.48	$1,653.00	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and
54360	$1,418.38	$851.00	Plastic operation on penis to correct angulation
54380	$1,571.90	$943.00	Plastic operation on penis for epispadias distal to external sphincter;
54385	$1,826.70	$1,096.00	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390	$2,425.44	$1,455.00	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54400	$1,050.96	$631.00	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	$1,324.52	$795.00	Insertion of penile prosthesis; inflatable (self-contained)
54405	$1,587.20	$952.00	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	$1,440.38	$864.00	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	$1,558.14	$935.00	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	$1,698.70	$1,019.00	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	$2,019.76	$1,212.00	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session,
54411	$2,019.76	$1,212.00	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session,
54415	$1,053.90	$632.00	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	$1,416.82	$850.00	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	$1,765.96	$1,060.00	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session,
54417	$1,765.96	$1,060.00	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session,
54420	$1,382.78	$830.00	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430	$1,261.46	$757.00	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral
54435	$823.80	$494.00	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54437	$1,343.38	$806.00	Repair of traumatic corporeal tear(s)
54450	$137.60	$83.00	Foreskin manipulation including lysis of preputial adhesions and stretching
54500	$146.44	$88.00	Biopsy of testis, needle (separate procedure)
54505	$415.42	$249.00	Biopsy of testis, incisional (separate procedure)
54512	$1,064.36	$639.00	Excision of extraparenchymal lesion of testis
54520	$652.00	$391.00	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	$1,159.00	$695.00	Orchiectomy, partial
54522	$1,159.00	$695.00	Orchiectomy, partial
54530	$1,009.48	$606.00	Orchiectomy, radical, for tumor; inguinal approach
54535	$1,463.60	$878.00	Orchiectomy, radical, for tumor; with abdominal exploration
54550	$972.90	$584.00	Exploration for undescended testis (inguinal or scrotal area)
54560	$1,353.40	$812.00	Exploration for undescended testis with abdominal exploration
54600	$897.72	$539.00	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	$588.04	$353.00	Fixation of contralateral testis (separate procedure)
54640	$852.54	$512.00	Orchiopexy, inguinal approach, with or without hernia repair
54650	$1,404.58	$843.00	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660	$716.12	$430.00	Insertion of testicular prosthesis (separate procedure)
54670	$813.50	$488.00	Suture or repair of testicular injury
54680	$1,547.24	$928.00	Transplantation of testis(es) to thigh (because of scrotal destruction)
54690	$1,289.22	$774.00	Laparoscopy, surgical; orchiectomy
54690	$1,289.22	$774.00	Laparoscopy, surgical; orchiectomy
54692	$1,481.94	$889.00	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54692	$1,481.94	$889.00	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54700	$424.16	$255.00	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	$244.58	$147.00	Biopsy of epididymis, needle
54830	$741.60	$445.00	Excision of local lesion of epididymis

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
54840	$640.32	$384.00	Excision of spermatocele, with or without epididymectomy
54860	$832.10	$499.00	Epididymectomy; unilateral
54861	$1,123.08	$674.00	Epididymectomy; bilateral
54865	$718.76	$431.00	Exploration of epididymis, with or without biopsy
54900	$1,574.56	$945.00	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	$2,072.80	$1,244.00	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	$238.58	$143.00	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040	$673.66	$404.00	Excision of hydrocele; unilateral
55041	$1,013.10	$608.00	Excision of hydrocele; bilateral
55060	$755.74	$453.00	Repair of tunica vaginalis hydrocele (Bottle type)
55100	$462.42	$277.00	Drainage of scrotal wall abscess
55110	$774.10	$464.00	Scrotal exploration
55120	$708.98	$425.00	Removal of foreign body in scrotum
55150	$978.98	$587.00	Resection of scrotum
55175	$727.86	$437.00	Scrotoplasty; simple
55180	$1,359.10	$815.00	Scrotoplasty; complicated
55200	$759.38	$456.00	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	$666.24	$400.00	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300	$362.28	$217.00	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55300	$362.28	$217.00	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400	$987.68	$593.00	Vasovasostomy, vasovasorrhaphy
55500	$777.48	$466.00	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	$910.78	$546.00	Excision of lesion of spermatic cord (separate procedure)
55530	$700.42	$420.00	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	$854.12	$512.00	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	$1,097.32	$658.00	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550	$852.72	$512.00	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55600	$837.90	$503.00	Vesiculotomy;
55605	$1,038.20	$623.00	Vesiculotomy; complicated
55650	$1,413.44	$848.00	Vesiculectomy, any approach
55680	$691.40	$415.00	Excision of Mullerian duct cyst
55700	$479.64	$288.00	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	$522.00	$313.00	Biopsy, prostate; incisional, any approach
55706	$744.46	$447.00	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance
55720	$893.90	$536.00	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	$1,180.32	$708.00	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55801	$2,143.86	$1,286.00	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal
55810	$2,547.96	$1,529.00	Prostatectomy, perineal radical;
55812	$3,130.72	$1,878.00	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	$3,425.68	$2,055.00	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821	$1,643.54	$986.00	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic,
55831	$1,684.88	$1,011.00	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic,
55840	$2,287.72	$1,373.00	Prostatectomy, retropubic radical, with or without nerve sparing;
55842	$2,283.14	$1,370.00	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845	$2,654.76	$1,593.00	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator
55860	$1,713.48	$1,028.00	Exposure of prostate, any approach, for insertion of radioactive substance;
55860	$1,713.48	$1,028.00	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	$2,140.14	$1,284.00	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	$2,605.00	$1,563.00	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and
55866	$2,330.58	$1,398.00	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing
55867	$2,048.88	$1,229.00	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation,
55870	$355.96	$214.00	Electroejaculation
55873	$11,042.32	$6,625.00	Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)
55874	$5,558.46	$3,335.00	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
55875	$1,547.20	$928.00	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55875	$1,547.20	$928.00	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	$296.98	$178.00	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55876	$296.98	$178.00	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55880	$1,920.56	$1,152.00	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
55881	$17,873.78	$10,724.00	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;
55882	$18,487.56	$11,093.00	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;
55920	$916.02	$550.00	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
56405	$479.00	$287.00	Incision and drainage of vulva or perineal abscess
56405	$479.00	$287.00	Incision and drainage of vulva or perineal abscess
56405	$479.00	$287.00	Incision and drainage of vulva or perineal abscess
56405	$479.00	$287.00	Incision and drainage of vulva or perineal abscess
56420	$609.00	$365.00	Incision and drainage of Bartholin's gland abscess
56420	$609.00	$365.00	Incision and drainage of Bartholin's gland abscess
56420	$609.00	$365.00	Incision and drainage of Bartholin's gland abscess
56420	$609.00	$365.00	Incision and drainage of Bartholin's gland abscess
56440	$358.94	$215.00	Marsupialization of Bartholin's gland cyst
56441	$362.36	$217.00	Lysis of labial adhesions
56442	$94.90	$57.00	Hymenotomy, simple incision
56501	$382.22	$229.00	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56501	$382.22	$229.00	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	$549.14	$329.00	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	$313.00	$188.00	Biopsy of vulva or perineum (separate procedure); one lesion
56606	$74.20	$45.00	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620	$1,168.00	$701.00	Vulvectomy simple; partial
56625	$1,323.90	$794.00	Vulvectomy simple; complete
56630	$1,896.34	$1,138.00	Vulvectomy, radical, partial;
56631	$2,343.80	$1,406.00	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
56632	$2,835.64	$1,701.00	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
56633	$2,273.74	$1,364.00	Vulvectomy, radical, complete;
56634	$2,561.00	$1,537.00	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
56637	$2,996.78	$1,798.00	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
56640	$3,009.64	$1,806.00	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56700	$402.84	$242.00	Partial hymenectomy or revision of hymenal ring
56740	$618.92	$371.00	Excision of Bartholin's gland or cyst
56800	$501.02	$301.00	Plastic repair of introitus
56805	$2,277.84	$1,367.00	Clitoroplasty for intersex state
56810	$535.34	$321.00	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56820	$248.94	$149.00	Colposcopy of the vulva;
56821	$332.24	$199.00	Colposcopy of the vulva; with biopsy(s)
57000	$398.76	$239.00	Colpotomy; with exploration
57010	$904.04	$542.00	Colpotomy; with drainage of pelvic abscess
57020	$244.70	$147.00	Colpocentesis (separate procedure)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
57022	$358.34	$215.00	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57022	$358.34	$215.00	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023	$629.04	$377.00	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57023	$629.04	$377.00	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	$333.08	$200.00	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57061	$333.08	$200.00	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	$487.88	$293.00	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	$487.88	$293.00	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	$204.76	$123.00	Biopsy of vaginal mucosa; simple (separate procedure)
57105	$351.20	$211.00	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57106	$1,065.80	$639.00	Vaginectomy, partial removal of vaginal wall;
57106	$1,065.80	$639.00	Vaginectomy, partial removal of vaginal wall;
57107	$2,860.36	$1,716.00	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57107	$2,860.36	$1,716.00	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109	$3,410.64	$2,046.00	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-
57110	$1,768.86	$1,061.00	Vaginectomy, complete removal of vaginal wall;
57110	$1,768.86	$1,061.00	Vaginectomy, complete removal of vaginal wall;
57111	$3,410.64	$2,046.00	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57111	$3,410.64	$2,046.00	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57120	$1,047.38	$628.00	Colpocleisis (Le Fort type)
57130	$455.38	$273.00	Excision of vaginal septum
57135	$490.74	$294.00	Excision of vaginal cyst or tumor
57150	$112.64	$68.00	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57155	$805.66	$483.00	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57155	$805.66	$483.00	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy
57156	$462.54	$278.00	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
57160	$147.12	$88.00	Fitting and insertion of pessary or other intravaginal support device
57170	$253.00	$152.00	Diaphragm or cervical cap fitting with instructions
57170	$253.00	$152.00	Diaphragm or cervical cap fitting with instructions
57180	$391.72	$235.00	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
57200	$660.40	$396.00	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	$777.84	$467.00	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	$688.10	$413.00	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	$825.46	$495.00	Plastic repair of urethrocele
57240	$1,208.10	$725.00	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57240	$1,208.10	$725.00	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
57250	$1,211.46	$727.00	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57250	$1,211.46	$727.00	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	$1,527.06	$916.00	Combined anteroposterior colporrhaphy;
57260	$1,527.06	$916.00	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;
57265	$1,706.42	$1,024.00	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair
57265	$1,706.42	$1,024.00	Combined anteroposterior colporrhaphy; with enterocele repair
57267	$483.84	$290.00	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition
57268	$1,002.54	$602.00	Repair of enterocele, vaginal approach (separate procedure)
57270	$1,593.22	$956.00	Repair of enterocele, abdominal approach (separate procedure)
57280	$1,891.72	$1,135.00	Colpopexy, abdominal approach
57282	$1,362.88	$818.00	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57282	$1,362.88	$818.00	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283	$1,372.92	$824.00	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57283	$1,372.92	$824.00	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57284	$1,640.68	$984.00	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
57284	$1,640.68	$984.00	Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)
57285	$1,360.78	$816.00	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57285	$1,360.78	$816.00	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57287	$1,464.96	$879.00	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288	$1,466.00	$880.00	REPAIR BLADDER DEFECT
57289	$1,556.84	$934.00	Pereyra procedure, including anterior colporrhaphy
57291	$1,083.64	$650.00	Construction of artificial vagina; without graft
57292	$1,621.92	$973.00	Construction of artificial vagina; with graft
57295	$990.90	$595.00	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	$1,874.42	$1,125.00	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57296	$1,874.42	$1,125.00	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57300	$1,209.80	$726.00	Closure of rectovaginal fistula; vaginal or transanal approach
57305	$1,909.36	$1,146.00	Closure of rectovaginal fistula; abdominal approach
57307	$2,127.48	$1,276.00	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
57308	$1,315.46	$789.00	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57308	$1,315.46	$789.00	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57310	$979.44	$588.00	Closure of urethrovaginal fistula;
57311	$1,101.50	$661.00	Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320	$1,111.40	$667.00	Closure of vesicovaginal fistula; vaginal approach
57330	$1,511.22	$907.00	Closure of vesicovaginal fistula; transvesical and vaginal approach
57335	$2,301.52	$1,381.00	Vaginoplasty for intersex state
57400	$254.72	$153.00	Dilation of vagina under anesthesia
57410	$208.12	$125.00	Pelvic examination under anesthesia
57415	$347.26	$208.00	Removal of impacted vaginal foreign body (separate procedure) under anesthesia
57420	$437.00	$262.00	Colposcopy of the entire vagina, with cervix if present;
57420	$437.00	$262.00	Colposcopy of the entire vagina, with cervix if present;
57421	$581.00	$349.00	Colposcopy of the entire vagina, with cervix if present; with biopsy(s)
57421	$581.00	$349.00	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57423	$1,815.14	$1,089.00	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
57423	$1,815.14	$1,089.00	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
57425	$1,904.38	$1,143.00	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57425	$1,904.38	$1,143.00	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57426	$1,716.54	$1,030.00	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
57452	$414.00	$248.00	Colposcopy of the cervix including upper/adjacent vagina;
57452	$414.00	$248.00	Colposcopy of the cervix including upper/adjacent vagina;
57454	$549.00	$329.00	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57454	$549.00	$329.00	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57454	$549.00	$329.00	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57454	$549.00	$329.00	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	$528.00	$317.00	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57455	$528.00	$317.00	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	$496.00	$298.00	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57456	$496.00	$298.00	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57456	$496.00	$298.00	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	$614.04	$368.00	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57460	$614.04	$368.00	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
57461	$685.92	$412.00	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57461	$685.92	$412.00	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57465	$107.84	$65.00	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening
57500	$497.00	$298.00	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	$306.30	$184.00	Endocervical curettage (not done as part of a dilation and curettage)
57510	$327.96	$197.00	Cautery of cervix; electro or thermal
57511	$394.14	$236.00	Cautery of cervix; cryocautery, initial or repeat
57511	$394.14	$236.00	Cautery of cervix; cryocautery, initial or repeat
57513	$405.72	$243.00	Cautery of cervix; laser ablation
57520	$701.40	$421.00	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	$600.30	$360.00	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530	$743.76	$446.00	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57531	$3,530.84	$2,119.00	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or
57531	$3,530.84	$2,119.00	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or
57540	$1,551.90	$931.00	Excision of cervical stump, abdominal approach;
57545	$1,632.94	$980.00	Excision of cervical stump, abdominal approach; with pelvic floor repair
57550	$852.46	$511.00	Excision of cervical stump, vaginal approach;
57555	$1,217.80	$731.00	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556	$1,156.92	$694.00	Excision of cervical stump, vaginal approach; with repair of enterocele
57556	$1,156.92	$694.00	Excision of cervical stump, vaginal approach; with repair of enterocele
57558	$313.12	$188.00	Dilation and curettage of cervical stump
57700	$707.76	$425.00	Cerclage of uterine cervix, nonobstetrical
57720	$663.74	$398.00	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	$153.90	$92.00	Dilation of cervical canal, instrumental (separate procedure)
58100	$328.00	$197.00	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58100	$328.00	$197.00	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58100	$328.00	$197.00	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58100	$328.00	$197.00	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	$98.04	$59.00	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	$589.78	$354.00	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140	$1,802.94	$1,082.00	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas;
58145	$1,106.80	$664.00	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas;
58146	$2,253.92	$1,352.00	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams,
58150	$1,998.54	$1,199.00	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	$2,416.30	$1,450.00	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg,
58180	$1,884.36	$1,131.00	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200	$2,650.92	$1,591.00	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or
58210	$3,572.94	$2,144.00	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of
58240	$5,754.36	$3,453.00	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without
58260	$1,645.34	$987.00	Vaginal hysterectomy, for uterus 250 grams or less;
58262	$1,817.24	$1,090.00	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58263	$1,948.12	$1,169.00	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	$2,092.32	$1,255.00	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic
58270	$1,752.60	$1,052.00	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele
58275	$1,943.02	$1,166.00	Vaginal hysterectomy, with total or partial vaginectomy;
58280	$2,071.72	$1,243.00	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	$2,798.84	$1,679.00	Vaginal hysterectomy, radical (Schauta type operation)
58290	$2,246.78	$1,348.00	Vaginal hysterectomy, for uterus greater than 250 grams;
58291	$2,425.50	$1,455.00	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58291	$2,425.50	$1,455.00	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58292	$2,554.38	$1,533.00	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58292	$2,554.38	$1,533.00	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	$2,374.34	$1,425.00	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58294	$2,374.34	$1,425.00	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele
58300	$226.00	$136.00	Insertion of intrauterine device (IUD)
58300	$226.00	$136.00	Insertion of intrauterine device (IUD)
58301	$358.00	$215.00	Removal of intrauterine device (IUD)
58301	$358.00	$215.00	Removal of intrauterine device (IUD)
58301	$358.00	$215.00	Removal of intrauterine device (IUD)
58301	$358.00	$215.00	Removal of intrauterine device (IUD)
58301	$358.00	$215.00	Removal of intrauterine device (IUD)
58321	$163.92	$98.00	Artificial insemination; intra-cervical
58322	$180.82	$108.00	Artificial insemination; intra-uterine
58323	$28.72	$17.00	Sperm washing for artificial insemination
58340	$470.74	$282.00	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	$568.64	$341.00	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58346	$1,001.94	$601.00	Insertion of Heyman capsules for clinical brachytherapy
58350	$302.34	$181.00	Chromotubation of oviduct, including materials
58353	$1,779.84	$1,068.00	Endometrial ablation, thermal, without hysteroscopic guidance
58353	$1,779.84	$1,068.00	Endometrial ablation, thermal, without hysteroscopic guidance
58356	$3,214.42	$1,929.00	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58400	$912.12	$547.00	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410	$1,597.76	$959.00	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58520	$1,564.82	$939.00	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540	$1,795.14	$1,077.00	Hysteroplasty, repair of uterine anomaly (Strassman type)
58541	$1,436.72	$862.00	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58541	$1,436.72	$862.00	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	$1,626.84	$976.00	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	$1,649.90	$990.00	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	$1,774.26	$1,065.00	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545	$1,765.50	$1,059.00	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas
58546	$2,172.62	$1,304.00	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58546	$2,172.62	$1,304.00	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams
58548	$3,692.94	$2,216.00	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of
58550	$1,731.52	$1,039.00	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;
58552	$1,924.20	$1,155.00	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58553	$2,184.78	$1,311.00	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58553	$2,184.78	$1,311.00	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;
58554	$2,546.70	$1,528.00	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58554	$2,546.70	$1,528.00	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58555	$678.22	$407.00	Hysteroscopy, diagnostic (separate procedure)
58555	$678.22	$407.00	Hysteroscopy, diagnostic (separate procedure)
58558	$2,519.78	$1,512.00	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58558	$2,519.78	$1,512.00	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	$550.50	$330.00	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58559	$550.50	$330.00	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	$606.02	$364.00	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
58560	$606.02	$364.00	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	$693.46	$416.00	Hysteroscopy, surgical; with removal of leiomyomata
58561	$693.46	$416.00	Hysteroscopy, surgical; with removal of leiomyomata
58562	$811.84	$487.00	Hysteroscopy, surgical; with removal of impacted foreign body
58562	$811.84	$487.00	Hysteroscopy, surgical; with removal of impacted foreign body
58563	$3,997.40	$2,398.00	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58563	$3,997.40	$2,398.00	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58565	$3,178.04	$1,907.00	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58565	$3,178.04	$1,907.00	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58570	$1,588.62	$953.00	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58570	$1,588.62	$953.00	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	$1,785.10	$1,071.00	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	$2,042.00	$1,225.00	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58572	$2,042.00	$1,225.00	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	$2,387.30	$1,432.00	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58575	$3,793.06	$2,276.00	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or
58580	$5,441.72	$3,265.00	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency
58600	$731.14	$439.00	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605	$664.56	$399.00	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate
58611	$145.54	$87.00	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in
58615	$498.12	$299.00	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58660	$1,343.48	$806.00	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58660	$1,343.48	$806.00	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	$1,277.62	$767.00	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58661	$1,277.62	$767.00	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	$1,398.98	$839.00	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58662	$1,398.98	$839.00	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	$732.50	$440.00	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58670	$732.50	$440.00	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	$732.50	$440.00	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58671	$732.50	$440.00	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	$1,426.94	$856.00	Laparoscopy, surgical; with fimbrioplasty
58672	$1,426.94	$856.00	Laparoscopy, surgical; with fimbrioplasty
58673	$1,548.26	$929.00	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58673	$1,548.26	$929.00	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58674	$1,591.44	$955.00	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
58700	$1,576.44	$946.00	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	$1,497.54	$899.00	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58740	$1,775.70	$1,065.00	Lysis of adhesions (salpingolysis, ovariolysis)
58740	$1,775.70	$1,065.00	Lysis of adhesions (salpingolysis, ovariolysis)
58750	$1,780.50	$1,068.00	Tubotubal anastomosis
58752	$1,775.06	$1,065.00	Tubouterine implantation
58760	$1,607.30	$964.00	Fimbrioplasty
58760	$1,607.30	$964.00	Fimbrioplasty
58770	$1,686.06	$1,012.00	Salpingostomy (salpingoneostomy)
58800	$716.16	$430.00	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach
58805	$844.44	$507.00	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); abdominal approach
58820	$672.86	$404.00	Drainage of ovarian abscess; vaginal approach, open
58820	$672.86	$404.00	Drainage of ovarian abscess; vaginal approach, open
58822	$1,402.64	$842.00	Drainage of ovarian abscess; abdominal approach
58822	$1,402.64	$842.00	Drainage of ovarian abscess; abdominal approach
58825	$1,391.84	$835.00	Transposition, ovary(s)
58825	$1,391.84	$835.00	Transposition, ovary(s)
58900	$862.44	$517.00	Biopsy of ovary, unilateral or bilateral (separate procedure)
58920	$1,400.58	$840.00	Wedge resection or bisection of ovary, unilateral or bilateral
58925	$1,511.54	$907.00	Ovarian cystectomy, unilateral or bilateral
58940	$1,098.00	$659.00	Oophorectomy, partial or total, unilateral or bilateral;
58943	$2,365.46	$1,419.00	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies,
58950	$2,269.50	$1,362.00	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	$2,833.56	$1,700.00	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy,
58952	$3,232.38	$1,939.00	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie,
58953	$3,925.68	$2,355.00	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
58953	$3,925.68	$2,355.00	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
58954	$4,246.94	$2,548.00	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and
58956	$2,674.42	$1,605.00	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
58956	$2,674.42	$1,605.00	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
58958	$3,230.98	$1,939.00	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if
58960	$1,969.16	$1,182.00	Laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing,
58970	$472.82	$284.00	Follicle puncture for oocyte retrieval, any method
58976	$506.24	$304.00	Gamete, zygote, or embryo intrafallopian transfer, any method
59000	$232.34	$139.00	Amniocentesis; diagnostic
59000	$232.34	$139.00	Amniocentesis; diagnostic
59001	$341.88	$205.00	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59001	$341.88	$205.00	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59012	$385.56	$231.00	Cordocentesis (intrauterine), any method
59012	$385.56	$231.00	Cordocentesis (intrauterine), any method
59015	$308.88	$185.00	Chorionic villus sampling, any method
59020	$140.54	$84.00	Fetal contraction stress test
59025	$160.00	$96.00	Fetal non-stress test
59030	$214.32	$129.00	Fetal scalp blood sampling
59050	$95.64	$57.00	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051	$79.78	$48.00	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
59070	$776.24	$466.00	Transabdominal amnioinfusion, including ultrasound guidance
59070	$776.24	$466.00	Transabdominal amnioinfusion, including ultrasound guidance
59072	$997.82	$599.00	Fetal umbilical cord occlusion, including ultrasound guidance
59072	$997.82	$599.00	Fetal umbilical cord occlusion, including ultrasound guidance
59074	$746.94	$448.00	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59074	$746.94	$448.00	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076	$997.82	$599.00	Fetal shunt placement, including ultrasound guidance
59076	$997.82	$599.00	Fetal shunt placement, including ultrasound guidance
59100	$1,664.56	$999.00	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59120	$1,588.22	$953.00	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121	$1,588.40	$953.00	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130	$1,840.44	$1,104.00	Surgical treatment of ectopic pregnancy; abdominal pregnancy
59136	$1,747.30	$1,048.00	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140	$817.44	$490.00	Surgical treatment of ectopic pregnancy; cervical, with evacuation
59150	$1,541.20	$925.00	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
59151	$1,505.82	$903.00	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59160	$532.30	$319.00	Curettage, postpartum
59200	$262.52	$158.00	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59300	$447.72	$269.00	Episiotomy or vaginal repair, by other than attending physician
59320	$293.66	$176.00	Cerclage of cervix, during pregnancy; vaginal
59325	$463.26	$278.00	Cerclage of cervix, during pregnancy; abdominal
59350	$531.82	$319.00	Hysterorrhaphy of ruptured uterus
59400	$4,705.82	$2,823.00	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59400	$4,705.82	$2,823.00	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	$2,534.00	$1,520.00	Vaginal delivery only (with or without episiotomy and/or forceps);
59409	$2,534.00	$1,520.00	Vaginal delivery only (with or without episiotomy and/or forceps);
59409	$2,534.00	$1,520.00	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	$2,083.80	$1,250.00	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59410	$2,083.80	$1,250.00	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412	$197.92	$119.00	External cephalic version, with or without tocolysis
59412	$197.92	$119.00	External cephalic version, with or without tocolysis
59414	$173.98	$104.00	Delivery of placenta (separate procedure)
59425	$1,101.64	$661.00	Antepartum care only; 4-6 visits
59426	$2,015.50	$1,209.00	Antepartum care only; 7 or more visits
59430	$516.22	$310.00	Postpartum care only (separate procedure)
59510	$5,211.02	$3,127.00	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	$1,737.18	$1,042.00	Cesarean delivery only;
59515	$2,578.96	$1,547.00	Cesarean delivery only; including postpartum care
59525	$918.94	$551.00	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59610	$4,911.98	$2,947.00	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean
59612	$1,733.90	$1,040.00	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614	$2,243.10	$1,346.00	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	$5,263.86	$3,158.00	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean
59620	$1,795.14	$1,077.00	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622	$2,669.56	$1,602.00	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59812	$711.38	$427.00	Treatment of incomplete abortion, any trimester, completed surgically
59820	$867.04	$520.00	Treatment of missed abortion, completed surgically; first trimester
59821	$851.50	$511.00	Treatment of missed abortion, completed surgically; second trimester
59830	$907.46	$544.00	Treatment of septic abortion, completed surgically
59840	$489.68	$294.00	Induced abortion, by dilation and curettage
59841	$835.14	$501.00	Induced abortion, by dilation and evacuation
59850	$767.16	$460.00	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	$841.34	$505.00	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59852	$1,152.34	$691.00	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59855	$829.50	$498.00	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and
59856	$969.42	$582.00	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and
59857	$1,127.14	$676.00	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and
59866	$458.84	$275.00	Multifetal pregnancy reduction(s) (MPR)
59870	$1,054.66	$633.00	Uterine evacuation and curettage for hydatidiform mole
59871	$257.62	$155.00	Removal of cerclage suture under anesthesia (other than local)
60000	$375.68	$225.00	Incision and drainage of thyroglossal duct cyst, infected
60100	$217.24	$130.00	Biopsy thyroid, percutaneous core needle
60200	$1,322.80	$794.00	Excision of cyst or adenoma of thyroid, or transection of isthmus
60210	$1,396.54	$838.00	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	$2,004.88	$1,203.00	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220	$1,394.08	$836.00	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	$1,849.58	$1,110.00	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240	$1,799.18	$1,080.00	Thyroidectomy, total or complete
60252	$2,580.40	$1,548.00	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	$3,251.36	$1,951.00	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260	$2,130.94	$1,279.00	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	$2,653.76	$1,592.00	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	$2,066.72	$1,240.00	Thyroidectomy, including substernal thyroid; cervical approach
60280	$909.76	$546.00	Excision of thyroglossal duct cyst or sinus;
60281	$1,187.24	$712.00	Excision of thyroglossal duct cyst or sinus; recurrent
60300	$206.22	$124.00	Aspiration and/or injection, thyroid cyst
60500	$1,903.18	$1,142.00	Parathyroidectomy or exploration of parathyroid(s);
60502	$2,551.56	$1,531.00	Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505	$2,747.48	$1,648.00	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60512	$463.86	$278.00	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60520	$2,048.34	$1,229.00	Thymectomy, partial or total; transcervical approach (separate procedure)
60521	$2,168.14	$1,301.00	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522	$2,619.40	$1,572.00	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
60540	$2,108.28	$1,265.00	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545	$2,424.62	$1,455.00	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with
60600	$2,592.92	$1,556.00	Excision of carotid body tumor; without excision of carotid artery
60605	$3,084.90	$1,851.00	Excision of carotid body tumor; with excision of carotid artery
60650	$2,323.96	$1,394.00	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
60660	$5,003.90	$3,002.00	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
60661	$793.74	$476.00	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for
61000	$222.42	$133.00	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001	$211.54	$127.00	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020	$206.92	$124.00	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	$220.74	$132.00	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance
61050	$157.58	$95.00	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	$225.34	$135.00	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
61070	$110.20	$66.00	Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105	$933.70	$560.00	Twist drill hole for subdural or ventricular puncture;
61107	$599.00	$359.00	Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device
61108	$1,801.12	$1,081.00	Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma
61120	$1,493.36	$896.00	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61140	$2,510.32	$1,506.00	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150	$2,655.42	$1,593.00	Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151	$1,962.60	$1,178.00	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154	$2,526.12	$1,516.00	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61154	$2,526.12	$1,516.00	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156	$2,439.12	$1,463.00	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210	$702.34	$421.00	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate
61210	$702.34	$421.00	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure)
61215	$1,039.88	$624.00	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250	$1,721.54	$1,033.00	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61250	$1,721.54	$1,033.00	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
61253	$1,962.60	$1,178.00	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61253	$1,962.60	$1,178.00	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304	$3,214.22	$1,929.00	Craniectomy or craniotomy, exploratory; supratentorial
61305	$3,924.34	$2,355.00	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
61312	$4,037.62	$2,423.00	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	$3,890.00	$2,334.00	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314	$3,579.08	$2,147.00	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	$4,041.34	$2,425.00	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316	$168.00	$101.00	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61320	$3,707.54	$2,225.00	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321	$4,152.00	$2,491.00	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322	$4,650.74	$2,790.00	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated
61323	$4,622.72	$2,774.00	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated
61330	$3,517.98	$2,111.00	Decompression of orbit only, transcranial approach
61333	$3,937.78	$2,363.00	Exploration of orbit (transcranial approach); with removal of lesion
61340	$2,832.20	$1,699.00	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343	$4,279.10	$2,567.00	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari
61345	$3,996.62	$2,398.00	Other cranial decompression, posterior fossa
61450	$3,752.14	$2,251.00	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458	$3,946.88	$2,368.00	Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460	$4,117.28	$2,470.00	Craniectomy, suboccipital; for section of one or more cranial nerves
61500	$2,550.08	$1,530.00	Craniectomy; with excision of tumor or other bone lesion of skull
61501	$2,235.68	$1,341.00	Craniectomy; for osteomyelitis
61510	$4,318.50	$2,591.00	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512	$4,977.98	$2,987.00	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514	$3,755.04	$2,253.00	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516	$3,663.48	$2,198.00	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
61517	$167.34	$100.00	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
61518	$5,405.40	$3,243.00	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519	$5,732.64	$3,440.00	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520	$7,241.08	$4,345.00	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521	$6,155.56	$3,693.00	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522	$4,274.54	$2,565.00	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	$4,075.38	$2,445.00	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526	$6,497.12	$3,898.00	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61530	$5,965.62	$3,579.00	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa
61531	$2,428.40	$1,457.00	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring
61533	$2,999.92	$1,800.00	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring
61534	$3,245.22	$1,947.00	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535	$1,997.26	$1,198.00	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	$5,020.90	$3,013.00	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode
61537	$4,776.90	$2,866.00	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
61538	$5,169.42	$3,102.00	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539	$4,605.10	$2,763.00	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61540	$4,249.70	$2,550.00	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery
61541	$4,203.34	$2,522.00	Craniotomy with elevation of bone flap; for transection of corpus callosum
61543	$4,248.30	$2,549.00	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544	$3,712.24	$2,227.00	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61544	$3,712.24	$2,227.00	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545	$6,207.70	$3,725.00	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546	$4,504.74	$2,703.00	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	$3,069.80	$1,842.00	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550	$2,377.84	$1,427.00	Craniectomy for craniosynostosis; single cranial suture
61552	$2,931.10	$1,759.00	Craniectomy for craniosynostosis; multiple cranial sutures
61556	$3,353.04	$2,012.00	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	$3,320.10	$1,992.00	Craniotomy for craniosynostosis; bifrontal bone flap
61558	$3,692.90	$2,216.00	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	$4,698.46	$2,819.00	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg,
61563	$3,876.52	$2,326.00	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	$4,700.14	$2,820.00	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61566	$4,372.20	$2,623.00	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567	$4,980.68	$2,988.00	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
61570	$3,666.98	$2,200.00	Craniectomy or craniotomy; with excision of foreign body from brain
61570	$3,666.98	$2,200.00	Craniectomy or craniotomy; with excision of foreign body from brain
61571	$3,898.52	$2,339.00	Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575	$4,880.76	$2,928.00	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576	$8,178.56	$4,907.00	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or
61580	$4,887.76	$2,933.00	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital
61580	$4,887.76	$2,933.00	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital
61581	$5,318.62	$3,191.00	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or
61581	$5,318.62	$3,191.00	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or
61582	$5,972.92	$3,584.00	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of
61582	$5,972.92	$3,584.00	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of
61583	$5,729.88	$3,438.00	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base
61583	$5,729.88	$3,438.00	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base
61584	$5,623.96	$3,374.00	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without
61585	$6,377.20	$3,826.00	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital
61586	$4,957.10	$2,974.00	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61586	$4,957.10	$2,974.00	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590	$5,894.70	$3,537.00	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without
61591	$6,024.48	$3,615.00	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area,
61592	$6,159.08	$3,695.00	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of
61595	$4,685.62	$2,811.00	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or
61596	$4,772.18	$2,863.00	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without
61597	$5,695.74	$3,417.00	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy,
61598	$5,563.56	$3,338.00	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600	$4,150.04	$2,490.00	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	$4,727.28	$2,836.00	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605	$4,267.96	$2,561.00	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	$5,666.48	$3,400.00	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair,
61607	$5,911.38	$3,547.00	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	$6,365.18	$3,819.00	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural
61611	$893.82	$536.00	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61611	$893.82	$536.00	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61613	$6,383.74	$3,830.00	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61613	$6,383.74	$3,830.00	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615	$5,492.94	$3,296.00	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
61615	$5,492.94	$3,296.00	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral
61616	$6,470.58	$3,882.00	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral
61616	$6,470.58	$3,882.00	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral
61618	$2,541.32	$1,525.00	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg,
61619	$2,797.96	$1,679.00	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized
61623	$1,105.10	$663.00	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded,
61624	$2,233.18	$1,340.00	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any
61624	$2,233.18	$1,340.00	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any
61626	$1,740.70	$1,044.00	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any
61626	$1,740.70	$1,044.00	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any
61630	$2,640.80	$1,584.00	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
61635	$2,888.46	$1,733.00	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
61645	$1,624.64	$975.00	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography,
61650	$1,123.00	$674.00	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic
61651	$479.58	$288.00	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic
61680	$4,409.20	$2,646.00	Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682	$8,005.68	$4,803.00	Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684	$5,532.44	$3,319.00	Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686	$8,689.28	$5,214.00	Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690	$4,266.46	$2,560.00	Surgery of intracranial arteriovenous malformation; dural, simple
61692	$7,069.74	$4,242.00	Surgery of intracranial arteriovenous malformation; dural, complex
61697	$8,168.94	$4,901.00	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61697	$8,168.94	$4,901.00	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698	$8,945.04	$5,367.00	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61698	$8,945.04	$5,367.00	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700	$6,618.30	$3,971.00	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61700	$6,618.30	$3,971.00	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702	$7,788.70	$4,673.00	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61703	$2,679.60	$1,608.00	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705	$5,067.18	$3,040.00	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708	$4,958.74	$2,975.00	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
61710	$4,186.50	$2,512.00	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711	$5,078.14	$3,047.00	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61715	$2,319.00	$1,391.00	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation
61720	$2,504.90	$1,503.00	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735	$3,135.52	$1,881.00	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s)
61736	$2,358.46	$1,415.00	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single
61737	$2,798.50	$1,679.00	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple
61750	$2,768.98	$1,661.00	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751	$2,738.12	$1,643.00	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61760	$3,112.10	$1,867.00	Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring
61770	$3,177.30	$1,906.00	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61781	$451.06	$271.00	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
61782	$335.76	$201.00	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
61783	$444.30	$267.00	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
61790	$1,753.44	$1,052.00	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	$2,226.66	$1,336.00	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61796	$2,012.56	$1,208.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61796	$2,012.56	$1,208.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	$419.24	$252.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for
61797	$419.24	$252.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for
61798	$2,707.00	$1,624.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61798	$2,707.00	$1,624.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	$578.62	$347.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for
61799	$578.62	$347.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for
61800	$288.20	$173.00	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
61850	$1,949.76	$1,170.00	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860	$3,064.44	$1,839.00	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61863	$2,964.56	$1,779.00	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus
61864	$541.10	$325.00	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus
61864	$541.10	$325.00	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus
61867	$4,451.34	$2,671.00	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus
61868	$953.48	$572.00	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus
61868	$953.48	$572.00	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus
61880	$1,175.88	$706.00	Revision or removal of intracranial neurostimulator electrodes
61885	$1,058.80	$635.00	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61885	$1,058.80	$635.00	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	$1,764.64	$1,059.00	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays
61888	$786.56	$472.00	Revision or removal of cranial neurostimulator pulse generator or receiver
61889	$2,454.62	$1,473.00	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive
61891	$1,168.06	$701.00	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
61892	$1,630.20	$978.00	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed
62000	$2,047.40	$1,228.00	Elevation of depressed skull fracture; simple, extradural
62005	$2,506.78	$1,504.00	Elevation of depressed skull fracture; compound or comminuted, extradural
62010	$3,022.78	$1,814.00	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
62100	$3,079.56	$1,848.00	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62115	$3,326.18	$1,996.00	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62117	$3,837.84	$2,303.00	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120	$4,084.24	$2,451.00	Repair of encephalocele, skull vault, including cranioplasty
62121	$3,042.38	$1,825.00	Craniotomy for repair of encephalocele, skull base
62140	$2,017.44	$1,210.00	Cranioplasty for skull defect; up to 5 cm diameter
62141	$2,256.96	$1,354.00	Cranioplasty for skull defect; larger than 5 cm diameter
62142	$1,774.62	$1,065.00	Removal of bone flap or prosthetic plate of skull
62143	$2,067.54	$1,241.00	Replacement of bone flap or prosthetic plate of skull
62145	$2,751.94	$1,651.00	Cranioplasty for skull defect with reparative brain surgery
62145	$2,751.94	$1,651.00	Cranioplasty for skull defect with reparative brain surgery
62146	$2,463.80	$1,478.00	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147	$2,802.76	$1,682.00	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62148	$241.06	$145.00	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
62160	$360.22	$216.00	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in
62161	$2,995.30	$1,797.00	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or
62162	$3,703.06	$2,222.00	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62164	$4,109.32	$2,466.00	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
62165	$2,974.04	$1,784.00	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
62180	$3,140.50	$1,884.00	Ventriculocisternostomy (Torkildsen type operation)
62190	$1,847.78	$1,109.00	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192	$1,963.12	$1,178.00	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
62194	$992.00	$595.00	Replacement or irrigation, subarachnoid/subdural catheter
62200	$2,706.72	$1,624.00	Ventriculocisternostomy, third ventricle;
62201	$2,404.62	$1,443.00	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220	$1,914.26	$1,149.00	Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223	$2,036.36	$1,222.00	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225	$1,080.20	$648.00	Replacement or irrigation, ventricular catheter
62230	$1,660.62	$996.00	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62252	$174.12	$104.00	Reprogramming of programmable cerebrospinal shunt
62256	$1,220.26	$732.00	Removal of complete cerebrospinal fluid shunt system; without replacement
62258	$2,186.92	$1,312.00	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
62263	$1,269.72	$762.00	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic
62264	$861.76	$517.00	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic
62267	$519.06	$311.00	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes
62267	$519.06	$311.00	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes
62268	$640.98	$385.00	Percutaneous aspiration, spinal cord cyst or syrinx
62269	$506.48	$304.00	Biopsy of spinal cord, percutaneous needle
62269	$506.48	$304.00	Biopsy of spinal cord, percutaneous needle
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62270	$480.00	$288.00	Spinal puncture, lumbar, diagnostic
62272	$370.94	$223.00	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	$332.64	$200.00	Injection, epidural, of blood or clot patch
62273	$332.64	$200.00	Injection, epidural, of blood or clot patch
62280	$646.98	$388.00	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	$475.00	$285.00	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	$616.18	$370.00	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral
62284	$367.84	$221.00	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62287	$1,195.70	$717.00	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or
62290	$676.56	$406.00	Injection procedure for discography, each level; lumbar
62290	$676.56	$406.00	Injection procedure for diskography, each level; lumbar
62291	$607.24	$364.00	Injection procedure for discography, each level; cervical or thoracic
62291	$607.24	$364.00	Injection procedure for diskography, each level; cervical or thoracic
62292	$1,153.10	$692.00	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62292	$1,153.10	$692.00	Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar
62294	$1,888.50	$1,133.00	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62302	$499.14	$299.00	Myelography via lumbar injection, including radiological supervision and interpretation; cervical
62303	$507.98	$305.00	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic
62304	$495.84	$298.00	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral
62305	$541.72	$325.00	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic,
62320	$315.36	$189.00	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,
62321	$520.32	$312.00	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,
62322	$262.22	$157.00	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,
62323	$512.04	$307.00	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,
62324	$270.78	$162.00	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic,
62325	$485.52	$291.00	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic,
62326	$271.10	$163.00	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic,
62327	$530.38	$318.00	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic,
62328	$439.50	$264.00	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance
62329	$520.52	$312.00	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance
62350	$791.40	$475.00	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable
62351	$1,813.90	$1,088.00	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable
62355	$559.92	$336.00	Removal of previously implanted intrathecal or epidural catheter
62360	$623.04	$374.00	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	$872.24	$523.00	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump
62362	$764.44	$459.00	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without
62365	$594.82	$357.00	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	$63.26	$38.00	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug
62367	$63.26	$38.00	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug
62368	$88.30	$53.00	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug
62368	$88.30	$53.00	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug
62369	$183.68	$110.00	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug
62370	$183.26	$110.00	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug
63001	$2,426.32	$1,456.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal
63001	$2,426.32	$1,456.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal
63003	$2,437.82	$1,463.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal
63003	$2,437.82	$1,463.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal
63005	$2,381.50	$1,429.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal
63005	$2,381.50	$1,429.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal
63011	$2,154.84	$1,293.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal
63011	$2,154.84	$1,293.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal
63012	$2,355.46	$1,413.00	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar
63012	$2,355.46	$1,413.00	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar
63015	$2,920.96	$1,753.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal
63015	$2,920.96	$1,753.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal
63016	$2,995.90	$1,798.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal
63016	$2,995.90	$1,798.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal
63017	$2,501.82	$1,501.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal
63017	$2,501.82	$1,501.00	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal
63020	$2,183.24	$1,310.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral
63030	$1,820.28	$1,092.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral
63035	$447.14	$268.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral
63040	$2,710.80	$1,626.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral
63040	$2,710.80	$1,626.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral
63042	$2,553.34	$1,532.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral
63042	$2,553.34	$1,532.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral
63045	$2,539.34	$1,524.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or
63045	$2,539.34	$1,524.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or
63046	$2,429.42	$1,458.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or
63046	$2,429.42	$1,458.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or
63047	$2,189.98	$1,314.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or
63047	$2,189.98	$1,314.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
63048	$405.02	$243.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or
63050	$2,924.04	$1,754.00	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
63050	$2,924.04	$1,754.00	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;
63051	$3,319.10	$1,991.00	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including
63052	$496.90	$298.00	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral
63053	$440.42	$264.00	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral
63055	$3,184.60	$1,911.00	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic
63055	$3,184.60	$1,911.00	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63056	$2,920.52	$1,752.00	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including
63056	$2,920.52	$1,752.00	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; lumbar (including
63057	$618.50	$371.00	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; each additional
63064	$3,455.00	$2,073.00	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63064	$3,455.00	$2,073.00	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment
63066	$393.12	$236.00	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; each additional segment (List
63075	$2,662.90	$1,598.00	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	$469.14	$281.00	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately
63077	$2,879.50	$1,728.00	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63077	$2,879.50	$1,728.00	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63078	$395.64	$237.00	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately
63078	$395.64	$237.00	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately
63081	$3,454.22	$2,073.00	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical,
63081	$3,454.22	$2,073.00	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical,
63082	$510.70	$306.00	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each
63085	$3,769.10	$2,261.00	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic,
63085	$3,769.10	$2,261.00	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic,
63086	$366.44	$220.00	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic,
63087	$4,730.86	$2,839.00	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or
63087	$4,730.86	$2,839.00	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or
63088	$495.72	$297.00	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or
63090	$3,799.08	$2,279.00	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda
63090	$3,799.08	$2,279.00	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda
63091	$336.58	$202.00	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda
63101	$4,538.32	$2,723.00	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s)
63101	$4,538.32	$2,723.00	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s)
63102	$4,497.18	$2,698.00	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s)
63102	$4,497.18	$2,698.00	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s)
63103	$562.92	$338.00	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s)
63170	$3,136.42	$1,882.00	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	$2,782.82	$1,670.00	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	$3,388.86	$2,033.00	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63185	$2,433.32	$1,460.00	Laminectomy with rhizotomy; one or two segments
63185	$2,433.32	$1,460.00	Laminectomy with rhizotomy; 1 or 2 segments
63190	$2,454.04	$1,472.00	Laminectomy with rhizotomy; more than two segments
63190	$2,454.04	$1,472.00	Laminectomy with rhizotomy; more than 2 segments
63191	$2,726.88	$1,636.00	Laminectomy with section of spinal accessory nerve
63191	$2,726.88	$1,636.00	Laminectomy with section of spinal accessory nerve
63197	$3,362.62	$2,018.00	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic
63197	$3,362.62	$2,018.00	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic
63200	$3,045.92	$1,828.00	Laminectomy, with release of tethered spinal cord, lumbar
63200	$3,045.92	$1,828.00	Laminectomy, with release of tethered spinal cord, lumbar
63250	$5,761.84	$3,457.00	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63250	$5,761.84	$3,457.00	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	$5,893.48	$3,536.00	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63251	$5,893.48	$3,536.00	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	$5,892.82	$3,536.00	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63252	$5,892.82	$3,536.00	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	$3,268.22	$1,961.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63265	$3,268.22	$1,961.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	$3,367.98	$2,021.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63266	$3,367.98	$2,021.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	$2,705.32	$1,623.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63267	$2,705.32	$1,623.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	$2,884.82	$1,731.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63268	$2,884.82	$1,731.00	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	$4,064.50	$2,439.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63270	$4,064.50	$2,439.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	$4,061.48	$2,437.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63271	$4,061.48	$2,437.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	$3,699.16	$2,220.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63272	$3,699.16	$2,220.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	$3,663.16	$2,198.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63273	$3,663.16	$2,198.00	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	$3,528.38	$2,117.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63275	$3,528.38	$2,117.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	$3,506.04	$2,104.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63276	$3,506.04	$2,104.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	$3,074.46	$1,845.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63277	$3,074.46	$1,845.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	$3,139.02	$1,883.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63278	$3,139.02	$1,883.00	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	$4,139.32	$2,484.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63280	$4,139.32	$2,484.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	$4,108.46	$2,465.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63281	$4,108.46	$2,465.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	$3,889.34	$2,334.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63282	$3,889.34	$2,334.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	$3,737.38	$2,242.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63283	$3,737.38	$2,242.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285	$5,099.80	$3,060.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63285	$5,099.80	$3,060.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	$5,043.00	$3,026.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63286	$5,043.00	$3,026.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287	$5,343.48	$3,206.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63287	$5,343.48	$3,206.00	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290	$5,432.84	$3,260.00	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63290	$5,432.84	$3,260.00	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63295	$633.14	$380.00	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
63295	$633.14	$380.00	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
63300	$3,567.60	$2,141.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63300	$3,567.60	$2,141.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	$4,150.94	$2,491.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic
63301	$4,150.94	$2,491.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic
63302	$4,266.42	$2,560.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar
63302	$4,266.42	$2,560.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar
63303	$4,517.46	$2,710.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by
63303	$4,517.46	$2,710.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by
63304	$4,591.94	$2,755.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63304	$4,591.94	$2,755.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305	$4,879.94	$2,928.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic
63305	$4,879.94	$2,928.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic
63306	$4,797.86	$2,879.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar
63306	$4,797.86	$2,879.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar
63307	$4,694.78	$2,817.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by
63307	$4,694.78	$2,817.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by
63308	$612.40	$367.00	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List
63600	$2,161.14	$1,297.00	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	$1,122.44	$673.00	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63620	$2,219.10	$1,331.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63620	$2,219.10	$1,331.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63621	$482.10	$289.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary
63621	$482.10	$289.00	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary
63650	$4,446.88	$2,668.00	Percutaneous implantation of neurostimulator electrode array, epidural
63655	$1,670.88	$1,003.00	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63661	$1,356.04	$814.00	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63662	$1,691.56	$1,015.00	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63663	$1,771.74	$1,063.00	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	$1,762.16	$1,057.00	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including
63685	$669.84	$402.00	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63685	$669.84	$402.00	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	$592.92	$356.00	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700	$2,596.96	$1,558.00	Repair of meningocele; less than 5 cm diameter
63702	$2,832.74	$1,700.00	Repair of meningocele; larger than 5 cm diameter
63704	$3,294.26	$1,977.00	Repair of myelomeningocele; less than 5 cm diameter
63706	$3,646.42	$2,188.00	Repair of myelomeningocele; larger than 5 cm diameter
63707	$1,876.46	$1,126.00	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709	$2,204.54	$1,323.00	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710	$2,149.46	$1,290.00	Dural graft, spinal
63740	$1,961.66	$1,177.00	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741	$1,336.34	$802.00	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744	$1,419.00	$851.00	Replacement, irrigation or revision of lumbosubarachnoid shunt
63746	$1,224.20	$735.00	Removal of entire lumbosubarachnoid shunt system without replacement
64400	$370.00	$222.00	Injection, anesthetic agent; trigeminal nerve, any division or branch
64400	$370.00	$222.00	Injection, anesthetic agent; trigeminal nerve, any division or branch
64400	$370.00	$222.00	Injection, anesthetic agent; trigeminal nerve, any division or branch
64400	$370.00	$222.00	Injection, anesthetic agent; trigeminal nerve, any division or branch
64405	$245.00	$147.00	Injection, anesthetic agent; greater occipital nerve
64405	$245.00	$147.00	Injection, anesthetic agent; greater occipital nerve
64405	$245.00	$147.00	Injection, anesthetic agent; greater occipital nerve
64405	$245.00	$147.00	Injection, anesthetic agent; greater occipital nerve
64405	$245.00	$147.00	Injection, anesthetic agent; greater occipital nerve
64405	$245.00	$147.00	Injection, anesthetic agent; greater occipital nerve
64408	$161.60	$97.00	Injection, anesthetic agent; vagus nerve
64408	$161.60	$97.00	Injection, anesthetic agent; vagus nerve
64412	$762.00	$457.00	Injection, anesthetic agent; spinal accessory nerve
64415	$265.54	$159.00	Injection, anesthetic agent; brachial plexus, single
64415	$265.54	$159.00	Injection, anesthetic agent; brachial plexus, single
64416	$149.10	$89.00	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64416	$149.10	$89.00	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent
64417	$320.58	$192.00	Injection, anesthetic agent; axillary nerve
64417	$320.58	$192.00	Injection, anesthetic agent; axillary nerve
64418	$170.66	$102.00	Injection, anesthetic agent; suprascapular nerve
64418	$170.66	$102.00	Injection, anesthetic agent; suprascapular nerve
64420	$196.06	$118.00	Injection, anesthetic agent; intercostal nerve, single
64420	$196.06	$118.00	Injection, anesthetic agent; intercostal nerve, single
64421	$66.08	$40.00	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64421	$66.08	$40.00	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	$219.06	$131.00	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	$194.78	$117.00	Injection, anesthetic agent; pudendal nerve
64430	$194.78	$117.00	Injection, anesthetic agent; pudendal nerve
64435	$158.04	$95.00	Injection, anesthetic agent; paracervical (uterine) nerve
64435	$158.04	$95.00	Injection, anesthetic agent; paracervical (uterine) nerve
64445	$312.42	$187.00	Injection, anesthetic agent; sciatic nerve, single
64445	$312.42	$187.00	Injection, anesthetic agent; sciatic nerve, single
64446	$145.84	$88.00	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64446	$145.84	$88.00	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, (including catheter placement) including daily management for anesthetic agent
64447	$382.00	$229.00	Injection, anesthetic agent; femoral nerve, single
64447	$382.00	$229.00	Injection, anesthetic agent; femoral nerve, single
64447	$382.00	$229.00	Injection, anesthetic agent; femoral nerve, single
64447	$382.00	$229.00	Injection, anesthetic agent; femoral nerve, single
64447	$382.00	$229.00	Injection, anesthetic agent; femoral nerve, single
64448	$139.38	$84.00	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
64448	$139.38	$84.00	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent
64449	$126.80	$76.00	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64449	$126.80	$76.00	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for
64450	$244.00	$146.00	Injection, anesthetic agent; other peripheral nerve or branch
64450	$244.00	$146.00	Injection, anesthetic agent; other peripheral nerve or branch
64450	$244.00	$146.00	Injection, anesthetic agent; other peripheral nerve or branch
64450	$244.00	$146.00	Injection, anesthetic agent; other peripheral nerve or branch
64450	$244.00	$146.00	Injection, anesthetic agent; other peripheral nerve or branch
64451	$451.16	$271.00	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64454	$438.90	$263.00	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
64455	$98.58	$59.00	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64455	$98.58	$59.00	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton"s neuroma)
64461	$263.00	$158.00	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
64462	$139.36	$84.00	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List
64463	$445.82	$267.00	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)
64466	$246.18	$148.00	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64467	$459.92	$276.00	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed
64468	$284.36	$171.00	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed
64469	$705.56	$423.00	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed
64473	$232.62	$140.00	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64474	$454.66	$273.00	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed
64479	$529.78	$318.00	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480	$267.92	$161.00	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary
64483	$489.42	$294.00	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	$219.36	$132.00	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary
64486	$217.12	$130.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when
64487	$410.96	$247.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance,
64488	$251.52	$151.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
64489	$672.42	$403.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when
64490	$384.60	$231.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or
64491	$194.32	$117.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or
64492	$193.78	$116.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or
64493	$355.64	$213.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or
64494	$180.92	$109.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or
64495	$179.16	$108.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or
64505	$289.40	$174.00	Injection, anesthetic agent; sphenopalatine ganglion
64505	$289.40	$174.00	Injection, anesthetic agent; sphenopalatine ganglion
64510	$288.98	$173.00	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64510	$288.98	$173.00	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	$385.78	$231.00	Injection, anesthetic agent; superior hypogastric plexus
64517	$385.78	$231.00	Injection, anesthetic agent; superior hypogastric plexus
64520	$454.68	$273.00	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64520	$454.68	$273.00	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	$448.80	$269.00	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64530	$448.80	$269.00	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64553	$7,556.70	$4,534.00	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	$4,160.78	$2,496.00	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64561	$1,432.12	$859.00	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64566	$228.16	$137.00	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	$1,196.06	$718.00	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	$1,525.74	$915.00	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	$1,469.96	$882.00	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64575	$625.08	$375.00	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64580	$626.12	$376.00	Incision for implantation of neurostimulator electrodes; neuromuscular
64581	$1,283.28	$770.00	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64582	$1,647.74	$989.00	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	$1,701.50	$1,021.00	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing
64584	$1,437.08	$862.00	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64585	$478.74	$287.00	Revision or removal of peripheral neurostimulator electrodes
64590	$821.52	$493.00	Insertion or replacement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64590	$821.52	$493.00	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	$669.64	$402.00	Revision or removal of peripheral neurostimulator pulse generator or receiver
64595	$669.64	$402.00	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64600	$956.46	$574.00	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	$1,776.80	$1,066.00	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	$1,504.38	$903.00	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64611	$263.78	$158.00	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	$274.36	$165.00	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64612	$274.36	$165.00	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64615	$298.76	$179.00	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64616	$273.38	$164.00	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
64617	$320.08	$192.00	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when
64620	$420.40	$252.00	Destruction by neurolytic agent, intercostal nerve
64624	$770.04	$462.00	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
64625	$936.28	$562.00	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64628	$808.26	$485.00	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
64629	$379.20	$228.00	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in
64630	$511.76	$307.00	Destruction by neurolytic agent; pudendal nerve
64632	$182.30	$109.00	Destruction by neurolytic agent; plantar common digital nerve
64632	$182.30	$109.00	Destruction by neurolytic agent; plantar common digital nerve
64633	$864.04	$518.00	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	$502.44	$301.00	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint
64635	$871.68	$523.00	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	$471.72	$283.00	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List
64640	$498.68	$299.00	Destruction by neurolytic agent; other peripheral nerve or branch
64642	$304.90	$183.00	Chemodenervation of one extremity; 1-4 muscle(s)
64643	$184.50	$111.00	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	$354.66	$213.00	Chemodenervation of one extremity; 5 or more muscle(s)
64645	$238.42	$143.00	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)
64646	$320.56	$192.00	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	$359.12	$215.00	Chemodenervation of trunk muscle(s); 6 or more muscle(s)
64650	$175.36	$105.00	Chemodenervation of eccrine glands; both axillae
64653	$204.08	$122.00	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64680	$673.58	$404.00	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	$905.66	$543.00	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64702	$1,042.56	$626.00	Neuroplasty; digital, one or both, same digit
64704	$655.28	$393.00	Neuroplasty; nerve of hand or foot
64708	$1,024.60	$615.00	Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712	$1,189.56	$714.00	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713	$1,590.78	$954.00	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714	$1,529.12	$917.00	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716	$1,020.76	$612.00	Neuroplasty and/or transposition; cranial nerve (specify)
64718	$1,224.58	$735.00	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	$827.94	$497.00	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	$905.68	$543.00	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	$746.92	$448.00	Decompression; unspecified nerve(s) (specify)
64726	$543.72	$326.00	Decompression; plantar digital nerve
64727	$349.82	$210.00	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	$918.10	$551.00	Transection or avulsion of; supraorbital nerve
64734	$1,035.68	$621.00	Transection or avulsion of; infraorbital nerve

