



Oklahoma  
Workers' Compensation  
Commission

2024

Effective July 1, 2024

Medical  
Fee Schedule

*Chairman*  
Jordan Russell

*Commissioner*  
Megan Tilly

*Commissioner*  
Scott Biggs

*Executive Director*  
Lauren Hammonds Johnson



# NOTICE

The five character codes included in the Schedule of Medical Fees are obtained from *Current Procedural Terminology*, (CPT®), copyright 2023 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five-character identifying codes and modifiers for reporting medical services and procedures.

The responsibility for the content of the Medical Fee Schedule is with the State of Oklahoma Workers' Compensation Commission and no endorsement by the AMA is intended or should be implied. The AMA disclaims any responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the Medical Fee Schedule. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of the Medical Fee Schedule should refer to the most current *Current Procedural Terminology* which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT® is a registered trademark of the American Medical Association.

The Code on Dental Procedures and Nomenclature is published in *Current Dental Terminology* (CDT), © American Dental Association (ADA). All rights reserved. CDT is a registered trademark of the American Dental Association. Fee schedules, relative value units, conversion factors and/or related components are not developed by the ADA, are not part of CDT, and the ADA is not recommending their use. The ADA assumes no liability for data contained or not contained herein.

FAIR Health data, copyright 2023 FAIR Health Inc., may be used when a service is not covered by Medicare and are the foundation for rates in the Dental section.



## **Table of Contents**

FOREWORD.....	1
INTRODUCTION .....	3
GENERAL GROUND RULES.....	7
MODIFIERS AND PAYMENT GUIDELINES.....	15
EVALUATION AND MANAGEMENT GROUND RULES .....	23
ANESTHESIA GROUND RULES.....	29
SURGERY GROUND RULES.....	39
RADIOLOGY GROUND RULES .....	181
LABORATORY AND PATHOLOGY GROUND RULES.....	229
MEDICINE GROUND RULES .....	275
PHYSICAL MEDICINE GROUND RULES .....	311
DENTAL SERVICES GROUND RULES.....	317
DURABLE MEDICAL EQUIPMENT, SUPPLIES, ORTHOTICS AND PROSTHESES, PHYSICIAN ADMINISTERED DRUGS GROUND RULES .....	337
AMBULANCE SERVICES GROUND RULES.....	419
HOSPITAL OUTPATIENT AND AMBULATORY SURGERY CENTER GROUND RULES.....	421
PHARMACEUTICAL SERVICES GROUND RULES .....	421
INPATIENT HOSPITAL SERVICES GROUND RULES.....	429
INPATIENT REHABILITATION FACILITY SERVICES AND SKILLED NURSING FACILITY GROUND RULES .....	451

**This page intentionally left blank.**

## FOREWORD

The Medical Fee Schedule does not limit how much a health care provider may bill; it outlines **maximum** reimbursement levels for health care providers, including hospitals and ambulatory surgical centers, rendering health care services to injured employees as provided in the Workers' Compensation Code, 85A O.S. § 1, et seq. It applies to all health care services rendered on or after July 1, 2024 to employees with compensable injuries, regardless of the employee's date of injury. The Medical Fee Schedule does not apply to health care services for which voluntary payments in excess of the reimbursement levels of the Schedule are made by a self-insured employer or an insurance carrier.

Disability evaluations provided as medical-legal evidence and performed by independent medical examiners appointed by the Workers' Compensation Commission as provided in the Workers' Compensation Code are governed by General Ground Rule 20.

This Schedule was adopted by the Oklahoma Legislature by HJR 51 on May 2, 2024 as provided in 85A O.S. § 50(H).

The Medical Fee Schedule is based on the 2024 Relative Value Units (RVU) produced by the Centers for Medicare and Medicaid Services (CMS) for the Medicare Physician Fee Schedule and the CMS Clinical Lab and Average Sales Price fee schedules. The anesthesia base units are from the CMS list of anesthesia base values,

which are adopted from the relative base values established by the American Society of Anesthesiologists (ASA). The outpatient and ambulatory surgery center (ASC) services section is based on the CMS Outpatient Prospective Payment system fee schedule. The inpatient hospital services portion of the Schedule utilizes the Medical Severity Diagnosis Related Groups (MS-DRG) system as the primary coding system for health care services rendered. The inpatient rehabilitation facility services portion of the Schedule utilizes the Case-Mix Groups (CMG) system as a coding system for health care services rendered. The Schedule also adopts the Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedures Coding System (HCPCS) for the coding of certain supplies and materials, and for ambulance services. CDT codes used to report dental procedures are maintained by the American Dental Association (ADA). Fee data for medical procedures that are not valued by CMS and for dental procedures, are based on FAIR Health data for services rendered in Oklahoma.

Coding, billing and other issues, including disputes, associated with a claim, shall be determined in accordance with the CPT, CDT, and HCPCS guidelines and National Correct Coding Initiative (NCCI) coding edits in effect at the time service is rendered, unless otherwise provided in this Medical Fee Schedule or by the Oklahoma Workers' Compensation Commission.

**This page was intentionally left blank.**

## INTRODUCTION

1. **PROCEDURE CODES:** For purposes of the Medical Fee Schedule, health care services and procedures shall be described in accordance with current procedural terminology codes and descriptions listed in *Current Procedural Terminology (CPT)*, copyright 2023 by the American Medical Association.

The accompanying instructions and Ground Rules of the Medical Fee Schedule explain the application of these procedure descriptors and values in medical practice. All matters not specifically governed by the provisions of the Medical Fee Schedule shall be subject to the provisions of CPT 2024. If the provisions of the Medical Fee Schedule conflict with the provisions of CPT 2024, the provisions of the Medical Fee Schedule shall govern.

Maximum Allowable Reimbursement (MAR) amounts in the Medical Fee Schedule were developed by the Workers' Compensation Commission pursuant to 85A O.S. § 50(H). CPT codes or MARs included in this fee schedule that address the testing or treatment for COVID-19 do not necessarily mean, nor do they create a presumption that, COVID-19 is compensable as an injury, disease, illness, or other physical or mental condition under workers' compensation laws.

2. **FORMAT:** The Oklahoma Medical Fee Schedule consists of fourteen sections: Evaluation and Management; Anesthesia; Surgery; Radiology; Pathology; Medicine; Physical Medicine; Dental Services; Durable Medical Equipment, Supplies, Orthotics and Prostheses; Ambulance Services; Pharmaceutical Services; Hospital Outpatient and Ambulatory Surgical Center Services; Inpatient Hospital Services; and Inpatient Rehabilitation Facility Services. The Schedule is divided into these sections for structural purposes only. Providers of medical services and/or suppliers are to use the section(s) which contain the procedures

they perform, or the services they render.

3. **GROUND RULES:** Introductory material, known as Ground Rules, follows the Introduction and precedes the separate sections of this Schedule. The Ground Rules contain the necessary general information, instructions, and general rules with which the user needs to become acquainted before undertaking the use of this Schedule. Familiarity with these general rules, which may include definitions, references, prohibitions, and directions for proper use, is necessary for all who use this Schedule. It is important to read and understand these Ground Rules before using this Schedule.
4. **HOW TO INTERPRET THE FEE SCHEDULE DATA:** The rate tables in each section of the Schedule are organized by columns, which may vary by section. The professional and outpatient MAR amounts are provided on the same line in the rate tables in each service area section. (Ground Rules for outpatient services are included in the Hospital Outpatient and Ambulatory Surgery Center Ground Rules section. Following is a description of the various columns:
  - a. **CODE:** The CPT, HCPCS, or CDT code that is used to identify a procedure.
  - b. **MODIFIER:** Modifier 26 in this column indicates that the MAR is for the professional component of the service and Modifier TC indicates that the MAR is for the technical component of the service.
  - c. **DESCRIPTION:** The description of the procedure provided by the AMA (CPT codes) or CMS (HCPCS and MS-DRG) or the ADA (CDT codes).



- d. **CMG (CASE-MIX GROUPS) CODE:** The CMG column lists the CMS Case-Mix Groups code as updated through October 1, 2023.
- e. **ANES (ANESTHESIA):** The ANES column displays base units for anesthesia services as adopted by CMS based on anesthesia base units developed by the ASA. These units are used for reimbursement when an anesthesiologist, or a non-physician anesthesia provider such as a certified registered nurse anesthetist (CRNA) or anesthesiologist assistant (AA) rendering services within the scope of state licensure, provides anesthesia during a surgical procedure and bills using a CPT code or when the operating surgeon provides regional or general anesthesia for surgery.
- f. **FUD (FOLLOW-UP DAYS):** The FUD column lists the number of follow-up days included for a surgical procedure. Related professional services provided during the follow-up days period may not be billed in addition to the surgery. In counting follow-up days, day one is the day of surgery, (not the discharge day). This Schedule uses follow-up days published by CMS.
- g. **ASST (ASSISTANT SURGEON):** The ASST column indicates whether an assistant surgeon may be reimbursed for the procedure.
- “0” indicates that an assistant surgeon may be reimbursed only with supporting documentation to establish medical necessity.
  - “1” indicates than an assistant surgeon is not eligible for reimbursement.
  - “2” indicates that an assistant surgeon is eligible for reimbursement.
- “9” indicates that the assistant surgeon concept does not apply.
- h. **PROF MAR (MAXIMUM ALLOWABLE REIMBURSEMENT):** A MAR is listed for each code excluding Anesthesia codes, HCPCS codes, MS-DRGs and CMG codes. The PROF MAR column lists the maximum allowable reimbursement for a professional service or procedure performed and is billed on a CMS-1500 claim form. Certain radiology codes have separate MAR amounts for global services, the professional component as noted by Modifier 26, and the technical component as noted by Modifier TC.
- i. **OP MAR:** The OP MAR column shows the maximum allowable reimbursement amount for the facility service performed in a hospital outpatient or ambulatory surgery center setting. Facility services must be billed on a UB-04 claim form. If the OP MAR is blank, the service is not reimbursable to the facility.
- j. **ADD-ON CODES:** Services that may be performed only in conjunction with another primary CPT code are listed in the rate tables with a plus sign (+). Add-on services are reimbursable based on the MAR amounts listed in the Fee Schedule.
- k. **MODIFIER 51 EXEMPT CODES:** The multiple procedure rule does not apply to professional fees for codes listed in the rate tables with a pound sign (#).
- l. **APC:** The APC column shows the CMS ambulatory payment classification to which the procedure code is assigned. The OP MAR is based on the APC payment rate.
- m. **SI (Status Indicator):** Status indicators provide payment rules for outpatient hospital and ambulatory surgery center facility services. A J1 in the SI column indicates that many facility services are packaged into the cost of the primary

surgical service and a portion of the APC payment rate is attributable to the cost of a device or implant. See the Hospital Outpatient and Ambulatory Surgery Center Facility Ground Rules for details. The list of status indicators and payment rules can be found in Addendum D1 of the CMS Outpatient Prospective Payment System (OPPS): <https://www.cms.gov/license/ama?file=/files/zip/2024-nfrm-opps-addenda.zip>

- n. BR (BY REPORT): Some services and procedures do not have a maximum allowable reimbursement amount because they are new, too variable or do not represent a uniform service or procedure. The MAR for these services and procedures are identified with a BR. Requested reimbursement should be substantiated by report and based on providers' usual and customary charges for similar services.

**This page intentionally left blank.**

## GENERAL GROUND RULES

### General Information and Instructions

1. REPRODUCTION OF MEDICAL RECORDS, INCLUDING X-RAYS AND OTHER PHOTOGRAPHS AND IMAGES, PATHOLOGY SLIDES, OR THE PATIENT'S MEDICAL BILLS: Under the provisions of 76 O.S. § 19, providers (physicians, hospitals, medical professionals and institutions) may charge patients, former patients or the legal representative, spouse or responsible family member of any such person fifty cents (\$0.50) for each page for copies of medical records other than any x-ray or other photograph or image or pathology slide. Reproduction of the record in digital form may be provided at a cost not to exceed thirty cents (\$0.30) per digital page. The cost of each printed x-ray, other photograph or image shall be Fifteen Dollars (\$15.00). If the x-ray, other photograph or image is provided on a CD/DVD or other electronic media, the fee shall be Twenty Dollars (\$20.00) per CD/DVD or other electronic media. Medical providers may charge a patient for the actual cost of mailing the patient's requested medical records, but may not charge an additional fee for searching, retrieving, reviewing or preparing such records for copying, or for providing copies by facsimile. Taxes, including sales taxes, are not reimbursable costs for reproduction of medical records.
  - b. PREPARATION TIME: Preparation time for medical testimony, including depositions, shall be reimbursed at the examiner's usual and customary charge, not to exceed Four Hundred Dollars (\$400.00).
  - c. CANCELLATION FEE: A Four Hundred Dollar (\$400.00) charge is allowable whenever a deposition or scheduled testimony is canceled by the employer or employee within three working days prior to the scheduled start of the deposition or scheduled testimony.
  - d. ADVANCE PAYMENT: A physician may receive not more than Four Hundred Dollars (\$400.00) in advance in order to schedule a deposition. The advance payment shall be applied against amounts owed for testimony fees.
  - e. BILLING: All bills submitted for payment shall be itemized, including the number of hours required to perform the services, and shall refer to this Ground Rule and CPT Code 99075 for proper reimbursement.
2. MEDICAL TESTIMONY, INCLUDING DEPOSITIONS:
  - a. REIMBURSEMENT: Pursuant to 85A O.S. § 50(H)(6) reimbursement for medical testimony given in person or by deposition by a treating physician shall be in accordance with the physician's usual and customary charges, not to exceed Four Hundred Dollars (\$400.00) per hour or any portion thereof, plus an allowance of One Hundred Dollars (\$100.00) for 15-minute increments thereafter.
3. DIAGNOSTIC TESTS: Pursuant to Title 85A O.S. § 50I, diagnostic tests shall not be repeated sooner than six (6) months from the date of the test unless medically necessary and agreed to by the parties or ordered by the Workers' Compensation Commission for good cause shown.

This Ground Rule does **not** apply to reimbursement of a Commission-appointed independent medical examiner for medical testimony given in person or by deposition. Reimbursement of Commission-appointed independent medical examiners is governed by General Ground Rule 20.

## General Ground Rules

### 4. REPORT PREPARATION, BILLING AND MAXIMUM ALLOWANCE:

a. Routine reports: Completion of routine reports or records is incorporated in all fees for service and is not reported separately. Routine reports include reports of diagnostic testing, procedure reports, progress notes, office notes, operative reports and return to work forms. Requests for additional copies of routine reports are reimbursable at the copying fee rates provided for in General Ground Rule 1.

b. Physician's Report on Treatment of Workers' Compensation Injury: Effective August 26, 2011, Oklahoma law no longer requires a worker's treating physician to produce an initial report of the worker's injuries found at the time of examination and proposed treatment, or to produce a final report of treatment at the conclusion of treatment. However, if either report is prepared, reimbursement and billing is subject to this Ground Rule.

(1) Initial Report: If prepared, the maximum allowance for completion and submission of the initial report to the injured worker and the worker's employer is \$36.00. "F4-010" should be used as the billing code.