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
64736	$672.30	$403.00	Transection or avulsion of; mental nerve
64738	$899.26	$540.00	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	$920.26	$552.00	Transection or avulsion of; lingual nerve
64742	$986.64	$592.00	Transection or avulsion of; facial nerve, differential or complete
64744	$1,016.60	$610.00	Transection or avulsion of; greater occipital nerve
64744	$1,016.60	$610.00	Transection or avulsion of; greater occipital nerve
64746	$845.14	$507.00	Transection or avulsion of; phrenic nerve
64755	$1,798.06	$1,079.00	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra-
64760	$1,031.46	$619.00	Transection or avulsion of; vagus nerve (vagotomy), abdominal
64763	$1,020.80	$612.00	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	$1,256.18	$754.00	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	$1,216.64	$730.00	Transection or avulsion of other cranial nerve, extradural
64772	$1,114.58	$669.00	Transection or avulsion of other spinal nerve, extradural
64774	$861.42	$517.00	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	$809.66	$486.00	Excision of neuroma; digital nerve, one or both, same digit
64778	$348.24	$209.00	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	$921.30	$553.00	Excision of neuroma; hand or foot, except digital nerve
64783	$416.12	$250.00	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784	$1,449.32	$870.00	Excision of neuroma; major peripheral nerve, except sciatic
64786	$1,964.42	$1,179.00	Excision of neuroma; sciatic nerve
64787	$455.74	$273.00	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	$820.92	$493.00	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	$1,696.84	$1,018.00	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	$2,127.30	$1,276.00	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	$385.88	$232.00	Biopsy of nerve
64802	$1,689.44	$1,014.00	Sympathectomy, cervical
64802	$1,689.44	$1,014.00	Sympathectomy, cervical
64804	$2,357.46	$1,414.00	Sympathectomy, cervicothoracic
64809	$2,153.52	$1,292.00	Sympathectomy, thoracolumbar
64818	$1,549.06	$929.00	Sympathectomy, lumbar
64820	$1,532.76	$920.00	Sympathectomy; digital arteries, each digit
64820	$1,532.76	$920.00	Sympathectomy; digital arteries, each digit
64821	$1,405.44	$843.00	Sympathectomy; radial artery
64821	$1,405.44	$843.00	Sympathectomy; radial artery
64822	$1,405.44	$843.00	Sympathectomy; ulnar artery
64823	$1,586.68	$952.00	Sympathectomy; superficial palmar arch
64823	$1,586.68	$952.00	Sympathectomy; superficial palmar arch
64831	$1,398.64	$839.00	Suture of digital nerve, hand or foot; one nerve
64832	$642.76	$386.00	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834	$1,492.76	$896.00	Suture of one nerve, hand or foot; common sensory nerve
64835	$1,626.46	$976.00	Suture of one nerve, hand or foot; median motor thenar
64836	$1,626.46	$976.00	Suture of one nerve, hand or foot; ulnar motor
64837	$701.54	$421.00	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840	$1,913.20	$1,148.00	Suture of posterior tibial nerve
64856	$1,995.38	$1,197.00	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	$2,072.26	$1,243.00	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	$2,319.90	$1,392.00	Suture of sciatic nerve
64859	$476.42	$286.00	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	$2,997.46	$1,798.00	Suture of; brachial plexus
64862	$2,705.90	$1,624.00	Suture of; lumbar plexus
64864	$1,698.84	$1,019.00	Suture of facial nerve; extracranial
64865	$2,133.34	$1,280.00	Suture of facial nerve; infratemporal, with or without grafting
64866	$2,455.76	$1,473.00	Anastomosis; facial-spinal accessory
64868	$1,956.72	$1,174.00	Anastomosis; facial-hypoglossal
64872	$223.38	$134.00	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874	$333.92	$200.00	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	$377.94	$227.00	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885	$2,114.54	$1,269.00	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64885	$2,114.54	$1,269.00	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	$2,533.20	$1,520.00	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64886	$2,533.20	$1,520.00	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	$2,132.58	$1,280.00	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64890	$2,132.58	$1,280.00	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	$2,266.32	$1,360.00	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64891	$2,266.32	$1,360.00	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	$2,075.70	$1,245.00	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64892	$2,075.70	$1,245.00	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	$2,212.64	$1,328.00	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64893	$2,212.64	$1,328.00	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	$2,608.10	$1,565.00	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64895	$2,608.10	$1,565.00	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	$2,813.14	$1,688.00	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64896	$2,813.14	$1,688.00	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	$2,495.28	$1,497.00	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64897	$2,495.28	$1,497.00	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	$2,702.46	$1,621.00	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64898	$2,702.46	$1,621.00	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	$1,145.36	$687.00	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902	$1,325.52	$795.00	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	$1,963.00	$1,178.00	Nerve pedicle transfer; first stage
64907	$2,558.40	$1,535.00	Nerve pedicle transfer; second stage
64910	$1,519.40	$912.00	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911	$2,033.28	$1,220.00	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
64912	$1,776.62	$1,066.00	Nerve repair; with nerve allograft, each nerve, first strand (cable)
64913	$331.62	$199.00	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
64999	$580.00	$348.00	Unlisted procedure, nervous system
65091	$1,462.54	$878.00	Evisceration of ocular contents; without implant
65093	$1,450.24	$870.00	Evisceration of ocular contents; with implant
65101	$1,675.66	$1,005.00	Enucleation of eye; without implant
65103	$1,730.96	$1,039.00	Enucleation of eye; with implant, muscles not attached to implant
65105	$1,883.98	$1,130.00	Enucleation of eye; with implant, muscles attached to implant
65110	$2,597.14	$1,558.00	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112	$2,975.94	$1,786.00	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114	$3,104.98	$1,863.00	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
65125	$899.66	$540.00	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130	$1,681.98	$1,009.00	Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	$1,701.74	$1,021.00	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
65140	$1,829.68	$1,098.00	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150	$1,380.68	$828.00	Reinsertion of ocular implant; with or without conjunctival graft
65155	$1,903.78	$1,142.00	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	$1,538.00	$923.00	Removal of ocular implant
65205	$92.00	$55.00	Removal of foreign body, external eye; conjunctival superficial
65205	$92.00	$55.00	Removal of foreign body, external eye; conjunctival superficial
65205	$92.00	$55.00	Removal of foreign body, external eye; conjunctival superficial
65205	$92.00	$55.00	Removal of foreign body, external eye; conjunctival superficial
65205	$92.00	$55.00	Removal of foreign body, external eye; conjunctival superficial
65205	$92.00	$55.00	Removal of foreign body, external eye; conjunctival superficial
65210	$124.00	$74.00	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65210	$124.00	$74.00	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65210	$124.00	$74.00	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65210	$124.00	$74.00	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65210	$124.00	$74.00	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	$198.00	$119.00	Removal of foreign body, external eye; corneal, without slit lamp
65220	$198.00	$119.00	Removal of foreign body, external eye; corneal, without slit lamp
65220	$198.00	$119.00	Removal of foreign body, external eye; corneal, without slit lamp
65220	$198.00	$119.00	Removal of foreign body, external eye; corneal, without slit lamp
65220	$198.00	$119.00	Removal of foreign body, external eye; corneal, without slit lamp
65220	$198.00	$119.00	Removal of foreign body, external eye; corneal, without slit lamp
65222	$222.00	$133.00	Removal of foreign body, external eye; corneal, with slit lamp
65222	$222.00	$133.00	Removal of foreign body, external eye; corneal, with slit lamp
65222	$222.00	$133.00	Removal of foreign body, external eye; corneal, with slit lamp
65222	$222.00	$133.00	Removal of foreign body, external eye; corneal, with slit lamp
65222	$222.00	$133.00	Removal of foreign body, external eye; corneal, with slit lamp
65222	$222.00	$133.00	Removal of foreign body, external eye; corneal, with slit lamp
65235	$1,434.68	$861.00	Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260	$1,926.74	$1,156.00	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265	$2,164.00	$1,298.00	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	$557.40	$334.00	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	$1,039.60	$624.00	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65273	$744.82	$447.00	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65275	$1,163.10	$698.00	Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280	$1,312.62	$788.00	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285	$2,163.82	$1,298.00	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	$1,370.42	$822.00	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290	$961.30	$577.00	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	$1,374.06	$824.00	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	$284.02	$170.00	Biopsy of cornea
65420	$1,064.80	$639.00	Excision or transposition of pterygium; without graft
65426	$1,321.98	$793.00	Excision or transposition of pterygium; with graft
65430	$228.30	$137.00	Scraping of cornea, diagnostic, for smear and/or culture
65435	$270.00	$162.00	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65435	$270.00	$162.00	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65435	$270.00	$162.00	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	$769.80	$462.00	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	$659.52	$396.00	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	$867.16	$520.00	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710	$2,243.40	$1,346.00	Keratoplasty (corneal transplant); lamellar
65730	$2,457.74	$1,475.00	Keratoplasty (corneal transplant); penetrating (except in aphakia)
65750	$2,469.32	$1,482.00	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	$2,461.48	$1,477.00	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	$2,319.64	$1,392.00	Keratoplasty (corneal transplant); endothelial
65756	$2,319.64	$1,392.00	Keratoplasty (corneal transplant); endothelial
65770	$2,757.82	$1,655.00	Keratoprosthesis
65772	$903.90	$542.00	Corneal relaxing incision for correction of surgically induced astigmatism
65775	$1,134.82	$681.00	Corneal wedge resection for correction of surgically induced astigmatism
65778	$2,561.08	$1,537.00	Placement of amniotic membrane on the ocular surface for wound healing; self-retaining
65779	$2,239.36	$1,344.00	Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured
65779	$2,239.36	$1,344.00	Placement of amniotic membrane on the ocular surface; single layer, sutured
65780	$1,171.80	$703.00	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65780	$1,171.80	$703.00	Ocular surface reconstruction; amniotic membrane transplantation
65781	$2,606.34	$1,564.00	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65781	$2,606.34	$1,564.00	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782	$2,252.84	$1,352.00	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65782	$2,252.84	$1,352.00	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65785	$4,119.14	$2,471.00	Implantation of intrastromal corneal ring segments
65800	$236.84	$142.00	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65810	$916.12	$550.00	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air
65815	$1,265.60	$759.00	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820	$1,619.34	$972.00	Goniotomy
65850	$1,654.30	$993.00	Trabeculotomy ab externo
65855	$483.14	$290.00	Trabeculoplasty by laser surgery
65855	$483.14	$290.00	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)
65860	$607.40	$364.00	Severing adhesions of anterior segment, laser technique (separate procedure)
65865	$942.30	$565.00	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870	$1,172.88	$704.00	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except
65875	$1,249.72	$750.00	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65880	$1,311.70	$787.00	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900	$1,944.54	$1,167.00	Removal of epithelial downgrowth, anterior chamber of eye
65920	$1,559.54	$936.00	Removal of implanted material, anterior segment of eye
65930	$1,261.22	$757.00	Removal of blood clot, anterior segment of eye
66020	$390.48	$234.00	Injection, anterior chamber of eye (separate procedure); air or liquid
66030	$351.72	$211.00	Injection, anterior chamber of eye (separate procedure); medication
66130	$1,385.60	$831.00	Excision of lesion, sclera
66150	$1,729.88	$1,038.00	Fistulization of sclera for glaucoma; trephination with iridectomy
66155	$1,728.56	$1,037.00	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160	$1,940.26	$1,164.00	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66170	$2,154.18	$1,293.00	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	$2,354.08	$1,412.00	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66174	$1,232.02	$739.00	Transluminal dilation of aqueous outflow canal; without retention of device or stent
66175	$1,425.54	$855.00	Transluminal dilation of aqueous outflow canal; with retention of device or stent
66179	$2,126.46	$1,276.00	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
66180	$2,238.48	$1,343.00	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66180	$2,238.48	$1,343.00	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft
66183	$2,024.22	$1,215.00	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
66184	$1,562.84	$938.00	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
66185	$1,676.60	$1,006.00	Revision of aqueous shunt to extraocular reservoir
66185	$1,676.60	$1,006.00	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft
66225	$1,837.10	$1,102.00	Repair of scleral staphyloma; with graft
66250	$1,476.64	$886.00	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	$776.86	$466.00	Iridotomy by stab incision (separate procedure); except transfixion
66505	$845.32	$507.00	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	$1,777.02	$1,066.00	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	$2,134.38	$1,281.00	Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	$846.98	$508.00	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630	$1,118.18	$671.00	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	$1,128.14	$677.00	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680	$1,173.34	$704.00	Repair of iris, ciliary body (as for iridodialysis)
66680	$1,173.34	$704.00	Repair of iris, ciliary body (as for iridodialysis)
66682	$1,306.08	$784.00	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66682	$1,306.08	$784.00	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66683	$1,533.96	$920.00	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed
66700	$895.42	$537.00	Ciliary body destruction; diathermy
66700	$895.42	$537.00	Ciliary body destruction; diathermy
66710	$872.94	$524.00	Ciliary body destruction; cyclophotocoagulation, transscleral
66710	$872.94	$524.00	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	$1,003.80	$602.00	Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	$930.08	$558.00	Ciliary body destruction; cryotherapy
66720	$930.08	$558.00	Ciliary body destruction; cryotherapy
66740	$869.54	$522.00	Ciliary body destruction; cyclodialysis
66740	$869.54	$522.00	Ciliary body destruction; cyclodialysis
66761	$588.06	$353.00	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)
66762	$944.02	$566.00	Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	$1,047.76	$629.00	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820	$921.30	$553.00	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66820	$921.30	$553.00	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	$660.12	$396.00	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)
66825	$1,635.10	$981.00	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66830	$1,395.04	$837.00	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy
66840	$1,362.12	$817.00	Removal of lens material; aspiration technique, one or more stages
66850	$1,549.30	$930.00	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	$1,646.06	$988.00	Removal of lens material; pars plana approach, with or without vitrectomy
66920	$1,471.80	$883.00	Removal of lens material; intracapsular
66930	$1,681.44	$1,009.00	Removal of lens material; intracapsular, for dislocated lens
66940	$1,541.80	$925.00	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	$1,463.42	$878.00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration
66982	$1,463.42	$878.00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and
66983	$3,215.00	$1,929.00	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984	$1,069.36	$642.00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration
66984	$1,069.36	$642.00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and
66985	$1,513.94	$908.00	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	$1,770.78	$1,062.00	Exchange of intraocular lens
66989	$1,678.12	$1,007.00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration
66990	$172.18	$103.00	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
66991	$1,345.62	$807.00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration
67005	$945.20	$567.00	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	$1,077.02	$646.00	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015	$1,189.04	$713.00	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	$1,457.00	$874.00	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure)
67027	$1,660.98	$997.00	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67028	$223.62	$134.00	Intravitreal injection of a pharmacologic agent (separate procedure)
67030	$1,101.78	$661.00	Discission of vitreous strands (without removal), pars plana approach
67031	$765.96	$460.00	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67031	$765.96	$460.00	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
67036	$1,758.22	$1,055.00	Vitrectomy, mechanical, pars plana approach;
67039	$1,880.48	$1,128.00	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	$2,028.90	$1,217.00	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	$2,235.04	$1,341.00	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
67042	$2,235.04	$1,341.00	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema),
67043	$2,357.86	$1,415.00	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular
67101	$662.84	$398.00	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
67101	$662.84	$398.00	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
67105	$585.66	$351.00	Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid
67105	$585.66	$351.00	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation
67107	$2,198.68	$1,319.00	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without
67108	$2,326.92	$1,396.00	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of
67110	$1,751.42	$1,051.00	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
67112	$6,017.00	$3,610.00	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or
67113	$2,598.34	$1,559.00	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity,
67113	$2,598.34	$1,559.00	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity,
67115	$985.30	$591.00	Release of encircling material (posterior segment)
67120	$1,320.10	$792.00	Removal of implanted material, posterior segment; extraocular
67121	$1,772.70	$1,064.00	Removal of implanted material, posterior segment; intraocular
67141	$534.00	$320.00	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy
67145	$481.54	$289.00	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)
67208	$1,186.30	$712.00	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy
67210	$1,014.92	$609.00	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation
67218	$2,715.38	$1,629.00	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)
67220	$1,044.36	$627.00	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions
67221	$556.86	$334.00	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	$57.32	$34.00	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to
67227	$583.14	$350.00	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy
67227	$583.14	$350.00	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy
67228	$668.08	$401.00	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc)
67228	$668.08	$401.00	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation
67229	$2,265.10	$1,359.00	Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1
67250	$1,772.56	$1,064.00	Scleral reinforcement (separate procedure); without graft
67255	$1,358.66	$815.00	Scleral reinforcement (separate procedure); with graft
67311	$900.82	$540.00	Strabismus surgery, recession or resection procedure; one horizontal muscle
67312	$1,305.72	$783.00	Strabismus surgery, recession or resection procedure; two horizontal muscles
67314	$900.82	$540.00	Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)
67316	$1,393.46	$836.00	Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
67318	$1,349.36	$810.00	Strabismus surgery, any procedure, superior oblique muscle
67320	$338.74	$203.00	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	$245.94	$148.00	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary
67332	$395.80	$237.00	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy
67334	$242.36	$145.00	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335	$363.66	$218.00	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific
67340	$566.96	$340.00	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67343	$1,332.84	$800.00	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	$483.94	$290.00	Chemodenervation of extraocular muscle
67346	$379.44	$228.00	Biopsy of extraocular muscle
67346	$379.44	$228.00	Biopsy of extraocular muscle
67400	$2,034.28	$1,221.00	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	$1,776.92	$1,066.00	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412	$1,936.66	$1,162.00	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413	$1,890.42	$1,134.00	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414	$2,836.54	$1,702.00	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67415	$200.46	$120.00	Fine needle aspiration of orbital contents
67415	$200.46	$120.00	Fine needle aspiration of orbital contents
67420	$3,394.24	$2,037.00	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	$2,716.92	$1,630.00	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
67440	$2,636.78	$1,582.00	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445	$2,985.84	$1,792.00	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450	$2,731.80	$1,639.00	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	$151.78	$91.00	Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	$167.74	$101.00	Retrobulbar injection; alcohol
67515	$100.64	$60.00	Injection of medication or other substance into Tenon's capsule
67516	$237.52	$143.00	Suprachoroidal space injection of pharmacologic agent (separate procedure)
67550	$2,131.70	$1,279.00	Orbital implant (implant outside muscle cone); insertion
67560	$2,175.84	$1,306.00	Orbital implant (implant outside muscle cone); removal or revision
67570	$2,493.40	$1,496.00	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67700	$556.18	$334.00	Blepharotomy, drainage of abscess, eyelid
67710	$473.92	$284.00	Severing of tarsorrhaphy
67715	$519.04	$311.00	Canthotomy (separate procedure)
67800	$257.78	$155.00	Excision of chalazion; single
67801	$324.54	$195.00	Excision of chalazion; multiple, same lid
67805	$405.08	$243.00	Excision of chalazion; multiple, different lids
67808	$729.02	$437.00	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	$363.34	$218.00	Incisional biopsy of eyelid skin including lid margin
67810	$363.34	$218.00	Biopsy of eyelid
67820	$36.92	$22.00	Correction of trichiasis; epilation, by forceps only
67825	$267.26	$160.00	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	$530.88	$319.00	Correction of trichiasis; incision of lid margin
67835	$874.38	$525.00	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67840	$548.82	$329.00	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	$429.26	$258.00	Destruction of lesion of lid margin (up to 1 cm)
67875	$358.62	$215.00	Temporary closure of eyelids by suture (eg, Frost suture)
67880	$926.44	$556.00	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	$1,132.56	$680.00	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	$1,288.70	$773.00	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	$1,568.20	$941.00	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	$1,427.50	$857.00	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)
67903	$1,192.14	$715.00	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	$1,461.06	$877.00	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	$994.44	$597.00	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	$1,071.78	$643.00	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	$1,085.50	$651.00	Reduction of overcorrection of ptosis
67911	$1,102.80	$662.00	Correction of lid retraction
67912	$1,756.48	$1,054.00	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67912	$1,756.48	$1,054.00	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	$963.84	$578.00	Repair of ectropion; suture
67915	$617.78	$371.00	Repair of ectropion; thermocauterization
67916	$1,202.54	$722.00	Repair of ectropion; excision tarsal wedge
67917	$1,230.22	$738.00	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	$942.24	$565.00	Repair of entropion; suture
67922	$607.58	$365.00	Repair of entropion; thermocauterization
67923	$1,203.36	$722.00	Repair of entropion; excision tarsal wedge
67924	$1,280.64	$768.00	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	$731.84	$439.00	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	$1,186.10	$712.00	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	$518.82	$311.00	Removal of embedded foreign body, eyelid
67938	$518.82	$311.00	Removal of embedded foreign body, eyelid
67950	$1,156.88	$694.00	Canthoplasty (reconstruction of canthus)
67961	$1,166.40	$700.00	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with
67966	$1,534.10	$920.00	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with
67971	$1,412.58	$848.00	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	$1,815.24	$1,089.00	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage
67974	$1,810.46	$1,086.00	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage
67975	$1,340.02	$804.00	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68020	$241.00	$145.00	Incision of conjunctiva, drainage of cyst
68040	$124.32	$75.00	Expression of conjunctival follicles (eg, for trachoma)
68100	$353.32	$212.00	Biopsy of conjunctiva
68110	$467.32	$280.00	Excision of lesion, conjunctiva; up to 1 cm
68115	$651.82	$391.00	Excision of lesion, conjunctiva; over 1 cm
68130	$1,090.38	$654.00	Excision of lesion, conjunctiva; with adjacent sclera
68135	$314.38	$189.00	Destruction of lesion, conjunctiva
68200	$82.46	$49.00	Subconjunctival injection
68320	$1,469.56	$882.00	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	$1,292.92	$776.00	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	$1,270.22	$762.00	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	$1,386.24	$832.00	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	$1,231.64	$739.00	Repair of symblepharon; conjunctivoplasty, without graft
68335	$1,274.34	$765.00	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	$1,187.48	$712.00	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
68360	$1,071.78	$643.00	Conjunctival flap; bridge or partial (separate procedure)
68362	$1,290.26	$774.00	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371	$813.98	$488.00	Harvesting conjunctival allograft, living donor
68371	$813.98	$488.00	Harvesting conjunctival allograft, living donor