(2) Final Report: If prepared, the maximum allowance for completion and submission of the final report to the worker's employer is \$36.00. "F4-020" should be used as the billing code.

c. Permanent Impairment Rating Services: Work-related or medical disability examinations described in CPT code 99455 that are performed by the treating physician, at the request of a party, and work-related or medical disability examinations described in CPT code 99456 that are performed by a physician other than the treating physician, at the request of a party, shall be reimbursed as provided below. CPT codes 99455 and

99456 require, among other things, a calculation of impairment.

(1) REIMBURSEMENT: The review of records and information, the performance of any necessary examinations, and the preparation of the written report shall be billed and reimbursed at the physician's usual and customary rate, not to exceed Three Hundred Sixteen and 66/100 Dollars (\$316.66) per hour, up to a maximum of three (3) hours. In a complex case, an additional fee of up to Three Hundred Sixteen and 66/100 Dollars (\$316.66) may be allowed.

(2) DIAGNOSTIC TESTS: Payment for any required diagnostic tests shall be in accordance with this Medical Fee Schedule.

(3) CANCELLATION FEE: If an examination is canceled by the employee or the employer within forty-eight (48) hours of the scheduled time, a Two Hundred Dollar (\$200.00) fee is allowable for the cancellation.

(4) BILLING: All bills submitted for payment shall be itemized, including the number of hours required to perform the services, and shall refer to this Ground Rule and CPT code 99455 or 99456, as appropriate, for proper reimbursement.

d. Narrative Reports: Party requested reports not otherwise addressed under this Ground Rule, including narrative reports involving the provider's review of medical data to clarify a patient's status or requesting more than the information conveyed in the usual medical communications or standard reporting form are special reports that may be billed using CPT code 99080. Except as otherwise agreed upon by the provider and requesting party, following is the maximum allowance for a special report:

## General Ground Rules

First page.....\$36.00  
 Each additional page . \$14.00  
 Not to exceed.....\$64.00

e. General Ground Rule 4 does **not** apply to:

(1) reports and services, including impairment evaluations, performed by an independent medical examiner appointed by the Workers' Compensation Commission. Reimbursement of independent medical examiners is governed by General Ground Rule 20; or

(2) health care services (including work-related or medical disability services) performed under a written contract between a health care provider and an employer or insurance carrier entered into pursuant to 85A O.S. § 50(H)(5).

5. **TELEMEDICINE:** Telemedicine is the use of electronic information and telecommunications technologies to provide care when the provider and patient are in different locations. Technologies used to provide telemedicine include telephone, video, the internet, mobile app, remote patient monitoring and remote therapeutic monitoring. Services provided by telemedicine are identified on the bill by the use of location code 02 (telemedicine) and Modifier 95, Synchronous Telemedicine Service or Modifier 93, Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System.

Services that are eligible for reimbursement when provided by telemedicine are identified with a star (★) in the rate tables. Additional services may be provided via telemedicine with pre-authorization.

6. **BILLING PROCEDURES:** If a service is billed using a procedure code not found in this fee schedule, but found in the AMA's *Current Procedural Terminology*, the ADA's

Current Dental Terminology or HCPCS codes or DRGs; published by CMS, including codes that were introduced after the fee schedule was published, providers will be reimbursed in accordance with the Commission's methodology for "By Report" codes. Medical providers may not bill more than their usual and customary charge for any procedure. Reimbursement will be based on the lesser of the provider's usual and customary charge or the fee schedule MAR for each covered service on the claim.

7. **MODIFIERS:** Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code; a two-digit number, alpha, or alpha-numeric combination placed after the usual procedure code. If more than one modifier is needed, place the multiple modifiers code (99) after the procedure code to indicate that two or more modifiers will follow. See the Modifier section for information on specific modifiers and payment guidelines.

8. **EXPLANATION OF BENEFITS:** A payer shall provide a health care provider with a detailed written explanation of benefits (EOB) whenever a coded service is denied or not reimbursed in full as billed; the amount reimbursed, if applicable; the detailed reason(s) for each denial or reduced reimbursement (including the citing of the specific general instruction, Ground Rule, or other provision of the Medical Fee Schedule serving as the basis for the denial or reduction); and the procedure code, if any, for which reimbursement was made when different from the code billed. If the reason for denial or reduced reimbursement is omission of one or more modifiers or usage of one or more incorrect modifiers, the EOB shall cite the expected modifier(s) for all applicable codes. If the reason for denial or reduced reimbursement is the incorrect use of a modifier, the EOB shall cite the modifier(s) incorrectly used. If the reason for a denial or reduced reimbursement is reliance upon usual and

## General Ground Rules

customary charge or reimbursement data, the EOB also must disclose the usual and customary data serving as the basis for each denial or reduction. "Usual and Customary Charge" as defined in the Medical Fee Schedule refers to the usual fee charged by providers in Oklahoma to all patients for the same or substantially similar services under like circumstances.

9. **DISPUTES REGARDING PAYMENT FOR HEALTH CARE SERVICES:** Disputes regarding payment for health care services rendered as provided in the Workers' Compensation Code may be addressed using informal dispute resolution procedures available through the Workers' Compensation Commission. The procedures include the Form 19 process, and mediation. A description of each follows.

a. **WCC REVIEW OF DISPUTED CHARGES INVOLVING CONFLICTING INTERPRETATIONS OF THE WORKERS' COMPENSATION FEE SCHEDULE):** Workers' Compensation Commission Rule 810:15-15-3 governs the review of payment disputes involving conflicting interpretations of the Medical Fee Schedule

b. **MEDICAL FEE DISPUTE RESOLUTION FORM 19:** Medical providers with disputed or past due payments for services provided in a workers' compensation claim may file a Medical Fee Dispute Resolution Form 19 (MFDR Form 19) with the Workers' compensation Commission. The MFDR Form 19 is accessible on the Commission's website, [wcc.ok.gov](http://wcc.ok.gov), under the Forms tab. To request a hearing before a Commission administrative law judge (ALJ), providers must also file a Form 9 Request for Hearing along with the MFDR Form 19. If the ALJ finds the disputed payments are owed to the medical provider, the ALJ will issue an order for payment. For assistance and general information

about the submission of a MFDR Form 19, contact the Commission's Counselor Division at (405) 522-5308.

c. **MEDIATION:** Mediation may be used to address certain workers' compensation disputes (including disputes regarding payment for medical and rehabilitative services). Mediation is the process of resolving disputes with the assistance of a mediator, outside of a formal court proceeding. The purpose of mediation is to identify issues, clarify misunderstandings, explore solutions, and negotiate settlement. It is an alternative to litigation.

**Failure of an employer or insurance carrier to pay medical charges within the forty-five (45) day period as required by 85A O.S. § 50(H)(11), may result in a penalty, payable to the provider, of up to twenty-five percent (25%) of any amount due under the Medical Fee Schedule that remains unpaid. Under 85A O.S. § 50(H)(11), if the Commission finds a pattern of willful and knowing delay of payments, it may require remedial education and/or assess a penalty of not more than Five Thousand Dollars (\$5,000.00) per occurrence, payable as directed by the Commission.**

Under 85A O.S. § 50(H)(4), the right to recover charges for every type of medical care for compensable workers' compensation injuries lies solely with the Oklahoma Workers' Compensation Commission.

10. **NATIONAL CORRECT CODING INITIATIVE (NCCI):** For purposes of this Fee Schedule, the State of Oklahoma adopts the NCCI coding edits in effect on the date that the service is rendered by the physician or hospital. This editing system was implemented by the Centers for Medicare and Medicaid Services' (CMS) to promote national correct coding methodologies and identifies services that should not be reported together such as services that are a

## General Ground Rules

component of a more comprehensive service and services that are mutually exclusive. NCCI also includes Medically Unlikely Edits that identify a maximum number of units allowable under most circumstances for a single HCPCS or CPT code billed on a date of service for a single patient. For more information, see <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index>.

### 11. IMPLANTABLE MEDICAL DEVICES:

a. For purposes of this Ground Rule, "implantables" means those materials indicated by revenue codes 274 (prosthetic/orthotic devices), 275 (pace-maker), 276 (intraocular lens), and 278 (other implants), which involve an item or device intended for permanent placement in the body. "Implantable items" which are properly indicated by revenue code 278 include rods, pins, screws, plates, prosthetic joint replacements, anchors, artificial joints, mesh, radioactive seeds, shunts, stents, allografts, and autografts in addition to non-soluble, or solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed, and other items which are made of plastic, metallic, or of autogenous/ non-autogenous graft material that are implanted in the body either alone or in combination with other materials. FDA investigational devices (if left in the patient) billed through Revenue Code 624 are not eligible for reimbursement. Implants may deliver medication, monitor body functions, or provide support to organs and tissues. A supply or instrument that is purposed to be removed or discarded during the same inpatient or outpatient procedure in which they are placed in the body is not an implant. Liquids or materials that are absorbed or incorporated by the surrounding tissue will not be reimbursed if billed as an implant. In addition to meeting the above criteria, implants must also remain in the individual's body upon

discharge from the inpatient stay or outpatient procedure. Staples, sutures, clips, as well as temporary drains, tubes, and similar temporary medical devices shall not be considered implants.

b. Any entity that buys and resells implantable devices to a hospital, ambulatory surgical center or physician shall be limited to a markup of ten percent (10%) above the manufacturer's invoice price for that implantable device, adjusted to reflect all applicable discounts, rebates, considerations and product replacement programs.

### 12. DURABLE MEDICAL EQUIPMENT AND SUPPLIES PROVIDED BY PHYSICIAN:

Durable medical equipment and supplies provided by the physician over and above those usually included with the office visit or other services rendered are governed by the Durable Medical Equipment, Supplies, Orthotics and Prostheses Ground Rules.

### 13. PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE REGISTERED NURSE AND REGISTERED NURSE FIRST ASSISTANT SERVICES:

a. EVALUATION AND MANAGEMENT SERVICES: A certified physician assistant, nurse practitioner and an advanced practice registered nurse shall be allowed eighty-five percent (85%) of the fee schedule allowance for evaluation and management services.

b. ASSISTANT TO SURGEON (IN LIEU OF ASSISTANT SURGEON): A certified physician assistant, nurse practitioner, advanced practice registered nurse, or registered nurse first assistant used as a surgical assistant shall be reimbursed at ten percent (10%) of the fee schedule allowance for the procedure(s). The CPT codes billed must coincide with those of the surgeon. Physician assistant, nurse practitioner, advanced practice registered nurse, or registered nurse first assistant fees are not payable when



## General Ground Rules

qualified hospital staff or ambulatory surgical center staff is provided to assist at surgery. An assistant surgeon and a certified physician assistant, nurse practitioner, advanced practice registered nurse or registered nurse first assistant, cannot both bill for services on the same surgical case.

- c. **OTHER SERVICES:** A physician assistant, nurse practitioner or advanced practice registered nurse shall be allowed eighty-five percent (85%) of the fee schedule allowance for any other services performed within the practitioner's license and certification.
- d. **MODIFIERS:** When billing for services provided by a physician assistant, use the modifier "PA". When billing for services provided by a nurse practitioner, use modifier "NP". When billing for services provided by an advanced practice registered nurse, use modifier "AP". When billing for services provided by a registered nurse first assistant, use modifier "FA".

14. **"INCIDENT TO" SERVICES:** Services that are furnished incident to physician professional services in the physician's office (whether located in a separate office suite or within an institution) or in a patient's home may be billed and reimbursed as if the physician personally provided the services. To qualify as an "incident to" service, the service must be part of a normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment. An "incident to" service must be provided by a practitioner who is directly supervised by the physician and represents a direct financial expense to the physician. The services must be an integral part of the patient's course of treatment. The physician does not have to be physically present in the patient's treatment room while these services are provided, but a physician in the group must provide direct supervision and be present to render assistance, if necessary.

The patient record should document the essential requirements for an incident to service.

15. **NO-SHOW FEE FOR MISSED APPOINTMENTS:** If an injured worker fails to appear for a scheduled appointment with a physician, a Two Hundred Dollar (\$200.00) fee, to be paid initially by the employer or insurance carrier, is allowable for the failure to appear. The respondent shall be reimbursed by the injured worker if the failure to appear was determined by the Court to be without good cause. For purposes of this Ground Rule, "physician" means a treating physician, and a physician performing permanent impairment rating services described in General Ground Rule 4(c) but excludes a Commission-appointed independent medical examiner whose fees are governed by General Ground Rule 20. Bills submitted for payment of the no-show fee shall refer to this Ground Rule and CPT code 99499 with the modifier "NS".

16. **REQUIRED DISCLOSURES:**

- a. Pursuant to 85A O.S. § 50(H)(10), if a physician, or an entity in which the physician has a financial interest, other than an ownership interest of less than five percent (5%) in a publicly traded company, provides implantable devices, that relationship must be disclosed to the patient, employer, insurance company, third-party commission, certified workplace medical plan, case manager, and legal counsel for the worker and employer/carrier. Workers' Compensation Commission CC-Form-17 shall be used for this purpose.
- b. Pursuant to 85A O.S. § 50(H)(13), physicians providing treatment shall disclose on the Workers' Compensation Commission CC-Form-17 any ownership interest in a healthcare facility, business, or diagnostic center that is not the physician's primary place of business, including any employee leasing arrangement between the physician and

## General Ground Rules

any healthcare facility that is not the physician's primary place of business. Failure to do so is grounds for the Commission to disqualify the physician from providing treatment under the Administrative Workers' Compensation Act.

### 17. UNLISTED SERVICES OR PROCEDURES:

A service or procedure that is not identified by a particular CPT code should be billed using the appropriate Unlisted Procedure code. Requested reimbursement should be substantiated by report and based on providers' usual and customary charges for similar services.

18. BY REPORT (BR): BR in the MAR column indicates that the value of the service is to be determined "by report" because the service is too unusual or variable to be assigned a value. Reimbursement will be based on the usual and customary value for the service. "By report" codes must be substantiated by documentation reflecting the nature, extent and need for the procedure or service and the time, skill and equipment necessary. The following may be used to support reimbursement for BR codes as indicated:

- a. Diagnosis (postoperative), pertinent history and physical findings.
- b. Size, location and number of lesion(s) or procedure(s) where appropriate.
- c. Major surgical procedure with supplementary procedure(s).
- d. Whenever possible, list the closest similar procedure by number and value. The "BR" value shall be consistent in value with other values in the Schedule.
- e. Estimated follow-up period, if not listed.
- f. Operative time.

19. EXCESSIVE OR UNNECESSARY PROCEDURES: Payment may be denied for procedures determined to be excessive or

unnecessary for the management of the work-related injury or disease.