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
68400	$584.04	$350.00	Incision, drainage of lacrimal gland
68420	$651.30	$391.00	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440	$208.64	$125.00	Snip incision of lacrimal punctum
68500	$2,092.00	$1,255.00	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	$2,082.84	$1,250.00	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68505	$2,082.84	$1,250.00	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	$884.64	$531.00	Biopsy of lacrimal gland
68520	$1,456.32	$874.00	Excision of lacrimal sac (dacryocystectomy)
68525	$500.66	$300.00	Biopsy of lacrimal sac
68530	$852.86	$512.00	Removal of foreign body or dacryolith, lacrimal passages
68540	$1,931.78	$1,159.00	Excision of lacrimal gland tumor; frontal approach
68550	$2,402.72	$1,442.00	Excision of lacrimal gland tumor; involving osteotomy
68700	$1,189.30	$714.00	Plastic repair of canaliculi
68705	$512.64	$308.00	Correction of everted punctum, cautery
68720	$1,596.66	$958.00	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745	$1,605.74	$963.00	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	$1,693.52	$1,016.00	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	$432.02	$259.00	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	$287.12	$172.00	Closure of the lacrimal punctum; by plug, each
68770	$1,236.30	$742.00	Closure of lacrimal fistula (separate procedure)
68801	$190.50	$114.00	Dilation of lacrimal punctum, with or without irrigation
68810	$319.24	$192.00	Probing of nasolacrimal duct, with or without irrigation;
68811	$268.48	$161.00	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	$737.04	$442.00	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	$1,636.00	$982.00	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	$265.20	$159.00	Probing of lacrimal canaliculi, with or without irrigation
68841	$75.64	$45.00	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
68850	$114.64	$69.00	Injection of contrast medium for dacryocystography
69000	$609.00	$365.00	Drainage external ear, abscess or hematoma; simple
69000	$609.00	$365.00	Drainage external ear, abscess or hematoma; simple
69000	$609.00	$365.00	Drainage external ear, abscess or hematoma; simple
69000	$609.00	$365.00	Drainage external ear, abscess or hematoma; simple
69000	$609.00	$365.00	Drainage external ear, abscess or hematoma; simple
69005	$436.44	$262.00	Drainage external ear, abscess or hematoma; complicated
69020	$460.48	$276.00	Drainage external auditory canal, abscess
69100	$189.26	$114.00	Biopsy external ear
69105	$285.82	$171.00	Biopsy external auditory canal
69110	$935.68	$561.00	Excision external ear; partial, simple repair
69110	$935.68	$561.00	Excision external ear; partial, simple repair
69120	$773.48	$464.00	Excision external ear; complete amputation
69140	$1,802.58	$1,082.00	Excision exostosis(es), external auditory canal
69145	$815.48	$489.00	Excision soft tissue lesion, external auditory canal
69150	$1,985.40	$1,191.00	Radical excision external auditory canal lesion; without neck dissection
69155	$3,209.00	$1,925.00	Radical excision external auditory canal lesion; with neck dissection
69200	$265.00	$159.00	Removal foreign body from external auditory canal; without general anesthesia
69200	$265.00	$159.00	Removal foreign body from external auditory canal; without general anesthesia
69200	$265.00	$159.00	Removal foreign body from external auditory canal; without general anesthesia
69200	$265.00	$159.00	Removal foreign body from external auditory canal; without general anesthesia
69200	$265.00	$159.00	Removal foreign body from external auditory canal; without general anesthesia
69200	$265.00	$159.00	Removal foreign body from external auditory canal; without general anesthesia
69205	$189.64	$114.00	Removal foreign body from external auditory canal; with general anesthesia
69209	$53.00	$32.00	Removal impacted cerumen using irrigation/lavage, unilateral
69209	$53.00	$32.00	Removal impacted cerumen using irrigation/lavage, unilateral
69209	$53.00	$32.00	Removal impacted cerumen using irrigation/lavage, unilateral
69209	$53.00	$32.00	Removal impacted cerumen using irrigation/lavage, unilateral
69210	$157.00	$94.00	Removal impacted cerumen (separate procedure), one or both ears
69210	$157.00	$94.00	Removal impacted cerumen (separate procedure), one or both ears
69210	$157.00	$94.00	Removal impacted cerumen (separate procedure), one or both ears
69210	$157.00	$94.00	Removal impacted cerumen (separate procedure), one or both ears
69210	$157.00	$94.00	Removal impacted cerumen requiring instrumentation, unilateral
69210	$157.00	$94.00	Removal impacted cerumen requiring instrumentation, unilateral
69220	$157.82	$95.00	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	$430.74	$258.00	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
69300	$1,296.18	$778.00	Otoplasty, protruding ear, with or without size reduction
69310	$2,228.06	$1,337.00	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320	$3,101.44	$1,861.00	Reconstruction external auditory canal for congenital atresia, single stage
69420	$382.04	$229.00	Myringotomy including aspiration and/or eustachian tube inflation
69421	$303.84	$182.00	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	$254.92	$153.00	Ventilating tube removal requiring general anesthesia
69433	$403.66	$242.00	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	$320.30	$192.00	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	$1,371.98	$823.00	Middle ear exploration through postauricular or ear canal incision
69450	$1,088.50	$653.00	Tympanolysis, transcanal
69501	$1,408.00	$845.00	Transmastoid antrotomy (simple mastoidectomy)
69502	$1,865.50	$1,119.00	Mastoidectomy; complete
69505	$2,447.42	$1,468.00	Mastoidectomy; modified radical
69511	$2,502.76	$1,502.00	Mastoidectomy; radical
69530	$3,337.14	$2,002.00	Petrous apicectomy including radical mastoidectomy
69535	$5,260.30	$3,156.00	Resection temporal bone, external approach
69540	$418.80	$251.00	Excision aural polyp
69550	$2,119.12	$1,271.00	Excision aural glomus tumor; transcanal
69552	$3,145.16	$1,887.00	Excision aural glomus tumor; transmastoid
69554	$4,995.30	$2,997.00	Excision aural glomus tumor; extended (extratemporal)
69601	$2,011.40	$1,207.00	Revision mastoidectomy; resulting in complete mastoidectomy
69602	$2,151.08	$1,291.00	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	$2,556.00	$1,534.00	Revision mastoidectomy; resulting in radical mastoidectomy
69604	$2,197.68	$1,319.00	Revision mastoidectomy; resulting in tympanoplasty
69610	$760.34	$456.00	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	$1,484.60	$891.00	Myringoplasty (surgery confined to drumhead and donor area)
69631	$1,762.66	$1,058.00	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	$2,141.10	$1,285.00	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg,
69633	$2,085.62	$1,251.00	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and
69635	$2,545.68	$1,527.00	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular
69636	$2,803.20	$1,682.00	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular
69637	$2,791.54	$1,675.00	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular
69641	$2,060.92	$1,237.00	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69641	$2,060.92	$1,237.00	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
69642	$2,641.42	$1,585.00	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	$2,416.34	$1,450.00	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular
69644	$2,998.48	$1,799.00	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with
69645	$2,944.08	$1,766.00	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain
69646	$3,111.68	$1,867.00	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain
69650	$1,591.08	$955.00	Stapes mobilization
69660	$1,827.72	$1,097.00	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661	$2,379.08	$1,427.00	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	$2,272.72	$1,364.00	Revision of stapedectomy or stapedotomy
69666	$1,600.20	$960.00	Repair oval window fistula
69667	$1,600.86	$961.00	Repair round window fistula
69670	$1,868.84	$1,121.00	Mastoid obliteration (separate procedure)
69676	$1,651.78	$991.00	Tympanic neurectomy
69700	$1,320.08	$792.00	Closure postauricular fistula, mastoid (separate procedure)
69705	$5,203.64	$3,122.00	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
69706	$5,381.78	$3,229.00	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
69711	$1,659.14	$995.00	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	$983.28	$590.00	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without
69716	$1,227.90	$737.00	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69717	$1,111.42	$667.00	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech
69719	$1,274.00	$764.00	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech
69720	$2,337.98	$1,403.00	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725	$3,674.66	$2,205.00	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69726	$946.56	$568.00	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	$1,054.48	$633.00	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69728	$1,173.78	$704.00	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a
69729	$1,328.42	$797.00	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in
69730	$1,356.74	$814.00	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor,
69740	$2,287.70	$1,373.00	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	$2,438.68	$1,463.00	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69801	$451.62	$271.00	Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple
69805	$2,031.00	$1,219.00	Endolymphatic sac operation; without shunt
69806	$1,818.30	$1,091.00	Endolymphatic sac operation; with shunt
69905	$1,817.42	$1,090.00	Labyrinthectomy; transcanal
69910	$1,953.48	$1,172.00	Labyrinthectomy; with mastoidectomy
69915	$2,953.14	$1,772.00	Vestibular nerve section, translabyrinthine approach
69930	$2,389.08	$1,433.00	Cochlear device implantation, with or without mastoidectomy
69950	$3,428.76	$2,057.00	Vestibular nerve section, transcranial approach
69955	$3,863.22	$2,318.00	Total facial nerve decompression and/or repair (may include graft)
69960	$3,699.04	$2,219.00	Decompression internal auditory canal
69970	$4,176.04	$2,506.00	Removal of tumor, temporal bone
69990	$415.80	$249.00	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
70010	$114.00	$68.00	Myelography, posterior fossa, radiological supervision and interpretation
70015	$330.14	$198.00	Cisternography, positive contrast, radiological supervision and interpretation
70030	$66.62	$40.00	Radiologic examination, eye, for detection of foreign body
70100	$210.00	$126.00	Radiologic examination, mandible; partial, less than four views
70100	$210.00	$126.00	Radiologic examination, mandible; partial, less than four views
70100	$210.00	$126.00	Radiologic examination, mandible; partial, less than four views
70110	$210.00	$126.00	Radiologic examination, mandible; complete, minimum of four views
70110	$210.00	$126.00	Radiologic examination, mandible; complete, minimum of 4 views
70110	$210.00	$126.00	Radiologic examination, mandible; complete, minimum of four views
70110	$210.00	$126.00	Radiologic examination, mandible; complete, minimum of four views
70120	$77.52	$47.00	Radiologic examination, mastoids; less than three views per side
70130	$125.96	$76.00	Radiologic examination, mastoids; complete, minimum of three views per side
70134	$124.06	$74.00	Radiologic examination, internal auditory meati, complete
70140	$210.00	$126.00	Radiologic examination, facial bones; less than three views
70140	$210.00	$126.00	Radiologic examination, facial bones; less than three views
70140	$210.00	$126.00	Radiologic examination, facial bones; less than three views
70150	$210.00	$126.00	Radiologic examination, facial bones; complete, minimum of three views
70150	$210.00	$126.00	Radiologic examination, facial bones; complete, minimum of three views
70150	$210.00	$126.00	Radiologic examination, facial bones; complete, minimum of three views
70160	$210.00	$126.00	Radiologic examination, nasal bones, complete, minimum of three views
70160	$210.00	$126.00	Radiologic examination, nasal bones, complete, minimum of three views
70160	$210.00	$126.00	Radiologic examination, nasal bones, complete, minimum of three views
70160	$210.00	$126.00	Radiologic examination, nasal bones, complete, minimum of three views
70170	$84.00	$50.00	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	$75.40	$45.00	Radiologic examination; optic foramina
70200	$210.00	$126.00	Radiologic examination; orbits, complete, minimum of four views
70200	$210.00	$126.00	Radiologic examination; orbits, complete, minimum of four views
70200	$210.00	$126.00	Radiologic examination; orbits, complete, minimum of four views
70210	$210.00	$126.00	Radiologic examination, sinuses, paranasal, less than three views
70210	$210.00	$126.00	Radiologic examination, sinuses, paranasal, less than three views
70210	$210.00	$126.00	Radiologic examination, sinuses, paranasal, less than three views
70220	$210.00	$126.00	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70220	$210.00	$126.00	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70220	$210.00	$126.00	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70240	$65.92	$40.00	Radiologic examination, sella turcica
70250	$210.00	$126.00	Radiologic examination, skull; less than four views
70250	$210.00	$126.00	Radiologic examination, skull; less than four views
70250	$210.00	$126.00	Radiologic examination, skull; less than four views
70260	$210.00	$126.00	Radiologic examination, skull; complete, minimum of four views
70260	$210.00	$126.00	Radiologic examination, skull; complete, minimum of four views
70260	$210.00	$126.00	Radiologic examination, skull; complete, minimum of four views
70300	$26.66	$16.00	Radiologic examination, teeth; single view
70310	$82.36	$49.00	Radiologic examination, teeth; partial examination, less than full mouth
70320	$110.10	$66.00	Radiologic examination, teeth; complete, full mouth
70328	$69.34	$42.00	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	$210.00	$126.00	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70330	$210.00	$126.00	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70330	$210.00	$126.00	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	$164.06	$98.00	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	$537.16	$322.00	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	$35.32	$21.00	Cephalogram, orthodontic
70355	$37.96	$23.00	Orthopantogram
70360	$210.00	$126.00	Radiologic examination; neck, soft tissue
70360	$210.00	$126.00	Radiologic examination; neck, soft tissue
70360	$210.00	$126.00	Radiologic examination; neck, soft tissue

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
70370	$210.00	$126.00	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	$210.00	$126.00	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373	$210.00	$126.00	Laryngography, contrast, radiological supervision and interpretation
70380	$210.00	$126.00	Radiologic examination, salivary gland for calculus
70390	$210.00	$126.00	Sialography, radiological supervision and interpretation
70450	$1,456.00	$874.00	Computed tomography, head or brain; without contrast material
70450	$1,456.00	$874.00	Computed tomography, head or brain; without contrast material
70450	$1,456.00	$874.00	Computed tomography, head or brain; without contrast material
70450	$1,456.00	$874.00	Computed tomography, head or brain; without contrast material
70460	$1,736.00	$1,042.00	Computed tomography, head or brain; with contrast material(s)
70460	$1,736.00	$1,042.00	Computed tomography, head or brain; with contrast material(s)
70460	$1,736.00	$1,042.00	Computed tomography, head or brain; with contrast material(s)
70470	$1,736.00	$1,042.00	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70470	$1,736.00	$1,042.00	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70470	$1,736.00	$1,042.00	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70480	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70480	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70481	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70481	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further
70482	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further
70482	$1,372.00	$823.00	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further
70486	$1,263.00	$758.00	Computed tomography, maxillofacial area; without contrast material
70486	$1,263.00	$758.00	Computed tomography, maxillofacial area; without contrast material
70486	$1,263.00	$758.00	Computed tomography, maxillofacial area; without contrast material
70486	$1,263.00	$758.00	Computed tomography, maxillofacial area; without contrast material
70486	$1,263.00	$758.00	Computed tomography, maxillofacial area; without contrast material
70486	$1,263.00	$758.00	Computed tomography, maxillofacial area; without contrast material
70486	$1,263.00	$758.00	Computed tomography, maxillofacial area; without contrast material
70487	$1,543.00	$926.00	Computed tomography, maxillofacial area; with contrast material(s)
70487	$1,543.00	$926.00	Computed tomography, maxillofacial area; with contrast material(s)
70487	$1,543.00	$926.00	Computed tomography, maxillofacial area; with contrast material(s)
70488	$1,543.00	$926.00	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70488	$1,543.00	$926.00	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70488	$1,543.00	$926.00	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	$1,523.00	$914.00	Computed tomography, soft tissue neck; without contrast material
70490	$1,523.00	$914.00	Computed tomography, soft tissue neck; without contrast material
70490	$1,523.00	$914.00	Computed tomography, soft tissue neck; without contrast material
70491	$1,909.00	$1,145.00	Computed tomography, soft tissue neck; with contrast material(s)
70491	$1,909.00	$1,145.00	Computed tomography, soft tissue neck; with contrast material(s)
70491	$1,909.00	$1,145.00	Computed tomography, soft tissue neck; with contrast material(s)
70491	$1,909.00	$1,145.00	Computed tomography, soft tissue neck; with contrast material(s)
70492	$1,909.00	$1,145.00	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70492	$1,909.00	$1,145.00	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70492	$1,909.00	$1,145.00	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	$2,136.00	$1,282.00	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70496	$2,136.00	$1,282.00	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-
70496	$2,136.00	$1,282.00	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70496	$2,136.00	$1,282.00	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-
70498	$2,136.00	$1,282.00	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70498	$2,136.00	$1,282.00	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	$2,136.00	$1,282.00	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70498	$2,136.00	$1,282.00	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70498	$2,136.00	$1,282.00	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540	$462.90	$278.00	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)
70542	$547.66	$329.00	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	$693.88	$416.00	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	$442.22	$265.00	Magnetic resonance angiography, head; without contrast material(s)
70545	$467.42	$280.00	Magnetic resonance angiography, head; with contrast material(s)
70546	$678.02	$407.00	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	$443.58	$266.00	Magnetic resonance angiography, neck; without contrast material(s)
70548	$505.08	$303.00	Magnetic resonance angiography, neck; with contrast material(s)
70549	$709.64	$426.00	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	$401.74	$241.00	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	$554.54	$333.00	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	$652.46	$391.00	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	$778.18	$467.00	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not
70555	$174.00	$104.00	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
70557	$779.00	$467.00	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or
70558	$865.00	$519.00	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or
70559	$876.00	$526.00	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or
71045	$210.00	$126.00	Radiologic examination, chest; single view
71045	$210.00	$126.00	
71045	$210.00	$126.00	
71045	$210.00	$126.00	Radiologic examination, chest; single view
71045	$210.00	$126.00	
71045	$210.00	$126.00	
71045	$210.00	$126.00	Radiologic examination, chest; single view
71045	$210.00	$126.00	
71045	$210.00	$126.00	
71045	$210.00	$126.00	Radiologic examination, chest; single view
71045	$210.00	$126.00	
71045	$210.00	$126.00	
71046	$220.00	$132.00	Radiologic examination, chest; 2 views
71046	$220.00	$132.00	Radiologic examination, chest; 2 views
71046	$220.00	$132.00	Radiologic examination, chest; 2 views
71046	$220.00	$132.00	Radiologic examination, chest; 2 views
71047	$240.00	$144.00	Radiologic examination, chest; 3 views
71047	$240.00	$144.00	Radiologic examination, chest; 3 views
71047	$240.00	$144.00	Radiologic examination, chest; 3 views
71048	$260.00	$156.00	Radiologic examination, chest; 4 or more views
71048	$260.00	$156.00	Radiologic examination, chest; 4 or more views
71048	$260.00	$156.00	Radiologic examination, chest; 4 or more views
71100	$210.00	$126.00	Radiologic examination, ribs, unilateral; two views
71100	$210.00	$126.00	

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
71100	$210.00	$126.00	
71100	$210.00	$126.00	Radiologic examination, ribs, unilateral; two views
71100	$210.00	$126.00	
71100	$210.00	$126.00	
71100	$210.00	$126.00	Radiologic examination, ribs, unilateral; two views
71100	$210.00	$126.00	
71100	$210.00	$126.00	
71100	$210.00	$126.00	Radiologic examination, ribs, unilateral; two views
71101	$210.00	$126.00	
71101	$210.00	$126.00	
71101	$210.00	$126.00	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71101	$210.00	$126.00	
71101	$210.00	$126.00	
71101	$210.00	$126.00	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71101	$210.00	$126.00	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71101	$210.00	$126.00	
71101	$210.00	$126.00	
71101	$210.00	$126.00	
71101	$210.00	$126.00	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71110	$210.00	$126.00	Radiologic examination, ribs, bilateral; three views
71110	$210.00	$126.00	Radiologic examination, ribs, bilateral; three views
71110	$210.00	$126.00	Radiologic examination, ribs, bilateral; three views
71111	$210.00	$126.00	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71111	$210.00	$126.00	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71111	$210.00	$126.00	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71120	$222.00	$133.00	Radiologic examination; sternum, minimum of two views
71120	$222.00	$133.00	Radiologic examination; sternum, minimum of two views
71120	$222.00	$133.00	Radiologic examination; sternum, minimum of two views
71130	$222.00	$133.00	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71130	$222.00	$133.00	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71130	$222.00	$133.00	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71250	$1,484.00	$890.00	Computed tomography, thorax; without contrast material
71260	$1,795.00	$1,077.00	Computed tomography, thorax; with contrast material(s)
71260	$1,795.00	$1,077.00	Computed tomography, thorax; with contrast material(s)
71260	$1,795.00	$1,077.00	Computed tomography, thorax; with contrast material(s)
71260	$1,795.00	$1,077.00	Computed tomography, thorax; with contrast material(s)
71270	$1,795.00	$1,077.00	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71270	$1,795.00	$1,077.00	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71270	$1,795.00	$1,077.00	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71271	$2,222.00	$1,333.00	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
71275	$2,187.00	$1,312.00	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-
71275	$2,187.00	$1,312.00	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-
71275	$2,187.00	$1,312.00	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-
71550	$688.44	$413.00	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	$766.54	$460.00	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	$963.04	$578.00	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by
71555	$683.04	$410.00	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72010	$272.00	$163.00	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72010	$272.00	$163.00	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72010	$272.00	$163.00	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	$210.00	$126.00	Radiologic examination, spine, single view, specify level
72020	$210.00	$126.00	Radiologic examination, spine, single view, specify level
72020	$210.00	$126.00	Radiologic examination, spine, single view, specify level
72040	$240.00	$144.00	Radiologic examination, spine, cervical; two or three views
72040	$240.00	$144.00	Radiologic examination, spine, cervical; two or three views
72040	$240.00	$144.00	Radiologic examination, spine, cervical; two or three views
72040	$240.00	$144.00	Radiologic examination, spine, cervical; two or three views
72050	$260.00	$156.00	Radiologic examination, spine, cervical; minimum of four views
72050	$260.00	$156.00	Radiologic examination, spine, cervical; minimum of four views
72050	$260.00	$156.00	Radiologic examination, spine, cervical; minimum of four views
72050	$260.00	$156.00	Radiologic examination, spine, cervical; minimum of four views
72052	$260.00	$156.00	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72052	$260.00	$156.00	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72052	$260.00	$156.00	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72069	$240.00	$144.00	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	$210.00	$126.00	Radiologic examination, spine; thoracic, two views
72070	$210.00	$126.00	Radiologic examination, spine; thoracic, two views
72070	$210.00	$126.00	Radiologic examination, spine; thoracic, two views
72070	$210.00	$126.00	Radiologic examination, spine; thoracic, two views
72072	$210.00	$126.00	Radiologic examination, spine; thoracic, three views
72072	$210.00	$126.00	Radiologic examination, spine; thoracic, three views
72072	$210.00	$126.00	Radiologic examination, spine; thoracic, three views
72072	$210.00	$126.00	Radiologic examination, spine; thoracic, three views
72074	$240.00	$144.00	Radiologic examination, spine; thoracic, minimum of four views
72074	$240.00	$144.00	Radiologic examination, spine; thoracic, minimum of four views
72074	$240.00	$144.00	Radiologic examination, spine; thoracic, minimum of four views
72080	$210.00	$126.00	Radiologic examination, spine; thoracolumbar, two views
72080	$210.00	$126.00	Radiologic examination, spine; thoracolumbar, two views
72080	$210.00	$126.00	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views
72080	$210.00	$126.00	Radiologic examination, spine; thoracolumbar, two views
72080	$210.00	$126.00	Radiologic examination, spine; thoracolumbar, two views
72081	$220.00	$132.00	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	$240.00	$144.00	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	$240.00	$144.00	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	$260.00	$156.00	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6
72090	$260.00	$156.00	Radiologic examination, spine; scoliosis study, including supine and erect studies
72090	$260.00	$156.00	Radiologic examination, spine; scoliosis study, including supine and erect studies
72090	$260.00	$156.00	Radiologic examination, spine; scoliosis study, including supine and erect studies
72100	$260.00	$156.00	Radiologic examination, spine, lumbosacral; two or three views
72100	$260.00	$156.00	Radiologic examination, spine, lumbosacral; two or three views

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
72100	$260.00	$156.00	Radiologic examination, spine, lumbosacral; two or three views
72100	$260.00	$156.00	Radiologic examination, spine, lumbosacral; two or three views
72110	$220.00	$132.00	Radiologic examination, spine, lumbosacral; minimum of four views
72110	$220.00	$132.00	Radiologic examination, spine, lumbosacral; minimum of four views
72110	$220.00	$132.00	Radiologic examination, spine, lumbosacral; minimum of four views
72110	$220.00	$132.00	Radiologic examination, spine, lumbosacral; minimum of four views
72114	$220.00	$132.00	Radiologic examination, spine, lumbosacral; complete, including bending views
72114	$220.00	$132.00	Radiologic examination, spine, lumbosacral; complete, including bending views
72114	$220.00	$132.00	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	$220.00	$132.00	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72120	$220.00	$132.00	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72120	$220.00	$132.00	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72125	$1,484.00	$890.00	Computed tomography, cervical spine; without contrast material
72126	$1,743.00	$1,046.00	Computed tomography, cervical spine; with contrast material
72126	$1,743.00	$1,046.00	Computed tomography, cervical spine; with contrast material
72126	$1,743.00	$1,046.00	Computed tomography, cervical spine; with contrast material
72127	$2,182.00	$1,309.00	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72127	$2,182.00	$1,309.00	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72127	$2,182.00	$1,309.00	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	$1,484.00	$890.00	Computed tomography, thoracic spine; without contrast material
72128	$1,484.00	$890.00	Computed tomography, thoracic spine; without contrast material
72128	$1,484.00	$890.00	Computed tomography, thoracic spine; without contrast material
72128	$1,484.00	$890.00	Computed tomography, thoracic spine; without contrast material
72129	$1,484.00	$890.00	Computed tomography, thoracic spine; with contrast material
72129	$1,484.00	$890.00	Computed tomography, thoracic spine; with contrast material
72129	$1,484.00	$890.00	Computed tomography, thoracic spine; with contrast material
72130	$1,730.00	$1,038.00	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72130	$1,730.00	$1,038.00	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72130	$1,730.00	$1,038.00	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	$1,450.00	$870.00	Computed tomography, lumbar spine; without contrast material
72131	$1,450.00	$870.00	Computed tomography, lumbar spine; without contrast material
72131	$1,450.00	$870.00	Computed tomography, lumbar spine; without contrast material
72131	$1,450.00	$870.00	Computed tomography, lumbar spine; without contrast material
72131	$1,450.00	$870.00	Computed tomography, lumbar spine; without contrast material
72131	$1,450.00	$870.00	Computed tomography, lumbar spine; without contrast material
72132	$1,730.00	$1,038.00	Computed tomography, lumbar spine; with contrast material
72132	$1,730.00	$1,038.00	Computed tomography, lumbar spine; with contrast material
72132	$1,730.00	$1,038.00	Computed tomography, lumbar spine; with contrast material
72133	$1,730.00	$1,038.00	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72133	$1,730.00	$1,038.00	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72133	$1,730.00	$1,038.00	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	$389.48	$234.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	$563.78	$338.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	$390.16	$234.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	$557.94	$335.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	$390.84	$235.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	$553.56	$332.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	$654.50	$393.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences;
72157	$655.86	$394.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences;
72158	$653.14	$392.00	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72170	$210.00	$126.00	Radiologic examination, pelvis; one or two views
72170	$210.00	$126.00	Radiologic examination, pelvis; one or two views
72170	$210.00	$126.00	Radiologic examination, pelvis; one or two views
72170	$210.00	$126.00	Radiologic examination, pelvis; one or two views
72190	$220.00	$132.00	Radiologic examination, pelvis; complete, minimum of three views
72190	$220.00	$132.00	Radiologic examination, pelvis; complete, minimum of three views
72190	$220.00	$132.00	Radiologic examination, pelvis; complete, minimum of three views
72191	$2,222.00	$1,333.00	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-
72191	$2,222.00	$1,333.00	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-
72191	$2,222.00	$1,333.00	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-
72191	$2,222.00	$1,333.00	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-
72192	$1,250.00	$750.00	Computed tomography, pelvis; without contrast material
72192	$1,250.00	$750.00	Computed tomography, pelvis; without contrast material
72192	$1,250.00	$750.00	Computed tomography, pelvis; without contrast material
72192	$1,250.00	$750.00	Computed tomography, pelvis; without contrast material
72193	$1,727.00	$1,036.00	Computed tomography, pelvis; with contrast material(s)
72193	$1,727.00	$1,036.00	Computed tomography, pelvis; with contrast material(s)
72193	$1,727.00	$1,036.00	Computed tomography, pelvis; with contrast material(s)
72194	$2,123.00	$1,274.00	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72194	$2,123.00	$1,274.00	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72194	$2,123.00	$1,274.00	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	$467.20	$280.00	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	$549.90	$330.00	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	$688.96	$413.00	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	$694.36	$417.00	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	$222.00	$133.00	Radiologic examination, sacroiliac joints; less than three views
72200	$222.00	$133.00	Radiologic examination, sacroiliac joints; less than three views
72200	$222.00	$133.00	Radiologic examination, sacroiliac joints; less than three views
72202	$222.00	$133.00	Radiologic examination, sacroiliac joints; three or more views
72202	$222.00	$133.00	Radiologic examination, sacroiliac joints; three or more views
72202	$222.00	$133.00	Radiologic examination, sacroiliac joints; three or more views
72220	$222.00	$133.00	Radiologic examination, sacrum and coccyx, minimum of two views
72220	$222.00	$133.00	Radiologic examination, sacrum and coccyx, minimum of two views
72220	$222.00	$133.00	Radiologic examination, sacrum and coccyx, minimum of two views
72220	$222.00	$133.00	Radiologic examination, sacrum and coccyx, minimum of two views
72240	$260.00	$156.00	Myelography, cervical, radiological supervision and interpretation
72255	$260.00	$156.00	Myelography, thoracic, radiological supervision and interpretation
72265	$260.00	$156.00	Myelography, lumbosacral, radiological supervision and interpretation
72270	$260.00	$156.00	Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
72285	$260.00	$156.00	Diskography, cervical or thoracic, radiological supervision and interpretation
72295	$260.00	$156.00	Diskography, lumbar, radiological supervision and interpretation
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73000	$210.00	$126.00	Radiologic examination; clavicle, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73010	$210.00	$126.00	Radiologic examination; scapula, complete
73020	$210.00	$126.00	Radiologic examination, shoulder; one view
73020	$210.00	$126.00	Radiologic examination, shoulder; 1 view
73020	$210.00	$126.00	Radiologic examination, shoulder; 1 view
73020	$210.00	$126.00	Radiologic examination, shoulder; one view
73020	$210.00	$126.00	Radiologic examination, shoulder; 1 view
73020	$210.00	$126.00	Radiologic examination, shoulder; one view
73020	$210.00	$126.00	Radiologic examination, shoulder; 1 view
73020	$210.00	$126.00	Radiologic examination, shoulder; 1 view
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of two views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	
73030	$220.00	$132.00	
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of two views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of two views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of two views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73030	$220.00	$132.00	Radiologic examination, shoulder; complete, minimum of 2 views
73040	$260.00	$156.00	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	$220.00	$132.00	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73050	$220.00	$132.00	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73050	$220.00	$132.00	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	$220.00	$132.00	
73060	$220.00	$132.00	
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of two views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of two views
73060	$220.00	$132.00	
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of two views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of two views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73060	$220.00	$132.00	Radiologic examination; humerus, minimum of 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; two views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; two views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; two views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; 2 views
73070	$220.00	$132.00	Radiologic examination, elbow; two views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of three views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of three views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of three views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of three views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views
73080	$220.00	$132.00	Radiologic examination, elbow; complete, minimum of 3 views
73085	$260.00	$156.00	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, two views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, two views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73090	$210.00	$126.00	Radiologic examination; forearm, two views
73090	$210.00	$126.00	Radiologic examination; forearm, two views
73090	$210.00	$126.00	Radiologic examination; forearm, 2 views
73092	$220.00	$132.00	Radiologic examination; upper extremity, infant, minimum of 2 views
73092	$220.00	$132.00	Radiologic examination; upper extremity, infant, minimum of two views
73092	$220.00	$132.00	Radiologic examination; upper extremity, infant, minimum of 2 views
73092	$220.00	$132.00	Radiologic examination; upper extremity, infant, minimum of two views
73092	$220.00	$132.00	Radiologic examination; upper extremity, infant, minimum of 2 views
73092	$220.00	$132.00	Radiologic examination; upper extremity, infant, minimum of 2 views
73092	$220.00	$132.00	Radiologic examination; upper extremity, infant, minimum of two views
73100	$220.00	$132.00	Radiologic examination, wrist; 2 views
73100	$220.00	$132.00	Radiologic examination, wrist; 2 views
73100	$220.00	$132.00	Radiologic examination, wrist; 2 views
73100	$220.00	$132.00	Radiologic examination, wrist; 2 views
73100	$220.00	$132.00	Radiologic examination, wrist; 2 views
73100	$220.00	$132.00	Radiologic examination, wrist; 2 views
73100	$220.00	$132.00	Radiologic examination, wrist; 2 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of three views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of three views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of three views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of three views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73110	$240.00	$144.00	Radiologic examination, wrist; complete, minimum of 3 views
73120	$210.00	$126.00	Radiologic examination, hand; two views
73120	$210.00	$126.00	Radiologic examination, hand; 2 views
73120	$210.00	$126.00	Radiologic examination, hand; 2 views
73120	$210.00	$126.00	Radiologic examination, hand; two views
73120	$210.00	$126.00	Radiologic examination, hand; two views
73120	$210.00	$126.00	Radiologic examination, hand; 2 views
73120	$210.00	$126.00	Radiologic examination, hand; 2 views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of three views
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of three views
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	Radiologic examination, hand; minimum of three views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of 3 views
73130	$220.00	$132.00	
73130	$220.00	$132.00	Radiologic examination, hand; minimum of three views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of two views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of two views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of two views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of 2 views

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
73140	$240.00	$144.00	Radiologic examination, finger(s), minimum of two views
73200	$1,278.00	$767.00	
73200	$1,278.00	$767.00	
73200	$1,278.00	$767.00	Computed tomography, upper extremity; without contrast material
73200	$1,278.00	$767.00	Computed tomography, upper extremity; without contrast material
73200	$1,278.00	$767.00	
73200	$1,278.00	$767.00	Computed tomography, upper extremity; without contrast material
73200	$1,278.00	$767.00	Computed tomography, upper extremity; without contrast material
73200	$1,278.00	$767.00	
73200	$1,278.00	$767.00	
73201	$1,522.00	$913.00	Computed tomography, upper extremity; with contrast material(s)
73201	$1,522.00	$913.00	Computed tomography, upper extremity; with contrast material(s)
73201	$1,522.00	$913.00	
73201	$1,522.00	$913.00	
73201	$1,522.00	$913.00	
73201	$1,522.00	$913.00	
73201	$1,522.00	$913.00	Computed tomography, upper extremity; with contrast material(s)
73202	$1,766.00	$1,060.00	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73202	$1,766.00	$1,060.00	
73202	$1,766.00	$1,060.00	
73202	$1,766.00	$1,060.00	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73202	$1,766.00	$1,060.00	
73202	$1,766.00	$1,060.00	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73202	$1,766.00	$1,060.00	
73206	$2,010.00	$1,206.00	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-
73206	$2,010.00	$1,206.00	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-
73206	$2,010.00	$1,206.00	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-
73218	$618.74	$371.00	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	$677.08	$406.00	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	$838.16	$503.00	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further
73221	$417.10	$250.00	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	$637.58	$383.00	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	$788.58	$473.00	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	$668.30	$401.00	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73500	$210.00	$126.00	Radiologic examination, hip, unilateral; one view
73500	$210.00	$126.00	
73500	$210.00	$126.00	
73500	$210.00	$126.00	Radiologic examination, hip, unilateral; one view
73500	$210.00	$126.00	
73500	$210.00	$126.00	
73501	$210.00	$126.00	
73501	$210.00	$126.00	
73501	$210.00	$126.00	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73501	$210.00	$126.00	
73501	$210.00	$126.00	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73501	$210.00	$126.00	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73502	$260.00	$156.00	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73502	$260.00	$156.00	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73502	$260.00	$156.00	
73503	$260.00	$156.00	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73503	$260.00	$156.00	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73503	$260.00	$156.00	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73510	$210.00	$126.00	Radiologic examination, hip, unilateral; complete, minimum of two views
73510	$210.00	$126.00	Radiologic examination, hip, unilateral; complete, minimum of 2 views
73510	$210.00	$126.00	Radiologic examination, hip, unilateral; complete, minimum of 2 views
73510	$210.00	$126.00	Radiologic examination, hip, unilateral; complete, minimum of 2 views
73510	$210.00	$126.00	Radiologic examination, hip, unilateral; complete, minimum of 2 views
73520	$210.00	$126.00	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73521	$220.00	$132.00	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73521	$220.00	$132.00	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73521	$220.00	$132.00	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73521	$220.00	$132.00	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73522	$260.00	$156.00	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
73522	$260.00	$156.00	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
73522	$260.00	$156.00	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
73523	$260.00	$156.00	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
73523	$260.00	$156.00	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
73523	$260.00	$156.00	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
73525	$260.00	$156.00	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	$210.00	$126.00	Radiologic examination, hip, during operative procedure
73540	$220.00	$132.00	Radiologic examination, pelvis and hips, infant or child, minimum of two views
73550	$220.00	$132.00	Radiologic examination, femur, two views
73550	$220.00	$132.00	Radiologic examination, femur, 2 views
73550	$220.00	$132.00	Radiologic examination, femur, 2 views
73551	$210.00	$126.00	Radiologic examination, femur; 1 view
73551	$210.00	$126.00	Radiologic examination, femur; 1 view
73551	$210.00	$126.00	Radiologic examination, femur; 1 view
73552	$210.00	$126.00	Radiologic examination, femur; minimum 2 views
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73552	$210.00	$126.00	Radiologic examination, femur; minimum 2 views
73552	$210.00	$126.00	

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73552	$210.00	$126.00	Radiologic examination, femur; minimum 2 views
73552	$210.00	$126.00	Radiologic examination, femur; minimum 2 views
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73552	$210.00	$126.00	
73560	$220.00	$132.00	Radiologic examination, knee; 1 or 2 views
73560	$220.00	$132.00	Radiologic examination, knee; 1 or 2 views
73560	$220.00	$132.00	Radiologic examination, knee; one or two views
73560	$220.00	$132.00	Radiologic examination, knee; 1 or 2 views
73560	$220.00	$132.00	Radiologic examination, knee; 1 or 2 views
73560	$220.00	$132.00	Radiologic examination, knee; one or two views
73560	$220.00	$132.00	Radiologic examination, knee; 1 or 2 views
73560	$220.00	$132.00	Radiologic examination, knee; 1 or 2 views
73560	$220.00	$132.00	Radiologic examination, knee; one or two views
73560	$220.00	$132.00	Radiologic examination, knee; one or two views
73562	$240.00	$144.00	Radiologic examination, knee; 3 views
73562	$240.00	$144.00	Radiologic examination, knee; 3 views
73562	$240.00	$144.00	Radiologic examination, knee; three views
73562	$240.00	$144.00	Radiologic examination, knee; 3 views
73562	$240.00	$144.00	Radiologic examination, knee; 3 views
73562	$240.00	$144.00	Radiologic examination, knee; three views
73562	$240.00	$144.00	Radiologic examination, knee; 3 views
73562	$240.00	$144.00	Radiologic examination, knee; 3 views
73562	$240.00	$144.00	Radiologic examination, knee; 3 views
73562	$240.00	$144.00	Radiologic examination, knee; three views
73562	$240.00	$144.00	Radiologic examination, knee; three views
73564	$260.00	$156.00	Radiologic examination, knee; complete, 4 or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, 4 or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, four or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, 4 or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, 4 or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, four or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, 4 or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, four or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, 4 or more views
73564	$260.00	$156.00	Radiologic examination, knee; complete, four or more views
73565	$240.00	$144.00	Radiologic examination, knee; both knees, standing, anteroposterior
73565	$240.00	$144.00	Radiologic examination, knee; both knees, standing, anteroposterior
73565	$240.00	$144.00	Radiologic examination, knee; both knees, standing, anteroposterior
73565	$240.00	$144.00	Radiologic examination, knee; both knees, standing, anteroposterior
73580	$260.00	$156.00	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, two views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, two views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, two views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, two views
73590	$240.00	$144.00	Radiologic examination; tibia and fibula, 2 views
73592	$240.00	$144.00	Radiologic examination; lower extremity, infant, minimum of 2 views
73592	$240.00	$144.00	Radiologic examination; lower extremity, infant, minimum of 2 views
73592	$240.00	$144.00	Radiologic examination; lower extremity, infant, minimum of two views
73592	$240.00	$144.00	Radiologic examination; lower extremity, infant, minimum of two views
73592	$240.00	$144.00	Radiologic examination; lower extremity, infant, minimum of 2 views
73592	$240.00	$144.00	Radiologic examination; lower extremity, infant, minimum of 2 views
73592	$240.00	$144.00	Radiologic examination; lower extremity, infant, minimum of two views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; two views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; two views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; 2 views
73600	$240.00	$144.00	Radiologic examination, ankle; two views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of three views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of three views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of three views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of three views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73610	$240.00	$144.00	Radiologic examination, ankle; complete, minimum of 3 views
73615	$260.00	$156.00	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	$210.00	$126.00	Radiologic examination, foot; two views
73620	$210.00	$126.00	Radiologic examination, foot; 2 views
73620	$210.00	$126.00	Radiologic examination, foot; 2 views
73620	$210.00	$126.00	Radiologic examination, foot; two views
73620	$210.00	$126.00	Radiologic examination, foot; 2 views
73620	$210.00	$126.00	Radiologic examination, foot; 2 views
73620	$210.00	$126.00	Radiologic examination, foot; two views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of three views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of three views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of three views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of three views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73630	$240.00	$144.00	Radiologic examination, foot; complete, minimum of 3 views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of 2 views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of 2 views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of two views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of two views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of 2 views
73650	$240.00	$144.00	Radiologic examination; calcaneus, minimum of 2 views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of 2 views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of two views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of 2 views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of 2 views
73650	$210.00	$126.00	Radiologic examination; calcaneus, minimum of two views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of two views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of 2 views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of 2 views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of 2 views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of 2 views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of two views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of two views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of 2 views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of 2 views
73660	$210.00	$126.00	Radiologic examination; toe(s), minimum of two views
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73700	$1,241.00	$745.00	Computed tomography, lower extremity; without contrast material
73701	$1,662.00	$997.00	Computed tomography, lower extremity; with contrast material(s)
73701	$1,662.00	$997.00	Computed tomography, lower extremity; with contrast material(s)
73701	$1,662.00	$997.00	Computed tomography, lower extremity; with contrast material(s)
73701	$1,662.00	$997.00	Computed tomography, lower extremity; with contrast material(s)
73701	$1,662.00	$997.00	Computed tomography, lower extremity; with contrast material(s)
73701	$1,662.00	$997.00	Computed tomography, lower extremity; with contrast material(s)
73701	$1,662.00	$997.00	Computed tomography, lower extremity; with contrast material(s)
73702	$2,080.00	$1,248.00	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73702	$2,080.00	$1,248.00	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73702	$2,080.00	$1,248.00	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	$1,397.00	$838.00	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-
73706	$1,397.00	$838.00	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-
73706	$1,397.00	$838.00	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-
73718	$456.08	$274.00	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	$538.12	$323.00	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	$689.80	$414.00	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	$416.42	$250.00	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	$640.98	$385.00	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	$786.52	$472.00	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	$690.90	$415.00	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74018	$210.00	$126.00	Radiologic examination, abdomen; 1 view
74018	$210.00	$126.00	Radiologic examination, abdomen; 1 view
74018	$210.00	$126.00	Radiologic examination, abdomen; 1 view
74018	$210.00	$126.00	Radiologic examination, abdomen; 1 view
74019	$220.00	$132.00	Radiologic examination, abdomen; 2 views
74019	$220.00	$132.00	Radiologic examination, abdomen; 2 views
74019	$220.00	$132.00	Radiologic examination, abdomen; 2 views
74019	$220.00	$132.00	Radiologic examination, abdomen; 2 views
74021	$240.00	$144.00	Radiologic examination, abdomen; 3 or more views
74021	$240.00	$144.00	Radiologic examination, abdomen; 3 or more views
74021	$240.00	$144.00	Radiologic examination, abdomen; 3 or more views
74022	$260.00	$156.00	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74022	$260.00	$156.00	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74022	$260.00	$156.00	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	$1,375.00	$825.00	Computed tomography, abdomen; without contrast material
74150	$1,375.00	$825.00	Computed tomography, abdomen; without contrast material
74150	$1,375.00	$825.00	Computed tomography, abdomen; without contrast material

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
74160	$1,745.00	$1,047.00	Computed tomography, abdomen; with contrast material(s)
74160	$1,745.00	$1,047.00	Computed tomography, abdomen; with contrast material(s)
74160	$1,745.00	$1,047.00	Computed tomography, abdomen; with contrast material(s)
74170	$1,745.00	$1,047.00	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74170	$1,745.00	$1,047.00	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74170	$1,745.00	$1,047.00	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74174	$1,983.00	$1,190.00	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74174	$1,983.00	$1,190.00	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74175	$2,084.00	$1,250.00	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-
74175	$2,084.00	$1,250.00	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-
74175	$2,084.00	$1,250.00	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-
74176	$1,598.00	$959.00	Computed tomography, abdomen and pelvis; without contrast material
74176	$1,598.00	$959.00	Computed tomography, abdomen and pelvis; without contrast material
74176	$1,598.00	$959.00	Computed tomography, abdomen and pelvis; without contrast material
74176	$1,598.00	$959.00	Computed tomography, abdomen and pelvis; without contrast material
74177	$2,560.00	$1,536.00	Computed tomography, abdomen and pelvis; with contrast material(s)
74177	$2,560.00	$1,536.00	Computed tomography, abdomen and pelvis; with contrast material(s)
74177	$2,560.00	$1,536.00	Computed tomography, abdomen and pelvis; with contrast material(s)
74177	$2,560.00	$1,536.00	Computed tomography, abdomen and pelvis; with contrast material(s)
74178	$2,560.00	$1,536.00	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in
74178	$2,560.00	$1,536.00	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in
74178	$2,560.00	$1,536.00	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in
74181	$399.76	$240.00	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	$619.40	$372.00	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	$691.70	$415.00	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	$690.96	$415.00	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	$210.00	$126.00	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	$260.00	$156.00	Radiologic examination; pharynx and/or cervical esophagus
74220	$260.00	$156.00	Radiologic examination; esophagus
74221	$260.00	$156.00	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium
74230	$260.00	$156.00	Swallowing function, with cineradiography/videoradiography
74235	$260.00	$156.00	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	$260.00	$156.00	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74246	$260.00	$156.00	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or
74248	$260.00	$156.00	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI
74250	$260.00	$156.00	Radiologic examination, small intestine, includes multiple serial films;
74251	$260.00	$156.00	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74261	$2,222.00	$1,333.00	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	$2,222.00	$1,333.00	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	$2,222.00	$1,333.00	Computed tomographic (CT) colonography, screening, including image postprocessing
74270	$260.00	$156.00	Radiologic examination, colon; barium enema, with or without KUB
74280	$260.00	$156.00	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	$260.00	$156.00	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	$260.00	$156.00	Cholecystography, oral contrast;
74300	$210.00	$126.00	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301	$210.00	$126.00	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for
74305	$210.00	$126.00	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	$260.00	$156.00	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	$260.00	$156.00	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and
74328	$220.00	$132.00	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	$220.00	$132.00	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	$240.00	$144.00	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	$210.00	$126.00	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74355	$220.00	$132.00	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	$210.00	$126.00	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	$240.00	$144.00	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
74400	$260.00	$156.00	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74400	$260.00	$156.00	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74400	$260.00	$156.00	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410	$260.00	$156.00	Urography, infusion, drip technique and/or bolus technique;
74415	$260.00	$156.00	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	$260.00	$156.00	Urography, retrograde, with or without KUB
74425	$260.00	$156.00	Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430	$240.00	$144.00	Cystography, minimum of three views, radiological supervision and interpretation
74440	$260.00	$156.00	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	$240.00	$144.00	Corpora cavernosography, radiological supervision and interpretation
74450	$210.00	$126.00	Urethrocystography, retrograde, radiological supervision and interpretation
74455	$260.00	$156.00	Urethrocystography, voiding, radiological supervision and interpretation
74470	$210.00	$126.00	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475	$260.00	$156.00	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480	$260.00	$156.00	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485	$260.00	$156.00	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74712	$835.24	$501.00	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	$405.14	$243.00	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in
74740	$260.00	$156.00	Hysterosalpingography, radiological supervision and interpretation
74742	$220.00	$132.00	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	$220.00	$132.00	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75557	$564.98	$339.00	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75559	$756.18	$454.00	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75561	$737.54	$443.00	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75563	$858.98	$515.00	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with
75565	$91.78	$55.00	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
75571	$2,222.00	$1,333.00	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	$2,222.00	$1,333.00	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of
75573	$2,222.00	$1,333.00	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including
75574	$2,222.00	$1,333.00	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing
75580	$1,763.72	$1,058.00	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed
75600	$260.00	$156.00	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	$260.00	$156.00	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	$260.00	$156.00	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	$260.00	$156.00	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	$2,246.00	$1,348.00	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without
75635	$2,246.00	$1,348.00	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without
75635	$2,246.00	$1,348.00	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without
75705	$510.88	$307.00	Angiography, spinal, selective, radiological supervision and interpretation
75710	$293.86	$176.00	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	$322.66	$194.00	Angiography, extremity, bilateral, radiological supervision and interpretation

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
75726	$340.18	$204.00	Angiography, visceral, selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation
75731	$310.92	$187.00	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	$347.88	$209.00	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	$290.04	$174.00	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741	$258.36	$155.00	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	$294.76	$177.00	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	$271.40	$163.00	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	$326.24	$196.00	Angiography, internal mammary, radiological supervision and interpretation
75774	$260.00	$156.00	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code
75801	$240.00	$144.00	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	$306.00	$184.00	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	$240.00	$144.00	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	$306.00	$184.00	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	$260.00	$156.00	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump),
75810	$302.00	$181.00	Splenoportography, radiological supervision and interpretation
75820	$260.00	$156.00	Venography, extremity, unilateral, radiological supervision and interpretation
75822	$264.76	$159.00	Venography, extremity, bilateral, radiological supervision and interpretation
75825	$260.00	$156.00	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	$260.00	$156.00	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	$260.00	$156.00	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	$293.84	$176.00	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	$260.00	$156.00	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	$319.28	$192.00	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	$260.00	$156.00	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	$328.48	$197.00	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	$260.00	$156.00	Venography, epidural, radiological supervision and interpretation
75880	$260.00	$156.00	Venography, orbital, radiological supervision and interpretation
75885	$274.72	$165.00	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	$276.08	$166.00	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	$260.00	$156.00	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	$260.00	$156.00	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	$260.00	$156.00	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	$348.00	$209.00	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	$353.00	$212.00	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	$437.00	$262.00	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75901	$451.54	$271.00	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and
75902	$172.68	$104.00	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and
75945	$116.00	$70.00	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	$117.00	$70.00	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to
75956	$1,936.00	$1,162.00	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic
75957	$1,656.00	$994.00	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic
75958	$1,074.00	$644.00	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating
75959	$971.00	$583.00	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological
75970	$260.00	$156.00	Transcatheter biopsy, radiological supervision and interpretation
75980	$379.00	$227.00	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	$379.00	$227.00	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients
75984	$189.50	$114.00	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
75989	$260.00	$156.00	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement
76000	$396.00	$238.00	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76000	$396.00	$238.00	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76000	$396.00	$238.00	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76000	$396.00	$238.00	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76000	$396.00	$238.00	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76010	$59.14	$35.00	Radiologic examination from nose to rectum for foreign body, single view, child
76014	$22.34	$13.00	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate
76015	$107.58	$65.00	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate
76016	$147.40	$88.00	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant
76017	$458.72	$275.00	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and
76018	$232.26	$139.00	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of
76019	$303.92	$182.00	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical
76080	$120.32	$72.00	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76098	$86.54	$52.00	Radiological examination, surgical specimen
76100	$177.42	$106.00	Radiologic examination, single plane body section (eg, tomography), other than with urography
76120	$222.58	$134.00	Cineradiography/videoradiography, except where specifically included
76125	$73.00	$44.00	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76145	$2,004.86	$1,203.00	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report
76376	$33.24	$20.00	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not
76377	$158.96	$95.00	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring
76380	$267.40	$160.00	Computed tomography, limited or localized follow-up study
76391	$409.28	$246.00	Magnetic resonance (eg, vibration) elastography
76497	$2,222.00	$1,333.00	Unlisted computed tomography procedure (eg, diagnostic, interventional)
76506	$220.88	$133.00	Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents
76510	$135.96	$82.00	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	$112.98	$68.00	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	$95.50	$57.00	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	$149.88	$90.00	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	$22.46	$13.00	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	$93.92	$56.00	Ophthalmic biometry by ultrasound echography, A-scan;
76519	$137.10	$82.00	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	$169.56	$102.00	Ophthalmic ultrasonic foreign body localization
76536	$168.64	$101.00	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation
76536	$168.64	$101.00	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation
76536	$168.64	$101.00	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation
76536	$168.64	$101.00	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation
76604	$116.22	$70.00	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation
76604	$116.22	$70.00	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation
76604	$116.22	$70.00	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation
76641	$137.46	$82.00	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76641	$137.46	$82.00	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76641	$137.46	$82.00	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	$106.80	$64.00	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
76642	$106.80	$64.00	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
76642	$106.80	$64.00	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
76700	$157.74	$95.00	Ultrasound, abdominal, real time with image documentation; complete
76700	$157.74	$95.00	Ultrasound, abdominal, real time with image documentation; complete
76700	$157.74	$95.00	Ultrasound, abdominal, real time with image documentation; complete
76700	$157.74	$95.00	Ultrasound, abdominal, real time with image documentation; complete

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
76705	$120.42	$72.00	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76705	$120.42	$72.00	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76705	$120.42	$72.00	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76705	$120.42	$72.00	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76706	$165.38	$99.00	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
76706	$165.38	$99.00	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
76706	$165.38	$99.00	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
76770	$148.90	$89.00	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete
76770	$148.90	$89.00	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete
76770	$148.90	$89.00	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete
76775	$67.98	$41.00	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76775	$67.98	$41.00	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76775	$67.98	$41.00	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76776	$295.28	$177.00	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
76800	$362.72	$218.00	Ultrasound, spinal canal and contents
76801	$142.22	$85.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach;
76801	$142.22	$85.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach;
76801	$142.22	$85.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach;
76801	$142.22	$85.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach;
76802	$42.24	$25.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach;
76802	$42.24	$25.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach;
76805	$177.50	$107.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal
76805	$177.50	$107.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal
76805	$177.50	$107.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal
76810	$82.28	$49.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal
76810	$82.28	$49.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal
76811	$355.86	$214.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal
76812	$380.20	$228.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal
76813	$227.60	$137.00	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal
76814	$146.54	$88.00	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal
76815	$102.04	$61.00	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid
76815	$102.04	$61.00	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid
76815	$102.04	$61.00	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid
76816	$218.48	$131.00	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and
76817	$114.98	$69.00	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76817	$114.98	$69.00	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76817	$114.98	$69.00	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	$238.72	$143.00	Fetal biophysical profile; with non-stress testing
76819	$172.24	$103.00	Fetal biophysical profile; without non-stress testing
76820	$88.18	$53.00	Doppler velocimetry, fetal; umbilical artery
76821	$176.68	$106.00	Doppler velocimetry, fetal; middle cerebral artery
76825	$516.60	$310.00	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	$311.04	$187.00	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	$138.20	$83.00	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	$96.18	$58.00	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	$173.42	$104.00	Ultrasound, transvaginal
76830	$173.42	$104.00	Ultrasound, transvaginal
76830	$173.42	$104.00	Ultrasound, transvaginal
76830	$173.42	$104.00	Ultrasound, transvaginal
76831	$230.30	$138.00	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	$147.54	$89.00	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76856	$147.54	$89.00	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76856	$147.54	$89.00	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76856	$147.54	$89.00	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76857	$100.28	$60.00	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)
76857	$100.28	$60.00	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)
76870	$142.08	$85.00	Ultrasound, scrotum and contents
76870	$142.08	$85.00	Ultrasound, scrotum and contents
76870	$142.08	$85.00	Ultrasound, scrotum and contents
76870	$142.08	$85.00	Ultrasound, scrotum and contents
76872	$398.64	$239.00	Ultrasound, transrectal;
76873	$351.42	$211.00	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76881	$21.66	$13.00	
76881	$21.66	$13.00	
76881	$21.66	$13.00	
76881	$21.66	$13.00	
76882	$64.56	$39.00	
76882	$64.56	$39.00	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific
76882	$64.56	$39.00	
76882	$64.56	$39.00	
76882	$64.56	$39.00	
76882	$64.56	$39.00	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific
76882	$64.56	$39.00	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific
76883	$143.42	$86.00	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging
76885	$271.50	$163.00	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
76886	$199.94	$120.00	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)
76932	$191.00	$115.00	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	$516.60	$310.00	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion
76937	$77.02	$46.00	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent
76940	$558.00	$335.00	Ultrasound guidance for, and monitoring of, visceral tissue ablation
76941	$363.00	$218.00	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	$59.12	$35.00	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76942	$59.12	$35.00	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76942	$59.12	$35.00	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	$181.00	$109.00	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	$66.72	$40.00	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	$160.56	$96.00	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76965	$190.20	$114.00	Ultrasonic guidance for interstitial radioelement application
76975	$220.00	$132.00	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	$14.54	$9.00	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76978	$390.44	$234.00	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
76979	$248.84	$149.00	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately
76981	$213.50	$128.00	Ultrasound, elastography; parenchyma (eg, organ)
76982	$186.40	$112.00	Ultrasound, elastography; first target lesion
76983	$119.44	$72.00	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)
76998	$111.00	$67.00	Ultrasonic guidance, intraoperative
77001	$196.40	$118.00	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
77002	$230.14	$138.00	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	$207.48	$124.00	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural,
77011	$2,222.00	$1,333.00	Computed tomography guidance for stereotactic localization
77012	$2,222.00	$1,333.00	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77013	$2,222.00	$1,333.00	Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation
77014	$2,222.00	$1,333.00	Computed tomography guidance for placement of radiation therapy fields
77021	$843.94	$506.00	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision
77022	$327.00	$196.00	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
77046	$434.00	$260.00	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	$447.04	$268.00	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	$687.90	$413.00	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection,
77049	$700.12	$420.00	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection,
77053	$108.18	$65.00	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054	$139.94	$84.00	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77063	$104.76	$63.00	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
77065	$253.58	$152.00	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	$319.78	$192.00	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	$259.32	$156.00	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
77071	$210.00	$126.00	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
77072	$210.00	$126.00	Bone age studies
77072	$210.00	$126.00	Bone age studies
77072	$210.00	$126.00	Bone age studies
77073	$91.46	$55.00	Bone length studies (orthoroentgenogram, scanogram)
77074	$131.80	$79.00	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	$148.90	$89.00	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076	$210.00	$126.00	Radiologic examination, osseous survey, infant
77076	$210.00	$126.00	Radiologic examination, osseous survey, infant
77076	$210.00	$126.00	Radiologic examination, osseous survey, infant
77077	$93.28	$56.00	Joint survey, single view, 2 or more joints (specify)
77078	$2,222.00	$1,333.00	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77080	$79.50	$48.00	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	$64.52	$39.00	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77084	$647.84	$389.00	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
77085	$109.04	$65.00	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
77086	$69.38	$42.00	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
77089	$80.72	$48.00	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale
77090	$5.98	$4.00	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed
77091	$55.72	$33.00	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only
77092	$19.02	$11.00	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care
77261	$139.76	$84.00	Therapeutic radiology treatment planning; simple
77262	$215.72	$129.00	Therapeutic radiology treatment planning; intermediate
77263	$334.78	$201.00	Therapeutic radiology treatment planning; complex
77280	$544.92	$327.00	Therapeutic radiology simulation-aided field setting; simple
77285	$904.80	$543.00	Therapeutic radiology simulation-aided field setting; intermediate
77290	$894.72	$537.00	Therapeutic radiology simulation-aided field setting; complex
77293	$815.62	$489.00	Respiratory motion management simulation (List separately in addition to code for primary procedure)
77295	$977.90	$587.00	Therapeutic radiology simulation-aided field setting; three-dimensional
77300	$135.22	$81.00	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation
77301	$3,752.72	$2,252.00	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77306	$301.44	$181.00	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
77307	$585.82	$351.00	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations),
77316	$501.44	$301.00	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry
77317	$659.82	$396.00	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic
77318	$936.74	$562.00	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic
77321	$191.34	$115.00	Special teletherapy port plan, particles, hemibody, total body
77331	$130.94	$79.00	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	$82.04	$49.00	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	$277.22	$166.00	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	$254.78	$153.00	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	$185.64	$111.00	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment
77338	$955.96	$574.00	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77370	$304.20	$183.00	Special medical radiation physics consultation
77371	$6,361.00	$3,817.00	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session; multi-source Cobalt
77372	$1,900.94	$1,141.00	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session; linear accelerator
77373	$1,995.42	$1,197.00	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77401	$83.64	$50.00	Radiation treatment delivery, superficial and/or ortho voltage
77402	$519.00	$311.00	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77407	$639.00	$383.00	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77412	$751.00	$451.00	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special
77417	$33.08	$20.00	Therapeutic radiology port film(s)
77423	$830.00	$498.00	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or
77427	$382.02	$229.00	Radiation treatment management, five treatments
77431	$215.84	$130.00	Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432	$845.14	$507.00	Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)
77435	$1,277.64	$767.00	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to
77469	$639.06	$383.00	Intraoperative radiation treatment management
77470	$292.36	$175.00	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77600	$1,106.32	$664.00	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	$1,909.98	$1,146.00	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	$1,371.32	$823.00	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	$2,163.68	$1,298.00	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	$1,278.48	$767.00	Hyperthermia generated by intracavitary probe(s)
77750	$797.88	$479.00	Infusion or instillation of radioelement solution (includes three months follow-up care)
77761	$858.06	$515.00	Intracavitary radiation source application; simple
77762	$1,126.56	$676.00	Intracavitary radiation source application; intermediate
77763	$1,597.48	$958.00	Intracavitary radiation source application; complex
77767	$508.04	$305.00	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1
77768	$746.92	$448.00	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or
77770	$707.16	$424.00	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	$1,236.24	$742.00	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	$1,848.52	$1,109.00	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
77776	$1,183.00	$710.00	Interstitial radiation source application; simple
77777	$1,963.00	$1,178.00	Interstitial radiation source application; intermediate
77778	$1,878.04	$1,127.00	Interstitial radiation source application; complex
77789	$268.98	$161.00	Surface application of radiation source
77790	$38.54	$23.00	Supervision, handling, loading of radiation source
78012	$164.40	$99.00	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

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78013	$342.06	$205.00	Thyroid imaging (including vascular flow, when performed);
78014	$434.32	$261.00	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression,
78015	$424.14	$254.00	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	$503.56	$302.00	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	$567.34	$340.00	Thyroid carcinoma metastases imaging; whole body
78020	$159.12	$95.00	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	$537.38	$322.00	Parathyroid imaging
78071	$636.90	$382.00	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
78072	$788.72	$473.00	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for
78075	$807.04	$484.00	Adrenal imaging, cortex and/or medulla
78102	$322.46	$193.00	Bone marrow imaging; limited area
78103	$341.78	$205.00	Bone marrow imaging; multiple areas
78104	$455.78	$273.00	Bone marrow imaging; whole body
78110	$141.10	$85.00	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	$185.96	$112.00	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	$144.38	$87.00	Red cell volume determination (separate procedure); single sampling
78121	$191.12	$115.00	Red cell volume determination (separate procedure); multiple samplings
78122	$200.82	$120.00	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	$251.44	$151.00	Red cell survival study;
78140	$220.94	$133.00	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)
78185	$310.78	$186.00	Spleen imaging only, with or without vascular flow
78191	$251.44	$151.00	Platelet survival study
78195	$642.88	$386.00	Lymphatics and lymph nodes imaging
78201	$355.48	$213.00	Liver imaging; static only
78202	$394.64	$237.00	Liver imaging; with vascular flow
78215	$364.88	$219.00	Liver and spleen imaging; static only
78216	$274.58	$165.00	Liver and spleen imaging; with vascular flow
78226	$589.34	$354.00	Hepatobiliary system imaging, including gallbladder when present;
78227	$791.58	$475.00	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
78230	$328.88	$197.00	Salivary gland imaging;
78231	$210.30	$126.00	Salivary gland imaging; with serial images
78232	$207.04	$124.00	Salivary gland function study
78258	$398.06	$239.00	Esophageal motility
78261	$367.84	$221.00	Gastric mucosa imaging
78262	$452.06	$271.00	Gastroesophageal reflux study
78264	$601.30	$361.00	Gastric emptying study
78265	$716.56	$430.00	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266	$806.04	$484.00	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
78278	$634.10	$380.00	Acute gastrointestinal blood loss imaging
78282	$106.00	$64.00	Gastrointestinal protein loss
78290	$599.72	$360.00	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	$482.66	$290.00	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78300	$411.50	$247.00	Bone and/or joint imaging; limited area
78305	$501.20	$301.00	Bone and/or joint imaging; multiple areas
78306	$535.86	$322.00	Bone and/or joint imaging; whole body
78315	$629.24	$378.00	Bone and/or joint imaging; three phase study
78414	$125.00	$75.00	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise,
78428	$345.48	$207.00	Cardiac shunt detection
78445	$347.70	$209.00	Non-cardiac vascular flow imaging (ie, angiography, venography)
78451	$620.18	$372.00	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or
78452	$854.58	$513.00	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or
78453	$534.76	$321.00	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional
78454	$792.04	$475.00	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional
78456	$570.18	$342.00	Acute venous thrombosis imaging, peptide
78457	$314.08	$188.00	Venous thrombosis imaging, venogram; unilateral
78458	$385.18	$231.00	Venous thrombosis imaging, venogram; bilateral
78459	$413.00	$248.00	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78466	$323.42	$194.00	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	$367.22	$220.00	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	$413.06	$248.00	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	$417.66	$251.00	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction,
78473	$530.52	$318.00	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic),
78481	$325.30	$195.00	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection
78483	$439.38	$264.00	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/ or pharmacologic), wall motion study plus
78491	$418.00	$251.00	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	$525.00	$315.00	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	$422.48	$253.00	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	$82.72	$50.00	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to
78579	$342.54	$206.00	Pulmonary ventilation imaging (eg, aerosol or gas)
78580	$431.98	$259.00	Pulmonary perfusion imaging, particulate
78582	$601.32	$361.00	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
78597	$367.52	$221.00	Quantitative differential pulmonary perfusion, including imaging when performed
78598	$545.56	$327.00	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
78600	$337.76	$203.00	Brain imaging, limited procedure; static
78601	$398.88	$239.00	Brain imaging, limited procedure; with vascular flow
78605	$372.10	$223.00	Brain imaging, complete study; static
78606	$599.84	$360.00	Brain imaging, complete study; with vascular flow
78608	$394.00	$236.00	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	$394.00	$236.00	Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	$324.70	$195.00	Brain imaging, vascular flow only
78630	$612.68	$368.00	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	$614.24	$369.00	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	$589.84	$354.00	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78650	$492.60	$296.00	Cerebrospinal fluid leakage detection and localization
78660	$266.12	$160.00	Radiopharmaceutical dacryocystography
78700	$317.98	$191.00	Kidney imaging; static only
78701	$417.32	$250.00	Kidney imaging; with vascular flow
78707	$429.98	$258.00	Kidney imaging with vascular flow and function; single study without pharmacological intervention
78708	$354.16	$213.00	Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	$671.56	$403.00	Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor
78725	$197.08	$118.00	Kidney function study, non-imaging radioisotopic study
78730	$134.30	$81.00	Urinary bladder residual study
78740	$424.58	$255.00	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	$394.60	$237.00	Testicular imaging; with vascular flow
78800	$462.78	$278.00	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	$495.50	$297.00	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	$558.50	$335.00	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
78803	$686.42	$412.00	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78804	$1,159.50	$696.00	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging
78811	$418.00	$251.00	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	$517.00	$310.00	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	$535.00	$321.00	Tumor imaging, positron emission tomography (PET); whole body
78814	$584.00	$350.00	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical
78815	$646.00	$388.00	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical
78816	$663.00	$398.00	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical
78830	$862.76	$518.00	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool
78831	$1,283.42	$770.00	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool
78832	$1,627.86	$977.00	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool
78835	$178.72	$107.00	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)
79005	$268.66	$161.00	Radiopharmaceutical therapy, by oral administration
79101	$290.14	$174.00	Radiopharmaceutical therapy, by intravenous administration
79200	$260.52	$156.00	Radiopharmaceutical therapy, by intracavitary administration
79300	$443.00	$266.00	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	$339.84	$204.00	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	$234.10	$140.00	Radiopharmaceutical therapy, by intra-articular administration
79445	$637.00	$382.00	Radiopharmaceutical therapy, by intra-arterial particulate administration
80048	$116.00	$70.00	Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947)
80048	$116.00	$70.00	Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947)
80048	$116.00	$70.00	Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947)
80048	$116.00	$70.00	Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947)
80048	$116.00	$70.00	Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947)
80053	$158.00	$95.00	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate)
80053	$158.00	$95.00	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate)
80061	$145.00	$87.00	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL
80069	$18.80	$11.00	Renal function panel This panel must include the following: Albumin (82040) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435)
80074	$216.00	$130.00	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM
80076	$136.00	$82.00	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075)
80178	$90.00	$54.00	Lithium
80197	$210.00	$126.00	Tacrolimus
80305	$52.00	$31.00	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical
80305	$52.00	$31.00	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical
80305	$52.00	$31.00	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical
80305	$52.00	$31.00	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical
80305	$52.00	$31.00	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical
80307	$550.00	$330.00	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay
80320	$180.00	$108.00	Alcohols
80326	$33.93	$20.00	Amphetamines; 5 or more
80331	$33.93	$20.00	Analgesics, non-opioid; 6 or more
80334	$33.93	$20.00	Antidepressants, serotonergic class; 6 or more
80337	$33.93	$20.00	Antidepressants, tricyclic and other cyclicals; 6 or more
80338	$33.93	$20.00	Antidepressants, not otherwise specified
80341	$33.93	$20.00	Antiepileptics, not otherwise specified; 7 or more
80344	$33.93	$20.00	Antipsychotics, not otherwise specified; 7 or more
80347	$33.93	$20.00	Benzodiazepines; 13 or more
80348	$33.93	$20.00	Buprenorphine
80349	$100.00	$60.00	Cannabinoids, natural
80353	$33.93	$20.00	Cocaine
80354	$33.93	$20.00	Fentanyl
80355	$33.93	$20.00	Gabapentin, non-blood
80357	$33.93	$20.00	Ketamine and norketamine
80358	$33.93	$20.00	Methadone
80359	$33.93	$20.00	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	$33.93	$20.00	Methylphenidate
80361	$33.93	$20.00	Opiates, 1 or more
80364	$33.93	$20.00	Opioids and opiate analogs; 5 or more
80365	$33.93	$20.00	Oxycodone
80366	$33.93	$20.00	Pregabalin
80367	$33.93	$20.00	Propoxyphene
80368	$33.93	$20.00	Sedative hypnotics (non-benzodiazepines)
80370	$33.93	$20.00	Skeletal muscle relaxants; 3 or more
80371	$33.93	$20.00	Stimulants, synthetic
80372	$33.93	$20.00	Tapentadol
80373	$33.93	$20.00	Tramadol
80377	$33.93	$20.00	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
80503	$53.64	$32.00	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making
80504	$103.72	$62.00	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical
80505	$189.06	$113.00	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of
80506	$82.92	$50.00	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)
81001	$45.00	$27.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number
81002	$30.00	$18.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number
81002	$30.00	$18.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number
81002	$30.00	$18.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number
81002	$30.00	$18.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number
81003	$33.75	$20.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number
81015	$37.00	$22.00	Urinalysis; microscopic only
81015	$37.00	$22.00	Urinalysis; microscopic only
81015	$37.00	$22.00	Urinalysis; microscopic only
81025	$60.00	$36.00	Urine pregnancy test, by visual color comparison methods
81025	$60.00	$36.00	Urine pregnancy test, by visual color comparison methods
81025	$60.00	$36.00	Urine pregnancy test, by visual color comparison methods
81025	$60.00	$36.00	Urine pregnancy test, by visual color comparison methods
81374	$525.00	$315.00	HLA Class I typing, low resolution (eg, antigen equivalents); 1 antigen equivalent (eg, B*27), each
82024	$240.00	$144.00	Adrenocorticotropic hormone (ACTH)
82040	$65.00	$39.00	Albumin; serum
82040	$65.00	$39.00	Albumin; serum
82040	$65.00	$39.00	Albumin; serum
82040	$65.00	$39.00	Albumin; serum
82040	$65.00	$39.00	Albumin; serum
82043	$35.00	$21.00	Albumin; urine, microalbumin, quantitative
82088	$180.00	$108.00	Aldosterone
82105	$120.00	$72.00	Alpha-fetoprotein; serum
82150	$30.00	$18.00	Amylase
82150	$30.00	$18.00	Amylase
82150	$30.00	$18.00	Amylase

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
82150	$30.00	$18.00	Amylase
82150	$30.00	$18.00	Amylase
82172	$180.00	$108.00	Apolipoprotein, each
82247	$90.00	$54.00	Bilirubin; total
82247	$90.00	$54.00	Bilirubin; total
82247	$90.00	$54.00	Bilirubin; total
82247	$90.00	$54.00	Bilirubin; total
82247	$90.00	$54.00	Bilirubin; total
82248	$16.00	$10.00	Bilirubin; direct
82270	$26.00	$16.00	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, 1-3 simultaneous determinations
82270	$26.00	$16.00	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, 1-3 simultaneous determinations
82272	$26.00	$16.00	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single specimen (eg, from digital rectal exam)
82272	$26.00	$16.00	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single specimen (eg, from digital rectal exam)
82274	$90.00	$54.00	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82274	$90.00	$54.00	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82274	$90.00	$54.00	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82274	$90.00	$54.00	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82306	$200.00	$120.00	Calcifediol (25-OH Vitamin D-3)
82310	$87.00	$52.00	Calcium; total
82330	$120.00	$72.00	Calcium; ionized
82390	$40.00	$24.00	Ceruloplasmin
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82435	$30.00	$18.00	Chloride; blood
82523	$300.00	$180.00	Collagen cross links, any method
82525	$180.00	$108.00	Copper
82530	$130.00	$78.00	Cortisol; free
82533	$80.00	$48.00	Cortisol; total
82550	$24.00	$14.00	Creatine kinase (CK), (CPK); total
82553	$78.00	$47.00	Creatine kinase (CK), (CPK); MB fraction only
82553	$78.00	$47.00	Creatine kinase (CK), (CPK); MB fraction only
82553	$78.00	$47.00	Creatine kinase (CK), (CPK); MB fraction only
82553	$78.00	$47.00	Creatine kinase (CK), (CPK); MB fraction only
82565	$68.00	$41.00	Creatinine; blood
82565	$68.00	$41.00	Creatinine; blood
82565	$68.00	$41.00	Creatinine; blood
82565	$68.00	$41.00	Creatinine; blood
82565	$68.00	$41.00	Creatinine; blood
82570	$40.00	$24.00	Creatinine; other source
82607	$60.00	$36.00	Cyanocobalamin (Vitamin B-12);
82610	$148.00	$89.00	Cystatin C
82627	$150.00	$90.00	Dehydroepiandrosterone-sulfate (DHEA-S)
82642	$135.00	$81.00	Dihydrotestosterone (DHT)
82668	$120.00	$72.00	Erythropoietin
82670	$180.00	$108.00	Estradiol
82672	$180.00	$108.00	Estrogens; total
82679	$205.00	$123.00	Estrone
82728	$156.00	$94.00	Ferritin
82746	$60.00	$36.00	Folic acid; serum
82747	$74.50	$45.00	Folic acid; RBC
82784	$55.00	$33.00	Gammaglobulin; IgA, IgD, IgG, IgM, each
82784	$55.00	$33.00	
82784	$55.00	$33.00	
82785	$55.00	$33.00	Gammaglobulin; IgE
82803	$150.00	$90.00	Gases, blood, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);
82803	$150.00	$90.00	Gases, blood, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);
82803	$150.00	$90.00	Gases, blood, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);
82803	$150.00	$90.00	Gases, blood, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);
82947	$42.00	$25.00	Glucose; quantitative, blood (except reagent strip)
82947	$42.00	$25.00	Glucose; quantitative, blood (except reagent strip)
82947	$42.00	$25.00	Glucose; quantitative, blood (except reagent strip)
82947	$42.00	$25.00	Glucose; quantitative, blood (except reagent strip)
82947	$42.00	$25.00	Glucose; quantitative, blood (except reagent strip)
82950	$40.00	$24.00	Glucose; post glucose dose (includes glucose)
82950	$40.00	$24.00	Glucose; post glucose dose (includes glucose)
82950	$40.00	$24.00	Glucose; post glucose dose (includes glucose)
82950	$40.00	$24.00	Glucose; post glucose dose (includes glucose)
82950	$40.00	$24.00	Glucose; post glucose dose (includes glucose)
82951	$60.00	$36.00	Glucose; tolerance test (GTT), three specimens (includes glucose)
82951	$60.00	$36.00	Glucose; tolerance test (GTT), three specimens (includes glucose)
82951	$60.00	$36.00	Glucose; tolerance test (GTT), three specimens (includes glucose)
82977	$24.00	$14.00	Glutamyltransferase, gamma (GGT)
82977	$24.00	$14.00	Glutamyltransferase, gamma (GGT)
82977	$24.00	$14.00	Glutamyltransferase, gamma (GGT)
82977	$24.00	$14.00	Glutamyltransferase, gamma (GGT)
82977	$24.00	$14.00	Glutamyltransferase, gamma (GGT)
83001	$75.00	$45.00	Gonadotropin; follicle stimulating hormone (FSH)
83002	$75.00	$45.00	Gonadotropin; luteinizing hormone (LH)
83013	$150.00	$90.00	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)
83020	$106.00	$64.00	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83036	$142.00	$85.00	Hemoglobin; glycosylated (A1C)
83037	$45.00	$27.00	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83037	$45.00	$27.00	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83037	$45.00	$27.00	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83037	$45.00	$27.00	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83037	$45.00	$27.00	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83090	$180.00	$108.00	Homocystine
83520	$160.00	$96.00	Immunoassay, analyte, quantitative; not otherwise specified
83525	$75.00	$45.00	Insulin; total
83540	$22.50	$14.00	Iron