### 20. COMMISSION-APPOINTED

INDEPENDENT MEDICAL EXAMINERS: Fees for services performed by a Commission-appointed independent medical examiner shall be billed using code CAIME and paid according to the following schedule:

- a. DIAGNOSTIC TESTS: If relevant to the questions or issues in dispute, diagnostic tests shall be paid by the employer or insurance carrier in accordance with the Oklahoma Workers' Compensation Medical Fee Schedule; provided, diagnostic tests repeated sooner than six (6) months from the date of the test are not authorized for payment unless agreed to by the parties or ordered by the Commission for good cause shown.
- b. RECORD REVIEW: The review of records and information, including any treating physician evaluation and/or medical reports submitted by the parties, the performance of any necessary examinations and the preparation of a written report as prescribed by Commission rules, shall be billed at the physician's usual and customary rate, not to exceed Three Hundred Dollars (\$300.00) per hour or any portion thereof, not to exceed the maximum reimbursement of One Thousand Six Hundred Dollars (\$1,600.00) per case. The Commission may permit exception to this provision, for good cause shown. Subject to reimbursement if appropriate, these costs shall be billed to, and initially paid by, the respondent.
- c. SUBMITTING RECORDS: The parties shall send the employee's medical records to the independent medical examiner by regular mail within ten (10) calendar days of receipt of the Commission order assigning the examiner. If necessary, the independent medical examiner may contact persons in whose possession the records or

## General Ground Rules

information is located solely for the purpose of obtaining such records or information.

- d. **MEDICAL TESTIMONY, INCLUDING DEPOSITIONS:** Reimbursement for medical testimony given in person or by deposition shall be paid by the employer or insurance carrier in accordance with the independent medical examiner's usual and customary charges, not to exceed Five Hundred Dollars (\$500.00) per hour for the first hour or any portion thereof, plus an allowance of One Hundred Twenty-Five Dollars (\$125.00) for 15-minute increments thereafter. Preparation time shall be reimbursed at the examiner's usual and customary charge, not to exceed Four Hundred Dollars (\$400.00). A Four Hundred Dollar (\$400.00) charge is allowable whenever a deposition or scheduled testimony is canceled by any party within three working days before the scheduled start of the deposition or scheduled testimony. The party canceling the deposition or scheduled testimony is responsible for the incurred cost. The Commission may permit exception to these provisions, for good cause shown.
- e. **ADVANCE PAYMENT:** No physician may receive more than Four Hundred (\$400.00) in advance in order to schedule a deposition. The advance payment shall be applied against amounts owed for testimony fees. The Commission may permit exception to these provisions, for good cause shown.
- f. **AMOUNTS OWED:** Amounts owed to the independent medical examiner for services are payable upon submission for the examiner's written report.
- g. **FAILURE TO APPEAR OR CANCELLATION FEE:** The independent medical examiner may charge and receive up to Two Hundred Dollars (\$200.00), to be paid initially by the employer or insurance carrier in the event the employee fails to appear for any scheduled examination, or if the examination is canceled by the employee or the respondent within forty-eight (48) hours of the scheduled time. The employer or insurance carrier shall be reimbursed by the employee if the failure to appear or the cancellation by the employee was without good cause. The independent medical examiner may not assess a cancellation charge for appointments canceled by the examiner.

## MODIFIERS AND PAYMENT GUIDELINES

Modifiers may be included on bills to provide additional information about the services provided. When applicable, the modifier, a two-digit string, is appended to the procedure code. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow.

### **22 Increased Procedural Services**

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

### **23 Unusual Anesthesia**

Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

### **24 Unrelated Evaluation and Management Services by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period**

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

### **25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service**

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

### **26 Professional Component**

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

*Oklahoma guideline: When applicable, the MAR for the professional component is listed in the rate tables.*

## Modifiers and Payment Guidelines

### **TC Technical Component**

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure code. Technical component charges are institutional charges and not billed separately by physicians.

*Oklahoma guideline: When applicable, the MAR for the technical component is listed in the rate tables.*

### **27 Multiple Outpatient Hospital E/M Encounters on the Same Date**

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (eg, hospital emergency department, clinic). Note: This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (e.g., hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine Services codes.

### **32 Mandated Services**

Services related to mandated consultation and/or related services (e.g., third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

### **47 Anesthesia by Surgeon**

Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) Note: Modifier 47 would not be used as a modifier for the anesthesia procedures.

*Oklahoma guideline: Anesthesia services provided by a provider other than an anesthesiologist, CRNA or AA are not separately reimbursable.*

### **50 Bilateral Procedure**

Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

*Oklahoma guideline: Procedures performed with a bilateral modifier are reimbursed at 150% of the MAR listed in the rate tables. Multiple procedure rules, when applicable, will apply based on the MAR listed in the rate tables.*

### **51 Multiple Procedures**

When multiple procedures, other than E/M Services, physical medicine and rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes.

*Oklahoma guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule. Services reported with modifier 51 are reimbursed at 100% of the MAR for the first or major procedure. Additional procedures are reimbursed at 50% of the MAR.*

## Modifiers and Payment Guidelines

### **57 Decision for Surgery**

An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

### **52 Reduced Services**

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

### **53 Discontinued Procedure**

Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see

modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

### **54 Surgical Care Only**

When one physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

*Oklahoma guideline: The MAR shall be apportioned between providers by agreement and in accordance with medical ethics. Identify and indicate whether the value is for the procedure, pre-operative or follow-up care, rather than the whole. The "global fee" is not increased, but pro-rated between the providers.*

### **55 Postoperative Management Only**

When one physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

*Oklahoma guideline: The MAR shall be apportioned between providers by agreement and in accordance with medical ethics. Identify and indicate whether the value is for the procedure, pre-operative or follow-up care, rather than the whole. The "global fee" is not increased, but pro-rated between the providers.*

### **56 Preoperative Management Only**

When one physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

*Oklahoma guideline: The MAR shall be apportioned between providers by agreement and in accordance with medical*

## Modifiers and Payment Guidelines

*ethics. Identify and indicate whether the value is for the procedure, pre-operative or follow-up care, rather than the whole. The "global fee" is not increased, but pro-rated between the providers.*

### **58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period**

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operating/procedure room, (e.g. unanticipated clinical condition), see modifier 78.

### **59 Distinct Procedural Service**

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

### **62 Two Surgeons**

When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with the modifier 62, during the same surgical session, those services are reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

*Oklahoma guideline: This modifier is reimbursed at the provider's usual and customary rate up to 75% of the MAR for each surgeon.*

### **66 Surgical Team**

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services.

### **73 Discontinued Out-Patient Hospital/ Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia**

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation

## Modifiers and Payment Guidelines

when provided and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

### **74 Discontinued Out-Patient Hospital/ Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia**

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc.). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

### **76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional**

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

### **77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional**

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.

### **78 Unplanned Return to the Operating/ Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period**

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

### **79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period**

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

### **80 Assistant Surgeon**

Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

*Oklahoma guideline: Reimbursement is 20% of the MAR listed in the rate tables.*



## Modifiers and Payment Guidelines

### **81 Minimum Assistant Surgeon**

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

*Oklahoma guideline: Reimbursement is 10% of the MAR listed in the rate tables.*

### **82 Assistant Surgeon (when qualified resident surgeon not available)**

The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

*Oklahoma guideline: Reimbursement is 20% of the MAR listed in the rate tables.*

### **93 Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System**

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

### **95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System**

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous

telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Modifier 95 may only be appended to the services listed in Appendix P of CPT 2024 and the CMS list of Telehealth services. Services on the CMS list that are not listed in Appendix P will continue to be eligible to be provided via Telehealth under the *Oklahoma Medical Fee Schedule* through June 30, 2023, should CMS withdraw this list prior to that date. Appendix P is the list of CPT codes for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.

### **99 Multiple Modifiers**

Under certain circumstances two (2) or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

### **AS Physician Assistant, Nurse Practitioner, Advanced Practice Registered Nurse, Clinical Nurse Specialist Services, or Registered Nurse First Assistant for Assistant at Surgery**

Assistant at surgery services provided by another qualified individual (e.g., physician assistant, nurse practitioner, advanced practice registered nurse, clinical nurse specialist, registered nurse first assistant) and not another physician are identified by adding modifier AS to the listed applicable surgical procedures. Modifier AS may be appended to any code identified as appropriate for surgical assistance in this Fee Schedule.

*Oklahoma guideline: Reimbursement is 10% of the MAR listed in the rate tables.*

### **NU New Equipment**

## Modifiers and Payment Guidelines

### ***RR Rental***

### ***UE Used Durable Medical Equipment***

### ***QZ CRNA Service Without Medical Direction by a Physician***

Report modifier QZ with an appropriate CPT code when all anesthesia services are performed by a CRNA.

*Oklahoma guideline: Reimbursement is 90% of the MAR based on the formula for reimbursing anesthesia services.*

### Mid-Level Practitioners (Oklahoma Specific)

The following modifiers should be used to denote when a service is provided by one of the following practitioners:

### ***AP Advanced Practice Registered Nurse***

### ***FA Registered Nurse First Assistant***

### ***NP Nurse Practitioner***

### ***PA Physician Assistant***

**This page intentionally left blank.**

## EVALUATION AND MANAGEMENT GROUND RULES

### General Information and Instructions

1. **GENERAL:** Visits, examinations, consultations, and similar services as listed in this section reflect the wide variations in time and skill required in the diagnosis and treatment of illness or injury. The listed values for each code group apply only when these services are performed by or under the responsible supervision of a physician.

2. **CONCURRENT CARE:** When more than one physician treats a patient for the same condition during the same period of time, payment is made only to one physician; the one whose specialty is most relevant to the diagnosis.

When the condition of the patient requires the distinct and separate skills of two or more physicians to treat different conditions which do not fall within the scope of other physicians treating the patient at the same time, payment is due each physician who plays an active role in the treatment program. The services rendered by each physician shall be distinct, in different disciplines, identifiable and adequately documented in the records and reports.

3. **ALTERNATING PHYSICIANS:** When physicians of similar skills alternate in the care of a patient, (e.g., partners, groups or same facility; covering for another physician on weekends or vacation periods) each physician shall bill individually for the services each personally rendered.

4. **CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a **specialist** at the request of the treating physician or other appropriate source seeking further evaluation and/or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the treating physician requesting the

opinion. A detailed narrative report is required and shall accompany the bill. A reproduction of a form report is not acceptable since the particulars relevant to one individual will not be applicable to another patient. When the consulting specialist assumes responsibility for the continuing care of the patient, any subsequent service rendered by him/her will cease to be a consultation. Subsequent care will be reimbursed according to the actual level of service rendered.

Consultations are reimbursed using CPT codes 99202-99205 for office-based consultations and 99221-99223 for inpatient consultations.

A **referral** is the transfer of a patient to a specialist for diagnosis and, where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services evaluation and management services rendered.

5. **NEW PATIENT:** A new patient is a patient who is new to the health care provider, group practice, or caregiver and/or whose medical and administrative records need to be established. A patient shall also be considered a new patient if seen for a new injury or disability or when a lapse of three or more years from the most recent prior visit has occurred.

6. **ESTABLISHED PATIENT:** An established patient is one who has received professional services from the physician within the last three years or whose medical and administrative records are available to the physician. In the instance where a physician is covering for or on call for another physician, the patient's encounter will be classified as it would have been by the

## Evaluation and Management

physician who is not available.

7. **PROLONGED SERVICES.** CPT codes 99415, prolonged clinical staff service, office or outpatient, first hour and 99416, prolonged clinical staff service, office or outpatient, each additional 30 minutes, are used when an evaluation and management (E/M) service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the highest total time of the E/M service, as stated in the ranges of time in the code descriptions. Codes for prolonged services are reported in addition to the designated E/M services and any other services provided at the same session. CPT code 99417, prolonged outpatient E/M services each 15 minutes, is used when prolonged services are provided with or without direct patient contact beyond the required time of the primary service.
8. **SIGNIFICANT, SEPARATELY IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN ON THE DAY OF A PROCEDURE:** Evaluation and Management services above and beyond normal preoperative and postoperative care associated with a procedure and performed on the same day may be reimbursed. Services of this nature must be substantiated by report. Use modifier 25 to indicate this type of service.
9. **LEVELS AND COMPONENTS OF SERVICE:** Reference should be made to the *Physicians' Current Procedural Terminology*, (CPT 2024), by the American Medical Association for information on Levels of Service and Components of Service.

## Evaluation and Management

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
★	99202		OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	\$127.42	XXX	0			
★	99203		OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	\$195.90	XXX	0			
★	99204		OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	\$291.76	XXX	0			
★	99205		OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	\$383.16	XXX	0			
★	99211		OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	\$40.49	XXX	0			
★	99212		OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	\$94.79	XXX	0			
★	99213		OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	\$151.89	XXX	0			
★	99214		OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	\$214.13	XXX	0			
★	99215		OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	\$302.06	XXX	0			
★	99221		1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	\$145.02	XXX	0			
★	99222		1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	\$228.73	XXX	0			
★	99223		1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	\$303.00	XXX	0			
★	99231		SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	\$73.40	XXX	0			
★	99232		SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	\$122.66	XXX	0			
★	99233		SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	\$176.24	XXX	0			
★	99234		HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	\$183.66	XXX	0			
★	99235		HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	\$278.83	XXX	0			
★	99236		HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	\$364.31	XXX	0			
★	99238		HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	\$123.85	XXX	0			
★	99239		HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	\$181.02	XXX	0			
	99242		OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	\$132.64	XXX	9			
	99243		OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	\$198.66	XXX	9			
	99244		OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	\$283.55	XXX	9			
	99245		OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	\$370.21	XXX	9			
	99252		IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	\$124.38	XXX	9			
	99253		IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	\$174.49	XXX	9			
	99254		IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	\$242.28	XXX	9			
	99255		IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	\$325.99	XXX	9			
★	99281		EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	\$31.18	XXX	0	5021	J2	\$148.03
★	99282		EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	\$73.10	XXX	0	5022	J2	\$272.70
★	99283		EMERGENCY DEPARTMENT VISIT LOW MDM	\$120.52	XXX	0	5023	J2	\$475.74
★	99284		EMERGENCY DEPARTMENT VISIT MODERATE MDM	\$211.63	XXX	0	5024	J2	\$738.50
★	99285		EMERGENCY DEPARTMENT VISIT HIGH MDM	\$306.54	XXX	0	5025	J2	\$1070.98
	99288		PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	BR	XXX	9			
★	99291		CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	\$482.21	XXX	0	5041	J2	\$1479.59
★ +	99292		CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	\$211.04	ZZZ	0			
★	99304		INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	\$140.89	XXX	0			
★	99305		INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	\$220.90	XXX	0			
★	99306		INITIAL NURSING FACILITY CARE HI MDM 50 MINUTES	\$283.43	XXX	0			
★	99307		SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	\$70.74	XXX	0			
★	99308		SBSQ NURSING FACILITY CARE LOW MDM 20 MINUTES	\$118.49	XXX	0			
★	99309		SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	\$160.28	XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Evaluation and Management