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
83550	$22.50	$14.00	Iron binding capacity
83605	$75.00	$45.00	Lactate (lactic acid)
83605	$75.00	$45.00	Lactate (lactic acid)
83605	$75.00	$45.00	Lactate (lactic acid)
83605	$75.00	$45.00	Lactate (lactic acid)
83605	$75.00	$45.00	Lactate (lactic acid)
83615	$24.00	$14.00	Lactate dehydrogenase (LD), (LDH);
83655	$60.00	$36.00	ASSAY OF LEAD
83655	$60.00	$36.00	ASSAY OF LEAD
83655	$60.00	$36.00	ASSAY OF LEAD
83655	$60.00	$36.00	ASSAY OF LEAD
83655	$60.00	$36.00	ASSAY OF LEAD
83690	$30.00	$18.00	Lipase
83695	$95.00	$57.00	Lipoprotein (a)
83698	$250.00	$150.00	Lipoprotein-associated phospholipase A2, (Lp-PLA2)
83704	$145.00	$87.00	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear magnetic resonance spectroscopy)
83721	$60.00	$36.00	Lipoprotein, direct measurement; direct measurement, LDL cholesterol
83735	$30.00	$18.00	Magnesium
83825	$168.00	$101.00	ASSAY OF MERCURY
83874	$84.00	$50.00	Myoglobin
83874	$84.00	$50.00	Myoglobin
83874	$84.00	$50.00	Myoglobin
83874	$84.00	$50.00	Myoglobin
83880	$200.00	$120.00	Natriuretic peptide
83935	$60.00	$36.00	Osmolality; urine
83970	$87.00	$52.00	Parathormone (parathyroid hormone)
83992	$33.93	$20.00	Phencyclidine (PCP)
84075	$24.00	$14.00	Phosphatase, alkaline;
84075	$24.00	$14.00	Phosphatase, alkaline;
84075	$24.00	$14.00	Phosphatase, alkaline;
84075	$24.00	$14.00	Phosphatase, alkaline;
84075	$24.00	$14.00	Phosphatase, alkaline;
84080	$162.00	$97.00	Phosphatase, alkaline; isoenzymes
84100	$24.00	$14.00	Phosphorus inorganic (phosphate);
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	Potassium; serum, plasma or whole blood
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	Potassium; serum, plasma or whole blood
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	
84132	$23.00	$14.00	Potassium; serum, plasma or whole blood
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	Potassium; serum, plasma or whole blood
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	
84132	$23.00	$14.00	Potassium; serum, plasma or whole blood
84132	$23.00	$14.00	Potassium; serum
84132	$23.00	$14.00	Potassium; serum
84134	$80.00	$48.00	Prealbumin
84144	$200.00	$120.00	Progesterone
84146	$90.00	$54.00	Prolactin
84152	$120.00	$72.00	Prostate specific antigen (PSA); complexed (direct measurement)
84153	$120.00	$72.00	Prostate specific antigen (PSA); total
84155	$40.00	$24.00	Protein, total, except by refractometry; serum
84155	$40.00	$24.00	Protein, total, except by refractometry; serum
84155	$40.00	$24.00	Protein, total, except by refractometry; serum
84155	$40.00	$24.00	Protein, total, except by refractometry; serum
84155	$40.00	$24.00	Protein, total, except by refractometry; serum
84156	$40.00	$24.00	Protein, total, except by refractometry; urine
84165	$101.00	$61.00	Protein; electrophoretic fractionation and quantitation, serum
84166	$101.00	$61.00	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)
84181	$106.00	$64.00	Protein; Western Blot, with interpretation and report, blood or other body fluid
84182	$111.00	$67.00	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84207	$250.00	$150.00	Pyridoxal phosphate (Vitamin B-6)
84244	$180.00	$108.00	Renin
84270	$150.00	$90.00	Sex hormone binding globulin (SHBG)
84295	$30.00	$18.00	Sodium; serum
84295	$30.00	$18.00	Sodium; serum, plasma or whole blood
84295	$30.00	$18.00	
84295	$30.00	$18.00	Sodium; serum
84295	$30.00	$18.00	Sodium; serum, plasma or whole blood
84295	$30.00	$18.00	Sodium; serum
84295	$30.00	$18.00	Sodium; serum, plasma or whole blood
84295	$30.00	$18.00	
84295	$30.00	$18.00	Sodium; serum
84295	$30.00	$18.00	Sodium; serum, plasma or whole blood
84295	$30.00	$18.00	Sodium; serum, plasma or whole blood
84295	$30.00	$18.00	
84295	$30.00	$18.00	Sodium; serum
84305	$240.00	$144.00	Somatomedin
84402	$80.00	$48.00	Testosterone; free
84403	$130.00	$78.00	Testosterone; total
84425	$140.00	$84.00	Thiamine (Vitamin B-1)
84436	$30.00	$18.00	Thyroxine; total
84439	$90.00	$54.00	Thyroxine; free
84443	$90.00	$54.00	Thyroid stimulating hormone (TSH)
84445	$500.00	$300.00	Thyroid stimulating immune globulins (TSI)
84450	$24.00	$14.00	Transferase; aspartate amino (AST) (SGOT)
84450	$24.00	$14.00	Transferase; aspartate amino (AST) (SGOT)
84450	$24.00	$14.00	Transferase; aspartate amino (AST) (SGOT)
84450	$24.00	$14.00	Transferase; aspartate amino (AST) (SGOT)
84450	$24.00	$14.00	Transferase; aspartate amino (AST) (SGOT)
84460	$24.00	$14.00	Transferase; alanine amino (ALT) (SGPT)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
84460	$24.00	$14.00	Transferase; alanine amino (ALT) (SGPT)
84460	$24.00	$14.00	Transferase; alanine amino (ALT) (SGPT)
84460	$24.00	$14.00	Transferase; alanine amino (ALT) (SGPT)
84460	$24.00	$14.00	Transferase; alanine amino (ALT) (SGPT)
84466	$70.00	$42.00	Transferrin
84478	$16.00	$10.00	Triglycerides
84480	$120.00	$72.00	Triiodothyronine T3; total (TT-3)
84481	$142.50	$86.00	Triiodothyronine T3; free
84482	$195.00	$117.00	Triiodothyronine T3; reverse
84484	$145.00	$87.00	Troponin, quantitative
84484	$145.00	$87.00	Troponin, quantitative
84484	$145.00	$87.00	Troponin, quantitative
84484	$145.00	$87.00	Troponin, quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	
84520	$30.00	$18.00	Urea nitrogen; quantitative
84520	$30.00	$18.00	Urea nitrogen; quantitative
84550	$24.00	$14.00	Uric acid; blood
84681	$150.00	$90.00	C-peptide
84702	$60.00	$36.00	Gonadotropin, chorionic (hCG); quantitative
84702	$60.00	$36.00	Gonadotropin, chorionic (hCG); quantitative
84703	$50.00	$30.00	Gonadotropin, chorionic (hCG); qualitative
85014	$74.50	$45.00	Blood count; hematocrit (Hct)
85014	$74.50	$45.00	Blood count; hematocrit (Hct)
85014	$74.50	$45.00	Blood count; hematocrit (Hct)
85018	$35.00	$21.00	Blood count; hemoglobin (Hgb)
85018	$35.00	$21.00	Blood count; hemoglobin (Hgb)
85018	$35.00	$21.00	Blood count; hemoglobin (Hgb)
85018	$35.00	$21.00	Blood count; hemoglobin (Hgb)
85018	$35.00	$21.00	Blood count; hemoglobin (Hgb)
85025	$76.00	$46.00	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85025	$76.00	$46.00	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85025	$76.00	$46.00	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85025	$76.00	$46.00	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	$17.00	$10.00	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85045	$30.00	$18.00	Blood count; reticulocyte, automated
85060	$45.94	$28.00	Blood smear, peripheral, interpretation by physician with written report
85097	$138.38	$83.00	Bone marrow, smear interpretation
85378	$117.00	$70.00	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85378	$117.00	$70.00	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85378	$117.00	$70.00	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	$392.00	$236.00	Fibrin degradation products, D-dimer; quantitative
85379	$196.00	$118.00	Fibrin degradation products, D-dimer; quantitative
85379	$196.00	$118.00	Fibrin degradation products, D-dimer; quantitative
85379	$196.00	$118.00	Fibrin degradation products, D-dimer; quantitative
85390	$101.00	$61.00	Fibrinolysins or coagulopathy screen, interpretation and report
85396	$37.46	$22.00	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including
85396	$37.46	$22.00	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including
85576	$110.00	$66.00	Platelet, aggregation (in vitro), each agent
85610	$65.00	$39.00	Prothrombin time;
85610	$65.00	$39.00	Prothrombin time;
85610	$65.00	$39.00	Prothrombin time;
85610	$65.00	$39.00	Prothrombin time;
85610	$65.00	$39.00	Prothrombin time;
85651	$31.00	$19.00	Sedimentation rate, erythrocyte; non-automated
85652	$27.00	$16.00	Sedimentation rate, erythrocyte; automated
85730	$30.00	$18.00	Thromboplastin time, partial (PTT); plasma or whole blood
86038	$60.00	$36.00	Antinuclear antibodies (ANA);
86060	$24.00	$14.00	Antistreptolysin 0; titer
86077	$104.32	$63.00	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report
86077	$104.32	$63.00	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report
86078	$104.32	$63.00	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report
86078	$104.32	$63.00	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report
86079	$103.62	$62.00	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible
86079	$103.62	$62.00	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible
86140	$60.00	$36.00	C-reactive protein;
86141	$90.00	$54.00	C-reactive protein; high sensitivity (hsCRP)
86200	$240.00	$144.00	Cyclic citrullinated peptide (CCP), antibody
86225	$200.00	$120.00	Deoxyribonucleic acid (DNA) antibody; native or double stranded
86231	$82.50	$50.00	Endomysial antibody (EMA), each immunoglobulin (Ig) class
86235	$125.00	$75.00	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86235	$125.00	$75.00	
86235	$125.00	$75.00	
86235	$125.00	$75.00	
86235	$125.00	$75.00	
86235	$125.00	$75.00	
86235	$125.00	$75.00	
86235	$125.00	$75.00	
86255	$106.00	$64.00	Fluorescent noninfectious agent antibody; screen, each antibody
86256	$106.00	$64.00	Fluorescent noninfectious agent antibody; titer, each antibody
86258	$235.00	$141.00	
86258	$235.00	$141.00	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class
86300	$125.00	$75.00	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
86304	$150.00	$90.00	Immunoassay for tumor antigen, quantitative; CA 125
86317	$125.00	$75.00	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86317	$125.00	$75.00	
86320	$106.00	$64.00	Immunoelectrophoresis; serum
86325	$101.00	$61.00	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration
86334	$106.00	$64.00	Immunofixation electrophoresis; serum
86335	$106.00	$64.00	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)
86364	$82.50	$50.00	Tissue transglutaminase, each immunoglobulin (Ig) class
86364	$82.50	$50.00	
86376	$23.00	$14.00	Microsomal antibodies (eg, thyroid or liver-kidney), each
86431	$49.00	$29.00	Rheumatoid factor; quantitative
86480	$175.00	$105.00	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86486	$12.80	$8.00	Skin test; unlisted antigen, each
86486	$12.80	$8.00	Skin test; unlisted antigen, each
86510	$15.52	$9.00	Skin test; histoplasmosis
86580	$20.30	$12.00	Skin test; tuberculosis, intradermal
86580	$20.30	$12.00	Skin test; tuberculosis, intradermal
86580	$20.30	$12.00	Skin test; tuberculosis, intradermal
86580	$20.30	$12.00	Skin test; tuberculosis, intradermal
86580	$20.30	$12.00	Skin test; tuberculosis, intradermal
86580	$20.30	$12.00	Skin test; tuberculosis, intradermal
86580	$20.30	$12.00	Skin test; tuberculosis, intradermal
86664	$143.00	$86.00	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	$143.00	$86.00	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)
86665	$143.00	$86.00	
86677	$116.00	$70.00	Antibody; Helicobacter pylori
86704	$82.50	$50.00	Hepatitis B core antibody (HBcAb); total
86706	$122.50	$74.00	Hepatitis B surface antibody (HBsAb)
86708	$60.00	$36.00	Hepatitis A antibody (HAAb); total
86735	$66.66	$40.00	Antibody; mumps
86762	$66.66	$40.00	Antibody; rubella
86765	$66.66	$40.00	Antibody; rubeola
86769	$38.00	$23.00	
86769	$38.00	$23.00	Antibody; severe acute respiratory syndrome coronavirus 2 (SARSCoV-2)(Coronavirus disease [COVID-19])
86780	$35.00	$21.00	Antibody; Treponema pallidum
86787	$105.00	$63.00	Antibody; varicella-zoster
86800	$97.00	$58.00	Thyroglobulin antibody
86803	$122.50	$74.00	Hepatitis C antibody;
86850	$146.00	$88.00	Antibody screen, RBC, each serum technique
86850	$146.00	$88.00	Antibody screen, RBC, each serum technique
86850	$146.00	$88.00	Antibody screen, RBC, each serum technique
86900	$32.25	$19.00	Blood typing; ABO
86900	$32.25	$19.00	Blood typing; ABO
86900	$32.25	$19.00	Blood typing; ABO
86901	$32.25	$19.00	Blood typing; Rh (D)
86901	$32.25	$19.00	Blood typing; Rh (D)
86901	$32.25	$19.00	Blood typing; Rh (D)
86920	$220.00	$132.00	Compatibility test each unit; immediate spin technique
86920	$220.00	$132.00	Compatibility test each unit; immediate spin technique
86920	$220.00	$132.00	Compatibility test each unit; immediate spin technique
87045	$60.00	$36.00	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species
87046	$60.00	$36.00	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87070	$160.00	$96.00	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87075	$110.00	$66.00	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87081	$60.00	$36.00	Culture, presumptive, pathogenic organisms, screening only;
87086	$120.00	$72.00	Culture, bacterial; quantitative colony count, urine
87164	$99.00	$59.00	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
87177	$62.00	$37.00	Ova and parasites, direct smears, concentration and identification
87205	$31.00	$19.00	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87205	$31.00	$19.00	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87205	$31.00	$19.00	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87207	$110.00	$66.00	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses
87209	$62.00	$37.00	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites
87210	$90.00	$54.00	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87210	$90.00	$54.00	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87210	$90.00	$54.00	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87210	$90.00	$54.00	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87210	$90.00	$54.00	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87220	$43.00	$26.00	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87220	$43.00	$26.00	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87220	$43.00	$26.00	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87255	$125.00	$75.00	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)
87329	$62.00	$37.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; giardia
87338	$163.00	$98.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori, stool
87340	$122.50	$74.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen
87389	$75.00	$45.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and
87420	$65.00	$39.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus
87420	$65.00	$39.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus
87420	$65.00	$39.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus
87420	$65.00	$39.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus
87426	$62.00	$37.00	
87426	$62.00	$37.00	
87426	$62.00	$37.00	
87427	$60.00	$36.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Shiga-like toxin
87428	$94.00	$56.00	
87428	$94.00	$56.00	
87428	$94.00	$56.00	
87430	$55.00	$33.00	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Streptococcus, group A
87491	$171.25	$103.00	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87502	$165.00	$99.00	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique,
87502	$165.00	$99.00	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique,
87507	$878.00	$527.00	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia),
87507	$878.00	$527.00	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia),
87507	$878.00	$527.00	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia),
87507	$878.00	$527.00	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia),
87522	$302.00	$181.00	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification
87529	$400.00	$240.00	

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
87529	$400.00	$240.00	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87591	$171.25	$103.00	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87634	$165.00	$99.00	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87634	$165.00	$99.00	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87635	$175.00	$105.00	
87635	$175.00	$105.00	
87651	$100.00	$60.00	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87651	$100.00	$60.00	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87661	$171.25	$103.00	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87798	$257.19	$154.00	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87798	$257.19	$154.00	
87798	$257.19	$154.00	
87799	$300.00	$180.00	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87801	$257.19	$154.00	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	$79.00	$47.00	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87807	$94.00	$56.00	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87807	$94.00	$56.00	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87880	$36.00	$22.00	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	
87880	$36.00	$22.00	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	
87880	$36.00	$22.00	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	
87880	$36.00	$22.00	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
87880	$36.00	$22.00	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
88104	$161.42	$97.00	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88104	$161.42	$97.00	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	$143.58	$86.00	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation
88106	$143.58	$86.00	Cytopathology, fluids, washings or brushings, except cervical or vaginal; filter method only with interpretation
88108	$141.48	$85.00	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
88108	$141.48	$85.00	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
88112	$136.36	$82.00	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal
88112	$136.36	$82.00	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal
88112	$136.36	$82.00	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal
88120	$1,138.18	$683.00	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
88121	$824.86	$495.00	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-
88125	$58.22	$35.00	Cytopathology, forensic (eg, sperm)
88141	$50.18	$30.00	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for technical service)
88141	$50.18	$30.00	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88142	$171.25	$103.00	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician
88160	$168.42	$101.00	Cytopathology, smears, any other source; screening and interpretation
88160	$168.42	$101.00	Cytopathology, smears, any other source; screening and interpretation
88161	$169.78	$102.00	Cytopathology, smears, any other source; preparation, screening and interpretation
88161	$169.78	$102.00	Cytopathology, smears, any other source; preparation, screening and interpretation
88162	$266.96	$160.00	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
88162	$266.96	$160.00	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
88172	$112.82	$68.00	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
88172	$112.82	$68.00	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
88173	$345.22	$207.00	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88173	$345.22	$207.00	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88177	$59.26	$36.00	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation
88177	$59.26	$36.00	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation
88182	$324.70	$195.00	Flow cytometry; cell cycle or DNA analysis
88184	$158.96	$95.00	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88184	$158.96	$95.00	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	$46.32	$28.00	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first
88185	$46.32	$28.00	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first
88187	$69.62	$42.00	Flow cytometry, interpretation; 2 to 8 markers
88187	$69.62	$42.00	Flow cytometry, interpretation; 2 to 8 markers
88188	$118.40	$71.00	Flow cytometry, interpretation; 9 to 15 markers
88188	$118.40	$71.00	Flow cytometry, interpretation; 9 to 15 markers
88189	$160.92	$97.00	Flow cytometry, interpretation; 16 or more markers
88189	$160.92	$97.00	Flow cytometry, interpretation; 16 or more markers
88291	$67.68	$41.00	Cytogenetics and molecular cytogenetics, interpretation and report
88300	$33.54	$20.00	Level I - Surgical pathology, gross examination only
88300	$33.54	$20.00	Level I - Surgical pathology, gross examination only
88302	$67.46	$40.00	Level II - Surgical pathology, gross and microscopic examination Appendix, Incidental Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic
88304	$86.26	$52.00	Level III - Surgical pathology, gross and microscopic examination Abortion, Induced Abscess Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other than
88305	$143.98	$86.00	Level IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis
88307	$580.20	$348.00	Level V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain,
88309	$865.36	$519.00	Level VI - Surgical pathology, gross and microscopic examination Bone Resection Breast, Mastectomy - with Regional Lymph Nodes Colon, Segmental
88311	$40.56	$24.00	Decalcification procedure (List separately in addition to code for surgical pathology examination)
88312	$226.20	$136.00	Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each
88312	$226.20	$136.00	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)
88313	$166.58	$100.00	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or
88313	$166.58	$100.00	Special stains (List separately in addition to code for primary service); Group II, all other, (eg, iron, trichrome), except immunocytochemistry and
88314	$173.32	$104.00	Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s)
88314	$173.32	$104.00	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)
88319	$274.60	$165.00	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88321	$191.78	$115.00	Consultation and report on referred slides prepared elsewhere

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
88323	$231.30	$139.00	Consultation and report on referred material requiring preparation of slides
88325	$309.98	$186.00	Consultation, comprehensive, with review of records and specimens, with report on referred material
88329	$108.50	$65.00	Pathology consultation during surgery;
88331	$201.82	$121.00	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88331	$201.82	$121.00	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332	$109.70	$66.00	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
88332	$109.70	$66.00	Pathology consultation during surgery; each additional tissue block with frozen section(s)
88333	$182.04	$109.00	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88333	$182.04	$109.00	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88334	$111.50	$67.00	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site
88334	$111.50	$67.00	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary
88341	$195.10	$117.00	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary
88341	$195.10	$117.00	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary
88342	$227.24	$136.00	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88342	$227.24	$136.00	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88344	$349.66	$210.00	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
88346	$292.38	$175.00	Immunofluorescent study, each antibody; direct method
88346	$292.38	$175.00	Immunofluorescence, per specimen; initial single antibody stain procedure
88347	$237.00	$142.00	Immunofluorescent study, each antibody; indirect method
88348	$999.18	$600.00	Electron microscopy; diagnostic
88350	$223.48	$134.00	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88355	$284.38	$171.00	Morphometric analysis; skeletal muscle
88355	$284.38	$171.00	Morphometric analysis; skeletal muscle
88356	$473.28	$284.00	Morphometric analysis; nerve
88356	$473.28	$284.00	Morphometric analysis; nerve
88358	$272.00	$163.00	Morphometric analysis; tumor (eg, DNA ploidy)
88358	$272.00	$163.00	Morphometric analysis; tumor (eg, DNA ploidy)
88360	$240.42	$144.00	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each
88361	$233.32	$140.00	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per
88361	$233.32	$140.00	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each
88362	$463.24	$278.00	Nerve teasing preparations
88363	$46.32	$28.00	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
88364	$261.30	$157.00	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
88365	$352.60	$212.00	In situ hybridization (eg, FISH), each probe
88365	$352.60	$212.00	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure
88366	$543.36	$326.00	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure
88367	$220.20	$132.00	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain
88367	$220.20	$132.00	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368	$301.50	$181.00	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual
88368	$301.50	$181.00	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure
88369	$264.70	$159.00	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List
88371	$99.00	$59.00	Protein analysis of tissue by Western Blot, with interpretation and report;
88372	$110.00	$66.00	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
88373	$132.36	$79.00	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single
88374	$553.40	$332.00	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain
88375	$91.46	$55.00	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session
88377	$787.60	$473.00	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure
88380	$253.46	$152.00	Microdissection (eg, mechanical, laser capture)
88380	$253.46	$152.00	Microdissection (ie, sample preparation of microscopically identified target); laser capture
88381	$394.88	$237.00	Microdissection (ie, sample preparation of microscopically identified target); manual
88381	$394.88	$237.00	Microdissection (ie, sample preparation of microscopically identified target); manual
88387	$66.02	$40.00	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue
88720	$25.00	$15.00	Bilirubin, total, transcutaneous
88720	$25.00	$15.00	Bilirubin, total, transcutaneous
88720	$25.00	$15.00	Bilirubin, total, transcutaneous
88720	$25.00	$15.00	Bilirubin, total, transcutaneous
89049	$586.10	$352.00	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
89060	$110.00	$66.00	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
89220	$38.68	$23.00	Sputum, obtaining specimen, aerosol induced technique (separate procedure)
89230	$5.98	$4.00	Sweat collection by iontophoresis
90460	$70.00	$42.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional;
90460	$70.00	$42.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional;
90460	$70.00	$42.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional;
90460	$70.00	$42.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional;
90461	$26.00	$16.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional;
90461	$26.00	$16.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional;
90461	$26.00	$16.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional;
90471	$64.00	$38.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination
90471	$64.00	$38.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination
90471	$64.00	$38.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination
90471	$64.00	$38.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90472	$45.00	$27.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination
90473	$33.42	$20.00	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474	$37.00	$22.00	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for
90480	$80.00	$48.00	
90480	$80.00	$48.00	
90619	$200.00	$120.00	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90619	$200.00	$120.00	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90619	$200.00	$120.00	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90619	$200.00	$120.00	
90620	$830.00	$498.00	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90620	$830.00	$498.00	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90620	$830.00	$498.00	
90632	$212.00	$127.00	Hepatitis A vaccine, adult dosage, for intramuscular use
90632	$212.00	$127.00	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	$116.00	$70.00	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90633	$116.00	$70.00	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90633	$116.00	$70.00	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90636	$332.00	$199.00	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90636	$332.00	$199.00	

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
90636	$332.00	$199.00	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90636	$332.00	$199.00	
90648	$85.00	$51.00	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90648	$85.00	$51.00	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90648	$85.00	$51.00	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90651	$604.00	$362.00	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90651	$604.00	$362.00	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90651	$604.00	$362.00	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90651	$604.00	$362.00	
90656	$27.00	$16.00	Influenza virus vaccine, split virus, when administered to 3 years of age and older, for intramuscular use
90656	$27.00	$16.00	Influenza virus vaccine, split virus, when administered to 3 years of age and older, for intramuscular use
90656	$27.00	$16.00	Influenza virus vaccine, split virus, when administered to 3 years of age and older, for intramuscular use
90656	$27.00	$16.00	Influenza virus vaccine, split virus, when administered to 3 years of age and older, for intramuscular use
90662	$132.00	$79.00	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90662	$132.00	$79.00	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90662	$132.00	$79.00	
90675	$3,400.00	$2,040.00	Rabies vaccine, for intramuscular use
90677	$895.00	$537.00	
90677	$895.00	$537.00	
90677	$895.00	$537.00	
90680	$528.00	$317.00	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90680	$528.00	$317.00	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90680	$528.00	$317.00	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90686	$38.00	$23.00	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90686	$38.00	$23.00	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90686	$38.00	$23.00	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90691	$178.00	$107.00	
90691	$178.00	$107.00	
90696	$150.00	$90.00	
90696	$150.00	$90.00	
90698	$114.00	$68.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for
90698	$114.00	$68.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for
90698	$114.00	$68.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for
90700	$83.00	$50.00	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90700	$83.00	$50.00	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90700	$83.00	$50.00	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90707	$180.00	$108.00	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90707	$180.00	$108.00	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90707	$180.00	$108.00	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90707	$180.00	$108.00	
90710	$428.00	$257.00	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90710	$428.00	$257.00	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90710	$428.00	$257.00	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	$91.00	$55.00	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
90713	$91.00	$55.00	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
90713	$91.00	$55.00	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
90713	$91.00	$55.00	
90714	$57.00	$34.00	
90714	$57.00	$34.00	
90715	$491.00	$295.00	
90715	$491.00	$295.00	
90715	$491.00	$295.00	
90716	$338.00	$203.00	
90716	$338.00	$203.00	
90723	$273.00	$164.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90723	$273.00	$164.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90723	$273.00	$164.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90732	$401.00	$241.00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for
90732	$401.00	$241.00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or
90732	$401.00	$241.00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or
90732	$401.00	$241.00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for
90732	$401.00	$241.00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or
90732	$401.00	$241.00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for
90732	$401.00	$241.00	
90734	$309.00	$185.00	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90734	$309.00	$185.00	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90734	$309.00	$185.00	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90744	$93.00	$56.00	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90744	$93.00	$56.00	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90744	$93.00	$56.00	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90744	$93.00	$56.00	
90746	$212.00	$127.00	Hepatitis B vaccine, adult dosage, for intramuscular use
90746	$212.00	$127.00	Hepatitis B vaccine, adult dosage, for intramuscular use
90748	$182.00	$109.00	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90785	$28.86	$17.00	Interactive complexity (List separately in addition to the code for primary procedure)
90791	$338.86	$203.00	Psychiatric diagnostic evaluation
90791	$338.86	$203.00	Psychiatric diagnostic evaluation
90791	$338.86	$203.00	Psychiatric diagnostic evaluation
90791	$338.86	$203.00	Psychiatric diagnostic evaluation
90792	$381.34	$229.00	Psychiatric diagnostic evaluation with medical services
90801	$600.00	$360.00	Psychiatric diagnostic interview examination
90802	$844.00	$506.00	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	$342.00	$205.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face
90805	$283.00	$170.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face
90806	$494.00	$296.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face
90807	$394.00	$236.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face
90808	$731.00	$439.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face
90809	$766.00	$460.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face
90832	$160.22	$96.00	Psychotherapy, 30 minutes with patient and/or family member
90832	$160.22	$96.00	Psychotherapy, 30 minutes with patient and/or family member
90832	$160.22	$96.00	Psychotherapy, 30 minutes with patient and/or family member
90832	$160.22	$96.00	Psychotherapy, 30 minutes with patient and/or family member
90833	$147.62	$89.00	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the
90834	$211.48	$127.00	Psychotherapy, 45 minutes with patient and/or family member
90834	$211.48	$127.00	Psychotherapy, 45 minutes with patient and/or family member
90836	$187.60	$113.00	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the
90837	$313.20	$188.00	Psychotherapy, 60 minutes with patient and/or family member

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
90837	$313.20	$188.00	Psychotherapy, 60 minutes with patient and/or family member
90837	$313.20	$188.00	Psychotherapy, 60 minutes with patient and/or family member
90837	$313.20	$188.00	Psychotherapy, 60 minutes with patient and/or family member
90838	$248.98	$149.00	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the
90839	$301.24	$181.00	Psychotherapy for crisis; first 60 minutes
90839	$301.24	$181.00	Psychotherapy for crisis; first 60 minutes
90840	$147.62	$89.00	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90845	$201.56	$121.00	Psychoanalysis
90846	$199.24	$120.00	Family psychotherapy (without the patient present)
90847	$207.78	$125.00	Family psychotherapy (conjoint psychotherapy) (with patient present)
90847	$207.78	$125.00	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	$76.84	$46.00	Multiple-family group psychotherapy
90853	$57.08	$34.00	Group psychotherapy (other than of a multiple-family group)
90853	$57.08	$34.00	Group psychotherapy (other than of a multiple-family group)
90853	$57.08	$34.00	Group psychotherapy (other than of a multiple-family group)
90853	$57.08	$34.00	Group psychotherapy (other than of a multiple-family group)
90865	$317.20	$190.00	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90870	$342.08	$205.00	Electroconvulsive therapy (includes necessary monitoring); single seizure
90880	$202.02	$121.00	Hypnotherapy
90887	$250.00	$150.00	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible
90901	$81.62	$49.00	Biofeedback training by any modality
90912	$160.28	$96.00	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one
90913	$64.18	$39.00	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-
90935	$137.58	$83.00	Hemodialysis procedure with single physician evaluation
90937	$199.04	$119.00	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90945	$169.06	$101.00	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician
90945	$169.06	$101.00	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by
90947	$237.46	$142.00	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated
90947	$237.46	$142.00	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated
90951	$2,263.40	$1,358.00	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition,
90951	$2,263.40	$1,358.00	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition,
90954	$1,950.24	$1,170.00	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of
90954	$1,950.24	$1,170.00	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of
90955	$1,022.08	$613.00	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of
90955	$1,022.08	$613.00	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of
90956	$684.80	$411.00	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of
90956	$684.80	$411.00	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of
90957	$1,498.60	$899.00	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of
90957	$1,498.60	$899.00	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of
90958	$977.06	$586.00	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of
90959	$639.10	$383.00	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of
90959	$639.10	$383.00	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of
90960	$696.24	$418.00	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face physician visits per month
90960	$696.24	$418.00	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other
90961	$578.44	$347.00	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified
90961	$578.44	$347.00	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face physician visits per month
90962	$400.72	$240.00	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified
90962	$400.72	$240.00	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month
90963	$1,180.42	$708.00	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the
90963	$1,180.42	$708.00	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the
90964	$1,012.46	$607.00	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of
90964	$1,012.46	$607.00	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of
90965	$975.22	$585.00	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of
90966	$578.44	$347.00	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90966	$578.44	$347.00	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	$34.12	$20.00	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90967	$34.12	$20.00	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	$33.46	$20.00	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90968	$33.46	$20.00	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	$32.80	$20.00	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	$19.08	$11.00	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
90970	$19.08	$11.00	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
90997	$171.36	$103.00	Hemoperfusion (eg, with activated charcoal or resin)
91010	$436.00	$262.00	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;
91013	$50.42	$30.00	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion
91020	$544.52	$327.00	Gastric motility (manometric) studies
91020	$544.52	$327.00	Gastric motility (manometric) studies
91022	$345.76	$207.00	Duodenal motility (manometric) study
91030	$289.54	$174.00	Esophagus, acid perfusion (Bernstein) test for esophagitis
91034	$377.64	$227.00	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035	$886.26	$532.00	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037	$333.50	$200.00	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and
91038	$785.46	$471.00	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and
91038	$785.46	$471.00	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and
91040	$1,004.36	$603.00	Esophageal balloon distension provocation study
91065	$132.64	$80.00	Breath hydrogen test (eg, for detection of lactase deficiency), fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91065	$132.64	$80.00	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91110	$1,415.52	$849.00	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91111	$1,689.48	$1,014.00	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report
91112	$3,105.06	$1,863.00	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
91113	$1,731.50	$1,039.00	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
91117	$265.06	$159.00	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension,
91120	$971.94	$583.00	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122	$549.80	$330.00	Anorectal manometry
91132	$850.26	$510.00	Electrogastrography, diagnostic, transcutaneous;
91133	$892.08	$535.00	Electrogastrography, diagnostic, transcutaneous; with provocative testing
91200	$61.08	$37.00	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
91322	$292.00	$175.00	
91322	$292.00	$175.00	
92002	$168.14	$101.00	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92002	$168.14	$101.00	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	$295.22	$177.00	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more
92012	$176.72	$106.00	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established
92014	$250.06	$150.00	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive,
92018	$275.72	$165.00	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other
92019	$143.28	$86.00	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other
92020	$53.96	$32.00	Gonioscopy (separate procedure)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
92025	$72.94	$44.00	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	$127.82	$77.00	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report
92065	$78.86	$47.00	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92066	$54.36	$33.00	Orthoptic training; under supervision of a physician or other qualified health care professional
92071	$71.50	$43.00	Fitting of contact lens for treatment of ocular surface disease
92072	$246.02	$148.00	Fitting of contact lens for management of keratoconus, initial fitting
92081	$66.96	$40.00	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single
92082	$93.92	$56.00	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or
92083	$127.00	$76.00	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted
92100	$170.96	$103.00	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same
92132	$59.50	$36.00	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133	$61.48	$37.00	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	$64.86	$39.00	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92136	$94.18	$57.00	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92137	$117.74	$71.00	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or
92145	$25.98	$16.00	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
92201	$48.96	$29.00	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with
92202	$30.44	$18.00	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or
92227	$35.96	$22.00	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or
92228	$59.40	$36.00	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral
92229	$91.82	$55.00	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
92230	$255.84	$154.00	Fluorescein angioscopy with interpretation and report
92235	$319.06	$191.00	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92235	$319.06	$191.00	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92240	$478.80	$287.00	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92240	$478.80	$287.00	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92242	$658.80	$395.00	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and
92250	$73.48	$44.00	Fundus photography with interpretation and report
92260	$38.10	$23.00	Ophthalmodynamometry
92265	$175.14	$105.00	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report
92270	$242.44	$145.00	Electro-oculography with interpretation and report
92273	$249.60	$150.00	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)
92274	$180.50	$108.00	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)
92283	$110.26	$66.00	Color vision examination, extended, eg, anomaloscope or equivalent
92284	$61.84	$37.00	Dark adaptation examination with interpretation and report
92285	$46.56	$28.00	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography,
92286	$77.56	$47.00	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92287	$267.62	$161.00	Special anterior segment photography with interpretation and report; with fluorescein angiography
92311	$204.48	$123.00	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye
92312	$245.90	$148.00	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	$196.10	$118.00	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92315	$164.08	$98.00	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician;
92315	$164.08	$98.00	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician;
92316	$202.24	$121.00	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician;
92316	$202.24	$121.00	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician;
92317	$172.94	$104.00	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician;
92317	$172.94	$104.00	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician;
92325	$91.82	$55.00	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	$78.20	$47.00	Replacement of contact lens
92502	$188.98	$113.00	Otolaryngologic examination under general anesthesia
92504	$57.92	$35.00	Binocular microscopy (separate diagnostic procedure)
92507	$153.82	$92.00	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
92508	$48.62	$29.00	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals
92511	$233.34	$140.00	Nasopharyngoscopy with endoscope (separate procedure)
92512	$129.28	$78.00	Nasal function studies (eg, rhinomanometry)
92516	$146.82	$88.00	Facial nerve function studies (eg, electroneuronography)
92517	$151.86	$91.00	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	$152.40	$91.00	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
92519	$245.24	$147.00	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
92520	$181.98	$109.00	Laryngeal function studies
92521	$267.96	$161.00	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	$222.42	$133.00	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523	$458.08	$275.00	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and
92524	$218.48	$131.00	Behavioral and qualitative analysis of voice and resonance
92526	$170.06	$102.00	Treatment of swallowing dysfunction and/or oral function for feeding
92537	$77.66	$47.00	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
92538	$43.80	$26.00	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)
92540	$209.10	$125.00	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum
92541	$49.64	$30.00	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	$56.90	$34.00	Positional nystagmus test, minimum of 4 positions, with recording
92543	$150.00	$90.00	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544	$35.70	$21.00	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	$33.72	$20.00	Oscillating tracking test, with recording
92546	$268.48	$161.00	Sinusoidal vertical axis rotational testing
92547	$21.12	$13.00	Use of vertical electrodes (List separately in addition to code for primary procedure)
92548	$92.98	$56.00	Computerized dynamic posturography
92549	$129.34	$78.00	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes
92550	$43.12	$26.00	Tympanometry and reflex threshold measurements
92551	$107.00	$64.00	Screening test, pure tone, air only
92551	$107.00	$64.00	Screening test, pure tone, air only
92551	$107.00	$64.00	Screening test, pure tone, air only
92551	$107.00	$64.00	Screening test, pure tone, air only
92552	$81.60	$49.00	Pure tone audiometry (threshold); air only
92553	$98.64	$59.00	Pure tone audiometry (threshold); air and bone
92555	$61.84	$37.00	Speech audiometry threshold;
92556	$95.90	$58.00	Speech audiometry threshold; with speech recognition
92557	$72.22	$43.00	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92562	$101.36	$61.00	Loudness balance test, alternate binaural or monaural
92563	$72.74	$44.00	Tone decay test
92565	$44.82	$27.00	Stenger test, pure tone
92565	$44.82	$27.00	Stenger test, pure tone
92567	$53.00	$32.00	Tympanometry (impedance testing)
92567	$53.00	$32.00	Tympanometry (impedance testing)
92568	$29.66	$18.00	Acoustic reflex testing, threshold
92568	$29.66	$18.00	Acoustic reflex testing
92570	$63.50	$38.00	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92570	$63.50	$38.00	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
92571	$64.56	$39.00	Filtered speech test
92572	$116.34	$70.00	Staggered spondaic word test
92575	$150.94	$91.00	Sensorineural acuity level test
92576	$92.50	$56.00	Synthetic sentence identification test
92577	$46.86	$28.00	Stenger test, speech
92577	$46.86	$28.00	Stenger test, speech
92579	$87.60	$53.00	Visual reinforcement audiometry (VRA)
92582	$182.42	$109.00	Conditioning play audiometry
92583	$121.12	$73.00	Select picture audiometry
92584	$217.22	$130.00	Electrocochleography
92587	$42.96	$26.00	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92587	$42.96	$26.00	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient
92588	$66.22	$40.00	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple
92588	$66.22	$40.00	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping,
92596	$163.34	$98.00	Ear protector attenuation measurements
92597	$145.62	$87.00	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601	$313.42	$188.00	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
92601	$313.42	$188.00	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	$197.42	$118.00	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming
92602	$197.42	$118.00	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	$294.50	$177.00	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92603	$294.50	$177.00	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	$177.80	$107.00	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92604	$177.80	$107.00	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92607	$248.80	$149.00	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92607	$248.80	$149.00	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	$97.80	$59.00	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30
92609	$207.58	$125.00	Therapeutic services for the use of speech-generating device, including programming and modification
92610	$171.38	$103.00	Evaluation of oral and pharyngeal swallowing function
92611	$182.70	$110.00	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	$402.94	$242.00	Flexible endoscopic evaluation of swallowing by cine or video recording;
92612	$402.94	$242.00	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	$71.60	$43.00	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only
92613	$71.60	$43.00	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92614	$302.66	$182.00	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92614	$302.66	$182.00	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	$63.66	$38.00	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
92615	$63.66	$38.00	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	$465.82	$279.00	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	$79.54	$48.00	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only
92617	$79.54	$48.00	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
92620	$176.94	$106.00	Evaluation of central auditory function, with report; initial 60 minutes
92620	$176.94	$106.00	Evaluation of central auditory function, with report; initial 60 minutes
92621	$43.12	$26.00	Evaluation of central auditory function, with report; each additional 15 minutes
92621	$43.12	$26.00	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
92622	$157.38	$94.00	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
92623	$40.44	$24.00	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in
92625	$133.00	$80.00	Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626	$171.10	$103.00	Evaluation of auditory rehabilitation status; first hour
92627	$40.44	$24.00	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92640	$215.00	$129.00	Diagnostic analysis with programming of auditory brainstem implant, per hour
92651	$157.96	$95.00	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
92652	$216.00	$130.00	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	$161.74	$97.00	Auditory evoked potentials; neurodiagnostic, with interpretation and report
92920	$994.08	$596.00	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92924	$1,184.08	$710.00	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92928	$1,104.64	$663.00	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92933	$1,239.84	$744.00	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92937	$1,104.00	$662.00	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of
92941	$1,241.28	$745.00	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass
92943	$1,241.14	$745.00	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any
92950	$1,049.00	$629.00	Cardiopulmonary resuscitation (eg, in cardiac arrest)
92950	$1,049.00	$629.00	Cardiopulmonary resuscitation (eg, in cardiac arrest)
92950	$1,049.00	$629.00	Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953	$1.86	$1.00	Temporary transcutaneous pacing
92960	$501.00	$301.00	Cardioversion, elective, electrical conversion of arrhythmia; external
92960	$501.00	$301.00	Cardioversion, elective, electrical conversion of arrhythmia; external
92960	$501.00	$301.00	Cardioversion, elective, electrical conversion of arrhythmia; external
92960	$501.00	$301.00	Cardioversion, elective, electrical conversion of arrhythmia; external
92961	$761.00	$457.00	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92961	$761.00	$457.00	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92961	$761.00	$457.00	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970	$354.66	$213.00	Cardioassist-method of circulatory assist; internal
92970	$354.66	$213.00	Cardioassist-method of circulatory assist; internal
92971	$189.42	$114.00	Cardioassist-method of circulatory assist; external
92971	$189.42	$114.00	Cardioassist-method of circulatory assist; external
92972	$280.86	$169.00	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
92973	$330.60	$198.00	Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)
92974	$302.48	$181.00	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary
92975	$705.60	$423.00	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	$185.00	$111.00	Thrombolysis, coronary; by intravenous infusion
92977	$185.00	$111.00	Thrombolysis, coronary; by intravenous infusion
92977	$185.00	$111.00	Thrombolysis, coronary; by intravenous infusion
92978	$514.00	$308.00	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation
92979	$416.00	$250.00	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation
92986	$2,522.52	$1,514.00	Percutaneous balloon valvuloplasty; aortic valve
92987	$2,600.48	$1,560.00	Percutaneous balloon valvuloplasty; mitral valve
92990	$2,084.82	$1,251.00	Percutaneous balloon valvuloplasty; pulmonary valve
92997	$1,195.44	$717.00	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998	$599.28	$360.00	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93000	$28.50	$17.00	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93000	$28.50	$17.00	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93000	$28.50	$17.00	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93000	$28.50	$17.00	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	$12.80	$8.00	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93005	$12.80	$8.00	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93005	$12.80	$8.00	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
93010	$15.70	$9.00	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93010	$15.70	$9.00	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93010	$15.70	$9.00	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93015	$146.42	$88.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93015	$146.42	$88.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93015	$146.42	$88.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93016	$40.78	$24.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93016	$40.78	$24.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93016	$40.78	$24.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93017	$78.04	$47.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93018	$27.60	$17.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93018	$27.60	$17.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93018	$27.60	$17.00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological
93024	$226.50	$136.00	Ergonovine provocation test
93025	$258.14	$155.00	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040	$26.52	$16.00	Rhythm ECG, one to three leads; with interpretation and report
93040	$26.52	$16.00	Rhythm ECG, one to three leads; with interpretation and report
93040	$26.52	$16.00	Rhythm ECG, one to three leads; with interpretation and report
93040	$26.52	$16.00	Rhythm ECG, one to three leads; with interpretation and report
93040	$26.52	$16.00	Rhythm ECG, one to three leads; with interpretation and report
93041	$13.48	$8.00	Rhythm ECG, one to three leads; tracing only without interpretation and report
93041	$13.48	$8.00	Rhythm ECG, one to three leads; tracing only without interpretation and report
93042	$13.04	$8.00	Rhythm ECG, one to three leads; interpretation and report only
93042	$13.04	$8.00	Rhythm ECG, one to three leads; interpretation and report only
93042	$13.04	$8.00	Rhythm ECG, one to three leads; interpretation and report only
93050	$32.60	$20.00	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear
93150	$203.20	$122.00	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming
93151	$177.46	$106.00	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
93152	$280.28	$168.00	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
93153	$105.94	$64.00	Interrogation without programming of implanted phrenic nerve stimulator system
93224	$142.16	$85.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes
93224	$142.16	$85.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes
93224	$142.16	$85.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes
93225	$36.64	$22.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording
93225	$36.64	$22.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording
93225	$36.64	$22.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording
93225	$36.64	$22.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording
93226	$70.02	$42.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning
93226	$70.02	$42.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning
93226	$70.02	$42.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning
93227	$35.50	$21.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician
93227	$35.50	$21.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician
93227	$35.50	$21.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician
93227	$35.50	$21.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician
93228	$49.26	$30.00	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of
93229	$1,567.00	$940.00	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of
93241	$544.98	$327.00	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning
93242	$23.70	$14.00	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and
93243	$476.70	$286.00	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
93244	$44.58	$27.00	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
93245	$567.32	$340.00	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis
93246	$23.70	$14.00	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and
93247	$494.42	$297.00	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93248	$49.20	$30.00	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation
93260	$150.90	$91.00	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93261	$139.10	$83.00	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection,
93264	$102.52	$62.00	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure
93268	$341.92	$205.00	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes
93270	$16.20	$10.00	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote
93270	$16.20	$10.00	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes
93271	$279.16	$168.00	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; monitoring, receipt
93272	$46.56	$28.00	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote
93272	$46.56	$28.00	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review
93278	$63.70	$38.00	Signal-averaged electrocardiography (SAECG), with or without ECG
93279	$133.24	$80.00	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93279	$133.24	$80.00	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93280	$155.36	$93.00	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93280	$155.36	$93.00	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93281	$165.20	$99.00	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93281	$165.20	$99.00	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93282	$157.02	$94.00	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93282	$157.02	$94.00	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93283	$192.80	$116.00	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93283	$192.80	$116.00	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93284	$208.16	$125.00	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93284	$208.16	$125.00	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93285	$117.94	$71.00	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent
93286	$89.44	$54.00	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis,
93286	$89.44	$54.00	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review
93287	$103.30	$62.00	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis,
93287	$103.30	$62.00	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review
93288	$111.54	$67.00	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter;
93289	$141.64	$85.00	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection,
93289	$141.64	$85.00	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter;
93290	$104.58	$63.00	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter;
93291	$96.72	$58.00	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter;
93292	$101.18	$61.00	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter;
93293	$83.28	$50.00	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet
93294	$56.94	$34.00	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and
93295	$70.16	$42.00	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and
93295	$70.16	$42.00	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician
93296	$40.72	$24.00	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system,
93297	$120.66	$72.00	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic
93298	$203.62	$122.00	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, physician
93303	$434.58	$261.00	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	$238.14	$143.00	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93304	$238.14	$143.00	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
93304	$238.14	$143.00	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93304	$238.14	$143.00	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93306	$390.52	$234.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler
93306	$390.52	$234.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler
93306	$390.52	$234.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler
93307	$272.48	$163.00	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93307	$272.48	$163.00	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93307	$272.48	$163.00	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93308	$47.90	$29.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93308	$196.78	$118.00	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93308	$47.90	$29.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93308	$196.78	$118.00	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93308	$47.90	$29.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93308	$196.78	$118.00	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93312	$466.66	$280.00	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image
93313	$21.44	$13.00	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	$446.20	$268.00	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report
93315	$765.00	$459.00	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	$48.76	$29.00	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	$505.00	$303.00	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318	$560.00	$336.00	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation
93319	$107.64	$65.00	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital
93320	$100.78	$60.00	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging);
93320	$100.78	$60.00	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging);
93320	$100.78	$60.00	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging);
93321	$49.82	$30.00	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging);
93321	$49.82	$30.00	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging);
93321	$49.82	$30.00	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging);
93325	$46.12	$28.00	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93325	$46.12	$28.00	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93325	$46.12	$28.00	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350	$367.50	$221.00	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using
93351	$462.26	$277.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular
93352	$70.68	$42.00	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)
93355	$431.22	$259.00	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcathether
93356	$73.26	$44.00	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography
93451	$1,654.78	$993.00	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452	$1,722.18	$1,033.00	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	$2,196.44	$1,318.00	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when
93454	$1,734.18	$1,041.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93455	$1,934.70	$1,161.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93456	$2,157.48	$1,294.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93457	$2,353.42	$1,412.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93458	$1,995.74	$1,197.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93459	$2,146.84	$1,288.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93460	$2,381.42	$1,429.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93461	$2,627.20	$1,576.00	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and
93462	$389.82	$234.00	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
93463	$187.34	$112.00	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing
93464	$430.58	$258.00	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to
93503	$167.44	$100.00	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505	$1,240.12	$744.00	Endomyocardial biopsy
93563	$97.62	$59.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during
93564	$104.00	$62.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous
93565	$51.14	$31.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial
93566	$49.14	$29.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial
93567	$70.56	$42.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in
93568	$88.14	$53.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in
93569	$71.94	$43.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography,
93571	$509.00	$305.00	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including
93572	$398.00	$239.00	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including
93573	$119.70	$72.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography,
93574	$133.32	$80.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of
93575	$177.12	$106.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major
93580	$1,834.22	$1,101.00	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581	$2,489.42	$1,494.00	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93582	$1,242.06	$745.00	Percutaneous transcatheter closure of patent ductus arteriosus
93583	$1,393.42	$836.00	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
93584	$112.90	$68.00	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior
93585	$106.28	$64.00	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system
93586	$134.94	$81.00	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in
93587	$197.78	$119.00	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at
93588	$200.30	$120.00	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating
93590	$2,046.46	$1,228.00	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
93591	$1,695.56	$1,017.00	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
93592	$738.60	$443.00	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
93600	$613.00	$368.00	Bundle of His recording
93602	$613.00	$368.00	Intra-atrial recording
93603	$611.00	$367.00	Right ventricular recording
93609	$1,438.00	$863.00	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List
93610	$868.00	$521.00	Intra-atrial pacing
93612	$868.00	$521.00	Intraventricular pacing
93613	$547.38	$328.00	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93613	$547.38	$328.00	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615	$264.00	$158.00	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616	$386.00	$232.00	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93618	$1,226.00	$736.00	Induction of arrhythmia by electrical pacing
93619	$2,151.00	$1,291.00	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including
93620	$3,379.00	$2,027.00	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of
93621	$608.00	$365.00	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of
93622	$895.00	$537.00	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of
93623	$822.00	$493.00	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93624	$540.00	$324.00	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631	$2,154.00	$1,292.00	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640	$1,011.00	$607.00	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of
93641	$1,701.00	$1,021.00	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of
93642	$640.28	$384.00	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia,

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
93644	$375.40	$225.00	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of
93650	$1,097.90	$659.00	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary
93653	$1,573.18	$944.00	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an
93654	$1,895.74	$1,137.00	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an
93655	$577.44	$346.00	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic
93656	$1,783.14	$1,070.00	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction
93657	$578.12	$347.00	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein
93660	$328.48	$197.00	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without
93662	$797.00	$478.00	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code
93668	$29.82	$18.00	Peripheral arterial disease (PAD) rehabilitation, per session
93701	$53.66	$32.00	Bioimpedance-derived physiologic cardiovascular analysis
93701	$53.66	$32.00	Bioimpedance, thoracic, electrical
93702	$241.54	$145.00	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
93724	$549.40	$330.00	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of
93750	$100.82	$60.00	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg,
93750	$100.82	$60.00	Interrogation of ventricular assist device (VAD), in person, with physician analysis of device parameters (eg, drivelines, alarms, power surges), review of
93784	$92.46	$55.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning
93784	$92.46	$55.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning
93784	$92.46	$55.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning
93786	$46.18	$28.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93786	$46.18	$28.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93786	$46.18	$28.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788	$11.44	$7.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93788	$11.44	$7.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93788	$11.44	$7.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790	$34.86	$21.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with
93790	$34.86	$21.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with
93790	$34.86	$21.00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with
93792	$139.90	$84.00	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care
93793	$22.50	$14.00	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio
93797	$34.08	$20.00	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	$50.66	$30.00	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93880	$306.10	$184.00	Duplex scan of extracranial arteries; complete bilateral study
93880	$306.10	$184.00	Duplex scan of extracranial arteries; complete bilateral study
93880	$306.10	$184.00	Duplex scan of extracranial arteries; complete bilateral study
93882	$203.40	$122.00	
93882	$203.40	$122.00	
93882	$203.40	$122.00	Duplex scan of extracranial arteries; unilateral or limited study
93882	$203.40	$122.00	Duplex scan of extracranial arteries; unilateral or limited study
93882	$203.40	$122.00	
93882	$203.40	$122.00	
93886	$431.46	$259.00	Transcranial Doppler study of the intracranial arteries; complete study
93886	$431.46	$259.00	Transcranial Doppler study of the intracranial arteries; complete study
93888	$256.52	$154.00	Transcranial Doppler study of the intracranial arteries; limited study
93888	$256.52	$154.00	Transcranial Doppler study of the intracranial arteries; limited study
93892	$592.76	$356.00	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93892	$592.76	$356.00	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	$677.08	$406.00	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93893	$677.08	$406.00	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93896	$361.22	$217.00	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
93897	$455.32	$273.00	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in
93898	$476.76	$286.00	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List
93922	$165.44	$99.00	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial
93922	$165.44	$99.00	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume
93923	$262.52	$158.00	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at
93923	$262.52	$158.00	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg,
93924	$322.32	$193.00	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume
93924	$322.32	$193.00	Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
93925	$478.52	$287.00	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	$287.04	$172.00	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93926	$243.44	$146.00	
93926	$243.44	$146.00	
93930	$397.98	$239.00	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	$247.00	$148.00	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93970	$310.88	$187.00	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93970	$310.88	$187.00	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	$40.48	$24.00	
93971	$40.48	$24.00	
93971	$198.62	$119.00	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93971	$40.48	$24.00	
93971	$40.48	$24.00	
93971	$198.62	$119.00	
93971	$198.62	$119.00	
93971	$198.62	$119.00	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93971	$198.62	$119.00	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93971	$198.62	$119.00	
93971	$198.62	$119.00	
93971	$40.48	$24.00	
93971	$40.48	$24.00	
93975	$526.90	$316.00	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93975	$526.90	$316.00	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93975	$526.90	$316.00	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	$318.86	$191.00	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93976	$318.86	$191.00	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93976	$318.86	$191.00	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	$361.98	$217.00	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	$235.26	$141.00	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980	$234.06	$140.00	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	$141.88	$85.00	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
93985	$497.92	$299.00	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study
93986	$292.20	$175.00	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study
93990	$292.74	$176.00	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
93990	$292.74	$176.00	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
93990	$292.74	$176.00	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
94002	$177.16	$106.00	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial
94002	$177.16	$106.00	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial
94003	$124.36	$75.00	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
94003	$124.36	$75.00	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each
94004	$91.44	$55.00	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94010	$55.08	$33.00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94010	$55.08	$33.00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94010	$55.08	$33.00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94010	$55.08	$33.00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94010	$55.08	$33.00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94010	$55.08	$33.00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94010	$55.08	$33.00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94011	$164.00	$98.00	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012	$266.72	$160.00	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94012	$266.72	$160.00	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013	$35.84	$22.00	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child
94013	$35.84	$22.00	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child
94014	$112.50	$68.00	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of
94015	$65.26	$39.00	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend
94016	$47.24	$28.00	Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only
94016	$47.24	$28.00	Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only
94016	$47.24	$28.00	Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only
94060	$78.76	$47.00	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94060	$78.76	$47.00	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94060	$78.76	$47.00	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070	$127.10	$76.00	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)
94070	$127.10	$76.00	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)
94070	$127.10	$76.00	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)
94200	$30.22	$18.00	Maximum breathing capacity, maximal voluntary ventilation
94200	$30.22	$18.00	Maximum breathing capacity, maximal voluntary ventilation
94200	$30.22	$18.00	Maximum breathing capacity, maximal voluntary ventilation
94375	$78.50	$47.00	Respiratory flow volume loop
94450	$177.42	$106.00	Breathing response to hypoxia (hypoxia response curve)
94452	$102.36	$61.00	High altitude simulation test (HAST), with physician interpretation and report;
94453	$135.18	$81.00	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration
94610	$108.00	$65.00	Intrapulmonary surfactant administration by a physician through endotracheal tube
94617	$179.94	$108.00	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry
94618	$68.32	$41.00	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
94619	$131.66	$79.00	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)
94621	$311.70	$187.00	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)
94621	$311.70	$187.00	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)
94621	$311.70	$187.00	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)
94625	$156.40	$94.00	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	$169.46	$102.00	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
94640	$27.00	$16.00	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol
94640	$27.00	$16.00	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol
94640	$27.00	$16.00	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol
94640	$27.00	$16.00	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol
94644	$117.56	$71.00	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94644	$117.56	$71.00	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645	$34.60	$21.00	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary
94645	$34.60	$21.00	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary
94660	$130.58	$78.00	Continuous positive airway pressure ventilation (CPAP), initiation and management
94660	$130.58	$78.00	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	$66.54	$40.00	Continuous negative pressure ventilation (CNP), initiation and management
94662	$66.54	$40.00	Continuous negative pressure ventilation (CNP), initiation and management
94664	$36.50	$22.00	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94664	$36.50	$22.00	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94664	$36.50	$22.00	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	$51.48	$31.00	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	$78.72	$47.00	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94669	$42.62	$26.00	Mechanical chest wall oscillation to facilitate lung function, per session
94680	$106.30	$64.00	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94680	$106.30	$64.00	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681	$97.08	$58.00	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94681	$97.08	$58.00	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94690	$98.28	$59.00	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
94726	$114.62	$69.00	Plethysmography for determination of lung volumes and, when performed, airway resistance
94727	$90.92	$55.00	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94728	$89.56	$54.00	Airway resistance by impulse oscillometry
94729	$113.60	$68.00	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
94729	$113.60	$68.00	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
94760	$7.34	$4.00	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94760	$7.34	$4.00	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94760	$7.34	$4.00	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	$8.02	$5.00	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94761	$8.02	$5.00	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94761	$8.02	$5.00	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	$50.26	$30.00	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94762	$50.26	$30.00	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94762	$50.26	$30.00	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94762	$50.26	$30.00	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94780	$107.16	$64.00	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory
94781	$43.64	$26.00	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory
95004	$12.00	$7.00	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests
95004	$12.00	$7.00	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests
95004	$12.00	$7.00	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests
95004	$12.00	$7.00	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95012	$38.00	$23.00	Nitric oxide expired gas determination
95017	$16.68	$10.00	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms,
95018	$39.64	$24.00	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or
95024	$15.50	$9.00	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, specify number of tests
95027	$9.36	$6.00	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test
95027	$9.36	$6.00	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, specify number of tests
95028	$25.06	$15.00	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95028	$25.06	$15.00	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	$10.08	$6.00	Patch or application test(s) (specify number of tests)
95052	$11.44	$7.00	Photo patch test(s) (specify number of tests)
95056	$108.02	$65.00	Photo tests
95060	$80.92	$49.00	Ophthalmic mucous membrane tests

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
95065	$59.80	$36.00	Direct nasal mucous membrane test
95070	$71.78	$43.00	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95076	$249.68	$150.00	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
95079	$171.00	$103.00	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List
95115	$21.66	$13.00	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95115	$21.66	$13.00	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95115	$21.66	$13.00	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	$25.06	$15.00	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95117	$25.06	$15.00	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95117	$25.06	$15.00	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95144	$33.06	$20.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	$71.20	$43.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging
95146	$131.16	$79.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging
95147	$126.38	$76.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging
95148	$187.70	$113.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging
95149	$249.68	$150.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging
95165	$28.98	$17.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of
95170	$21.48	$13.00	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other
95180	$278.56	$167.00	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95249	$134.30	$81.00	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor
95250	$293.02	$176.00	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health
95250	$293.02	$176.00	Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor (includes
95251	$67.54	$41.00	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report
95251	$67.54	$41.00	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report
95717	$210.50	$126.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95718	$264.86	$159.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95719	$316.78	$190.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95720	$406.74	$244.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95721	$406.88	$244.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95722	$493.72	$296.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95723	$499.70	$300.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95724	$626.08	$376.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95725	$573.92	$344.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95726	$797.52	$479.00	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and
95782	$1,973.06	$1,184.00	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783	$2,090.64	$1,254.00	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure
95800	$259.06	$155.00	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801	$195.70	$117.00	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
95803	$263.30	$158.00	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95805	$890.50	$534.00	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple
95806	$192.76	$116.00	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
95806	$192.76	$116.00	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
95807	$840.00	$504.00	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist;TECHNICAL ONLY
95807	$840.00	$504.00	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist;TECHNICAL ONLY
95808	$994.62	$597.00	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	$1,270.58	$762.00	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist; GLOBAL
95810	$1,270.58	$762.00	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist; GLOBAL
95811	$1,330.62	$798.00	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel
95811	$1,330.62	$798.00	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel
95812	$705.52	$423.00	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95812	$705.52	$423.00	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813	$899.14	$539.00	Electroencephalogram (EEG) extended monitoring; greater than 1 hour
95813	$899.14	$539.00	Electroencephalogram (EEG) extended monitoring; greater than one hour
95816	$787.26	$472.00	Electroencephalogram (EEG); including recording awake and drowsy
95816	$787.26	$472.00	Electroencephalogram (EEG); including recording awake and drowsy
95819	$917.22	$550.00	Electroencephalogram (EEG); including recording awake and asleep
95819	$917.22	$550.00	Electroencephalogram (EEG); including recording awake and asleep
95822	$847.88	$509.00	Electroencephalogram (EEG); recording in coma or sleep only
95822	$847.88	$509.00	Electroencephalogram (EEG); recording in coma or sleep only
95824	$213.00	$128.00	Electroencephalogram (EEG); cerebral death evaluation only
95829	$3,528.74	$2,117.00	Electrocorticogram at surgery (separate procedure)
95830	$1,340.30	$804.00	Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording
95836	$206.48	$124.00	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30
95851	$49.12	$29.00	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	$41.76	$25.00	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	$127.30	$76.00	Cholinesterase inhibitor challenge test for myasthenia gravis
95857	$127.30	$76.00	Tensilon test for myasthenia gravis;
95860	$221.96	$133.00	Needle electromyography; one extremity with or without related paraspinal areas
95860	$221.96	$133.00	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	$309.22	$186.00	Needle electromyography; two extremities with or without related paraspinal areas
95861	$309.22	$186.00	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	$421.20	$253.00	Needle electromyography; 3 extremities with or without related paraspinal areas
95863	$421.20	$253.00	Needle electromyography; three extremities with or without related paraspinal areas
95864	$445.22	$267.00	Needle electromyography; four extremities with or without related paraspinal areas
95864	$445.22	$267.00	Needle electromyography; 4 extremities with or without related paraspinal areas
95865	$291.56	$175.00	Needle electromyography; larynx
95865	$291.56	$175.00	Needle electromyography; larynx
95866	$260.62	$156.00	Needle electromyography; hemidiaphragm
95866	$260.62	$156.00	Needle electromyography; hemidiaphragm
95867	$208.82	$125.00	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868	$251.30	$151.00	Needle electromyography; cranial nerve supplied muscles, bilateral
95869	$183.78	$110.00	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95869	$183.78	$110.00	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	$161.98	$97.00	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial
95870	$161.98	$97.00	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial
95872	$362.44	$217.00	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle
95872	$362.44	$217.00	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle
95873	$137.74	$83.00	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95873	$137.74	$83.00	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	$148.64	$89.00	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	$148.64	$89.00	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95875	$241.30	$145.00	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95885	$120.78	$72.00	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;
95886	$187.80	$113.00	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;
95887	$163.72	$98.00	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List
95905	$66.32	$40.00	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when
95905	$66.32	$40.00	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
95907	$176.88	$106.00	Nerve conduction studies; 1-2 studies
95908	$220.44	$132.00	Nerve conduction studies; 3-4 studies
95909	$265.20	$159.00	Nerve conduction studies; 5-6 studies
95910	$346.56	$208.00	Nerve conduction studies; 7-8 studies
95911	$415.52	$249.00	Nerve conduction studies; 9-10 studies
95912	$483.64	$290.00	Nerve conduction studies; 11-12 studies
95913	$566.18	$340.00	Nerve conduction studies; 13 or more studies
95919	$31.88	$19.00	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral
95921	$173.24	$104.00	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to
95921	$173.24	$104.00	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response
95922	$177.54	$107.00	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and
95922	$177.54	$107.00	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and
95923	$237.12	$142.00	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic
95923	$237.12	$142.00	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic
95924	$293.92	$176.00	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95925	$310.92	$187.00	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper
95926	$284.48	$171.00	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower
95927	$357.92	$215.00	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the
95928	$476.76	$286.00	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95928	$476.76	$286.00	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	$477.60	$287.00	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95929	$477.60	$287.00	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930	$133.56	$80.00	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95930	$133.56	$80.00	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
95933	$161.18	$97.00	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937	$204.62	$123.00	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method
95938	$757.24	$454.00	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper
95939	$1,118.00	$671.00	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
95940	$63.06	$38.00	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List
95954	$774.18	$465.00	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)
95955	$366.92	$220.00	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95957	$585.96	$352.00	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
95958	$1,433.48	$860.00	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961	$656.46	$394.00	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or
95961	$656.46	$394.00	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or
95962	$561.36	$337.00	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or
95962	$561.36	$337.00	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or
95965	$2,222.00	$1,333.00	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
95966	$1,106.00	$664.00	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex
95967	$915.00	$549.00	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex
95970	$36.70	$22.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95970	$36.70	$22.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status,
95971	$94.26	$57.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status,
95971	$94.26	$57.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95972	$112.46	$67.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95972	$112.46	$67.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status,
95973	$317.00	$190.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95976	$74.12	$44.00	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off
95977	$98.88	$59.00	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off
95980	$86.32	$52.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95980	$86.32	$52.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95981	$79.46	$48.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95982	$118.82	$71.00	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status,
95983	$97.00	$58.00	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off
95984	$84.52	$51.00	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off
95990	$177.22	$106.00	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);
95991	$219.34	$132.00	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician
95992	$138.00	$83.00	Canalith repositioning procedure(s) (eg, , Semont maneuver), per day
95992	$138.00	$83.00	Canalith repositioning procedure(s) (eg, , Semont maneuver), per day
95992	$138.00	$83.00	Canalith repositioning procedure(s) (eg, , Semont maneuver), per day
96000	$162.82	$98.00	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;
96000	$162.82	$98.00	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;
96001	$207.50	$125.00	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
96002	$41.96	$25.00	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96004	$207.38	$124.00	Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface
96020	$214.00	$128.00	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or
96105	$191.58	$115.00	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production
96110	$43.00	$26.00	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96110	$43.00	$26.00	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96112	$257.92	$155.00	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by
96113	$108.44	$65.00	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by
96116	$180.22	$108.00	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and
96121	$147.72	$89.00	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and
96125	$204.14	$122.00	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-
96127	$9.40	$6.00	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per
96127	$9.40	$6.00	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per
96127	$9.40	$6.00	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per
96130	$237.92	$143.00	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of
96131	$168.10	$101.00	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of
96132	$254.72	$153.00	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of
96133	$190.58	$114.00	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of
96136	$83.80	$50.00	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method;
96137	$74.12	$44.00	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method;
96138	$70.70	$42.00	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	$70.70	$42.00	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately
96146	$4.62	$3.00	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
96156	$200.88	$121.00	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
96158	$137.84	$83.00	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	$47.30	$28.00	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96160	$6.14	$4.00	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized
96161	$6.14	$4.00	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and
96161	$6.14	$4.00	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and
96164	$20.98	$13.00	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
96165	$9.90	$6.00	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96167	$146.38	$88.00	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	$52.46	$31.00	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96202	$47.64	$29.00	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis,

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
96203	$11.92	$7.00	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis,
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96360	$62.72	$38.00	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96361	$24.12	$14.00	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96365	$120.74	$72.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96366	$40.20	$24.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96367	$55.16	$33.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition
96368	$38.18	$23.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary
96368	$38.18	$23.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary
96368	$38.18	$23.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary
96368	$38.18	$23.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary
96368	$38.18	$23.00	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary
96369	$281.66	$169.00	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous
96369	$281.66	$169.00	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous
96369	$281.66	$169.00	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous
96370	$32.70	$20.00	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96370	$32.70	$20.00	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96370	$32.70	$20.00	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	$117.02	$70.00	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s)
96372	$28.66	$17.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96372	$28.66	$17.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96372	$28.66	$17.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96372	$28.66	$17.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96372	$28.66	$17.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96372	$28.66	$17.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96372	$28.66	$17.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	$38.18	$23.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96374	$70.72	$42.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96375	$29.54	$18.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96376	$119.00	$71.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug
96377	$36.14	$22.00	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
96380	$46.16	$28.00	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified
96381	$39.56	$24.00	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection
96401	$138.46	$83.00	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96401	$138.46	$83.00	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	$72.72	$44.00	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	$165.62	$99.00	Chemotherapy administration; intralesional, up to and including 7 lesions
96405	$165.62	$99.00	Chemotherapy administration, intralesional; up to and including 7 lesions
96406	$253.90	$152.00	Chemotherapy administration; intralesional, more than 7 lesions
96406	$253.90	$152.00	Chemotherapy administration, intralesional; more than 7 lesions
96409	$193.40	$116.00	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96409	$193.40	$116.00	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	$105.94	$64.00	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96411	$105.94	$64.00	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	$249.68	$150.00	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96413	$249.68	$150.00	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	$53.12	$32.00	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96415	$53.12	$32.00	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	$245.94	$148.00	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or
96417	$122.94	$74.00	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in
96420	$197.68	$119.00	Chemotherapy administration, intra-arterial; push technique
96420	$197.68	$119.00	Chemotherapy administration, intra-arterial; push technique
96422	$302.16	$181.00	Chemotherapy administration, intra-arterial; infusion technique, up to one hour
96422	$302.16	$181.00	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	$139.94	$84.00	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96423	$139.94	$84.00	Chemotherapy administration, intra-arterial; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure)
96425	$325.02	$195.00	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or
96425	$325.02	$195.00	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or
96440	$1,450.80	$870.00	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96440	$1,450.80	$870.00	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	$307.70	$185.00	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	$317.62	$191.00	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96450	$317.62	$191.00	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521	$238.98	$143.00	Refilling and maintenance of portable pump
96521	$238.98	$143.00	Refilling and maintenance of portable pump
96522	$226.72	$136.00	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	$80.00	$48.00	Irrigation of implanted venous access device for drug delivery systems
96523	$80.00	$48.00	Irrigation of implanted venous access device for drug delivery systems
96523	$80.00	$48.00	Irrigation of implanted venous access device for drug delivery systems
96542	$255.94	$154.00	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96547	$698.76	$419.00	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes
96548	$320.32	$192.00	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30
96567	$268.94	$161.00	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation
96567	$268.94	$161.00	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and
96570	$104.14	$62.00	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in
96570	$104.14	$62.00	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in
96571	$48.22	$29.00	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List
96571	$48.22	$29.00	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List
96573	$446.56	$268.00	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and
96574	$547.58	$329.00	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to
96900	$50.94	$31.00	Actinotherapy (ultraviolet light)
96904	$135.42	$81.00	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a
96910	$238.82	$143.00	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	$202.72	$122.00	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	$307.48	$184.00	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision
96913	$307.48	$184.00	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the
96920	$285.16	$171.00	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96920	$285.16	$171.00	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	$304.70	$183.00	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96921	$304.70	$183.00	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	$380.96	$229.00	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96922	$380.96	$229.00	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96931	$337.70	$203.00	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	$252.58	$152.00	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	$85.10	$51.00	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
96934	$237.82	$143.00	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion
96935	$155.32	$93.00	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition
96936	$82.50	$50.00	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in
97012	$29.10	$17.00	Application of a modality to one or more areas; traction, mechanical
97016	$23.86	$14.00	Application of a modality to one or more areas; vasopneumatic devices
97018	$12.62	$8.00	Application of a modality to one or more areas; paraffin bath
97022	$32.06	$19.00	Application of a modality to one or more areas; whirlpool
97024	$14.66	$9.00	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97024	$14.66	$9.00	Application of a modality to one or more areas; diathermy
97026	$13.98	$8.00	Application of a modality to one or more areas; infrared
97028	$16.66	$10.00	Application of a modality to one or more areas; ultraviolet
97032	$29.10	$17.00	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	$38.60	$23.00	Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034	$27.86	$17.00	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	$28.54	$17.00	Application of a modality to one or more areas; ultrasound, each 15 minutes
97036	$71.24	$43.00	Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110	$59.18	$36.00	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	$65.84	$40.00	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture,
97113	$75.44	$45.00	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	$59.18	$36.00	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	$61.50	$37.00	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression,
97129	$44.04	$26.00	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic
97130	$42.06	$25.00	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic
97140	$55.82	$33.00	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
97140	$55.82	$33.00	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	$35.80	$21.00	Therapeutic procedure(s), group (2 or more individuals)
97161	$201.34	$121.00	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care;
97162	$201.34	$121.00	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities
97163	$201.34	$121.00	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities
97164	$139.28	$84.00	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized
97165	$206.80	$124.00	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief
97166	$206.80	$124.00	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes
97167	$206.80	$124.00	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes
97168	$143.22	$86.00	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status
97530	$71.46	$43.00	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97533	$125.84	$76.00	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient
97535	$65.98	$40.00	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in
97537	$65.22	$39.00	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification
97542	$63.18	$38.00	Wheelchair management/propulsion training, each 15 minutes
97550	$106.32	$64.00	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs],
97551	$52.10	$31.00	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs],
97552	$45.50	$27.00	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living
97597	$331.00	$199.00	WOUND CARE; SELECTIVE DEBRIDE
97597	$331.00	$199.00	WOUND CARE; SELECTIVE DEBRIDE
97597	$331.00	$199.00	WOUND CARE; SELECTIVE DEBRIDE
97598	$147.00	$88.00	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective
97598	$147.00	$88.00	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective
97598	$147.00	$88.00	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective
97602	$218.00	$131.00	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including
97602	$218.00	$131.00	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including
97602	$218.00	$131.00	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including
97605	$143.00	$86.00	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for
97605	$143.00	$86.00	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for
97605	$143.00	$86.00	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for
97606	$171.00	$103.00	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for
97607	$678.62	$407.00	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of
97608	$707.32	$424.00	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of
97610	$835.22	$501.00	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing
97750	$68.70	$41.00	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	$76.92	$46.00	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental
97760	$95.14	$57.00	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each
97760	$95.14	$57.00	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk,
97761	$83.56	$50.00	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97761	$83.56	$50.00	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	$104.04	$62.00	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter,
97802	$73.24	$44.00	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97802	$73.24	$44.00	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97802	$73.24	$44.00	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	$63.94	$38.00	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	$63.94	$38.00	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	$63.94	$38.00	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	$33.86	$20.00	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810	$91.64	$55.00	Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
97811	$52.04	$31.00	Acupuncture, one or more needles, without electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion
97813	$105.58	$63.00	Acupuncture, one or more needles, with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient
97814	$58.82	$35.00	Acupuncture, one or more needles, with electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of
98016	$32.22	$19.00	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and
98925	$103.00	$62.00	Osteopathic manipulative treatment (OMT); one to two body regions involved
98925	$103.00	$62.00	Osteopathic manipulative treatment (OMT); one to two body regions involved
98925	$103.00	$62.00	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	$149.00	$89.00	Osteopathic manipulative treatment (OMT); three to four body regions involved
98926	$149.00	$89.00	Osteopathic manipulative treatment (OMT); three to four body regions involved
98927	$193.00	$116.00	Osteopathic manipulative treatment (OMT); five to six body regions involved
98927	$193.00	$116.00	Osteopathic manipulative treatment (OMT); five to six body regions involved
98928	$234.00	$140.00	Osteopathic manipulative treatment (OMT); seven to eight body regions involved
98928	$234.00	$140.00	Osteopathic manipulative treatment (OMT); seven to eight body regions involved
98929	$276.00	$166.00	Osteopathic manipulative treatment (OMT); nine to ten body regions involved
98929	$276.00	$166.00	Osteopathic manipulative treatment (OMT); nine to ten body regions involved
98940	$54.38	$33.00	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98940	$54.38	$33.00	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	$78.86	$47.00	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98941	$78.86	$47.00	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	$101.96	$61.00	Chiropractic manipulative treatment (CMT); spinal, five regions
98942	$101.96	$61.00	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98966	$26.38	$16.00	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian
98966	$26.38	$16.00	
98967	$48.66	$29.00	
98967	$48.66	$29.00	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian
98968	$67.00	$40.00	
98968	$67.00	$40.00	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian
98970	$22.96	$14.00	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time
98971	$43.24	$26.00	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time
98972	$65.68	$39.00	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time
98975	$41.26	$25.00	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient
98976	$90.46	$54.00	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with
98977	$90.46	$54.00	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with
98980	$103.20	$62.00	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at
98981	$80.06	$48.00	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at
99000	$25.00	$15.00	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99000	$25.00	$15.00	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99000	$25.00	$15.00	Handling and/or conveyance of specimen for transfer from the physician"s office to a laboratory
99000	$25.00	$15.00	Handling and/or conveyance of specimen for transfer from the physician"s office to a laboratory
99000	$25.00	$15.00	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99000	$25.00	$15.00	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99000	$25.00	$15.00	Handling and/or conveyance of specimen for transfer from the physician"s office to a laboratory
99050	$12.00	$7.00	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or
99070	$3.00	$2.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$40.00	$24.00	CRAMPONS/ PER PAIR
99070	$29.00	$17.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$30.00	$18.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$38.00	$23.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
99070	$24.00	$14.00	DONUT/COCCYX RING
99070	$38.00	$23.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$3.00	$2.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$24.00	$14.00	DONUT/COCCYX RING
99070	$40.00	$24.00	CRAMPONS/ PER PAIR
99070	$38.00	$23.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$29.00	$17.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$30.00	$18.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$38.00	$23.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$38.00	$23.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$24.00	$14.00	DONUT/COCCYX RING
99070	$40.00	$24.00	CRAMPONS/ PER PAIR
99070	$3.00	$2.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$30.00	$18.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$38.00	$23.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99070	$24.00	$14.00	DONUT/COCCYX RING
99070	$40.00	$24.00	CRAMPONS/ PER PAIR
99070	$3.00	$2.00	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered
99072	$10.00	$6.00	
99080	$46.00	$28.00	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99080	$46.00	$28.00	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99091	$104.76	$63.00	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or
99151	$248.00	$149.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99151	$248.00	$149.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99151	$248.00	$149.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99152	$206.00	$124.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99152	$206.00	$124.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99152	$206.00	$124.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99152	$206.00	$124.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99153	$48.00	$29.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99153	$48.00	$29.00	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that
99155	$158.98	$95.00	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care
99156	$142.72	$86.00	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care
99157	$110.94	$67.00	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care
99170	$329.52	$198.00	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed
99170	$329.52	$198.00	Anogenital examination with colposcopic magnification in childhood for suspected trauma
99173	$62.00	$37.00	Screening test of visual acuity, quantitative, bilateral
99173	$62.00	$37.00	Screening test of visual acuity, quantitative, bilateral
99173	$62.00	$37.00	Screening test of visual acuity, quantitative, bilateral
99173	$62.00	$37.00	Screening test of visual acuity, quantitative, bilateral
99173	$62.00	$37.00	Screening test of visual acuity, quantitative, bilateral
99173	$62.00	$37.00	Screening test of visual acuity, quantitative, bilateral
99175	$61.16	$37.00	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99183	$205.18	$123.00	Physician attendance and supervision of hyperbaric oxygen therapy, per session
99184	$414.56	$249.00	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and
99188	$45.00	$27.00	Application of topical fluoride varnish by a physician or other qualified health care professional
99188	$45.00	$27.00	Application of topical fluoride varnish by a physician or other qualified health care professional
99188	$45.00	$27.00	Application of topical fluoride varnish by a physician or other qualified health care professional
99195	$182.66	$110.00	Phlebotomy, therapeutic (separate procedure)
99195	$182.66	$110.00	Phlebotomy, therapeutic (separate procedure)
99202	$210.00	$126.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem
99202	$210.00	$126.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem
99202	$210.00	$126.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem
99202	$210.00	$126.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem
99203	$222.58	$134.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed
99203	$222.58	$134.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed
99203	$222.58	$134.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed
99203	$222.58	$134.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed
99203	$222.58	$134.00	
99204	$332.94	$200.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99204	$332.94	$200.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99204	$332.94	$200.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99204	$332.94	$200.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99204	$332.94	$200.00	
99204	$332.94	$200.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99205	$439.22	$264.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99205	$439.22	$264.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99205	$439.22	$264.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99205	$439.22	$264.00	
99205	$439.22	$264.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a
99211	$47.02	$28.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the
99211	$47.02	$28.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the
99211	$47.02	$28.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the
99211	$47.02	$28.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the
99211	$47.02	$28.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the
99211	$47.02	$28.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the
99211	$47.02	$28.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the
99212	$113.04	$68.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99212	$113.04	$68.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99212	$113.04	$68.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99212	$113.04	$68.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99212	$113.04	$68.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99212	$113.04	$68.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99212	$113.04	$68.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An
99213	$182.08	$109.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99214	$255.84	$154.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99215	$358.68	$215.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A
99221	$160.34	$96.00	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history;
99222	$253.52	$152.00	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a
99223	$337.90	$203.00	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a
99231	$95.38	$57.00	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem
99232	$154.24	$93.00	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded
99233	$230.32	$138.00	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed
99234	$189.40	$114.00	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires
99235	$308.60	$185.00	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires
99236	$402.96	$242.00	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires
99238	$158.74	$95.00	Hospital discharge day management; 30 minutes or less
99238	$158.74	$95.00	Hospital discharge day management; 30 minutes or less
99239	$224.38	$135.00	Hospital discharge day management; more than 30 minutes
99242	$378.00	$227.00	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem
99242	$378.00	$227.00	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem
99243	$515.00	$309.00	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical
99243	$515.00	$309.00	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical
99244	$754.00	$452.00	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and
99244	$754.00	$452.00	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and
99245	$933.00	$560.00	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and
99245	$933.00	$560.00	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and
99252	$402.00	$241.00	Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded
99253	$597.00	$358.00	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and
99254	$855.00	$513.00	Initial inpatient consultation for a new or established patient, which requires three key components: a comprehensive history; a comprehensive examination;
99255	$1,066.00	$640.00	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99281	$124.00	$74.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99282	$168.00	$101.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99283	$285.00	$171.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99283	$285.00	$171.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99283	$285.00	$171.00	UC Facility Level 3
99283	$285.00	$171.00	UC Facility Level 3
99283	$285.00	$171.00	UC Facility Level 3
99283	$285.00	$171.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99283	$285.00	$171.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99283	$285.00	$171.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused
99283	$285.00	$171.00	UC Facility Level 3
99283	$285.00	$171.00	UC Facility Level 3
99284	$485.00	$291.00	ER Prof Level 4
99284	$485.00	$291.00	ER Prof Level 4
99284	$485.00	$291.00	ER Facility Level 4
99284	$485.00	$291.00	ER Prof Level 4
99284	$485.00	$291.00	ER Prof Level 4
99284	$485.00	$291.00	ER Facility Level 4
99284	$485.00	$291.00	ER Facility Level 4
99284	$485.00	$291.00	ER Facility Level 4
99284	$485.00	$291.00	ER Prof Level 4
99284	$485.00	$291.00	ER Facility Level 4
99285	$702.00	$421.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by
99285	$702.00	$421.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by
99285	$702.00	$421.00	ER Facility Level 5
99285	$702.00	$421.00	ER Facility Level 5
99285	$702.00	$421.00	ER Facility Level 5
99285	$702.00	$421.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by
99285	$702.00	$421.00	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by
99285	$702.00	$421.00	ER Facility Level 5
99285	$702.00	$421.00	ER Facility Level 5
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99291	$539.74	$324.00	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99292	$233.58	$140.00	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for
99304	$157.38	$94.00	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive
99304	$157.38	$94.00	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: A detailed or comprehensive
99305	$260.82	$156.00	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: A comprehensive history; A
99305	$260.82	$156.00	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A
99306	$355.82	$213.00	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A
99306	$355.82	$213.00	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: A comprehensive history; A
99307	$78.44	$47.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A
99307	$78.44	$47.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem
99308	$146.28	$88.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded
99308	$146.28	$88.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: An
99309	$211.86	$127.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A
99309	$211.86	$127.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed
99310	$301.60	$181.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A
99310	$301.60	$181.00	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A
99315	$159.70	$96.00	Nursing facility discharge day management; 30 minutes or less
99316	$255.38	$153.00	Nursing facility discharge day management; more than 30 minutes
99341	$96.64	$58.00	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused
99341	$96.64	$58.00	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused
99342	$153.58	$92.00	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded
99342	$153.58	$92.00	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an
99344	$277.46	$166.00	Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive
99344	$277.46	$166.00	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive
99345	$393.10	$236.00	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive
99347	$88.76	$53.00	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval
99347	$88.76	$53.00	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused
99348	$150.46	$90.00	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem
99348	$150.46	$90.00	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused
99349	$248.74	$149.00	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A
99349	$248.74	$149.00	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history;
99350	$360.82	$216.00	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval
99350	$360.82	$216.00	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval
99358	$390.00	$234.00	
99358	$390.00	$234.00	
99358	$390.00	$234.00	
99359	$186.00	$112.00	
99359	$186.00	$112.00	
99374	$216.00	$130.00	Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's
99381	$450.00	$270.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99381	$450.00	$270.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99381	$450.00	$270.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99381	$450.00	$270.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99382	$275.00	$165.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99382	$275.00	$165.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99382	$275.00	$165.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99382	$275.00	$165.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99382	$275.00	$165.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99382	$275.00	$165.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99383	$270.00	$162.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99383	$270.00	$162.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99383	$270.00	$162.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99383	$270.00	$162.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99383	$270.00	$162.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99383	$270.00	$162.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Sports PE New pt
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99384	$265.00	$159.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99385	$375.00	$225.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99386	$475.00	$285.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99387	$550.00	$330.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,
99391	$255.00	$153.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99391	$255.00	$153.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99391	$255.00	$153.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99391	$255.00	$153.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99391	$255.00	$153.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99392	$316.00	$190.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99393	$250.00	$150.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Sports/Camp PE
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Sports/Camp PE
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99394	$275.00	$165.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	SCHOOL/ SPORT/ CAMP EST PT AGE 18-39
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	SCHOOL/ SPORT/ CAMP EST PT AGE 18-39
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	SCHOOL/ SPORT/ CAMP EST PT AGE 18-39
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99395	$355.00	$213.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99396	$390.00	$234.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99397	$410.00	$246.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99397	$410.00	$246.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99397	$410.00	$246.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99397	$410.00	$246.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99397	$410.00	$246.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99397	$410.00	$246.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99397	$410.00	$246.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,
99401	$157.00	$94.00	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	$251.00	$151.00	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	$381.00	$229.00	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	$512.00	$307.00	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	$50.00	$30.00	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99406	$50.00	$30.00	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99406	$50.00	$30.00	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99406	$50.00	$30.00	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	$85.00	$51.00	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99407	$85.00	$51.00	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99407	$85.00	$51.00	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99407	$85.00	$51.00	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99407	$85.00	$51.00	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99412	$79.00	$47.00	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60
99412	$79.00	$47.00	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60
99415	$42.08	$25.00	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting,
99415	$42.08	$25.00	
99416	$19.60	$12.00	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting,
99421	$29.64	$18.00	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	$57.90	$35.00	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	$91.78	$55.00	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99424	$164.32	$99.00	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at
99425	$120.20	$72.00	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at
99426	$126.32	$76.00	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at
99427	$103.62	$62.00	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at
99437	$117.46	$70.00	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until
99439	$94.12	$56.00	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until
99441	$157.00	$94.00	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M
99441	$157.00	$94.00	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M
99441	$157.00	$94.00	
99442	$251.00	$151.00	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
99442	$251.00	$151.00	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M
99442	$251.00	$151.00	
99443	$381.00	$229.00	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M
99443	$381.00	$229.00	
99446	$34.64	$21.00	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the
99447	$69.98	$42.00	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the
99448	$104.08	$62.00	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the
99449	$140.64	$84.00	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the
99450	$247.00	$148.00	Basic life and/or disability examination that includes: Measurement of height, weight and blood pressure; Completion of a medical history following a life
99451	$66.86	$40.00	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written
99452	$68.22	$41.00	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care
99453	$41.26	$25.00	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use
99454	$90.46	$54.00	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily
99455	$542.00	$325.00	Work related or medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient's
99456	$1,038.00	$623.00	Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the
99457	$98.46	$59.00	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in
99458	$78.70	$47.00	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month
99459	$43.60	$26.00	Pelvic examination (List separately in addition to code for primary procedure)
99460	$179.16	$108.00	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99460	$179.16	$108.00	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99461	$181.82	$109.00	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
99462	$77.88	$47.00	Subsequent hospital care, per day, for evaluation and management of normal newborn
99463	$210.14	$126.00	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
99464	$231.00	$139.00	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
99464	$231.00	$139.00	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
99464	$231.00	$139.00	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
99465	$273.98	$164.00	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation
99466	$447.18	$268.00	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age
99467	$224.34	$135.00	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age
99468	$1,724.20	$1,035.00	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99468	$1,724.20	$1,035.00	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99469	$746.12	$448.00	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99469	$746.12	$448.00	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99471	$1,492.62	$896.00	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99471	$1,492.62	$896.00	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99472	$772.96	$464.00	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of
99472	$772.96	$464.00	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of
99473	$29.14	$17.00	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	$34.08	$20.00	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a
99475	$1,084.08	$650.00	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99475	$1,084.08	$650.00	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99476	$657.18	$394.00	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99476	$657.18	$394.00	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99477	$654.36	$393.00	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent
99478	$256.40	$154.00	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500
99478	$256.40	$154.00	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500
99479	$232.90	$140.00	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99480	$224.34	$135.00	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
99483	$545.52	$327.00	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or
99484	$108.28	$65.00	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care
99487	$270.08	$162.00	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-
99489	$144.72	$87.00	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12
99489	$144.72	$87.00	Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional,
99490	$123.60	$74.00	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar
99491	$167.20	$100.00	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other
99492	$298.50	$179.00	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with
99493	$273.18	$164.00	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation
99494	$114.88	$69.00	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities,
99495	$413.14	$248.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99495	$413.14	$248.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99495	$413.14	$248.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99496	$559.72	$336.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99496	$559.72	$336.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99496	$559.72	$336.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99496	$559.72	$336.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99496	$559.72	$336.00	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or
99497	$161.76	$97.00	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when
99498	$139.56	$84.00	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when
99499	$235.00	$141.00	Unlisted evaluation and management service
99499	$235.00	$141.00	Unlisted evaluation and management service
99499	$235.00	$141.00	Unlisted evaluation and management service
A4217	$6.00	$4.00	Sterile water/saline, 500 ml
A4217	$6.00	$4.00	Sterile water/saline, 500 ml
A4217	$6.00	$4.00	Sterile water/saline, 500 ml
A4217	$6.00	$4.00	Sterile water/saline, 500 ml
A4221	$40.00	$24.00	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
A4221	$40.00	$24.00	Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4314	$39.00	$23.00	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4314	$39.00	$23.00	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4314	$39.00	$23.00	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4320	$117.00	$70.00	Irrigation tray with bulb or piston syringe, any purpose
A4333	$13.00	$8.00	Urinary catheter anchoring device, adhesive skin attachment, each
A4333	$13.00	$8.00	Urinary catheter anchoring device, adhesive skin attachment, each
A4352	$33.00	$20.00	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4352	$33.00	$20.00	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4352	$33.00	$20.00	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4352	$33.00	$20.00	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4352	$33.00	$20.00	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4352	$33.00	$20.00	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4357	$14.00	$8.00	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4357	$14.00	$8.00	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4357	$14.00	$8.00	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4357	$14.00	$8.00	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4357	$14.00	$8.00	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4357	$14.00	$8.00	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	$15.00	$9.00	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4358	$15.00	$9.00	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
A4358	$15.00	$9.00	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4358	$15.00	$9.00	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4358	$15.00	$9.00	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4358	$15.00	$9.00	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4550	$78.00	$47.00	Surgical trays
A4550	$78.00	$47.00	SUTURE KIT
A4550	$78.00	$47.00	Surgical trays
A4550	$78.00	$47.00	SUTURE KIT
A4550	$78.00	$47.00	Surgical trays
A4550	$78.00	$47.00	Surgical trays
A4550	$78.00	$47.00	SUTURE KIT
A4550	$78.00	$47.00	Surgical trays
A4550	$78.00	$47.00	Surgical trays
A4550	$78.00	$47.00	Surgical trays
A4550	$78.00	$47.00	SUTURE KIT
A4565	$5.00	$3.00	Slings
A4565	$5.00	$3.00	Slings
A4565	$5.00	$3.00	Slings
A4565	$5.00	$3.00	Slings
A4565	$5.00	$3.00	Slings
A4565	$5.00	$3.00	Slings
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4570	$56.00	$34.00	Splint
A4614	$65.00	$39.00	Peak expiratory flow rate meter, hand held
A4614	$65.00	$39.00	Peak expiratory flow rate meter, hand held
A4614	$65.00	$39.00	PEAK FLOW METER HAND HELD
A4614	$65.00	$39.00	PEAK FLOW METER HAND HELD
A4615	$25.00	$15.00	Cannula, nasal
A4615	$25.00	$15.00	Cannula, nasal
A4615	$25.00	$15.00	Cannula, nasal
A4615	$25.00	$15.00	Cannula, nasal
A4615	$25.00	$15.00	Cannula, nasal
A4615	$25.00	$15.00	Cannula, nasal
A4649	$27.00	$16.00	STERI-STRIPS
A4649	$27.00	$16.00	STERI-STRIPS
A4649	$27.00	$16.00	STERI-STRIPS
A4649	$27.00	$16.00	STERI-STRIPS
A6402	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6402	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6402	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6402	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6402	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6402	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6402	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6403	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6403	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6403	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6403	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6403	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6403	$12.00	$7.00	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	$48.00	$29.00	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6404	$48.00	$29.00	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6404	$48.00	$29.00	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6404	$48.00	$29.00	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6404	$48.00	$29.00	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6404	$48.00	$29.00	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6404	$48.00	$29.00	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6449	$12.00	$7.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6449	$12.00	$7.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6449	$12.00	$7.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6449	$12.00	$7.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6449	$12.00	$7.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6449	$12.00	$7.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	$18.00	$11.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6450	$18.00	$11.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6450	$18.00	$11.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6450	$18.00	$11.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6450	$18.00	$11.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6450	$18.00	$11.00	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A7003	$53.00	$32.00	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7041	$122.00	$73.00	Water seal drainage container and tubing for Use with implanted chest tube
A9284	$53.00	$32.00	Spirometer, non-electronic, includes all accessories
A9284	$53.00	$32.00	Spirometer, nonelectronic, includes all accessories
A9284	$53.00	$32.00	Spirometer, nonelectronic, includes all accessories