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
★	99310		SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	\$229.83	XXX	0			
★	99315		NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	\$124.44	XXX	0			
★	99316		NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	\$194.73	XXX	0			
★	99341		HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	\$86.66	XXX	0			
★	99342		HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	\$132.19	XXX	0			
★	99344		HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	\$253.33	XXX	0			
★	99345		HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	\$354.29	XXX	0			
★	99347		HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	\$79.58	XXX	0			
★	99348		HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	\$134.41	XXX	0			
★	99349		HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	\$220.31	XXX	0			
★	99350		HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	\$305.46	XXX	0			
	99358		PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	\$156.22	XXX	0			
+	99359		PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	\$76.00	ZZZ	0			
	99360		PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	\$102.57	XXX	9			
	99366		TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	\$71.92	XXX	9			
	99367		TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	\$94.32	XXX	9			
	99368		TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	\$61.31	XXX	9			
	99374		SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	\$119.68	XXX	9			
	99375		SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	\$178.04	XXX	9			
	99377		SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	\$119.68	XXX	9			
	99378		SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	\$178.04	XXX	9			
	99379		SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	\$119.68	XXX	9			
	99380		SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	\$178.04	XXX	9			
	99381		INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	\$191.14	XXX	9			
	99382		INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	\$199.47	XXX	9			
	99383		INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	\$207.21	XXX	9			
	99384		INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	\$234.62	XXX	9			
	99385		INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	\$228.14	XXX	9			
	99386		INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	\$262.92	XXX	9			
	99387		INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	\$285.32	XXX	9			
	99391		PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	\$172.68	XXX	9			
	99392		PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	\$183.39	XXX	9			
	99393		PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	\$182.80	XXX	9			
	99394		PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	\$200.07	XXX	9			
	99395		PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	\$204.24	XXX	9			
	99396		PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$218.70	XXX	9			
	99397		PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	\$235.21	XXX	9			
	99401		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	\$67.79	XXX	9			
	99402		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	\$110.24	XXX	9			
	99403		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	\$151.50	XXX	9			
	99404		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN	\$193.36	XXX	9			
★	99406		TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	\$25.94	XXX	0	5821	S	\$47.85

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Evaluation and Management

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
★	99407		TOBACCO USE CESSATION INTENSIVE >10 MINUTES	\$48.34	XXX	0	5821	S	\$47.85
	99408		ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	\$60.13	XXX	9			
	99409		ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	\$116.13	XXX	9			
	99411		PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M	\$35.37	XXX	9			
	99412		PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M	\$44.21	XXX	9			
+	99415		PROLONGED CLINICAL STAFF SVC OFFICE/O/P 1ST HR	\$30.96	ZZZ	0			
+	99416		PROLONGED CLINICAL STAFF SVC OFFICE/O/P EA ADDL	\$14.48	ZZZ	0			
+	99417		PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	\$53.11	ZZZ	9			
+	99418		PROLONGED INPATIENT/OBSERVATION EM SVC EA 15 MIN	\$68.97	ZZZ	9			
	99421		ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	\$26.20	XXX	0			
	99422		ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	\$51.21	XXX	0			
	99423		ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	\$82.53	XXX	0			
	99424		PRINCIPAL CARE MGMT SVC 1ST 30 PHYS/QHP CAL MO	\$137.61	XXX	0			
+	99425		PRINCIPAL CARE MGMT SVC EA ADL 30 PHY/QHP CAL MO	\$99.35	ZZZ	0			
	99426		PRINCIPAL CARE MGMT SVC 1ST 30 STAFF CAL MO	\$104.49	XXX	0	5822	S	\$148.63
+	99427		PRINCIPAL CARE MGMT SVC EA ADDL 30 STAFF CAL MO	\$79.94	ZZZ	0			
	99429		UNLISTED PREVENTIVE MEDICINE SERVICE	BR	XXX	9			
+	99437		CHRONIC CARE MGMT SVC PHYS EA ADDL 30 MIN CAL MO	\$101.07	ZZZ	0			
+	99439		CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	\$79.94	ZZZ	0			
★	99441		PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	\$93.64	XXX	0			
★	99442		PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	\$151.32	XXX	0			
★	99443		PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	\$214.13	XXX	0			
	99446		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5-10 MIN	\$31.24	XXX	0			
	99447		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 11-20 MIN	\$63.12	XXX	0			
	99448		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 21-30 MIN	\$94.32	XXX	0			
	99449		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 31/> MIN	\$125.56	XXX	0			
	99450		BASIC LIFE AND/OR DISABILITY EXAMINATION	\$21.62	XXX	9			
	99451		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5/> MIN	\$61.31	XXX	0			
	99452		NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN	\$59.54	XXX	0			
	99453		REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	\$32.75	XXX	0	5012	V	\$220.41
	99454		REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	\$83.71	XXX	0	5741	Q1	\$66.55
	99455		WORK RELATED/MED DBLT XM TREATING PHYS	See Rules	XXX	0			
	99456		WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	See Rules	XXX	0			
	99457		REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	\$86.34	XXX	0			
+	99458		REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO	\$69.56	ZZZ	0			
+	99459		PELVIC EXAMINATION	\$40.09	ZZZ	0			
	99460		1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	\$162.11	XXX	0	5012	V	\$220.41
	99461		1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	\$160.77	XXX	0			
	99462		SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	\$71.33	XXX	0			
	99463		1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	\$188.75	XXX	0	5012	V	\$220.41
	99464		ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	\$126.74	XXX	0			
	99465		DELIVERY/BIRTHING ROOM RESUSCITATION	\$248.18	XXX	0	5781	S	\$1085.18

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



### Evaluation and Management

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	99466		CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	\$404.99	XXX	0			
+	99467		CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	\$203.38	ZZZ	0			
★	99468		1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	\$1561.00	XXX	0			
★	99469		SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<	\$674.98	XXX	0			
★	99471		INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS	\$1352.31	XXX	0			
★	99472		SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO	\$692.66	XXX	0			
★	99473		SELF-MEAS BP PT EDUCAJ/TRAING & DEV CALIBRATION	\$21.47	XXX	0	5731	Q1	\$49.65
	99474		SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	\$26.20	XXX	0			
★	99475		INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	\$974.44	XXX	0			
★	99476		SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	\$586.55	XXX	0			
★	99477		INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	\$591.27	XXX	0			
★	99478		SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS	\$232.85	XXX	0			
★	99479		SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	\$211.63	XXX	0			
★	99480		SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	\$203.38	XXX	0			
★	99483		ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	\$481.42	XXX	0	5822	S	\$148.63
	99484		CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	\$82.39	XXX	0	5821	S	\$47.85
	99485		SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN	\$127.92	XXX	9			
+	99486		SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	\$110.83	XXX	9			
	99487		COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	\$221.55	XXX	0	5823	S	\$265.84
+	99489		CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO	\$116.48	ZZZ	0			
	99490		CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	\$105.63	XXX	0	5822	S	\$148.63
	99491		CHRONIC CARE MGMT SVC PHYS 1ST 30 MIN CAL MONTH	\$148.26	XXX	0			
	99492		1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	\$264.37	XXX	0	5822	S	\$148.63
	99493		SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	\$245.53	XXX	0	5823	S	\$265.84
+	99494		1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	\$104.93	ZZZ	0			
★	99495		TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	\$344.88	XXX	0	5012	V	\$220.41
★	99496		TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	\$464.79	XXX	0	5012	V	\$220.41
★	99497		ADVANCE CARE PLANNING FIRST 30 MINS	\$145.02	XXX	0	5822	Q1	\$148.63
★ +	99498		ADVANCE CARE PLANNING EA ADDL 30 MINS	\$125.56	ZZZ	0			
	99499		UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	XXX	0			
	G0379		DIRECT REFER HOSPITAL OBSERV	\$0.00	XXX	9	5025	J2	\$1070.98
	G0380		LEV 1 HOSP TYPE B ED VISIT	\$0.00	XXX	9	5031	J2	\$126.25
	G0381		LEV 2 HOSP TYPE B ED VISIT	\$0.00	XXX	9	5032	J2	\$203.09
	G0382		LEV 3 HOSP TYPE B ED VISIT	\$0.00	XXX	9	5033	J2	\$333.52
	G0383		LEV 4 HOSP TYPE B ED VISIT	\$0.00	XXX	9	5034	J2	\$491.16
	G0384		LEV 5 HOSP TYPE B ED VISIT	\$0.00	XXX	9	5035	J2	\$635.55
	G0463		HOSPITAL OUTPT CLINIC VISIT	\$0.00	XXX	9	5012	J2	\$220.41

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## ANESTHESIA GROUND RULES

### General Information and Instructions

#### 1. GENERAL:

- a. The maximum allowable reimbursement for anesthesia services administered by an anesthesiologist shall be in an amount calculated per these Ground Rules. The maximum allowable reimbursement for anesthesia services administered by a non-physician anesthesia provider such as a certified registered nurse anesthetist (CRNA) or anesthesiologist assistant (AA) rendering services within the scope of state licensure shall not exceed ninety percent (90%) of that amount.
- b. Anesthesia services are reimbursable only when the anesthesia is personally administered by an anesthesiologist, CRNA or AA who remains in constant attendance during the procedure, for the sole purpose of rendering such anesthesia service. The MAR for anesthesia services includes preoperative and postoperative visits, the administration of the anesthetic and the administration of fluids and/or blood incident to anesthesia or surgery.
- c. The anesthesia allowable includes recovery room care. No additional time units are allowed for recovery room observation and monitoring.

#### 2. Anesthesia services are reimbursed using a formula based on CMS base units provided for CPT codes for anesthesia services in addition to time units and units assigned based on special circumstances or physical status, to which a dollar conversion factor is applied.

- a. Base Units: base units are provided by CMS as adapted from the American Society of Anesthesiologists (ASA). Base units reflect the complexity of the service and include pre- and postoperative visits,

intubation, and care by the anesthesiologist/anesthesia professional during the procedure, the administration of fluids and blood, the usual monitoring services and extubation. Specialized forms of monitoring including central venous, intra-arterial, and Swan-Ganz monitoring are considered unusual and may be coded and billed separately.

- b. Time Units: Anesthesia time begins when the anesthesiologist, CRNA or AA starts physically to prepare the patient for the induction of anesthesia in the operating room area (or in an equivalent area) and ends when the patient is placed under postoperative supervision. Anesthesia time units are computed by allowing one unit for each 15 minutes or significant fraction thereof of anesthesia time. Eight (8) minutes or greater is considered a significant portion of a time unit for calculating additional time units of less than 15 minutes.

Actual time of beginning and duration of anesthesia time may require documentation, such as a copy of the anesthesia record in the hospital file. This documentation is not required to be provided unless a dispute arises between the payer and anesthesia provider regarding the anesthesia time.

- c. Physical Status Modifiers: The following physical status modifiers are consistent with the ASA ranking of patient physical status and distinguish various levels of complexity of the anesthesia service provided. All anesthesia services are reported by use of the anesthesia five-digit procedure codes (00100 - 01999) with the appropriate physical status modifier appended. Under certain circumstances, when another established modifier(s) is appropriate, it

## Anesthesia

should be used in addition to the physical status modifier.

Physical Status Modifiers: Physical Status modifiers are represented by the initial letter 'P' followed by a single digit from 1 to 6 defined below:

Physical Status Modifier	Description	Additional Base Units
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A patient declared brain-dead whose organs are being removed for donor purposes	0

- d. Qualifying Circumstances: Anesthesia services may be provided under difficult circumstances based on factors such as the extraordinary condition of the patient, unusual risk factors, patient age and management of body temperature or blood flow. More than one qualifying circumstance may be selected. These procedures would not be reported alone; they are add-on codes reported in addition to another anesthesia procedure or service.

CPT Code	Description	Units
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure.)	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure.)	5
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure.)	5
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure.)	2

- e. Conversion Factor: The conversion factor for anesthesia services provided under this fee schedule is \$56.48.
- f. Calculation: The MAR for anesthesia services is calculated by multiplying the dollar conversion factor times the total number of units, including base units, time units and physical status modifiers and/or qualifying services if applicable.

When multiple surgical procedures are performed during the same period of anesthesia, use the base units for the highest/most complex anesthesia service and the time units applicable for the entire period of anesthesia time.

## Anesthesia

3. Example Anesthesia Calculation: For an anesthesia time of two hours for CPT 01382, anesthesia for arthroscopic procedure of knee joint:
  - Conversion factor = 56.48
  - Base Units = 3
  - Time Units = 8 (4 units per hour)
  - Physical Status Modifier value = 1
  - Qualifying Circumstance value = 0

$56.48 * (3+8+1)$   
 $56.48 * 12 = \$677.76$
4. SUPPLEMENTAL SKILLS: When warranted by the necessity of supplemental skills, reimbursement for the services of two or more physicians and/or anesthesiologists will be allowed. The need for supplemental skills should be substantiated by report.
5. MONITORING SERVICES: When an anesthesiologist, CRNA or AA is required to participate in and be responsible for monitoring the general care of the patient during a surgical procedure but does not administer anesthesia, these services are charged on the basis of the extent of the services rendered. Payment will be made on the basis of the time units the anesthesiologist, CRNA or AA is in constant attendance for the sole purpose of the monitoring services. Anesthesia base unit values will not be added.
6. ANESTHESIA ADMINISTERED BY OTHER THAN AN ANESTHESIOLOGIST, CRNA OR AA: Anesthesia fees are not payable when local infiltration, digital block or topical anesthesia is administered by the operating surgeon or surgical assistants. Such services are included in the value for the surgical procedure.
7. MISCELLANEOUS:
  - a. For cardiopulmonary resuscitation (separate procedure unrelated to the administration of anesthesia) see CPT 92950.
  - b. MAR values for office and hospital visits, consultations and other medical services, x-rays, surgery, and laboratory procedures are listed in the sections entitled "Evaluation and Management", "Medicine", "Surgery", "Radiology", and "Pathology". A consultation fee is not payable to an anesthesiologist, CRNA or AA examining the patient before administering anesthesia to that patient. No additional charge is to be made for routine follow-up care and observation.

**Surgery**

CODE	DESCRIPTION	BASE UNIT
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	5.00
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	6.00
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	5.00
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	4.00
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	5.00
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	4.00
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	4.00
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	5.00
00142	ANESTHESIA EYE LENS SURGERY	4.00
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	6.00
00145	ANESTHESIA EYE VITREORETINAL SURGERY	6.00
00147	ANESTHESIA EYE IRIDECTOMY	4.00
00148	ANESTHESIA EYE OPHTHALMOSCOPY	4.00
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	5.00
00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	7.00
00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE	4.00
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	5.00
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	6.00
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	6.00
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	7.00
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	5.00
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	7.00
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	11.00
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	10.00
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	5.00
00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	9.00
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	9.00
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	15.00
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	13.00
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	10.00
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	6.00
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	5.00
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	6.00
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	3.00
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR	7.00
00350	ANESTHESIA MAJOR VESSELS NECK NOS	10.00
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	5.00
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	3.00
00402	ANESTHESIA RECONSTRUCTION BREAST	5.00
00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	5.00
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	13.00
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	4.00
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	5.00
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	3.00

## Anesthesia

CODE	DESCRIPTION	BASE UNIT
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	6.00
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	10.00
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	13.00
00500	ANESTHESIA ESOPHAGUS	15.00
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	6.00
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	4.00
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	4.00
00528	ANES MEDIASTINOSCOPY&THORACOSCOPY W/O 1 LUNG VNTJ	8.00
00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	11.00
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	4.00
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	4.00
00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	7.00
00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	10.00
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	18.00
00540	ANES THORACOTOMY & THORACOSCOPY NOS	12.00
00541	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	15.00
00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	15.00
00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	15.00
00548	ANES THORACOTOMY &THORACOSCOPY TRACHEA & BRONCHI	17.00
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10.00
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	15.00
00561	ANES HRT PERICARD SAC&GREAT VLSL W/PMP OXTJ <1YR	25.00
00562	ANES HRT PERICARD SAC&GRT VLSL W/PMP OXTJ >1MO PO	20.00
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPH	25.00
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	25.00
00567	ANES DIRECT CABG W/PUMP OXYGENATOR	18.00
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	20.00
00600	ANESTHESIA CERVICAL SPINE & CORD NOS	10.00
00604	ANES CERVICAL SPINE & CORD W/PATIENT SITTING	13.00
00620	ANESTHESIA THORACIC SPINE & CORD NOS	10.00
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	13.00
00626	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	15.00
00630	ANESTHESIA LUMBAR REGION NOS	8.00
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	7.00
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	4.00
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	3.00
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	13.00
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	4.00
00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	4.00
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	5.00
00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	5.00
00732	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	6.00
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	4.00
00752	ANES HRNA RPR UPR ABD LMBR&VNT HERNIA&/DEHSN	6.00

**Anesthesia**

CODE	DESCRIPTION	BASE UNIT
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	7.00
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	7.00
00770	ANESTHESIA ALL PX MAJOR ABDOMINAL BLOOD VESSELS	15.00
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	7.00
00792	ANES IPER UPR ABD PRTL HPTC MGMT LIVER HEMRRG	13.00
00794	ANES IPER UPR ABD PARTIAL/TOTAL PANCREATECTOMY	8.00
00796	ANES IPER UPR ABD LIVER TRANSPLANT	30.00
00797	ANES IPER UPR ABD GASTRIC RSTCV PX MO	11.00
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	4.00
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	5.00
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	4.00
00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	3.00
00813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	5.00
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	5.00
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	4.00
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	6.00
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	5.00
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	6.00
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	6.00
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	4.00
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	7.00
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	8.00
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	8.00
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	6.00
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	6.00
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	7.00
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	8.00
00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	7.00
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	10.00
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	10.00
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	5.00
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	7.00
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	5.00
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	15.00
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	10.00
00902	ANESTHESIA ANORECTAL PROCEDURE	5.00
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	7.00
00906	ANESTHESIA VULVECTOMY	4.00
00908	ANESTHESIA PERINEAL PROSTATECTOMY	6.00
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	3.00
00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	5.00
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	5.00
00916	ANES TRURL POST-TRURL RESECTION BLEEDING	5.00
00918	ANES TRURL FRAGMNTJ MANJ&/RMLV URETERAL CALCULUS	5.00

**Anesthesia**

CODE	DESCRIPTION	BASE UNIT
00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	3.00
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	3.00
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	6.00
00924	ANES UNDESCND TESTIS UNI/BI INCL OPEN URTRL PX	4.00
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTRL PX	4.00
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTRL	6.00
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	4.00
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTRL	4.00
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	6.00
00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	8.00
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTRL	4.00
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	3.00
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTRL	4.00
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	6.00
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	4.00
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	5.00
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	4.00
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	5.00
01120	ANESTHESIA ON BONY PELVIS	6.00
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	3.00
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	15.00
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	10.00
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	4.00
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	8.00
01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	12.00
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	4.00
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	4.00
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	6.00
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	10.00
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	8.00
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	10.00
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	4.00
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	6.00
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	5.00
01234	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	8.00
01250	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG	4.00
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	3.00
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	8.00
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	4.00
01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLLECTOMY	6.00
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	4.00
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	4.00
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	5.00
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	3.00



## Anesthesia

CODE	DESCRIPTION	BASE UNIT
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	3.00
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	3.00
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&PATELLA	4.00
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	4.00
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	7.00
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	5.00
01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	3.00
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	3.00
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	6.00
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	8.00
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	8.00
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	8.00
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	3.00
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	3.00
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	3.00
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	5.00
01474	ANESTHESIA GASTROCNEMIUS RECESSION	5.00
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	3.00
01482	ANES RADICAL RESECT INCL BELOW KNEE AMPUTATION	4.00
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&FIBULA	4.00
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	7.00
01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	3.00
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	8.00
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH	6.00
01520	ANESTHESIA VEINS OF LOWER LEG NOS	3.00
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	5.00
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	5.00
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	4.00
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	4.00
01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	5.00
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	9.00
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	15.00
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	10.00
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	6.00
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	10.00
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	8.00
01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	10.00
01670	ANESTHESIA VEINS SHOULDER & AXILLA	4.00
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	3.00
01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	3.00
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	5.00
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	5.00
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	5.00
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	3.00

## Anesthesia

CODE	DESCRIPTION	BASE UNIT
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	3.00
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	4.00
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	5.00
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	5.00
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	6.00
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	5.00
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	7.00
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	6.00
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	6.00
01780	ANESTHESIA VEINS UPPER ARM & ELBOW NOS	3.00
01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY	4.00
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	3.00
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	3.00
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	3.00
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	3.00
01832	ANESTHESIA ARTHRS/ENDOSCOPIC TOTAL WRIST REPLCMT	6.00
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	6.00
01842	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY	6.00
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	6.00
01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	3.00
01852	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY	4.00
01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	3.00
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	5.00
01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY	7.00
01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	7.00
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	5.00
01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	7.00
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	8.00
01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	5.00
01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	7.00
01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	6.00
01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	7.00
01937	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP CRV/THRC	4.00
01938	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP LMBR/SAC	4.00
01939	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP CRV/THRC	4.00
01940	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP LMBR/SAC	4.00
01941	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP CRV/THRC	5.00
01942	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP LMBR/SAC	5.00
01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	3.00
01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	5.00
01953	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	1.00
01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	5.00
01960	ANESTHESIA VAGINAL DELIVERY ONLY	5.00
01961	ANESTHESIA CESAREAN DELIVERY ONLY	7.00

## Anesthesia

CODE	DESCRIPTION	BASE UNIT
01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	8.00
01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	8.00
01965	ANESTHESIA INCOMPLETE/MISSED ABORTION PROCEDURES	4.00
01966	ANESTHESIA INDUCED ABORTION PROCEDURES	4.00
01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	5.00
01968	ANES C DLVR FLWG NEURAXIAL LABOR ANALG/ANES	2.00
01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	5.00
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	7.00
01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	3.00
01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	5.00
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	3.00
01999	UNLISTED ANESTHESIA PROCEDURE	BR
99100	ANESTHESIA EXTREME AGE PATIENT<1 YR&>70	1.00
99116	ANES COMP BY UTILIZATION TOTAL BODY HYPOTHERMIA	5.00
99135	ANES COMP UTILIZATION CONTROLLED HYPOTENSION	5.00
99140	ANES COMP BY EMERGENCY CONDITIONS SPECIFY	2.00

## Surgery

### SURGERY GROUND RULES

#### General Information and Instructions

1. **PACKAGE OR GLOBAL FEE CONCEPT:** The listed maximum allowable reimbursement (MAR) for all surgical procedures includes the surgery, local infiltration, digital block and/or topical anesthesia when used and the normal follow-up care for the period indicated in days in the follow-up days (FUD) column.
 

Regional or general anesthesia provided by the operating surgeon can be charged for by using the only the base units for the corresponding anesthesia code. Anesthesia Ground Rule 1(a) governs calculation of the MAR for such anesthesia services.

Payment is for the procedure coded and described, irrespective of the method(s) or appliance(s) used to perform the procedure. The MAR amounts are applicable to all physicians who perform the listed services.
2. **IMMEDIATE PREOPERATIVE VISITS AND OTHER SERVICES BY THE SURGEON:** Under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed MAR for the surgical procedure.
3. **ADDITIONAL CHARGES MAY BE WARRANTED FOR PREOPERATIVE SERVICES UNDER THE FOLLOWING CIRCUMSTANCES:**
  - a. When the preoperative visit is the initial visit (e.g., an emergency) and prolonged detention or evaluation is required to prepare the patient or to establish the need for and type of surgical procedure.
  - b. When the preoperative visit is an initial consultation.
  - c. When procedures not usually part of the basic surgical procedure (e.g., myelography prior to laminectomy, bronchoscopy prior to chest surgery) are provided during the immediate preoperative period.
4. **FOLLOW-UP CARE FOR DIAGNOSTIC PROCEDURES (E.G., ENDOSCOPY, INJECTION PROCEDURES FOR RADIOGRAPHY):** includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or of other concomitant conditions is not included and may be charged for in accordance with the services rendered.
5. **MULTIPLE PROCEDURES:** When multiple procedures, unrelated to the major procedure and adding significant time or complexity are provided at the same operative session, reimbursement for the major procedure is at 100% of the MAR listed in the rate tables and 50% for the additional procedure(s). Reimbursement for multiple procedures are subject to the National Correct Coding Initiative (NCCI) coding edits. Each active NCCI edit has a modifier indicator of 0 or 1. If a code pair has a modifier indicator of "1", when medically necessary and supported by documentation, these codes may be reimbursed together. (See General Ground Rule 9 for more information on NCCI.) Multiple procedure guidelines do not apply to add-on codes (marked in the fee schedule with a +) or to procedures codes that appear in the rate tables with a ⊙ sign as these services are Modifier 51 exempt. See Surgery Ground Rule 14.
 

Multiple related procedures shall not warrant any additional reimbursement except in those areas where separate codes are listed. Related procedures are those without which the principal procedure cannot be

## Surgery

adequately performed.

### EXAMPLES:

#### Related Procedures:

- a. Open reduction of a fracture: The excision of a previous scar(s), the incision of fascia(s) and muscle(s), the identification and retraction of nerves, muscles and area structures and the closure of the wound irrespective of type of closure are all related to the principal procedure of the bone repair and merit no additional reimbursement.
- b. Repair of a tendon: The skin incision and linear closure, as well as the identification, incision and retraction of adjacent or overlying structures are related to the principal procedure and merit no additional reimbursement.

#### Unrelated Procedures:

- a. Multiple lacerations of an area such as the face when such lacerations are not continuous.
- b. Fractures of arm (humerus) and of the forearm (radius and/or ulna) in the same extremity are considered as two distinct areas and when treated by reduction and/or suturing, the unrelated procedures rule applies. If, however, these are treated in an office or outpatient site after the follow-up period(s) expires, they will be considered as related procedures.

For **incidental procedures** (e.g., incidental appendectomy, incidental scar excisions, puncture of ovarian cysts, lysis of adhesions, etc.) additional reimbursement is not warranted. The closure of an incision or laceration incidental to the repair of deeper structures such as nerves, tendons, etc., does not merit any additional reimbursement irrespective of the method of closure.

When more than one identifiable surgical procedure or service related to the care of

the same patient is rendered during the total follow-up period, an additional reimbursement may be warranted. Identify each and reimburse as follows: The major procedure at full value and fifty percent (50%) for the lesser procedure(s) (e.g., unsuccessful closed reduction of a fracture followed on a different day by open reduction). Applying traction prior to either planned subsequent closed or open reduction shall not warrant additional reimbursement.

### 6. FOLLOW-UP OR AFTERCARE:

- a. Follow-up care for therapeutic surgical procedures includes all normal postoperative care. Uncommon or unusual complications, recurrence or the presence of other diseases or injuries requiring significant additional services concurrent with the procedure(s) or during the listed period of follow-up care may warrant additional reimbursement. If such charges are made, explain by report with adequate description.
- b. When an additional surgical procedure(s) is performed during the stated follow-up period and is related to the previously performed procedure(s) but is not an intrinsic part of the latter, the additional procedure will be paid at fifty percent (50%). In these instances, the follow-up periods will continue concurrently to their normal termination.
- c. When multiple procedures and/or services are performed concurrently or sequentially within the same operative or treatment setting, the longest follow-up period will apply to all as one item.

- ### 7. SEPARATE OR INDEPENDENT PROCEDURES:
- Certain of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate charge. When such a procedure is carried out as a separate procedure not immediately related to other services, the MAR for the "Separate Procedure" is applicable.

## Surgery

8. PRIMARY, SECONDARY OR DELAYED PROCEDURES: A **primary** procedure refers to one that is attempted or performed for the first time, irrespective of the time relationship to the date of injury or the onset of the condition being treated. **Secondary** refers to treatment of a condition that has been specifically treated previously and is being treated subsequently. For example, where a tendon is lacerated and it is elected to close the laceration without suturing the tendon, the first direct repair of the tendon would constitute a delayed but primary repair. In this example, if the first repair is unsuccessful any subsequent repair of the tendon would be a secondary procedure. **Delayed** procedures have the same MAR as primary procedures.

9. OPERATIVE REPORT AND BILLING: A bill for an operative procedure(s) shall not be deemed properly submitted unless and until an operative report is received by the payer. If performed in a hospital operating site, a copy of the hospital operative report shall be submitted. If in other sites, identify the location as well as submitting an informative description of the surgery performed.

10. CONCURRENT SERVICES BY MORE THAN ONE PHYSICIAN: Charges for concurrent services of two or more physicians may be warranted under the following circumstances:

a. IDENTIFIABLE MEDICAL SERVICES: Identifiable medical services provided prior to or during the surgical procedure or in the postoperative period are to be billed by the physician(s) rendering the service(s) and identified by the appropriate code and value. Such services are unrelated to the surgeon's fees.

b. ASSISTANT SURGEON: Identify surgery performed by CPT code and description. The code(s) must be the same as those billed by the primary surgeon. Reimbursement will be at twenty percent (20%) of the MAR for the

code. Use modifiers 80 or 82 to report services by an assistant surgeon.

Assistant surgeon fees are not payable when the hospital or ambulatory surgical center provides intern or resident staff to assist at surgery.

c. TWO SURGEONS: Under certain circumstances the services of two surgeons (usually with different skills) may be required in the management of a specific surgical problem. When two surgeons work together as **primary** surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding the modifier 62 to the procedure code and any associated add-on code(s) for that procedure **as long as both Surgeons continue to work together as primary surgeons.**

Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s), including add-on procedure(s), are performed during the same surgical session, separate code(s) may also be reported with the modifier 62 added as long as both surgeons are co-surgeons. Under these circumstances, the MAR for the additional services may be increased by twenty-five percent (25%) and each surgeon is reimbursed at 75% of the MAR. By prior agreement, the total MAR for the procedure(s) may be apportioned differently in relation to the responsibility and work done.

**Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with the modifier 80 or 82 added, as appropriate.

d. SURGICAL TEAM: Under some circumstances highly complex procedures (e.g., open heart or organ transplant surgery) requiring the concomitant services of several

## Surgery

physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment are carried out under the "surgical team" concept with a single fee charged for the total service. The services covered vary widely and a single value cannot be assigned. The situations should be identified. The value should be supported by a report to include itemization of the physician services, paramedical personnel and equipment involved.