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
A9284	$53.00	$32.00	Spirometer, non-electronic, includes all accessories
A9284	$53.00	$32.00	Spirometer, non-electronic, includes all accessories
A9284	$53.00	$32.00	Spirometer, nonelectronic, includes all accessories
D0145	$91.00	$55.00	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0145	$91.00	$55.00	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0190	$38.00	$23.00	screening of a patient
D0999	$48.00	$29.00	Unspecified diagnostic procedure, by report
D1206	$27.00	$16.00	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1206	$27.00	$16.00	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1330	$48.00	$29.00	Oral hygiene instructions
D7510	$517.00	$310.00	Incision and drainage of abscess - intraoral soft tissue
D7510	$517.00	$310.00	Incision and drainage of abscess - intraoral soft tissue
D7510	$517.00	$310.00	Incision and drainage of abscess - intraoral soft tissue
D7510	$517.00	$310.00	Incision and drainage of abscess - intraoral soft tissue
D9210	$522.00	$313.00	Local anesthesia not in conjunction with operative or surgical procedures
D9210	$522.00	$313.00	Local anesthesia not in conjunction with operative or surgical procedures
D9210	$522.00	$313.00	Local anesthesia not in conjunction with operative or surgical procedures
D9210	$522.00	$313.00	Local anesthesia not in conjunction with operative or surgical procedures
E0114	$175.00	$105.00	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0114	$175.00	$105.00	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0114	$175.00	$105.00	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0114	$175.00	$105.00	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0114	$175.00	$105.00	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0114	$175.00	$105.00	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0114	$175.00	$105.00	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0114	$175.00	$105.00	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0135	$91.00	$55.00	Walker, folding (pickup), adjustable or fixed height
E0135	$91.00	$55.00	Walker, folding (pickup), adjustable or fixed height
E0135	$91.00	$55.00	Walker, folding (pickup), adjustable or fixed height
E0144	$85.00	$51.00	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0144	$85.00	$51.00	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0431	$35.00	$21.00	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	$35.00	$21.00	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	$35.00	$21.00	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	$35.00	$21.00	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	$35.00	$21.00	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	$35.00	$21.00	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0570	$32.00	$19.00	Nebulizer, with compressor
E0570	$32.00	$19.00	Nebulizer, with compressor
E0944	$138.00	$83.00	Pelvic belt/harness/boot
E0944	$138.00	$83.00	Pelvic belt/harness/boot
E0944	$138.00	$83.00	Pelvic belt/harness/boot
E1390	$75.00	$45.00	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1390	$75.00	$45.00	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1390	$75.00	$45.00	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1390	$75.00	$45.00	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1390	$75.00	$45.00	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1390	$75.00	$45.00	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
G0008	$100.00	$60.00	Administration of influenza virus vaccine when no physician fee schedule service on the same day
G0008	$100.00	$60.00	Administration of influenza virus vaccine
G0008	$100.00	$60.00	Administration of influenza virus vaccine
G0008	$100.00	$60.00	Administration of influenza virus vaccine
G0008	$100.00	$60.00	Administration of influenza virus vaccine
G0008	$100.00	$60.00	Administration of influenza virus vaccine when no physician fee schedule service on the same day
G0009	$100.00	$60.00	Administration of pneumococcal vaccine when no physician fee schedule service on the same day
G0009	$100.00	$60.00	Administration of pneumococcal vaccine when no physician fee schedule service on the same day
G0010	$55.00	$33.00	Administration of hepatitis B vaccine when no physician fee schedule service on the same day
G0011	$53.96	$32.00	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp)to prevent human immunodeficiency virus
G0012	$28.66	$17.00	Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle
G0013	$47.02	$28.00	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial
G0017	$422.14	$253.00	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services
G0018	$207.40	$124.00	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services
G0019	$160.38	$96.00	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a
G0022	$99.56	$60.00	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to g0019)
G0023	$160.38	$96.00	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient
G0024	$99.56	$60.00	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to g0023)
G0076	$97.30	$58.00	Brief (20 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a
G0077	$145.10	$87.00	Limited (30 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a
G0078	$236.80	$142.00	Moderate (45 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a
G0079	$310.72	$186.00	Comprehensive (60 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished
G0080	$406.80	$244.00	Extensive (75 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a
G0081	$95.28	$57.00	Brief (20 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a
G0082	$154.38	$93.00	Limited (30 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished
G0083	$241.56	$145.00	Moderate (45 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished
G0084	$339.96	$204.00	Comprehensive (60 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be
G0085	$406.80	$244.00	Extensive (75 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished
G0086	$146.12	$88.00	Limited (30 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a
G0087	$204.58	$123.00	Comprehensive (60 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished
G0101	$115.00	$69.00	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0101	$115.00	$69.00	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0101	$115.00	$69.00	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0102	$47.02	$28.00	Prostate cancer screening; digital rectal examination
G0102	$47.02	$28.00	Prostate cancer screening; digital rectal examination
G0102	$47.02	$28.00	Prostate cancer screening; digital rectal examination
G0104	$374.56	$225.00	Colorectal cancer screening; flexible sigmoidoscopy
G0104	$374.56	$225.00	Colorectal cancer screening; flexible sigmoidoscopy
G0105	$674.30	$405.00	Colorectal cancer screening; colonoscopy on individual at high risk
G0105	$674.30	$405.00	Colorectal cancer screening; colonoscopy on individual at high risk
G0108	$108.52	$65.00	Diabetes outpatient self-management training services, individual, per 30 minutes
G0108	$108.52	$65.00	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	$31.14	$19.00	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0109	$31.14	$19.00	Diabetes self-management training services, group session (2 or more), per 30 minutes
G0117	$127.14	$76.00	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0117	$127.14	$76.00	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	$83.82	$50.00	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist
G0118	$83.82	$50.00	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist
G0121	$674.84	$405.00	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
G0121	$674.84	$405.00	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0124	$50.18	$30.00	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation
G0124	$50.18	$30.00	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation
G0127	$48.40	$29.00	Trimming of dystrophic nails, any number
G0127	$48.40	$29.00	Trimming of dystrophic nails, any number
G0128	$19.60	$12.00	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes
G0128	$19.60	$12.00	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes
G0130	$76.72	$46.00	Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
G0130	$76.72	$46.00	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
G0136	$38.16	$23.00	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes
G0138	$361.22	$217.00	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in
G0140	$160.38	$96.00	Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified
G0141	$50.18	$30.00	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
G0141	$50.18	$30.00	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
G0146	$99.56	$60.00	Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to g0140)
G0166	$203.78	$122.00	External counterpulsation, per treatment session
G0166	$203.78	$122.00	External counterpulsation, per treatment session
G0168	$502.00	$301.00	DERMABOND
G0168	$502.00	$301.00	DERMABOND
G0168	$502.00	$301.00	Wound closure utilizing tissue adhesive(s) only
G0168	$502.00	$301.00	DERMABOND
G0168	$502.00	$301.00	DERMABOND
G0168	$502.00	$301.00	DERMABOND
G0168	$502.00	$301.00	Wound closure utilizing tissue adhesive(s) only
G0168	$502.00	$301.00	Wound closure utilizing tissue adhesive(s) only
G0168	$502.00	$301.00	Wound closure utilizing tissue adhesive(s) only
G0179	$84.76	$51.00	Physician re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home
G0179	$84.76	$51.00	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home
G0180	$107.14	$64.00	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health
G0181	$208.32	$125.00	Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring
G0182	$205.74	$123.00	Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving
G0182	$205.74	$123.00	Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving
G0237	$23.70	$14.00	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
G0237	$23.70	$14.00	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)
G0238	$20.98	$13.00	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
G0238	$20.98	$13.00	Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)
G0239	$27.10	$16.00	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes
G0245	$127.64	$77.00	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which
G0245	$127.64	$77.00	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) which must
G0246	$77.42	$46.00	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to
G0246	$77.42	$46.00	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to
G0247	$167.88	$101.00	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include, the local
G0247	$167.88	$101.00	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include, the local
G0248	$203.10	$122.00	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous
G0248	$203.10	$122.00	Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of
G0249	$127.92	$77.00	Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes
G0249	$127.92	$77.00	Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous
G0250	$17.04	$10.00	Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or
G0250	$17.04	$10.00	Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria;
G0268	$103.32	$62.00	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing
G0268	$103.32	$62.00	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing
G0270	$63.94	$38.00	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or
G0270	$63.94	$38.00	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or
G0271	$33.86	$20.00	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or
G0271	$33.86	$20.00	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or
G0276	$713.56	$428.00	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage
G0277	$357.74	$215.00	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
G0277	$357.74	$215.00	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
G0278	$25.10	$15.00	Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and
G0278	$25.10	$15.00	Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or
G0279	$87.74	$53.00	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)
G0279	$87.74	$53.00	Extracorporeal shock wave therapy; involving elbow epicondylitis
G0281	$23.18	$14.00	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis
G0281	$23.18	$14.00	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis
G0283	$25.22	$15.00	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
G0283	$25.22	$15.00	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
G0288	$94.34	$57.00	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery
G0288	$94.34	$57.00	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery
G0289	$164.48	$99.00	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical
G0289	$164.48	$99.00	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical
G0296	$54.58	$33.00	Pet imaging, full and partial ring pet scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative i-131 whole body
G0296	$54.58	$33.00	Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)
G0316	$62.36	$37.00	End Stage Renal Disease (ESRD) related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the
G0317	$61.68	$37.00	End Stage Renal Disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 4 or more face-to-face physician
G0318	$61.00	$37.00	End Stage Renal Disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 2 or 3 face-to-face physician
G0323	$109.78	$66.00	End stage renal disease (ESRD) related services for home dialysis patients per full month; for patients twenty years of age and older.
G0327	$49.00	$29.00	End stage renal disease (ESRD) related services for home dialysis (less than full month), per day; for patients twenty years of age and over.
G0329	$21.48	$13.00	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not
G0329	$21.48	$13.00	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not
G0341	$3,164.88	$1,899.00	Percutaneous islet cell transplant, includes portal vein catherization and infusion
G0341	$3,164.88	$1,899.00	Percutaneous islet cell transplant, includes portal vein catherization and infusion
G0342	$1,476.22	$886.00	Laparoscopy for islet cell transplant, includes portal vein catherization and infusion
G0342	$1,476.22	$886.00	Laparoscopy for islet cell transplant, includes portal vein catherization and infusion
G0343	$2,406.98	$1,444.00	Laparotomy for islet cell transplant, includes portal vein catherization and infusion
G0343	$2,406.98	$1,444.00	Laparotomy for islet cell transplant, includes portal vein catherization and infusion
G0372	$17.08	$10.00	Physician service required to establish and document the need for a power mobility device
G0390	$934.00	$560.00	
G0390	$934.00	$560.00	Trauma response team associated with hospital critical care service
G0390	$934.00	$560.00	
G0390	$934.00	$560.00	Trauma response team associated with hospital critical care service
G0390	$934.00	$560.00	
G0390	$934.00	$560.00	Trauma response team associated with hospital critical care service
G0396	$68.22	$41.00	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes
G0396	$68.22	$41.00	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes
G0396	$68.22	$41.00	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes
G0397	$127.34	$76.00	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes
G0397	$127.34	$76.00	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
G0397	$127.34	$76.00	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes
G0402	$328.66	$197.00	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment
G0402	$328.66	$197.00	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0402	$328.66	$197.00	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0402	$328.66	$197.00	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment
G0402	$328.66	$197.00	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0403	$28.50	$17.00	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0403	$28.50	$17.00	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0403	$28.50	$17.00	Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0403	$28.50	$17.00	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0403	$28.50	$17.00	Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0403	$28.50	$17.00	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0404	$12.80	$8.00	Electrocardiogram, routine ecg with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical
G0404	$12.80	$8.00	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical
G0405	$15.70	$9.00	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
G0405	$15.70	$9.00	Electrocardiogram, routine ecg with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
G0406	$79.72	$48.00	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
G0406	$79.72	$48.00	Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
G0407	$141.20	$85.00	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0407	$141.20	$85.00	Follow-up inpatient telehealth consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0408	$204.24	$123.00	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0408	$204.24	$123.00	Follow-up inpatient telehealth consultation, complex, physicians typically spend 35 minutes or more communicating with the patient via telehealth
G0409	$48.90	$29.00	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual
G0409	$48.90	$29.00	Social work and psychological services, directly relating to and/or furthering the patient"s rehabilitation goals, each 15 minutes, face-to-face; individual
G0412	$1,443.24	$866.00	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the
G0412	$1,443.24	$866.00	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the
G0413	$2,112.82	$1,268.00	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral,
G0413	$2,112.82	$1,268.00	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral,
G0414	$1,996.94	$1,198.00	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal
G0414	$1,996.94	$1,198.00	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal
G0415	$2,711.14	$1,627.00	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal
G0415	$2,711.14	$1,627.00	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal
G0416	$734.82	$441.00	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method
G0416	$734.82	$441.00	Surgical pathology, gross and microscopic examination for prostate needle saturation biopsy sampling, 1-20 specimens
G0420	$212.64	$128.00	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0420	$212.64	$128.00	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0421	$51.24	$31.00	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
G0421	$51.24	$31.00	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
G0422	$258.12	$155.00	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0422	$258.12	$155.00	Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session
G0423	$258.12	$155.00	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session
G0423	$258.12	$155.00	Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session
G0425	$179.26	$108.00	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
G0425	$179.26	$108.00	Initial inpatient telehealth consultation, typically 30 minutes communicating with the patient via telehealth
G0426	$254.18	$153.00	Initial inpatient telehealth consultation, typically 50 minutes communicating with the patient via telehealth
G0426	$254.18	$153.00	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
G0427	$361.38	$217.00	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
G0427	$361.38	$217.00	Initial inpatient telehealth consultation, typically 70 minutes or more communicating with the patient via telehealth
G0429	$199.00	$119.00	Initial inpatient telehealth consultation, typically spends 110 minutes communicating with the patient via telehealth
G0429	$199.00	$119.00	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)
G0438	$350.00	$210.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0438	$350.00	$210.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0438	$350.00	$210.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0438	$350.00	$210.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0438	$350.00	$210.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0438	$350.00	$210.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	$250.00	$150.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0442	$35.44	$21.00	Annual alcohol misuse screening, 15 minutes
G0442	$35.44	$21.00	Annual alcohol misuse screening, 15 minutes
G0443	$64.42	$39.00	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0443	$64.42	$39.00	Behavioral Counseling for alcohol misuse, 15 minutes
G0444	$60.00	$36.00	Annual depression screening, 15 minutes
G0444	$60.00	$36.00	Annual depression screening, 15 minutes
G0444	$60.00	$36.00	Annual depression screening, 15 minutes
G0444	$60.00	$36.00	Annual depression screening, 15 minutes
G0445	$63.74	$38.00	Semi -Annual High Intesity behavioral counseling to prevent STIs, individual, face to face includes education skills training & guidance on how to change
G0445	$63.74	$38.00	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how
G0446	$64.42	$39.00	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
G0446	$64.42	$39.00	Bi-annual face-to-face intesive behavioral therapy to reduce cardiovascular disease risk individual, 15 minutes
G0447	$75.00	$45.00	Face-to-face behavioral counseling for obesity, 15 minutes
G0447	$75.00	$45.00	Face-to-face behavioral counseling for obesity, 15 minutes
G0451	$23.70	$14.00	Development testing, with interpretation and report, per standardized instrument form
G0451	$23.70	$14.00	Development testing, with interpretation and report, per standardized instrument form
G0452	$96.46	$58.00	Molecular pathology procedure; physician interpretation and report
G0452	$96.46	$58.00	Molecular pathology procedure; physician interpretation and report
G0453	$61.70	$37.00	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one
G0453	$61.70	$37.00	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one
G0454	$17.04	$10.00	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical
G0454	$17.04	$10.00	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical
G0455	$262.16	$157.00	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen
G0455	$262.16	$157.00	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen
G0459	$85.06	$51.00	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
G0459	$85.06	$51.00	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
G0465	$1,867.48	$1,120.00	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleared device (includes administration, dressings, phlebotomy,
G0473	$24.38	$15.00	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
G0473	$24.38	$15.00	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
G0500	$115.08	$69.00	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that
G0500	$115.08	$69.00	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that
G0506	$124.80	$75.00	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care
G0506	$124.80	$75.00	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care
G0508	$402.86	$242.00	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0508	$402.86	$242.00	Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0509	$368.58	$221.00	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
G0509	$368.58	$221.00	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
G0513	$123.64	$74.00	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient
G0514	$123.64	$74.00	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient
G0516	$345.14	$207.00	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
G0517	$389.14	$233.00	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
G0518	$617.40	$370.00	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
G0537	$38.16	$23.00	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ascvd) risk assessment, 5-15 minutes, not more often than every 12
G0538	$31.34	$19.00	Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month
G0539	$106.32	$64.00	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or
G0540	$52.10	$31.00	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis,
G0541	$106.32	$64.00	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications
G0542	$52.10	$31.00	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications
G0543	$45.50	$27.00	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications
G0544	$126.32	$76.00	Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis
G0545	$87.14	$52.00	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases
G0546	$34.64	$21.00	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered
G0547	$69.98	$42.00	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered
G0548	$105.84	$64.00	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered
G0549	$141.84	$85.00	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered
G0550	$65.50	$39.00	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered
G0551	$68.90	$41.00	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered
G0553	$106.60	$64.00	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht)
G0554	$81.42	$49.00	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment
G0556	$31.00	$19.00	Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient,
G0557	$100.04	$60.00	Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the
G0558	$218.86	$131.00	Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to
G0559	$17.48	$10.00	Post-operative follow-up visit complexity inherent to evaluation and management services addressing surgical procedure(s), provided by a physician or
G0560	$83.58	$50.00	Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the
G2001	$97.30	$58.00	Brief (20 minutes) in-home visit for a new patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished within a
G2002	$145.10	$87.00	Limited (30 minutes) in-home visit for a new patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished within a
G2003	$236.80	$142.00	Moderate (45 minutes) in-home visit for a new patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished within a
G2004	$310.72	$186.00	Comprehensive (60 minutes) in-home visit for a new patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished
G2005	$406.80	$244.00	Extensive (75 minutes) in-home visit for a new patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished within a
G2006	$95.28	$57.00	Brief (20 minutes) in-home visit for an existing patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished within a
G2007	$154.38	$93.00	Limited (30 minutes) in-home visit for an existing patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished within
G2008	$241.56	$145.00	Moderate (45 minutes) in-home visit for an existing patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished
G2009	$339.96	$204.00	Comprehensive (60 minutes) in-home visit for an existing patient post-discharge. for use only in a medicare-approved cmmi model. (services must be
G2010	$24.54	$15.00	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with
G2011	$32.66	$20.00	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes
G2013	$406.80	$244.00	Extensive (75 minutes) in-home visit for an existing patient post-discharge. for use only in a medicare-approved cmmi model. (services must be furnished
G2014	$146.12	$88.00	Limited (30 minutes) care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home,
G2015	$204.58	$123.00	Comprehensive (60 mins) home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's
G2082	$1,736.08	$1,042.00	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified
G2083	$2,463.62	$1,478.00	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified
G2086	$924.14	$554.00	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and
G2087	$834.08	$500.00	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a
G2088	$113.52	$68.00	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes
G2211	$31.44	$19.00	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health
G2212	$63.04	$38.00	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been
G2213	$119.36	$72.00	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and
G2214	$111.62	$67.00	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with
G2250	$24.54	$15.00	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with
G2251	$28.28	$17.00	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management
G2252	$51.92	$31.00	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and
G3002	$162.82	$98.00	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or
G3003	$59.96	$36.00	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list
G6001	$359.60	$216.00	Ultrasonic guidance for placement of radiation therapy fields
G6001	$359.60	$216.00	Ultrasonic guidance for placement of radiation therapy fields
G6002	$153.06	$92.00	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
G6002	$153.06	$92.00	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
G6003	$309.12	$185.00	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev
G6003	$309.12	$185.00	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev
G6004	$250.54	$150.00	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev
G6004	$250.54	$150.00	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev
G6005	$250.54	$150.00	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev
G6005	$250.54	$150.00	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev
G6006	$249.18	$150.00	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater
G6006	$249.18	$150.00	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater
G6007	$444.68	$267.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev
G6007	$444.68	$267.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev
G6008	$345.08	$207.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev
G6008	$345.08	$207.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev
G6009	$347.80	$209.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev
G6009	$347.80	$209.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev
G6010	$342.36	$205.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
G6010	$342.36	$205.00	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
G6011	$454.76	$273.00	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam;
G6011	$454.76	$273.00	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam;
G6012	$455.44	$273.00	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-
G6012	$455.44	$273.00	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam;
G6013	$457.48	$274.00	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam;
G6013	$457.48	$274.00	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam;
G6014	$454.76	$273.00	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam;
G6014	$454.76	$273.00	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam;
G6015	$709.78	$426.00	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per
G6015	$709.78	$426.00	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment
G6016	$707.64	$425.00	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator,
G6016	$707.64	$425.00	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator,
G8431	$14.00	$8.00	Screening for depression is documented as being positive and a follow-up plan is documented
G8431	$14.00	$8.00	Screening for depression is documented as being positive and a follow-up plan is documented

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
G8431	$14.00	$8.00	Screening for depression is documented as being positive and a follow-up plan is documented
G8431	$14.00	$8.00	Screening for depression is documented as being positive and a follow-up plan is documented
G8431	$14.00	$8.00	Documentation of clinical depression screening using a standardized tool
G8510	$14.00	$8.00	Negative screen for clinical depression using a standardized tool, patient not eligible/appropriate for follow-up plan documented
G8510	$14.00	$8.00	Negative screen for clinical depression using a standardized tool, patient not eligible/appropriate for follow-up plan documented
G8510	$14.00	$8.00	Negative screen for clinical depression using a standardized tool, patient not eligible/appropriate for follow-up plan documented
G8510	$14.00	$8.00	Screening for depression is documented as negative, a follow-up plan is not required
G9037	$82.22	$49.00	Services provided by rehabilitation teacher (demonstration project)
G9038	$102.64	$62.00	Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit
G9157	$180.48	$108.00	Transesophageal doppler measurement of cardiac output (including probe placement, image acquisition, and interpretation per course of treatment) for
G9157	$180.48	$108.00	Transesophageal Doppler used for cardiac monitoring
G9187	$96.46	$58.00	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not
G9187	$96.46	$58.00	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not
G9481	$33.98	$20.00	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement
G9481	$33.98	$20.00	Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement
G9482	$64.40	$39.00	Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement
G9482	$64.40	$39.00	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement
G9483	$101.16	$61.00	Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement
G9483	$101.16	$61.00	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement
G9484	$171.30	$103.00	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement
G9484	$171.30	$103.00	Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement
G9485	$224.90	$135.00	Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement
G9485	$224.90	$135.00	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement
G9486	$33.98	$20.00	Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint
G9486	$33.98	$20.00	Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint
G9487	$68.60	$41.00	Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint
G9487	$68.60	$41.00	Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint
G9488	$105.84	$64.00	Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint
G9488	$105.84	$64.00	Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint
G9489	$148.82	$89.00	Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint
G9489	$148.82	$89.00	Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved Comprehensive Care for Joint
G9490	$96.46	$58.00	Comprehensive care for joint replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound,
G9490	$96.46	$58.00	Comprehensive Care for Joint Replacement Model, home visit for patient assessment performed by clinical staff for an individual not considered homebound,
G9685	$361.92	$217.00	Evaluation and management of a beneficiary's acute change in condition in a nursing facility
G9685	$361.92	$217.00	This code is for the evaluation and management of a beneficiary's acute change in condition in a nursing facility
G9868	$52.16	$31.00	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less
G9869	$69.78	$42.00	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-
G9870	$87.38	$52.00	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20
G9978	$98.70	$59.00	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement
G9979	$143.42	$86.00	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement
G9980	$210.84	$127.00	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement
G9981	$321.86	$193.00	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement
G9982	$417.70	$251.00	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement
G9983	$98.70	$59.00	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care
G9984	$160.56	$96.00	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care
G9985	$228.46	$137.00	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care
G9986	$313.68	$188.00	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care
G9987	$96.46	$58.00	Bundled payments for care improvement advanced (bpci advanced) model home visit for patient assessment performed by clinical staff for an individual not
H0002	$133.00	$80.00	Behavioral health screening to determine eligibility for admission to treatment program
H0004	$72.00	$43.00	Behavioral health counseling and therapy, per 15 minutes
H0031	$26.00	$16.00	Mental health assessment, by non-physician
J0131	$2.00	$1.00	Injection, acetaminophen, 10 mg
J0131	$2.00	$1.00	Injection, acetaminophen, 10 mg
J0131	$33.00	$20.00	
J0131	$2.00	$1.00	Injection, acetaminophen, 10 mg
J0131	$2.00	$1.00	Injection, acetaminophen, 10 mg
J0131	$33.00	$20.00	
J0153	$15.00	$9.00	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0153	$15.00	$9.00	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0153	$15.00	$9.00	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0153	$15.00	$9.00	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0171	$6.00	$4.00	Injection, adrenalin, epinephrine, 0.1 mg
J0171	$6.00	$4.00	Injection, Adrenalin, epinephrine, 0.1 mg
J0171	$6.00	$4.00	Injection, adrenalin, epinephrine, 0.1 mg
J0171	$6.00	$4.00	Injection, Adrenalin, epinephrine, 0.1 mg
J0171	$6.00	$4.00	Injection, adrenalin, epinephrine, 0.1 mg
J0171	$6.00	$4.00	Injection, Adrenalin, epinephrine, 0.1 mg
J0280	$30.00	$18.00	Injection, aminophyllin, up to 250 mg
J0280	$30.00	$18.00	Injection, aminophyllin, up to 250 mg
J0280	$30.00	$18.00	Injection, aminophyllin, up to 250 mg
J0282	$25.00	$15.00	Injection, amiodarone hydrochloride, 30 mg
J0282	$25.00	$15.00	Injection, amiodarone HCl, 30 mg
J0282	$25.00	$15.00	Injection, amiodarone hydrochloride, 30 mg
J0282	$25.00	$15.00	Injection, amiodarone HCl, 30 mg
J0282	$25.00	$15.00	Injection, amiodarone hydrochloride, 30 mg
J0282	$25.00	$15.00	Injection, amiodarone hydrochloride, 30 mg
J0282	$25.00	$15.00	Injection, amiodarone HCl, 30 mg
J0282	$25.00	$15.00	Injection, amiodarone HCl, 30 mg
J0290	$3.00	$2.00	Injection, ampicillin sodium, 500 mg
J0290	$3.00	$2.00	Injection, ampicillin sodium, 500 mg
J0290	$3.00	$2.00	Injection, ampicillin sodium, 500 mg
J0290	$3.00	$2.00	Injection, ampicillin sodium, 500 mg
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0295	$38.00	$23.00	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg
J0330	$30.00	$18.00	Injection, succinylcholine chloride, up to 20 mg
J0360	$169.00	$101.00	Injection, hydralazine HCL, up to 20 mg
J0360	$169.00	$101.00	Injection, hydralazine HCL, up to 20 mg
J0360	$169.00	$101.00	Injection, hydralazine HCL, up to 20 mg
J0461	$17.00	$10.00	Injection, atropine sulfate, 0.01 mg
J0461	$17.00	$10.00	Injection, atropine sulfate, 0.01 mg
J0461	$17.00	$10.00	Injection, atropine sulfate, 0.01 mg
J0461	$17.00	$10.00	Injection, atropine sulfate, 0.01 mg
J0461	$17.00	$10.00	Injection, atropine sulfate, 0.01 mg
J0461	$17.00	$10.00	Injection, atropine sulfate, 0.01 mg
J0561	$660.00	$396.00	Injection, penicillin g benzathine, 100,000 units
J0561	$660.00	$396.00	PENICILLIN G BENZATHINE, PER 100,00 UNITS INJECTION
J0561	$660.00	$396.00	Injection, penicillin g benzathine, 100,000 units
J0561	$660.00	$396.00	PENICILLIN G BENZATHINE, PER 100,00 UNITS INJECTION
J0561	$660.00	$396.00	PENICILLIN G BENZATHINE, PER 100,00 UNITS INJECTION
J0561	$660.00	$396.00	Injection, penicillin g benzathine, 100,000 units
J0561	$660.00	$396.00	PENICILLIN G BENZATHINE, PER 100,00 UNITS INJECTION
J0561	$660.00	$396.00	Injection, penicillin g benzathine, 100,000 units
J0595	$27.00	$16.00	INJ STADOL/Butorphanol 2MG PER 1mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0690	$43.00	$26.00	Injection, cefazolin sodium, 500 mg
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 gm
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 g
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 gm
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 g
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 g
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 g
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 gm
J0694	$95.00	$57.00	Injection, cefoxitin sodium, 1 gm
J0696	$22.00	$13.00	Injection, ceftriaxone sodium, per 250 mg
J0696	$22.00	$13.00	Injection, ceftriaxone sodium, per 250 mg
J0696	$22.00	$13.00	Injection, ceftriaxone sodium, per 250 mg
J0696	$22.00	$13.00	Injection, ceftriaxone sodium, per 250 mg
J0696	$22.00	$13.00	Injection, ceftriaxone sodium, per 250 mg
J0696	$22.00	$13.00	Injection, ceftriaxone sodium, per 250 mg
J0696	$22.00	$13.00	Injection, ceftriaxone sodium, per 250 mg
J0702	$70.00	$42.00	
J0702	$70.00	$42.00	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0702	$70.00	$42.00	
J0702	$70.00	$42.00	
J0702	$70.00	$42.00	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0702	$70.00	$42.00	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0744	$13.00	$8.00	Injection, ciprofloxacin for intravenous infusion, 200 mg
J0744	$13.00	$8.00	Injection, ciprofloxacin for intravenous infusion, 200 mg
J0744	$13.00	$8.00	Injection, ciprofloxacin for intravenous infusion, 200 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0780	$96.00	$58.00	Injection, prochlorperazine, up to 10 mg
J0834	$248.00	$149.00	
J0834	$248.00	$149.00	
J0834	$248.00	$149.00	
J1000	$329.00	$197.00	Injection, depo-estradiol cypionate, up to 5 mg
J1000	$329.00	$197.00	Injection, depo-estradiol cypionate, up to 5 mg
J1000	$329.00	$197.00	Injection, depo-estradiol cypionate, up to 5 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1050	$2.00	$1.00	Injection, medroxyprogesterone acetate, 1 mg
J1100	$5.00	$3.00	
J1100	$5.00	$3.00	Injection, dexamethasone sodium phosphate, 1 mg
J1100	$5.00	$3.00	Injection, dexamethasone sodium phosphate, 1 mg
J1100	$5.00	$3.00	
J1100	$5.00	$3.00	
J1100	$5.00	$3.00	Injection, dexamethasone sodium phosphate, 1 mg
J1100	$5.00	$3.00	Injection, dexamethasone sodium phosphate, 1 mg
J1100	$5.00	$3.00	
J1160	$1.00	$1.00	Injection, digoxin, up to 0.5 mg
J1160	$1.00	$1.00	Injection, digoxin, up to 0.5 mg
J1160	$1.00	$1.00	Injection, digoxin, up to 0.5 mg
J1160	$1.00	$1.00	Injection, digoxin, up to 0.5 mg
J1160	$1.00	$1.00	Injection, digoxin, up to 0.5 mg
J1160	$1.00	$1.00	Injection, digoxin, up to 0.5 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1170	$1.00	$1.00	Injection, hydromorphone, up to 4 mg
J1200	$25.00	$15.00	Injection, diphenhydramine HCL, up to 50 mg
J1200	$25.00	$15.00	Injection, diphenhydramine hcl, up to 50 mg
J1200	$25.00	$15.00	Injection, diphenhydramine hcl, up to 50 mg
J1200	$25.00	$15.00	Injection, diphenhydramine HCL, up to 50 mg
J1200	$25.00	$15.00	Injection, diphenhydramine HCL, up to 50 mg
J1200	$25.00	$15.00	Injection, diphenhydramine HCL, up to 50 mg
J1250	$93.00	$56.00	Injection, dobutamine HCl, per 250 mg
J1250	$93.00	$56.00	Injection, dobutamine HCl, per 250 mg
J1250	$93.00	$56.00	Injection, dobutamine HCl, per 250 mg
J1265	$90.00	$54.00	Unclassified drugs
J1265	$90.00	$54.00	Unclassified drugs
J1265	$90.00	$54.00	Unclassified drugs
J1327	$1,225.00	$735.00	Injection, eptifibatide, 5 mg
J1327	$384.00	$230.00	Injection, eptifibatide, 5 mg
J1580	$15.00	$9.00	Injection, garamycin, gentamicin, up to 80 mg
J1580	$15.00	$9.00	Injection, garamycin, gentamicin, up to 80 mg
J1580	$15.00	$9.00	Injection, garamycin, gentamicin, up to 80 mg
J1610	$461.00	$277.00	Injection, glucagon HCl, per 1 mg
J1610	$461.00	$277.00	Injection, glucagon HCl, per 1 mg
J1610	$461.00	$277.00	Injection, glucagon HCl, per 1 mg
J1630	$2.00	$1.00	Injection, haloperidol, up to 5 mg
J1630	$2.00	$1.00	Injection, haloperidol, up to 5 mg
J1630	$2.00	$1.00	Injection, haloperidol, up to 5 mg
J1630	$2.00	$1.00	Injection, haloperidol, up to 5 mg
J1630	$2.00	$1.00	Injection, haloperidol, up to 5 mg
J1630	$2.00	$1.00	Injection, haloperidol, up to 5 mg
J1642	$27.00	$16.00	Injection, heparin sodium, (heparin lock flush), per 10 units
J1644	$5.00	$3.00	Injection, heparin sodium, per 1,000 units
J1644	$5.00	$3.00	Injection, heparin sodium, per 1000 units
J1644	$5.00	$3.00	Injection, heparin sodium, per 1000 units
J1644	$5.00	$3.00	Injection, heparin sodium, per 1000 units
J1644	$5.00	$3.00	Injection, heparin sodium, per 1,000 units
J1644	$5.00	$3.00	Injection, heparin sodium, per 1,000 units
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1650	$14.00	$8.00	Injection, enoxaparin sodium, 10 mg
J1756	$2.00	$1.00	Injection, iron sucrose, 1 mg
J1756	$2.00	$1.00	Injection, iron sucrose, 1 mg
J1756	$2.00	$1.00	Injection, iron sucrose, 1 mg
J1790	$32.00	$19.00	Injection, droperidol, up to 5 mg
J1790	$32.00	$19.00	Injection, droperidol, up to 5 mg
J1790	$32.00	$19.00	Injection, droperidol, up to 5 mg
J1800	$43.00	$26.00	Injection, propranolol HCL, up to 1 mg
J1800	$43.00	$26.00	Injection, propranolol HCL, up to 1 mg
J1800	$43.00	$26.00	Injection, propranolol HCL, up to 1 mg
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1815	$4.00	$2.00	Injection, insulin, per 5 units
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1885	$3.00	$2.00	Injection, ketorolac tromethamine, per 15 mg
J1940	$20.00	$12.00	Injection, furosemide, up to 20 mg
J1940	$20.00	$12.00	Injection, furosemide, up to 20 mg
J1940	$20.00	$12.00	Injection, furosemide, up to 20 mg
J1953	$3.00	$2.00	Injection, levetiracetam, 10 mg
J1953	$3.00	$0.00	Injection, levetiracetam, 10 mg
J1953	$3.00	$2.00	Injection, levetiracetam, 10 mg
J1953	$3.00	$0.00	Injection, levetiracetam, 10 mg
J1953	$3.00	$0.00	Injection, levetiracetam, 10 mg
J1953	$3.00	$2.00	Injection, levetiracetam, 10 mg
J1953	$3.00	$0.00	Injection, levetiracetam, 10 mg
J1953	$3.00	$2.00	Injection, levetiracetam, 10 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J1956	$10.00	$6.00	Injection, levofloxacin, 250 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg
J2060	$2.00	$1.00	Injection, lorazepam, 2 mg