11. **SURGERY AND FOLLOW-UP CARE PROVIDED BY DIFFERENT PHYSICIANS:** When one physician performs the surgical procedure itself and another provides the follow-up care, the MAR may be apportioned between them by agreement and in accordance with medical ethics. Identify and indicate whether the value is for the procedure or the follow-up care, rather than the whole. The "global fee" is not increased, but pro-rated between the physicians.
12. **PRORATION OF SCHEDULED MAR:** When the schedule specifies a MAR for a definite treatment with an inclusive period of after-care (follow-up days), and the patient is transferred from one physician to another, the employer or insurance carrier is only responsible for the total amount listed in the

schedule, such amount to be apportioned between the physicians. The treating physicians shall agree upon the amount of proration and shall render separate bills accordingly.

13. **REPEAT PROCEDURE BY ANOTHER PHYSICIAN:** A basic procedure performed by another physician may have to be repeated. Identify and submit an explanatory note.
14. **MODIFIER 51 EXEMPT PROCEDURES:** Modifier 51 (Multiple Procedures) is not applicable to certain procedures that are designated with a ⊙ sign in the rate tables. The MAR listed in the Schedule should be used and Surgery Ground Rule 5 will not apply.
15. **MEASUREMENTS IN CPT DESCRIPTIONS:** Measurements listed in code descriptions refer to the **original wound(s) or defect(s)** before any treatment is provided. The stated MAR is inclusive of any additional creation of a defect and the necessary preparations for repair merit no additional reimbursement. The depth of a wound is not a factor in the measurements when the CPT description is stated in terms of length or square centimeters or square inches.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	10004		FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	\$98.75	ZZZ	0			
	10005		FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	\$260.90	XXX	0	5071	T	\$1173.13
+	10006		FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	\$116.40	ZZZ	0			
	10007		FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	\$589.78	XXX	0	5071	T	\$1173.13
+	10008		FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	\$292.49	ZZZ	0			
	10009		FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	\$828.02	XXX	0	5071	T	\$1173.13
+	10010		FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	\$476.79	ZZZ	0			
	10011		FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	\$519.37	XXX	0	5071	T	\$1173.13
+	10012		FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	\$211.49	ZZZ	0			
	10021		FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	\$196.81	XXX	0	5052	T	\$664.86
	10030		IMG-GUIDED FLU COLLJ DRG CATH SOFT TISS PERQ	\$1229.41	000	0	5071	T	\$1173.13
	10035		PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	\$763.34	000	0	5071	T	\$1173.13
+	10036		PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	\$649.19	ZZZ	0			
	10040		ACNE SURGERY	\$132.01	010	1	5051	Q1	\$333.81
	10060		INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$143.83	010	1	5051	T	\$333.81
	10061		INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$274.62	010	1	5052	T	\$664.86
	10080		INCISION & DRAINAGE PILONIDAL CYST SIMPLE	\$239.09	010	1	5071	T	\$1173.13
	10081		INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	\$372.52	010	1	5071	T	\$1173.13
	10120		INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	\$193.67	010	1	5052	T	\$664.86
	10121		INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	\$379.61	010	1	5072	J1	\$2607.62
	10140		I&D HEMATOMA SEROMA/FLUID COLLECTION	\$199.21	010	1	5072	J1	\$2607.62
	10160		PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	\$167.66	010	1	5052	T	\$664.86
	10180		INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	\$412.15	010	1	5073	J1	\$4641.68
	11000		DBRDMT EXTENSV ECZMT/INFCT SKIN UP 10% BDY SURF	\$104.20	000	1	5053	T	\$1047.20
+	11001		DBRDMT EXTNSVE ECZMT/INFCT SKN EA ADDL 10%	\$48.19	ZZZ	1			
	11004		DBRDMT SKN SBQ T/M/F NECRO INFCTJ XTRNL GENT&PER	\$1090.22	000	1			
	11005		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	\$1485.78	000	0			
	11006		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT PER&ABDL	\$1344.00	000	1			
+	11008		RMVL PROSTC MATRL/MESH ABDL WALL FOR INFECTION	\$523.10	ZZZ	0			
	11010		DBRDMT W/RMVL FM FX&DISLC SKIN&SUBQ TISSUS	\$870.11	010	1	5071	T	\$1173.13
	11011		DBRDMT W/RMVL FM FX&DISLC SKN SUBQ T/M/F MUSC	\$950.92	000	1	5071	T	\$1173.13
	11012		DBRDMT FX&DISLC SUBQ T/M/F BONE	\$1265.02	000	1	5073	J1	\$4641.68
	11042		DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	\$236.42	000	1	5052	T	\$664.86
	11043		DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	\$443.32	000	1	5053	T	\$1047.20
	11044		DEBRIDEMENT BONE 1ST 20 SQ CM/<	\$600.99	000	1	5072	J1	\$2607.62
+	11045		DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	\$71.59	ZZZ	0			
+	11046		DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	\$125.11	ZZZ	0			
+	11047		DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	\$205.68	ZZZ	0			
	11055		PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	\$67.43	000	1	5051	Q1	\$333.81
	11056		PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	\$91.19	000	1	5051	Q1	\$333.81
	11057		PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	\$117.24	000	1	5051	T	\$333.81
	11102		TANGENTIAL BIOPSY SKIN SINGLE LESION	\$195.51	000	1	5051	T	\$333.81
+	11103		TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$97.76	ZZZ	1			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
11104		PUNCH BIOPSY SKIN SINGLE LESION	\$243.42	000	1	5052	T	\$664.86
+		11105 PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$115.75	ZZZ	1			
11106		INCISIONAL BIOPSY SKIN SINGLE LESION	\$302.34	000	1	5053	T	\$1047.20
+		11107 INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$138.54	ZZZ	1			
11200		RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	\$116.89	010	1	5051	Q1	\$333.81
+		11201 RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	\$35.61	ZZZ	1			
11300		SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	\$130.27	000	0	5052	Q1	\$664.86
11301		SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	\$189.53	000	0	5051	Q1	\$333.81
11302		SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	\$227.45	000	0	5051	Q1	\$333.81
11303		SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	\$278.00	000	0	5052	Q1	\$664.86
11305		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	\$151.62	000	0	5051	Q1	\$333.81
11306		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	\$214.81	000	0	5051	Q1	\$333.81
11307		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	\$252.73	000	0	5051	T	\$333.81
11308		SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	\$283.56	000	0	5052	Q1	\$664.86
11310		SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	\$169.35	000	0	5051	T	\$333.81
11311		SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	\$227.45	000	0	5051	T	\$333.81
11312		SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	\$265.35	000	0	5052	T	\$664.86
11313		SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	\$352.19	000	0	5052	T	\$664.86
11400		EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	\$164.03	010	1	5071	T	\$1173.13
11401		EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	\$193.35	010	1	5052	T	\$664.86
11402		EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	\$221.21	010	1	5071	T	\$1173.13
11403		EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	\$249.33	010	1	5071	T	\$1173.13
11404		EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	\$285.51	010	1	5072	J1	\$2607.62
11406		EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	\$510.96	010	1	5072	J1	\$2607.62
11420		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	\$161.50	010	1	5072	J1	\$2607.62
11421		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	\$206.70	010	1	5071	T	\$1173.13
11422		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	\$241.67	010	1	5072	J1	\$2607.62
11423		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	\$292.73	010	1	5072	J1	\$2607.62
11424		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	\$364.73	010	1	5072	J1	\$2607.62
11426		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	\$456.81	010	1	5073	J1	\$4641.68
11440		EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	\$190.01	010	1	5071	T	\$1173.13
11441		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	\$234.20	010	1	5071	T	\$1173.13
11442		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	\$278.09	010	1	5071	T	\$1173.13
11443		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	\$351.29	010	1	5072	J1	\$2607.62
11444		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	\$416.86	010	1	5072	J1	\$2607.62
11446		EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	\$517.13	010	1	5073	J1	\$4641.68
11450		EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	\$713.33	090	1	5073	J1	\$4641.68
11451		EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	\$871.85	090	0	5073	J1	\$4641.68
11462		EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	\$768.81	090	0	5073	J1	\$4641.68
11463		EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	\$871.85	090	0	5073	J1	\$4641.68
11470		EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	\$845.70	090	1	5073	J1	\$4641.68
11471		EXCISION H/P/P/U COMPLEX REPAIR	\$982.83	090	0	5073	J1	\$4641.68
11600		EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	\$230.31	010	1	5071	T	\$1173.13

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
11601		EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	\$381.67	010	1	5071	T	\$1173.13
11602		EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	\$417.40	010	1	5052	T	\$664.86
11603		EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	\$474.73	010	1	5071	T	\$1173.13
11604		EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	\$385.43	010	1	5071	T	\$1173.13
11606		EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	\$744.68	010	1	5072	J1	\$2607.62
11620		EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM<	\$242.68	010	1	5072	J1	\$2607.62
11621		EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	\$325.66	010	1	5071	T	\$1173.13
11622		EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	\$429.88	010	1	5071	T	\$1173.13
11623		EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	\$534.09	010	1	5072	J1	\$2607.62
11624		EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	\$638.30	010	1	5072	J1	\$2607.62
11626		EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	\$742.52	010	1	5073	J1	\$4641.68
11640		EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM<	\$351.73	010	1	5071	T	\$1173.13
11641		EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	\$460.38	010	1	5071	T	\$1173.13
11642		EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	\$520.54	010	1	5071	T	\$1173.13
11643		EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	\$611.45	010	1	5072	J1	\$2607.62
11644		EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	\$754.01	010	1	5072	J1	\$2607.62
11646		EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	\$980.93	010	1	5073	J1	\$4641.68
11719		TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	\$29.36	000	1	5733	Q1	\$101.99
11720		DEBRIDEMENT NAIL ANY METHOD 1-5	\$62.78	000	1	5733	Q1	\$101.99
11721		DEBRIDEMENT NAIL ANY METHOD 6/>	\$85.02	000	1	5733	Q1	\$101.99
11730		AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$140.47	000	1	5051	Q1	\$333.81
+	11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	\$68.51	ZZZ	1			
	11740	EVACUATION SUBUNGUAL HEMATOMA	\$78.16	000	1	5734	Q1	\$212.99
	11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	\$313.34	010	1	5052	T	\$664.86
	11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	\$234.48	000	0	5071	T	\$1173.13
	11760	REPAIR NAIL BED	\$359.95	010	1	5053	T	\$1047.20
	11762	RECONSTRUCTION NAIL BED W/GRAFT	\$560.65	010	1	5054	T	\$3040.68
	11765	WEDGE EXCISION SKIN NAIL FOLD	\$229.93	010	1	5052	Q1	\$664.86
	11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	\$364.80	010	1	5073	J1	\$4641.68
	11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	\$1030.36	090	1	5073	J1	\$4641.68
	11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED	\$1268.17	090	1	5073	J1	\$4641.68
	11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	\$71.38	000	1	5051	Q1	\$333.81
	11901	INJECTION INTRALESIONAL >7 LESIONS	\$88.85	000	1	5051	Q1	\$333.81
	11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM<	\$379.29	000	0	5053	T	\$1047.20
	11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	\$565.19	000	0	5053	T	\$1047.20
+	11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	\$403.70	ZZZ	0			
	11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC<	\$154.99	000	0	5051	T	\$333.81
	11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	\$226.07	000	0	5053	T	\$1047.20
	11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	\$452.15	000	0	5053	T	\$1047.20
	11954	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	\$260.52	000	0	5053	T	\$1047.20
	11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	\$1758.57	090	1	5055	T	\$5981.96
	11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	\$1211.11	090	1	5114	J1	\$8975.07
	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	\$643.61	090	0	5073	Q2	\$4737.86

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
11976		REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	\$212.83	000	0	5071	Q2	\$1173.13
11980		SUBCUTANEOUS HORMONE PELLETT IMPLANTATION	\$157.04	000	1	5735	Q1	\$664.35
11981		INSERTION DRUG DELIVERY IMPLANT	\$196.16	000	0	5734	Q1	\$212.99
11982		REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$216.23	000	0	5735	Q1	\$664.35
11983		RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	\$283.82	000	0	5735	Q1	\$664.35
12001		SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	\$183.11	000	1	5051	Q1	\$333.81
12002		SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	\$220.39	000	1	5051	Q1	\$333.81
12004		SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	\$255.70	000	1	5051	Q1	\$333.81
12005		SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	\$338.64	000	1	5052	Q1	\$664.86
12006		SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	\$398.80	000	1	5052	Q2	\$664.86
12007		SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	\$452.53	000	1	5051	T	\$333.81
12011		SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$218.82	000	1	5051	Q1	\$333.81
12013		SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	\$227.88	000	1	5051	Q1	\$333.81
12014		SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	\$278.38	000	1	5051	Q1	\$333.81
12015		SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	\$335.48	000	1	5051	Q1	\$333.81
12016		SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	\$425.99	000	1	5052	Q1	\$664.86
12017		SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	\$303.71	000	0	5052	Q1	\$664.86
12018		SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	\$359.55	000	2	5051	Q1	\$333.81
12020		TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	\$383.89	010	1	5053	T	\$1047.20
12021		TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	\$234.48	010	1	5052	T	\$664.86
12031		REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$412.85	010	1	5052	T	\$664.86
12032		REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$519.72	010	1	5052	T	\$664.86
12034		REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$518.69	010	1	5052	T	\$664.86
12035		REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	\$512.03	010	1	5052	T	\$664.86
12036		REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	\$574.62	010	1	5053	T	\$1047.20
12037		REPAIR INTERMEDIATE S/A/T/E >30.0 CM	\$646.16	010	0	5054	T	\$3040.68
12041		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	\$431.49	010	1	5052	Q2	\$664.86
12042		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	\$494.43	010	1	5052	T	\$664.86
12044		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	\$584.74	010	1	5053	T	\$1047.20
12045		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	\$529.71	010	1	5053	T	\$1047.20
12046		RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	\$631.83	010	0	5053	T	\$1047.20
12047		REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	\$657.18	010	2	5054	T	\$3040.68
12051		REPAIR INTERMEDIATE F/E/E/N/L/&MUC 2.5 CM/<	\$341.68	010	1	5052	T	\$664.86
12052		REPAIR INTERMEDIATE F/E/E/N/L/&MUC 2.6-5.0 CM	\$521.25	010	1	5052	T	\$664.86
12053		REPAIR INTERMEDIATE F/E/E/N/L/&MUC 5.1-7.5 CM	\$428.26	010	1	5052	T	\$664.86
12054		REPAIR INTERMEDIATE F/E/E/N/L/&MUC 7.6-12.5 CM	\$485.45	010	1	5052	Q2	\$664.86
12055		REPAIR INTERMEDIATE F/E/E/N/L/&MUC 12.6-20.0CM	\$587.07	010	1	5052	T	\$664.86
12056		REPAIR INTERMEDIATE F/E/E/N/L/&MUC 20.1-30.0CM	\$717.45	010	0	5052	Q2	\$664.86
12057		REPAIR INTERMEDIATE F/E/E/N/L/&MUC >30.0 CM	\$770.87	010	2	5052	T	\$664.86
13100		REPAIR COMPLEX TRUNK 1.1-2.5 CM	\$427.59	010	1	5053	T	\$1047.20
13101		REPAIR COMPLEX TRUNK 2.6-7.5 CM	\$511.59	010	1	5053	T	\$1047.20
+		REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	\$195.39	ZZZ	1			
13120		REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	\$444.22	010	1	5053	T	\$1047.20