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J2150	$4.00	$2.00	Injection, mannitol, 25% in 50 ml
J2150	$4.00	$2.00	Injection, mannitol, 25% in 50 ml
J2150	$4.00	$2.00	Injection, mannitol, 25% in 50 ml
J2150	$4.00	$2.00	Injection, mannitol, 25% in 50 ml
J2150	$4.00	$2.00	Injection, mannitol, 25% in 50 ml
J2150	$4.00	$2.00	Injection, mannitol, 25% in 50 ml
J2185	$124.00	$74.00	Injection, meropenem, 100 mg
J2185	$124.00	$74.00	Injection, meropenem, 100 mg
J2185	$124.00	$74.00	Injection, meropenem, 100 mg
J2210	$38.00	$23.00	Injection, methylergonovine maleate, up to 0.2 mg
J2210	$38.00	$23.00	Injection, methylergonovine maleate, up to 0.2 mg
J2210	$38.00	$23.00	Injection, methylergonovine maleate, up to 0.2 mg
J2250	$24.00	$14.00	Injection, midazolam HCl, per 1 mg
J2250	$24.00	$14.00	Injection, midazolam hydrochloride, per 1 mg
J2250	$24.00	$14.00	Injection, midazolam hydrochloride, per 1 mg
J2250	$24.00	$14.00	Injection, midazolam HCl, per 1 mg
J2250	$24.00	$14.00	Injection, midazolam HCl, per 1 mg
J2250	$24.00	$14.00	Injection, midazolam HCl, per 1 mg
J2250	$24.00	$14.00	Injection, midazolam hydrochloride, per 1 mg
J2250	$24.00	$14.00	Injection, midazolam hydrochloride, per 1 mg
J2270	$3.00	$2.00	Injection, morphine sulfate, up to 10 mg
J2270	$3.00	$2.00	Injection, morphine sulfate, up to 10 mg
J2270	$3.00	$2.00	Injection, morphine sulfate, up to 10 mg
J2270	$3.00	$2.00	Injection, morphine sulfate, up to 10 mg
J2270	$3.00	$2.00	Injection, morphine sulfate, up to 10 mg
J2270	$3.00	$2.00	Injection, morphine sulfate, up to 10 mg
J2280	$26.00	$16.00	Injection, moxifloxacin, 100 mg
J2280	$26.00	$16.00	Injection, moxifloxacin, 100 mg
J2280	$26.00	$16.00	Injection, moxifloxacin, 100 mg
J2310	$5.00	$3.00	Injection, naloxone HCl, per 1 mg
J2310	$5.00	$3.00	Injection, naloxone hydrochloride, per 1 mg
J2310	$5.00	$3.00	Injection, naloxone HCl, per 1 mg
J2310	$5.00	$3.00	Injection, naloxone hydrochloride, per 1 mg
J2310	$5.00	$3.00	Injection, naloxone hydrochloride, per 1 mg
J2310	$5.00	$3.00	Injection, naloxone HCl, per 1 mg
J2315	$5.00	$3.00	Injection, naltrexone, depot form, 1 mg
J2315	$5.00	$3.00	Injection, naltrexone, depot form, 1 mg
J2315	$5.00	$3.00	Injection, naltrexone, depot form, 1 mg
J2315	$5.00	$3.00	Injection, naltrexone, depot form, 1 mg
J2405	$1.00	$1.00	Injection, ondansetron hydrochloride, per 1 mg
J2405	$1.00	$1.00	Injection, ondansetron HCl, per 1 mg
J2405	$1.00	$1.00	Injection, ondansetron hydrochloride, per 1 mg
J2405	$1.00	$1.00	Injection, ondansetron HCl, per 1 mg
J2405	$1.00	$1.00	Injection, ondansetron HCl, per 1 mg
J2405	$1.00	$1.00	Injection, ondansetron hydrochloride, per 1 mg
J2405	$1.00	$1.00	Injection, ondansetron hydrochloride, per 1 mg
J2405	$1.00	$1.00	Injection, ondansetron HCl, per 1 mg
J2543	$26.00	$16.00	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
J2543	$26.00	$16.00	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
J2543	$26.00	$16.00	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
J2543	$26.00	$16.00	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
J2550	$3.00	$2.00	Injection, promethazine HCL, up to 50 mg
J2550	$3.08	$2.00	Injection, promethazine hcl, up to 50 mg
J2550	$3.08	$2.00	Injection, promethazine hcl, up to 50 mg
J2550	$3.00	$2.00	Injection, promethazine HCL, up to 50 mg
J2550	$3.00	$2.00	Injection, promethazine HCL, up to 50 mg
J2550	$3.08	$2.00	Injection, promethazine hcl, up to 50 mg
J2550	$3.08	$2.00	Injection, promethazine hcl, up to 50 mg
J2550	$3.00	$2.00	Injection, promethazine HCL, up to 50 mg
J2560	$58.00	$35.00	Injection, phenobarbital sodium, up to 120 mg
J2560	$58.00	$35.00	Injection, phenobarbital sodium, up to 120 mg
J2560	$58.00	$35.00	Injection, phenobarbital sodium, up to 120 mg
J2560	$58.00	$35.00	Injection, phenobarbital sodium, up to 120 mg
J2560	$58.00	$35.00	Injection, phenobarbital sodium, up to 120 mg
J2560	$58.00	$35.00	Injection, phenobarbital sodium, up to 120 mg
J2590	$30.00	$18.00	Injection, oxytocin, up to 10 units
J2590	$30.00	$18.00	Injection, oxytocin, up to 10 units
J2590	$30.00	$18.00	Injection, oxytocin, up to 10 units
J2690	$97.00	$58.00	Injection, procainamide hcl, up to 1 gm
J2690	$97.00	$58.00	Injection, procainamide HCl, up to 1 g
J2690	$97.00	$58.00	Injection, procainamide HCl, up to 1 g
J2690	$97.00	$58.00	Injection, procainamide hcl, up to 1 gm
J2690	$97.00	$58.00	Injection, procainamide hcl, up to 1 gm
J2690	$97.00	$58.00	Injection, procainamide HCl, up to 1 g
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2704	$2.00	$1.00	Injection, propofol, 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide hcl, up to 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide HCL, up to 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide HCL, up to 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide hcl, up to 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide hcl, up to 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide HCL, up to 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide hcl, up to 10 mg
J2765	$2.00	$1.00	Injection, metoclopramide HCL, up to 10 mg
J2790	$112.00	$67.00	Unclassified drugs
J2790	$112.00	$67.00	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)
J2790	$112.00	$67.00	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)
J2790	$112.00	$67.00	Unclassified drugs
J2790	$112.00	$67.00	Unclassified drugs
J2790	$112.00	$67.00	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)
J2790	$112.00	$67.00	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J2790	$112.00	$67.00	Unclassified drugs
J2997	$356.00	$214.00	Injection, alteplase recombinant, 1 mg
J2997	$356.00	$214.00	Injection, alteplase recombinant, 1 mg
J2997	$356.00	$214.00	Injection, alteplase recombinant, 1 mg
J3010	$3.00	$2.00	Injection, fentanyl citrate, 0.1 mg
J3010	$3.00	$2.00	INJ FENTANYL/SUBLIMAZE 100MCG PER .1 MCG
J3010	$3.00	$2.00	Injection, fentanyl citrate, 0.1 mg
J3010	$3.00	$2.00	INJ FENTANYL/SUBLIMAZE 100MCG PER .1 MCG
J3010	$3.00	$2.00	Injection, fentanyl citrate, 0.1 mg
J3010	$3.00	$2.00	INJ FENTANYL/SUBLIMAZE 100MCG PER .1 MCG
J3010	$3.00	$2.00	Injection, fentanyl citrate, 0.1 mg
J3010	$3.00	$2.00	INJ FENTANYL/SUBLIMAZE 100MCG PER .1 MCG
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3030	$7.00	$4.00	Injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3101	$312.00	$187.00	Injection, tenecteplase, 1 mg
J3105	$72.00	$43.00	Injection, terbutaline sulfate, up to 1 mg
J3105	$72.00	$43.00	Injection, terbutaline sulfate, up to 1 mg
J3105	$72.00	$43.00	Injection, terbutaline sulfate, up to 1 mg
J3260	$195.00	$117.00	Injection, tobramycin sulfate, up to 80 mg
J3260	$195.00	$117.00	Injection, tobramycin sulfate, up to 80 mg
J3260	$195.00	$117.00	Injection, tobramycin sulfate, up to 80 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, per 10 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, per 10 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, per 10 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, per 10 mg
J3301	$23.00	$14.00	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3302	$38.00	$23.00	INJ KENALOG/TRIAMCINOLONE PER 5 MG
J3302	$38.00	$23.00	INJ KENALOG/TRIAMCINOLONE PER 5 MG
J3302	$38.00	$23.00	INJ KENALOG/TRIAMCINOLONE PER 5 MG
J3360	$24.00	$14.00	INJ VALIUM/DIAZEPAM 10MG PER 5 MG
J3360	$24.00	$14.00	INJ VALIUM/DIAZEPAM 10MG PER 5 MG
J3360	$24.00	$14.00	INJ VALIUM/DIAZEPAM 10MG PER 5 MG
J3360	$24.00	$14.00	INJ VALIUM/DIAZEPAM 10MG PER 5 MG
J3370	$38.00	$23.00	Injection, vancomycin HCL, 500 mg
J3370	$38.00	$23.00	Injection, vancomycin HCL, 500 mg
J3370	$38.00	$23.00	Injection, vancomycin HCL, 500 mg
J3410	$24.00	$14.00	Injection, hydroxyzine HCL, up to 25 mg
J3410	$24.00	$14.00	Injection, hydroxyzine HCL, up to 25 mg
J3410	$24.00	$14.00	Injection, hydroxyzine HCL, up to 25 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3411	$78.00	$47.00	Injection, thiamine hcl, 100 mg
J3420	$23.00	$14.00	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
J3420	$23.00	$14.00	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3420	$23.00	$14.00	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
J3420	$23.00	$14.00	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3420	$23.00	$14.00	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3420	$23.00	$14.00	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
J3420	$23.00	$14.00	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
J3420	$23.00	$14.00	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
J3430	$38.00	$23.00	Injection, phytonadione (vitamin k), per 1 mg
J3430	$30.00	$18.00	Injection, phytonadione (vitamin k), per 1 mg
J3430	$30.00	$18.00	Injection, phytonadione (vitamin k), per 1 mg
J3430	$38.00	$23.00	Injection, phytonadione (vitamin k), per 1 mg
J3430	$30.00	$18.00	Injection, phytonadione (vitamin k), per 1 mg
J3430	$38.00	$23.00	Injection, phytonadione (vitamin k), per 1 mg
J3475	$23.00	$14.00	Injection, magnesium sulfate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulphate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulfate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulphate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulphate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulfate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulfate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulfate, per 500 mg
J3475	$23.00	$14.00	Injection, magnesium sulphate, per 500 mg
J3480	$24.00	$14.00	Injection, potassium chloride, per 2 meq
J3480	$24.00	$14.00	Injection, potassium chloride, per 2 meq
J3480	$24.00	$14.00	Injection, potassium chloride, per 2 meq
J3480	$24.00	$14.00	Injection, potassium chloride, per 2 meq
J3486	$90.00	$54.00	Injection, ziprasidone mesylate, 10 mg
J3486	$90.00	$54.00	Injection, ziprasidone mesylate, 10 mg
J3486	$90.00	$54.00	Injection, ziprasidone mesylate, 10 mg
J3490	$24.00	$14.00	Unclassified drugs
J3490	$30.00	$18.00	Unclassified drugs
J3490	$18.00	$11.00	

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J3490	$113.00	$68.00	Unclassified drugs
J3490	$127.00	$76.00	
J3490	$71.00	$43.00	Unclassified drugs
J3490	$70.00	$42.00	Injection, Heparin sodium, per 1000 units
J3490	$84.00	$50.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$68.00	$41.00	Unclassified drugs
J3490	$145.00	$87.00	Unclassified drugs
J3490	$60.00	$36.00	Unclassified drugs
J3490	$324.00	$194.00	Unclassified drugs
J3490	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$25.00	$15.00	
J3490	$127.00	$76.00	Unclassified drugs
J3490	$39.00	$23.00	Unclassified drugs
J3490	$31.00	$19.00	Unclassified drugs
J3490	$38.00	$23.00	Unclassified drugs
J3490	$133.00	$80.00	Unclassified drugs
J3490	$87.00	$52.00	Unclassified drugs
J3490	$144.00	$86.00	Unclassified drugs
J3490	$213.00	$128.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$68.00	$41.00	Unclassified drugs
J3490	$30.00	$18.00	INJ CALCM CHLORIDE 1G PER 10 ML
J3490	$56.00	$34.00	Unclassified drugs
J3490	$56.00	$34.00	Unclassified drugs
J3490	$127.00	$76.00	Unclassified drugs
J3490	$213.00	$128.00	Unclassified drugs
J3490	$18.00	$11.00	Unclassified drugs
J3490	$18.00	$11.00	Unclassified drugs
J3490	$18.00	$11.00	
J3490	$127.00	$76.00	
J3490	$113.00	$68.00	Unclassified drugs
J3490	$24.00	$14.00	Unclassified drugs
J3490	$30.00	$18.00	Unclassified drugs
J3490	$30.00	$18.00	INJ CALCM CHLORIDE 1G PER 10 ML
J3490	$56.00	$34.00	Unclassified drugs
J3490	$144.00	$86.00	Unclassified drugs
J3490	$213.00	$128.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$87.00	$52.00	Unclassified drugs
J3490	$127.00	$76.00	Unclassified drugs
J3490	$39.00	$23.00	Unclassified drugs
J3490	$31.00	$19.00	Unclassified drugs
J3490	$38.00	$23.00	Unclassified drugs
J3490	$133.00	$80.00	Unclassified drugs
J3490	$60.00	$36.00	Unclassified drugs
J3490	$324.00	$194.00	Unclassified drugs
J3490	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$68.00	$41.00	Unclassified drugs
J3490	$145.00	$87.00	Unclassified drugs
J3490	$71.00	$43.00	Unclassified drugs
J3490	$70.00	$42.00	Injection, Heparin sodium, per 1000 units
J3490	$84.00	$50.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$25.00	$15.00	
J3490	$68.00	$41.00	Unclassified drugs
J3490	$25.00	$15.00	
J3490	$71.00	$43.00	Unclassified drugs
J3490	$70.00	$42.00	Injection, Heparin sodium, per 1000 units
J3490	$84.00	$50.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$87.00	$52.00	Unclassified drugs
J3490	$144.00	$86.00	Unclassified drugs
J3490	$213.00	$128.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$30.00	$18.00	INJ CALCM CHLORIDE 1G PER 10 ML
J3490	$56.00	$34.00	Unclassified drugs
J3490	$68.00	$41.00	Unclassified drugs
J3490	$30.00	$18.00	Unclassified drugs
J3490	$24.00	$14.00	Unclassified drugs
J3490	$18.00	$11.00	
J3490	$113.00	$68.00	Unclassified drugs
J3490	$127.00	$76.00	
J3490	$68.00	$41.00	Unclassified drugs
J3490	$145.00	$87.00	Unclassified drugs
J3490	$127.00	$76.00	Unclassified drugs
J3490	$39.00	$23.00	Unclassified drugs
J3490	$31.00	$19.00	Unclassified drugs
J3490	$38.00	$23.00	Unclassified drugs
J3490	$133.00	$80.00	Unclassified drugs
J3490	$60.00	$36.00	Unclassified drugs
J3490	$324.00	$194.00	Unclassified drugs
J3490	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$56.00	$34.00	Unclassified drugs
J3490	$127.00	$76.00	Unclassified drugs
J3490	$213.00	$128.00	Unclassified drugs
J3490	$18.00	$11.00	Unclassified drugs
J3490	$25.00	$15.00	
J3490	$68.00	$41.00	Unclassified drugs
J3490	$30.00	$18.00	INJ CALCM CHLORIDE 1G PER 10 ML
J3490	$56.00	$34.00	Unclassified drugs
J3490	$68.00	$41.00	Unclassified drugs
J3490	$145.00	$87.00	Unclassified drugs
J3490	$60.00	$36.00	Unclassified drugs
J3490	$324.00	$194.00	Unclassified drugs
J3490	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$127.00	$76.00	Unclassified drugs
J3490	$39.00	$23.00	Unclassified drugs
J3490	$31.00	$19.00	Unclassified drugs
J3490	$38.00	$23.00	Unclassified drugs
J3490	$133.00	$80.00	Unclassified drugs
J3490	$87.00	$52.00	Unclassified drugs
J3490	$144.00	$86.00	Unclassified drugs

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J3490	$213.00	$128.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$71.00	$43.00	Unclassified drugs
J3490	$70.00	$42.00	Injection, Heparin sodium, per 1000 units
J3490	$84.00	$50.00	Prescription drug, oral, non chemotherapeutic, NOS
J3490	$30.00	$18.00	Unclassified drugs
J3490	$24.00	$14.00	Unclassified drugs
J3490	$18.00	$11.00	
J3490	$113.00	$68.00	Unclassified drugs
J3490	$127.00	$76.00	
J7030	$42.00	$25.00	Infusion, normal saline solution, 1,000 cc
J7030	$42.00	$25.00	Infusion, normal saline solution, 1,000 cc
J7030	$42.00	$25.00	Infusion, normal saline solution, 1,000 cc
J7030	$42.00	$25.00	Infusion, normal saline solution, 1,000 cc
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7040	$42.00	$25.00	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7060	$38.00	$23.00	5% dextrose/water (500 ml = 1 unit)
J7060	$333.00	$200.00	5% dextrose/water (500 ml = 1 unit)
J7060	$38.00	$23.00	5% dextrose/water (500 ml = 1 unit)
J7060	$333.00	$200.00	5% dextrose/water (500 ml = 1 unit)
J7060	$38.00	$23.00	5% dextrose/water (500 ml = 1 unit)
J7060	$333.00	$200.00	5% dextrose/water (500 ml = 1 unit)
J7070	$43.00	$26.00	Infusion, D-5-W, 1,000 cc
J7070	$43.00	$26.00	Infusion, d5w, 1000 cc
J7070	$43.00	$26.00	Infusion, d5w, 1000 cc
J7070	$43.00	$26.00	Infusion, D-5-W, 1,000 cc
J7070	$43.00	$26.00	Infusion, d5w, 1000 cc
J7070	$43.00	$26.00	Infusion, D-5-W, 1,000 cc
J7120	$12.00	$7.00	Ringers lactate infusion, up to 1000 cc
J7120	$12.00	$7.00	Ringer's lactate infusion, up to 1,000 cc
J7120	$12.00	$7.00	Ringer's lactate infusion, up to 1,000 cc
J7120	$12.00	$7.00	Ringers lactate infusion, up to 1000 cc
J7120	$12.00	$7.00	Ringers lactate infusion, up to 1000 cc
J7120	$12.00	$7.00	Ringer's lactate infusion, up to 1,000 cc
J7120	$12.00	$7.00	Ringers lactate infusion, up to 1000 cc
J7120	$12.00	$7.00	Ringer's lactate infusion, up to 1,000 cc
J7296	$2,284.00	$1,370.00	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg
J7297	$1,136.00	$682.00	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg
J7297	$1,136.00	$682.00	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
J7298	$1,836.00	$1,102.00	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg
J7298	$1,836.00	$1,102.00	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7298	$1,836.00	$1,102.00	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg
J7298	$1,836.00	$1,102.00	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7300	$1,511.00	$907.00	Intrauterine copper contraceptive
J7300	$1,511.00	$907.00	Intrauterine copper contraceptive
J7301	$1,534.00	$920.00	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7307	$2,430.00	$1,458.00	Etonogestrel (contraceptive) implant system, including implant and supplies
J7307	$2,430.00	$1,458.00	Etonogestrel (contraceptive) implant system, including implant and supplies
J7308	$298.00	$179.00	LEVULAN KERASTICK Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg)
J7308	$298.00	$179.00	LEVULAN KERASTICK Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg)
J7308	$298.00	$179.00	LEVULAN KERASTICK Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg)
J7608	$45.00	$27.00	Acetylcysteine, inhalation solution administered through DME, unit dose form, per g
J7608	$45.00	$27.00	Acetylcysteine, inhalation solution administered through DME, unit dose form, per g
J7608	$45.00	$27.00	Acetylcysteine, inhalation solution administered through DME, unit dose form, per g
J7609	$14.00	$8.00	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7609	$14.00	$8.00	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7609	$14.00	$8.00	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7609	$14.00	$8.00	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7610	$15.00	$9.00	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7613	$31.00	$19.00	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7620	$13.00	$8.00	Albuterol sulfate .083%/ml
J7620	$13.00	$8.00	Albuterol sulfate .083%/ml
J7620	$13.00	$8.00	Albuterol sulfate .083%/ml
J7644	$13.00	$8.00	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg
J7644	$13.00	$8.00	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg
J7644	$13.00	$8.00	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg
J7644	$13.00	$8.00	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg
J7660	$33.00	$20.00	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7660	$33.00	$20.00	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7660	$33.00	$20.00	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7681	$139.00	$83.00	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg
J8499	$15.00	$9.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
j8499	$581.00	$349.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$193.00	$116.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$102.00	$61.00	

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$122.00	$73.00	
J8499	$26.00	$16.00	
J8499	$65.00	$39.00	CIALIS 60 MG TAB
J8499	$8.00	$5.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$73.00	$44.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$116.00	$70.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	LIQUID HYDROCODONE PER 4 OZ.
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$5.00	$3.00	
J8499	$6.00	$4.00	
J8499	$10.00	$6.00	
J8499	$6.00	$4.00	
J8499	$137.00	$82.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$144.00	$86.00	
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$165.00	$99.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$75.00	$45.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$53.00	$32.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$59.00	$35.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	PO Phenergan/Promethazine 25mg tab
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$40.00	$24.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$5.00	$3.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$22.00	$13.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$93.00	$56.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$36.00	$22.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	PO VICOPROFEN/HYDROCODONE/IBUPROPHEN 7.5 MG/200MG #12
J8499	$25.00	$15.00	XYLOCAINE/LIDOCAINE VISCOUS 2% 20ML
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$67.00	$40.00	RIFAMPIN 300MG
j8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$227.00	$136.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$287.00	$172.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$72.00	$43.00	AMOXICILLIN SUSP 400ML
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$516.00	$310.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$60.00	$36.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$115.00	$69.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$343.00	$206.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$26.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$92.00	$55.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$168.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$119.00	$71.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$5.00	$3.00	
J8499	$6.00	$4.00	
J8499	$10.00	$6.00	
J8499	$15.00	$9.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
j8499	$581.00	$349.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$193.00	$116.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$144.00	$86.00	
J8499	$137.00	$82.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$8.00	$5.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$73.00	$44.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$102.00	$61.00	
J8499	$122.00	$73.00	
J8499	$26.00	$16.00	
J8499	$65.00	$39.00	CIALIS 60 MG TAB
J8499	$116.00	$70.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	LIQUID HYDROCODONE PER 4 OZ.
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$165.00	$99.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$75.00	$45.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$53.00	$32.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$59.00	$35.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	PO Phenergan/Promethazine 25mg tab
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$40.00	$24.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$5.00	$3.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$22.00	$13.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$93.00	$56.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$36.00	$22.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	PO VICOPROFEN/HYDROCODONE/IBUPROPHEN 7.5 MG/200MG #12
J8499	$25.00	$15.00	XYLOCAINE/LIDOCAINE VISCOUS 2% 20ML
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$92.00	$55.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$168.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$119.00	$71.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$227.00	$136.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$287.00	$172.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$72.00	$43.00	AMOXICILLIN SUSP 400ML
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$516.00	$310.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$60.00	$36.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$115.00	$69.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$343.00	$206.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$26.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
j8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$67.00	$40.00	RIFAMPIN 300MG
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$62.00	$37.00	
J8499	$67.00	$40.00	
J8499	$5.00	$3.00	
J8499	$62.00	$37.00	
j8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$67.00	$40.00	RIFAMPIN 300MG
J8499	$25.00	$15.00	
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$227.00	$136.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$287.00	$172.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$72.00	$43.00	AMOXICILLIN SUSP 400ML
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$516.00	$310.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$60.00	$36.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$115.00	$69.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$343.00	$206.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$26.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$92.00	$55.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$168.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$119.00	$71.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$116.00	$70.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	LIQUID HYDROCODONE PER 4 OZ.
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$165.00	$99.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$75.00	$45.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$53.00	$32.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$59.00	$35.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	PO Phenergan/Promethazine 25mg tab
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$40.00	$24.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$5.00	$3.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$22.00	$13.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$93.00	$56.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$36.00	$22.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	PO VICOPROFEN/HYDROCODONE/IBUPROPHEN 7.5 MG/200MG #12
J8499	$25.00	$15.00	XYLOCAINE/LIDOCAINE VISCOUS 2% 20ML
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$137.00	$82.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$144.00	$86.00	
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	
J8499	$5.00	$3.00	
J8499	$6.00	$4.00	
J8499	$10.00	$6.00	
J8499	$15.00	$9.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
j8499	$581.00	$349.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$193.00	$116.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$102.00	$61.00	
J8499	$122.00	$73.00	
J8499	$26.00	$16.00	
J8499	$65.00	$39.00	CIALIS 60 MG TAB
J8499	$8.00	$5.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$73.00	$44.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$165.00	$99.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	PO Phenergan/Promethazine 25mg tab
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$40.00	$24.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$22.00	$13.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	XYLOCAINE/LIDOCAINE VISCOUS 2% 20ML
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$516.00	$310.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$60.00	$36.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$119.00	$71.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$11.00	$7.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	
J8499	$5.00	$3.00	
J8499	$5.00	$3.00	
J8499	$6.00	$4.00	
J8499	$10.00	$6.00	
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$193.00	$116.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$26.00	$16.00	
J8499	$8.00	$5.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$73.00	$44.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$287.00	$172.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$72.00	$43.00	AMOXICILLIN SUSP 400ML
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$93.00	$56.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	
J8499	$15.00	$9.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$102.00	$61.00	
J8499	$30.00	$18.00	Prescription drug, oral, nonchemotherapeutic, NOS
j8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$287.00	$172.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$72.00	$43.00	AMOXICILLIN SUSP 400ML
J8499	$516.00	$310.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$60.00	$36.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$115.00	$69.00	Prescription drug, oral, non chemotherapeutic, NOS

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$26.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$77.00	$46.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$168.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$119.00	$71.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	LIQUID HYDROCODONE PER 4 OZ.
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$20.00	$12.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$169.00	$101.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$75.00	$45.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$93.00	$56.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$261.00	$157.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$49.00	$29.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$137.00	$82.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$144.00	$86.00	
J8499	$15.00	$9.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$193.00	$116.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$102.00	$61.00	
J8499	$30.00	$18.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$73.00	$44.00	Prescription drug, oral, nonchemotherapeutic, NOS
j8499	$33.00	$20.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$65.00	$39.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$119.00	$71.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$18.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$139.00	$83.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$165.00	$99.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$15.00	$9.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$181.00	$109.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$44.00	$26.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$19.00	$11.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$53.00	$32.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$25.00	$15.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$29.00	$17.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$59.00	$35.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	PO Phenergan/Promethazine 25mg tab
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$38.00	$23.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$10.00	$6.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$40.00	$24.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$5.00	$3.00	Prescription drug, oral, non chemotherapeutic, NOS

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
J8499	$22.00	$13.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$62.00	$37.00	
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$14.00	$8.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$33.00	$20.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$5.00	$3.00	
J8499	$6.00	$4.00	
J8499	$10.00	$6.00	
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$24.00	$14.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
j8499	$581.00	$349.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$43.00	$26.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$27.00	$16.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$122.00	$73.00	
J8499	$26.00	$16.00	
J8499	$65.00	$39.00	CIALIS 60 MG TAB
J8499	$8.00	$5.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$30.00	$18.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, nonchemotherapeutic, NOS
J8499	$6.00	$4.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$5.00	$3.00	Prescription drug, oral, non chemotherapeutic, NOS
J8499	$3.00	$2.00	
J8540	$1.00	$1.00	
J8540	$1.00	$1.00	
J8540	$1.00	$1.00	
J8540	$1.00	$1.00	
L0120	$28.00	$17.00	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)
L0120	$28.00	$17.00	Cervical, flexible, nonadjustable (foam collar)
L0120	$28.00	$17.00	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)
L0120	$28.00	$17.00	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)
L0120	$28.00	$17.00	Cervical, flexible, nonadjustable (foam collar)
L0120	$28.00	$17.00	Cervical, flexible, nonadjustable (foam collar)
L0120	$28.00	$17.00	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)
L0120	$28.00	$17.00	Cervical, flexible, nonadjustable (foam collar)
L0140	$98.00	$59.00	Cervical, semi-rigid, adjustable (plastic collar)
L0172	$57.00	$34.00	Cervical, collar, semi-rigid thermoplastic foam, two piece
L0172	$57.00	$34.00	Cervical, collar, semi-rigid thermoplastic foam, two piece
L0172	$57.00	$34.00	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf
L0172	$57.00	$34.00	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf
L0172	$57.00	$34.00	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf
L0172	$57.00	$34.00	Cervical, collar, semi-rigid thermoplastic foam, two piece
L0174	$322.00	$193.00	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
L0174	$322.80	$194.00	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf
L0174	$322.80	$194.00	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf
L0174	$322.00	$193.00	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
L0174	$322.00	$193.00	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
L0174	$322.80	$194.00	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf
L0625	$87.00	$52.00	LUMBAR-SACRAL SUPPORT FOR BACK
L1810	$65.00	$39.00	KO, elastic with joints, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1820	$195.00	$117.00	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1830	$76.00	$46.00	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
L1830	$76.00	$46.00	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1830	$76.00	$46.00	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
L1830	$76.00	$46.00	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
L1830	$76.00	$46.00	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1830	$76.00	$46.00	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1830	$76.00	$46.00	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
L1830	$76.00	$46.00	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1832	$325.00	$195.00	KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment
L1833	$390.00	$234.00	
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1833	$390.00	$234.00	
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1833	$390.00	$234.00	
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1833	$390.00	$234.00	
L1833	$390.00	$234.00	
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1833	$390.00	$234.00	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1845	$351.00	$211.00	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
L1845	$351.00	$211.00	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
L1902	$81.00	$49.00	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L1902	$81.00	$49.00	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
L1902	$81.00	$49.00	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L1902	$81.00	$49.00	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
L1902	$81.00	$49.00	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
L1902	$81.00	$49.00	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L1902	$81.00	$49.00	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
L1902	$81.00	$49.00	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L3260	$9.00	$5.00	Surgical boot/shoe, each
L3260	$9.00	$5.00	Surgical boot/shoe, each
L3260	$9.00	$5.00	Surgical boot/shoe, each
L3260	$9.00	$5.00	Surgical boot/shoe, each
L3260	$9.00	$5.00	Surgical boot/shoe, each
L3260	$9.00	$5.00	Surgical boot/shoe, each
L3265	$128.00	$77.00	Plastazote sandal, each
L3485	$29.00	$17.00	Heel, pad, removable for spur
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
L3650	$17.00	$10.00	SO, figure of eight design abduction re- strainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	SO, figure of eight design abduction re- strainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
L3650	$17.00	$10.00	SO, figure of eight design abduction re- strainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	SO, figure of eight design abduction re- strainer, prefabricated, includes fitting and adjustment
L3650	$17.00	$10.00	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
L3807	$102.00	$61.00	Wrist hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type
L3807	$102.00	$61.00	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type
L3808	$127.00	$76.00	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3809	$59.00	$35.00	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3908	$168.00	$101.00	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf
L3908	$168.00	$101.00	Wrist-hand orthotic (WHO), wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment
L3908	$88.00	$53.00	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated
L3908	$88.00	$53.00	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated
L3908	$168.00	$101.00	Wrist-hand orthotic (WHO), wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment
L3908	$168.00	$101.00	Wrist-hand orthotic (WHO), wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment
L3908	$168.00	$101.00	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf
L3908	$168.00	$101.00	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf
L3908	$88.00	$53.00	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated
L3908	$168.00	$101.00	Wrist-hand orthotic (WHO), wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment
L3908	$168.00	$101.00	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf
L3908	$88.00	$53.00	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated
L3999	$43.00	$26.00	COLLES SPLINT;UPPER LIMB ORTHOSIS NOS
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
L4350	$70.00	$42.00	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4360	$369.00	$221.00	PNEUMATIC WALKER
L4360	$369.00	$221.00	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4360	$243.00	$146.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4361	$202.00	$121.00	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
MISC	$79.00	$47.00	
MISC	$26.00	$16.00	
MISC	$27.00	$16.00	
MISC	$102.00	$61.00	
MISC	$79.00	$47.00	
MISC	$212.00	$127.00	
MISC	$27.00	$16.00	
MISC	$37.00	$22.00	
MISC	$102.00	$61.00	
MISC	$26.00	$16.00	
MISC	$15.00	$9.00	
MISC	$79.00	$47.00	
MISC	$22.00	$13.00	
MISC	$37.00	$22.00	
MISC	$212.00	$127.00	
MISC	$37.00	$22.00	
MISC	$24.00	$14.00	
MISC	$37.00	$22.00	
MISC	$15.00	$9.00	
MISC	$47.00	$28.00	
MISC	$24.00	$14.00	
MISC	$47.00	$28.00	
MISC	$233.00	$140.00	
MISC	$79.00	$47.00	
MISC	$22.00	$13.00	
MISC	$47.00	$28.00	
MISC	$47.00	$28.00	

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
MISC	$233.00	$140.00	
MISC0	$59.00	$35.00	
MISC0	$59.00	$35.00	
MISC1	$47.00	$28.00	
MISC1	$47.00	$28.00	
MISC2	$22.00	$13.00	
MISC2	$22.00	$13.00	
MISC4	$91.00	$55.00	
MISC4	$91.00	$55.00	
MISC4	$91.00	$55.00	
MISC6	$79.00	$47.00	
MISC6	$79.00	$47.00	
MISTD	$37.00	$22.00	
P3001	$50.18	$30.00	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
P3001	$50.18	$30.00	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
P9021	$766.00	$460.00	Red blood cells, each unit
P9021	$766.00	$460.00	Red blood cells, each unit
P9021	$766.00	$460.00	Red blood cells, each unit
Q0035	$44.02	$26.00	Cardiokymography
Q0091	$89.92	$54.00	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
Q0091	$89.92	$54.00	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
Q0092	$54.36	$33.00	Set-up portable x-ray equipment
Q0092	$54.36	$33.00	Set-up portable x-ray equipment
Q2009	$42.00	$25.00	Injection, fosphenytoin, 50 mg
Q2009	$42.00	$25.00	Injection, fosphenytoin, 50 mg
Q2009	$42.00	$25.00	Injection, fosphenytoin, 50 mg
Q3014	$26.00	$16.00	Telehealth originating site facility fee
Q4006	$236.00	$142.00	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4006	$236.00	$142.00	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4006	$236.00	$142.00	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4006	$236.00	$142.00	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4006	$236.00	$142.00	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4008	$193.00	$116.00	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4008	$193.00	$116.00	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4008	$193.00	$116.00	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4010	$95.00	$57.00	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4010	$95.00	$57.00	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4010	$95.00	$57.00	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4010	$95.00	$57.00	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4010	$95.00	$57.00	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4010	$95.00	$57.00	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4010	$95.00	$57.00	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4012	$48.00	$29.00	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4012	$48.00	$29.00	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4012	$48.00	$29.00	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4018	$71.00	$43.00	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4020	$36.00	$22.00	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4020	$36.00	$22.00	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4020	$36.00	$22.00	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4020	$36.00	$22.00	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4020	$36.00	$22.00	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4020	$36.00	$22.00	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4022	$60.00	$36.00	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4022	$60.00	$36.00	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4022	$60.00	$36.00	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4022	$60.00	$36.00	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4022	$60.00	$36.00	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4022	$60.00	$36.00	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4022	$60.00	$36.00	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4024	$30.00	$18.00	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4024	$30.00	$18.00	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4024	$30.00	$18.00	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4024	$30.00	$18.00	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4024	$30.00	$18.00	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4024	$30.00	$18.00	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4024	$30.00	$18.00	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4030	$311.00	$187.00	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4030	$311.00	$187.00	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4030	$311.00	$187.00	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4030	$311.00	$187.00	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4032	$236.00	$142.00	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4032	$236.00	$142.00	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4032	$236.00	$142.00	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4038	$236.00	$142.00	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4038	$236.00	$142.00	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4038	$236.00	$142.00	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4040	$157.00	$94.00	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4040	$157.00	$94.00	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4042	$167.00	$100.00	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass

CPT Code	CPT Code Unit Fee	CPT Code Allowed Fee (Self Pay Fee)	CPT Code Long Description
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4044	$84.00	$50.00	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4046	$92.00	$55.00	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4048	$80.00	$48.00	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4049	$4.00	$2.00	Finger splint, static
Q4049	$4.00	$2.00	Finger splint, static
Q4049	$4.00	$2.00	Finger splint, static
Q4049	$4.00	$2.00	Finger splint, static
Q4049	$4.00	$2.00	Finger splint, static
Q4049	$4.00	$2.00	Finger splint, static
Q4049	$4.00	$2.00	Finger splint, static
Q4049	$4.00	$2.00	Finger splint, static
Q4050	$80.00	$48.00	Cast supplies, for unlisted types and materials of casts
Q4050	$80.00	$48.00	Cast supplies, for unlisted types and materials of casts
Q4050	$80.00	$48.00	Cast supplies, for unlisted types and materials of casts
S0028	$9.00	$5.00	Injection, famotidine, 20 mg
S0028	$9.00	$5.00	Injection, famotidine, 20 mg
S0028	$9.00	$5.00	
SANE1	$357.00	$214.00	
T1017	$99.00	$59.00	Targeted case management, each 15 minutes
T1017	$99.00	$59.00	Targeted case management, each 15 minutes
Z0720	$241.00	$145.00	
Z0720	$241.00	$145.00	
Z0750	$63.00	$38.00	
Z0750	$63.00	$38.00	
Z0750	$63.00	$38.00	
Z0751	$63.00	$38.00	
Z0751	$63.00	$38.00	
Z0752	$63.00	$38.00	
Z0752	$63.00	$38.00	
Z0753	$63.00	$38.00	
Z0753	$63.00	$38.00	
Z0753	$63.00	$38.00	
Z0759	$612.00	$367.00	
Z0759	$612.00	$367.00	
Z0759	$612.00	$367.00	
Z0760	$844.00	$506.00	
Z0760	$844.00	$506.00	
Z0760	$844.00	$506.00	