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	13121		REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	\$548.34	010	1	5053	T	\$1047.20
+	13122		REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	\$195.39	ZZZ	1			
	13131		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	\$486.83	010	1	5052	T	\$664.86
	13132		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	\$914.13	010	1	5053	T	\$1047.20
+	13133		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	\$247.43	ZZZ	1			
	13151		REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	\$553.95	010	1	5053	T	\$1047.20
	13152		REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	\$824.85	010	1	5053	T	\$1047.20
+	13153		REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	\$299.61	ZZZ	1			
	13160		SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	\$1094.82	090	1	5054	T	\$3040.68
	14000		ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	\$1030.36	090	1	5054	T	\$3040.68
	14001		ADJNT TIS TRNSFR/REARRANGE TRUNK 10.1-30.0 SQCM	\$1188.90	090	1	5054	T	\$3040.68
	14020		ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	\$1009.02	090	1	5054	T	\$3040.68
	14021		ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	\$1310.05	090	1	5054	T	\$3040.68
	14040		ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	\$1390.52	090	1	5054	T	\$3040.68
	14041		ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	\$1770.90	090	1	5054	T	\$3040.68
	14060		ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	\$1495.18	090	1	5054	T	\$3040.68
	14061		ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	\$1907.58	090	1	5054	T	\$3040.68
	14301		ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	\$2108.39	090	2	5055	T	\$5981.96
+	14302		ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	\$414.34	ZZZ	2			
	14350		FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	\$1268.17	090	0	5054	T	\$3040.68
	15002		PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	\$486.71	000	0	5054	T	\$3040.68
+	15003		PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	\$105.90	ZZZ	0			
	15004		PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	\$591.92	000	0	5053	T	\$1047.20
+	15005		PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	\$180.39	ZZZ	0			
	15040		HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	\$384.63	000	1	5054	T	\$3040.68
	15050		PINCH GRAFT 1/MLT SM ULCER TIP/OTH AR UP TO 2 CM	\$950.49	090	1	5053	T	\$1047.20
	15100		SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	\$1262.17	090	1	5054	T	\$3040.68
+	15101		SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	\$309.38	ZZZ	1			
	15110		EPIDRM AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	\$1298.25	090	1	5054	T	\$3040.68
+	15111		EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	\$189.08	ZZZ	1			
	15115		EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	\$1273.73	090	1	5054	T	\$3040.68
+	15116		EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	\$252.54	ZZZ	1			
	15120		SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	\$1640.11	090	1	5055	T	\$5981.96
+	15121		SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	\$401.39	ZZZ	1			
	15130		DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	\$1027.44	090	1	5054	T	\$3040.68
+	15131		DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	\$154.43	ZZZ	1			
	15135		DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	\$1275.36	090	1	5055	T	\$5981.96
+	15136		DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	\$146.01	ZZZ	1			
	15150		CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	\$1074.70	090	1	5054	T	\$3040.68
+	15151		CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	\$200.28	ZZZ	1			
+	15152		CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	\$254.78	ZZZ	1			
	15155		CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	\$1097.14	090	1	5055	T	\$5981.96
+	15156		CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	\$272.35	ZZZ	1			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	15157		CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	\$300.63	ZZZ	1			
	15200		FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<	\$1050.27	090	1	5054	T	\$3040.68
+	15201		FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 SQ CM	\$260.52	ZZZ	1			
	15220		FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<	\$1094.40	090	1	5054	T	\$3040.68
+	15221		FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 SQ CM/<	\$250.54	ZZZ	1			
	15240		FTH/GF FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM/<	\$1505.93	090	1	5054	T	\$3040.68
+	15241		FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA ADDL	\$338.59	ZZZ	1			
	15260		FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	\$1902.23	090	1	5054	T	\$3040.68
+	15261		FTH/GFT FREE W/DIR CLSR N/E/E/L EA ADDL 20 SQ CM	\$484.45	ZZZ	1			
	15271		APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	\$299.75	000	1	5054	T	\$3040.68
+	15272		APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	\$47.91	ZZZ	1			
	15273		APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	\$599.49	000	1	5055	T	\$5981.96
+	15274		APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	\$157.32	ZZZ	1			
	15275		SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	\$308.81	000	1	5054	T	\$3040.68
+	15276		SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	\$62.80	ZZZ	1			
	15277		SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST 100SQ CM	\$661.64	000	1	5054	T	\$3040.68
+	15278		SUB GRFT F/S/N/H/F/G/M/D >= 100SCM ADL 100SQ CM	\$183.86	ZZZ	1			
	15570		FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	\$1302.65	090	1	5054	T	\$3040.68
	15572		FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	\$1693.43	090	1	5055	T	\$5981.96
	15574		FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	\$1693.43	090	1	5054	T	\$3040.68
	15576		FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	\$1432.92	090	1	5054	T	\$3040.68
	15600		DELAY FLAP/SECTIONING FLAP TRUNK	\$659.19	090	0	5055	T	\$5981.96
	15610		DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	\$714.11	090	0	5054	T	\$3040.68
	15620		DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	\$869.10	090	1	5054	T	\$3040.68
	15630		DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	\$894.61	090	1	5054	T	\$3040.68
	15650		TRANSFER ANY PEDICLE FLAP ANY LOCATION	\$992.05	090	0	5054	T	\$3040.68
	15730		MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	\$2762.46	090	1	5055	T	\$5981.96
	15731		FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	\$1661.13	090	0	5055	T	\$5981.96
	15733		MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	\$1988.66	090	1	5055	T	\$5981.96
	15734		MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	\$2475.02	090	2	5055	T	\$5981.96
	15736		MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	\$2350.95	090	1	5054	T	\$3040.68
	15738		MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	\$2459.47	090	2	5055	T	\$5981.96
	15740		FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	\$1483.35	090	1	5054	T	\$3040.68
	15750		FLAP NEUROVASCULAR PEDICLE	\$1563.18	090	2	5055	T	\$5981.96
	15756		FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	\$4416.56	090	2			
	15757		FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	\$4387.43	090	2			
	15758		FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	\$4369.30	090	2			
	15760		GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	\$1426.68	090	1	5054	T	\$3040.68
	15769		GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	\$925.34	090	1	5055	T	\$5981.96
	15770		GRAFT DERMA-FAT-FASCIA	\$1296.96	090	2	5055	T	\$5981.96
	15771		GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	\$1142.45	090	1	5055	T	\$5981.96
+	15772		GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	\$366.21	ZZZ	1			
	15773		GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	\$1164.03	090	1	5054	T	\$3040.68

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	15774		GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	\$359.02	ZZZ	1			
	15775		PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	\$479.83	000	0	5052	T	\$664.86
	15776		PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	\$663.20	000	0	5052	T	\$664.86
+	15777		IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	\$412.39	ZZZ	1			
	15778		IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	\$743.86	000	2			
	15780		DERMABRASION TOTAL FACE	\$1302.65	090	0	5073	J1	\$4641.68
	15781		DERMABRASION SEGMENTAL FACE	\$713.77	090	1	5071	T	\$1173.13
	15782		DERMABRASION REGIONAL OTHER THAN FACE	\$804.82	090	0	5073	J1	\$4641.68
	15783		DERMABRASION SUPERFICIAL ANY SITE	\$656.62	090	0	5052	T	\$664.86
	15786		ABRASION 1 LESION	\$316.40	010	1	5051	Q1	\$333.81
+	15787		ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	\$78.29	ZZZ	1			
	15788		CHEMICAL PEEL FACIAL EPIDERMAL	\$767.96	090	1	5052	Q1	\$664.86
	15789		CHEMICAL PEEL FACIAL DERMAL	\$1039.72	090	1	5053	T	\$1047.20
	15792		CHEMICAL PEEL NONFACIAL EPIDERMAL	\$654.52	090	0	5053	Q1	\$1047.20
	15793		CHEMICAL PEEL NONFACIAL DERMAL	\$916.18	090	0	5052	Q1	\$664.86
	15819		CERVICOPLASTY	\$1837.35	090	0	5054	T	\$3040.68
	15820		BLEPHAROPLASTY LOWER EYELID	\$1111.07	090	0	5054	T	\$3040.68
	15821		BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	\$1195.43	090	0	5054	T	\$3040.68
	15822		BLEPHAROPLASTY UPPER EYELID	\$900.53	090	1	5054	T	\$3040.68
	15823		BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	\$1194.77	090	1	5054	T	\$3040.68
	15824		RHYTIDECTOMY FOREHEAD	\$1081.18	000	0	5054	T	\$3040.68
	15825		RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	\$924.89	000	0	5055	T	\$5981.96
	15826		RHYTIDECTOMY GLABELLAR FROWN LINES	\$587.22	000	0	5055	T	\$5981.96
	15828		RHYTIDECTOMY CHEEK CHIN & NECK	\$2644.37	000	0	5055	T	\$5981.96
	15829		RHYTIDECTOMY SMAS FLAP	\$2644.37	000	0	5055	T	\$5981.96
	15830		EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	\$1761.63	090	2	5092	J1	\$10662.23
	15832		EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	\$1794.12	090	2	5073	J1	\$4641.68
	15833		EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	\$1708.49	090	0	5073	J1	\$4641.68
	15834		EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	\$1738.92	090	0	5073	J1	\$4641.68
	15835		EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	\$1797.06	090	0	5073	J1	\$4641.68
	15836		EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	\$1539.40	090	0	5073	J1	\$4641.68
	15837		EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND	\$1315.71	090	0	5073	J1	\$4641.68
	15838		EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	\$1253.63	090	0	5073	J1	\$4641.68
	15839		EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	\$1432.92	090	0	5073	J1	\$4641.68
	15840		GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	\$1966.80	090	1	5055	T	\$5981.96
	15841		GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	\$3437.82	090	2	5055	T	\$5981.96
	15842		GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	\$4559.26	090	2	5054	T	\$3040.68
	15845		GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	\$2067.80	090	2	5055	T	\$5981.96
+	15847		EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	\$1366.01	YYY	2			
	15851		REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	\$282.59	000	1	5054	T	\$3040.68
	15852		DRESSING CHANGE UNDER ANESTHESIA	\$145.33	000	1	5053	Q1	\$1047.20
+	15853		REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	\$22.66	ZZZ	1			
+	15854		REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	\$31.08	ZZZ	1			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
15860		IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	\$204.58	000	0	5735	Q1	\$664.35	
15876		SUCTION ASSISTED LIPECTOMY HEAD & NECK	\$638.30	000	0	5055	T	\$5981.96	
15877		SUCTION ASSISTED LIPECTOMY TRUNK	\$1146.33	000	0	5055	T	\$5981.96	
15878		SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	\$479.56	000	0	5054	T	\$3040.68	
15879		SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	\$1146.33	000	0	5055	T	\$5981.96	
15920		EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	\$879.44	090	0	5073	J1	\$4641.68	
15922		EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	\$1116.72	090	2	5055	T	\$5981.96	
15931		EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	\$928.93	090	1	5073	J1	\$4641.68	
15933		EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	\$1432.92	090	0	5073	J1	\$4641.68	
15934		EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	\$1290.25	090	1	5055	T	\$5981.96	
15935		EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	\$1693.43	090	2	5055	T	\$5981.96	
15936		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	\$1339.49	090	1	5054	T	\$3040.68	
15937		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	\$1888.83	090	1	5054	T	\$3040.68	
15940		EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	\$1042.13	090	1	5073	J1	\$4641.68	
15941		EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	\$1432.92	090	0	5073	J1	\$4641.68	
15944		EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	\$1318.88	090	0	5055	T	\$5981.96	
15945		EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	\$1563.18	090	0	5054	T	\$3040.68	
15946		EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	\$2605.28	090	1	5054	T	\$3040.68	
15950		EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	\$800.68	090	1	5072	J1	\$2607.62	
15951		EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	\$1147.60	090	0	5073	J1	\$4641.68	
15952		EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	\$1187.53	090	2	5054	T	\$3040.68	
15953		EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	\$1426.74	090	1	5055	T	\$5981.96	
15956		EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	\$1641.64	090	1	5054	T	\$3040.68	
15958		EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	\$1758.57	090	1	5055	T	\$5981.96	
15999		UNLISTED PROCEDURE EXCISION PRESSURE ULCER		BR	YYY	0	5071	T	\$1173.13
16000		INITIAL TX 1ST DEGREE BURN LOCAL TX	\$102.25	000	1	5051	Q1	\$333.81	
16020		DRS&DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$119.52	000	1	5051	Q1	\$333.81	
16025		DRS&DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	\$217.40	000	1	5051	T	\$333.81	
16030		DRS&DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	\$260.52	000	1	5052	T	\$664.86	
16035		ESCHAROTOMY FIRST INCISION	\$419.86	000	1	5052	T	\$664.86	
+	16036	ESCHAROTOMY EACH ADDITIONAL INCISION	\$201.85	ZZZ	1				
	17000	DESTRUCTION PREMALIGNANT LESION 1ST	\$130.14	010	1	5051	Q1	\$333.81	
+	17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$16.15	ZZZ	1				
	17004	DESTRUCTION PREMALIGNANT LESION 15/>	\$326.29	010	1	5052	T	\$664.86	
	17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	\$659.84	090	1	5052	T	\$664.86	
	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	\$873.34	090	1	5053	T	\$1047.20	
	17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	\$1241.07	090	0	5054	T	\$3040.68	
	17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$186.45	010	1	5051	Q1	\$333.81	
	17111	DESTRUCTION BENIGN LESIONS 15/>	\$171.68	010	1	5051	Q1	\$333.81	
	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	\$105.36	000	1	5051	Q1	\$333.81	
	17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	\$169.35	010	1	5051	Q1	\$333.81	
	17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	\$221.45	010	1	5051	Q1	\$333.81	
	17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	\$299.61	010	1	5051	Q1	\$333.81	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
17263		DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	\$338.69	010	1	5051	Q1	\$333.81	
17264		DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	\$364.73	010	1	5052	T	\$664.86	
17266		DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	\$442.89	010	1	5052	T	\$664.86	
17270		DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	\$220.53	010	1	5051	T	\$333.81	
17271		DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	\$273.56	010	1	5051	T	\$333.81	
17272		DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	\$325.66	010	1	5051	Q1	\$333.81	
17273		DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	\$390.80	010	1	5052	T	\$664.86	
17274		DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	\$472.80	010	1	5052	T	\$664.86	
17276		DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	\$549.97	010	1	5052	T	\$664.86	
17280		DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	\$208.43	010	1	5051	Q1	\$333.81	
17281		DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	\$325.66	010	1	5052	T	\$664.86	
17282		DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	\$377.76	010	1	5052	T	\$664.86	
17283		DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	\$468.89	010	1	5052	T	\$664.86	
17284		DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	\$534.28	010	1	5053	T	\$1047.20	
17286		DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	\$683.38	010	1	5053	T	\$1047.20	
17311		MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	\$1015.07	000	1	5053	T	\$1047.20	
+	17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	\$608.94	ZZZ	1				
17313		MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	\$926.10	000	1	5053	T	\$1047.20	
+	17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	\$563.97	ZZZ	1				
+	17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	\$120.90	ZZZ	1				
17340		CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	\$79.27	010	1	5733	Q1	\$101.99	
17360		CHEMICAL EXFOLIATION ACNE	\$171.56	010	1	5051	Q1	\$333.81	
17380		ELECTROLYSIS EPILATION EACH 30 MINUTES	\$83.71	000	0	5053	T	\$1047.20	
17999		UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE		BR	YYY	0	5051	Q1	\$333.81
19000		PUNCTURE ASPIRATION CYST OF BREAST	\$165.48	000	1	5071	T	\$1173.13	
+	19001	PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	\$42.82	ZZZ	1				
19020		MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	\$585.06	090	1	5072	J1	\$2607.62	
19030		INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	\$253.76	000	1				
19081		BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	\$1030.86	000	0	5072	J1	\$2607.62	
+	19082	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	\$831.11	ZZZ	0				
19083		BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	\$1020.16	000	0	5072	J1	\$2607.62	
+	19084	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	\$808.52	ZZZ	0				
19085		BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	\$1556.40	000	0	5072	J1	\$2607.62	
+	19086	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	\$1237.15	ZZZ	0				
19100		BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	\$198.99	000	1	5072	J1	\$2607.62	
19101		BIOPSY BREAST OPEN INCISIONAL	\$458.81	010	1	5091	J1	\$6250.13	
19105		ABL TJ CRYOSURGICAL W/US GUID EA FIBROADENOMA	\$3013.51	000	1	5091	J1	\$6250.13	
19110		NIPPLE EXPLORATION	\$681.63	090	1	5091	J1	\$6250.13	
19112		EXCISION LACTIFEROUS DUCT FISTULA	\$665.78	090	0	5091	J1	\$6250.13	
19120		EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	\$792.59	090	1	5091	J1	\$6250.13	
19125		EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	\$1076.36	090	1	5091	J1	\$6250.13	
+	19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	\$308.81	ZZZ	1				
19281		PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	\$466.78	000	0	5072	Q1	\$2703.31	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
+	19282		PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	\$330.17	ZZZ	0				
	19283		PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	\$500.44	000	0	5071	Q1	\$1173.13	
+	19284		PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	\$365.78	ZZZ	0				
	19285		PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	\$771.66	000	0	5071	Q1	\$1173.13	
+	19286		PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	\$658.71	ZZZ	0				
	19287		PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	\$1313.85	000	0	5071	Q1	\$1173.13	
+	19288		PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	\$1045.13	ZZZ	0				
+	19294		PREPJ TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	\$316.58	ZZZ	0				
	19296		PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	\$6891.70	000	0	5093	J1	\$11621.77	
+	19297		PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	\$180.62	ZZZ	0				
	19298		PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	\$1922.02	000	0	5092	J1	\$10662.23	
	19300		MASTECTOMY GYNECOMASTIA	\$764.21	090	1	5091	J1	\$6250.13	
	19301		MASTECTOMY PARTIAL	\$787.27	090	0	5091	J1	\$6250.13	
	19302		MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	\$1307.02	090	2	5092	J1	\$10662.23	
	19303		MASTECTOMY SIMPLE COMPLETE	\$1357.61	090	2	5092	J1	\$10662.23	
	19305		MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	\$1627.13	090	2				
	19306		MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	\$1689.19	090	2				
	19307		MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	\$1697.47	090	2	5092	J1	\$10662.23	
	19316		MASTOPEXY	\$1532.20	090	2	5092	J1	\$10662.23	
	19318		BREAST REDUCTION	\$2114.22	090	2	5092	J1	\$10662.23	
	19325		BREAST AUGMENTATION WITH IMPLANT	\$1201.57	090	0	5093	J1	\$11621.77	
	19328		REMOVAL INTACT BREAST IMPLANT	\$658.33	090	1	5091	Q2	\$6355.63	
	19330		RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	\$927.89	090	1	5091	Q2	\$6355.63	
	19340		INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	\$1514.19	090	1	5092	J1	\$10662.23	
	19342		INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	\$1592.07	090	0	5093	J1	\$11621.77	
	19350		NIPPLE/AREOLA RECONSTRUCTION	\$1314.89	090	1	5091	J1	\$6250.13	
	19355		CORRECTION INVERTED NIPPLES	\$1034.83	090	0	5091	J1	\$6250.13	
	19357		TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	\$2578.35	090	2	5094	J1	\$21217.12	
	19361		BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	\$3022.06	090	2				
	19364		BREAST RECONSTRUCTION W/FREE FLAP	\$4689.52	090	2				
	19367		BREAST RECONSTRUCTION SINGLE PEDICLED TRAM FLAP	\$3430.57	090	2				
	19368		BREAST RECONSTRUCTION 1PEDICLED TRAM FLAP ANAST	\$4195.80	090	2				
	19369		BREAST RECONSTRUCTION BIPEDICLED TRAM FLAP	\$3899.29	090	2				
	19370		REVISION PERI-IMPLANT CAPSULE BREAST	\$999.26	090	1	5091	J1	\$6250.13	
	19371		PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	\$1142.01	090	1	5091	J1	\$6250.13	
	19380		REVISION OF RECONSTRUCTED BREAST	\$1038.27	090	1	5092	J1	\$10662.23	
	19396		PREPARATION MOULAGE CUSTOM BREAST IMPLANT	\$409.97	000	0	5091	J1	\$6250.13	
	19499		UNLISTED PROCEDURE BREAST		BR	YYY	0	5091	J1	\$6250.13
	20100		EXPLORATION PENETRATING WOUND SPX NECK	\$1164.67	010	2	5162	T	\$917.40	
	20101		EXPLORATION PENETRATING WOUND SPX CHEST	\$556.73	010	1	5054	T	\$3040.68	
	20102		EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	\$680.97	010	1	5054	T	\$3040.68	
	20103		EXPLORATION PENETRATING WOUND SPX EXTREMITY	\$872.77	010	0	5072	J1	\$2607.62	
	20150		EXCISION EPIPHYSEAL BAR	\$1944.84	090	2	5113	J1	\$5084.56	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
20200		BIOPSY MUSCLE SUPERFICIAL	\$264.52	000	1	5072	J1	\$2607.62
20205		BIOPSY MUSCLE DEEP	\$371.06	000	1	5073	J1	\$4641.68
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	\$407.69	000	1	5072	J1	\$2607.62
20220		BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	\$316.91	000	1	5072	J1	\$2607.62
20225		BIOPSY BONE TROCAR/NEEDLE DEEP	\$1031.32	000	1	5072	J1	\$2607.62
20240		BIOPSY BONE OPEN SUPERFICIAL	\$274.03	000	1	5073	J1	\$4641.68
20245		BIOPSY BONE OPEN DEEP	\$664.95	000	1	5073	J1	\$4641.68
20250		BIOPSY VERTEBRAL BODY OPEN THORACIC	\$1550.23	010	1	5113	J1	\$5084.56
20251		BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	\$1267.64	010	2	5114	J1	\$8975.07
20500		INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	\$196.50	010	1	5163	J1	\$2500.63
20501		INJECTION SINUS TRACT DIAGNOSTIC	\$202.17	000	1			
20520		REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	\$284.74	010	1	5072	J1	\$2607.62
20525		RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	\$711.30	010	1	5073	J1	\$4641.68
20526		INJECTION THERAPEUTIC CARPAL TUNNEL	\$113.58	000	1	5441	T	\$493.85
20527		INJECTION ENZYME PALMAR FASCIAL CORD	\$168.72	000	1	5441	T	\$493.85
20550		INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	\$88.07	000	1	5441	T	\$493.85
20551		INJECTION SINGLE TENDON ORIGIN/INSERTION	\$87.01	000	1	5441	T	\$493.85
20552		INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$81.69	000	1	5441	T	\$493.85
20553		INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	\$145.33	000	1	5441	T	\$493.85
20555		PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	\$534.66	000	0	5113	J1	\$5084.56
20560		NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	\$49.85	XXX	1	5731	S	\$49.65
20561		NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	\$71.86	XXX	1	5731	S	\$49.65
20600		ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	\$79.64	000	1	5441	T	\$493.85
20604		ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	\$156.10	000	1	5441	T	\$493.85
20605		ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	\$86.96	000	1	5441	T	\$493.85
20606		ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	\$172.65	000	1	5442	T	\$1153.08
20610		ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	\$104.89	000	1	5441	T	\$493.85
20611		ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	\$192.79	000	1	5441	T	\$493.85
20612		ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	\$85.73	000	1	5441	T	\$493.85
20615		ASPIRATION & INJECTION TREATMENT BONE CYST	\$481.98	010	1	5071	T	\$1173.13
20650		INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	\$279.05	010	1	5113	J1	\$5084.56
20660		APPL CRANIAL TONG/STRCTC FRAME W/REMOVAL SPX	\$340.63	000	1	5112	Q2	\$2679.83
20661		APPLICATION HALO CRANIAL INCLUDING REMOVAL	\$631.02	090	1	5113	Q1	\$5397.05
20662		APPLICATION HALO PELVIC INCLUDING REMOVAL	\$796.33	090	0	5112	J1	\$2673.39
20663		APPLICATION HALO FEMORAL INCLUDING REMOVAL	\$796.33	090	0	5113	J1	\$5084.56
20664		APPL HALO CRANIAL 6/> PINS THIN SKULL OSTEOLOGY	\$1359.91	090	1	5113	Q1	\$5397.05
20665		REMOVAL TONGS/HALO APPLIED BY ANOTHER INDIVIDUAL	\$198.87	010	0	5735	Q1	\$664.35
20670		REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	\$691.42	010	1	5072	Q2	\$2703.31
20680		REMOVAL IMPLANT DEEP	\$775.12	090	0	5073	Q2	\$4737.86
20690		APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	\$799.65	090	1	5114	J1	\$8975.07
20692		APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	\$1439.36	090	2	5115	J1	\$11815.02
20693		ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	\$722.84	090	1	5114	J1	\$8975.07
20694		REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	\$650.28	090	1	5112	Q2	\$2679.83

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	20696		APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT 1ST&SUBSQ	\$1677.15	090	2	5116	J1	\$12727.70
⊖	20697		APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT EXCHANGE	\$2850.76	000	2	5112	J1	\$2673.39
+	20700		MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	\$163.14	ZZZ	0			
+	20701		REMOVAL DEEP DRUG DELIVERY DEVICE	\$123.65	ZZZ	0			
+	20702		MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE	\$274.50	ZZZ	0			
+	20703		REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	\$200.69	ZZZ	0			
+	20704		MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	\$288.74	ZZZ	0			
+	20705		REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	\$238.89	ZZZ	0			
	20802		REPLANTATION ARM COMPLETE AMPUTATION	\$5321.63	090	2	5116	J1	\$12727.70
	20805		REPLANTATION FOREARM COMPLETE AMPUTATION	\$6300.81	090	2	5116	J1	\$12727.70
	20808		REPLANTATION HAND COMPLETE AMPUTATION	\$7605.44	090	2	5116	J1	\$12727.70
	20816		RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	\$3970.13	090	2	5114	J1	\$8975.07
	20822		RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	\$3428.66	090	2	5112	J1	\$2673.39
	20824		RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	\$3977.33	090	2	5114	J1	\$8975.07
	20827		RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	\$3518.90	090	2	5114	J1	\$8975.07
	20838		REPLANTATION FOOT COMPLETE AMPUTATION	\$5400.61	090	2	5116	J1	\$12727.70
	20900		BONE GRAFT ANY DONOR AREA MINOR/SMALL	\$748.39	000	2	5114	J1	\$8975.07
	20902		BONE GRAFT ANY DONOR AREA MAJOR/LARGE	\$570.38	000	2	5114	J1	\$8975.07
	20910		CARTILAGE GRAFT COSTOCHONDRAL	\$759.59	090	0	5053	T	\$1047.20
	20912		CARTILAGE GRAFT NASAL SEPTUM	\$759.59	090	0	5055	T	\$5981.96
	20920		FASCIA LATA GRAFT BY STRIPPER	\$584.25	090	1	5054	T	\$3040.68
	20922		FASCIA LATA GRAFT INCISION & AREA EXPOSURE	\$851.39	090	2	5054	T	\$3040.68
	20924		TENDON GRAFT FROM A DISTANCE	\$759.39	090	2	5114	J1	\$8975.07
+	20930		ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	\$481.02	XXX	9			
+	20931		ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	\$284.84	ZZZ	1			
+	20932		OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	\$1452.12	ZZZ	2			
+	20933		HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	\$1331.70	ZZZ	2			
+	20934		INTERCALARY ALLOGRAFT COMPLETE	\$1450.82	ZZZ	2			
+	20936		AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	\$635.75	XXX	9			
+	20937		AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	\$347.59	ZZZ	2			
+	20938		AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	\$400.58	ZZZ	2			
+	20939		BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	\$134.66	ZZZ	0			
	20950		MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	\$441.73	000	0	5071	T	\$1173.13
	20955		BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	\$4925.20	090	2	5114	J1	\$8975.07
	20956		BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	\$5116.40	090	2	5114	J1	\$8975.07
	20957		BONE GRAFT MICROVASCULAR ANAST METATARSAL	\$5331.34	090	2	5114	J1	\$8975.07
	20962		BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	\$4044.67	090	2	5114	J1	\$8975.07
	20969		FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	\$4369.79	090	2	5114	J1	\$8975.07
	20970		FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	\$5501.02	090	2	5114	J1	\$8975.07
	20972		FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	\$5484.68	090	2	5114	J1	\$8975.07
	20973		FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	\$5795.96	090	2	5114	J1	\$8975.07
⊖	20974		ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	\$242.22	000	1			
⊖	20975		ELECTRICAL STIMULATION BONE HEALING INVASIVE	\$334.82	000	2			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
20979		LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	\$161.48	000	1	5731	Q1	\$49.65	
20982		ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	\$6281.07	000	1	5115	J1	\$11815.02	
20983		ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	\$9695.46	000	1	5114	J1	\$8975.07	
+	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	\$239.92	ZZZ	0				
20999		UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL		BR	YYY	0	5111	T	\$393.21
21010		ARTHROTOMY TEMPOROMANDIBULAR JOINT	\$1430.19	090	0	5164	J1	\$5284.06	
21011		EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	\$731.12	090	2	5072	J1	\$2607.62	
21012		EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	\$666.17	090	2	5072	J1	\$2607.62	
21013		EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	\$1046.20	090	2	5072	J1	\$2607.62	
21014		EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	\$1021.60	090	2	5073	J1	\$4641.68	
21015		RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	\$1010.86	090	1	5073	J1	\$4641.68	
21016		RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	\$1961.62	090	2	5073	J1	\$4641.68	
21025		EXCISION BONE MANDIBLE	\$1305.27	090	1	5165	J1	\$9286.03	
21026		EXCISION FACIAL BONE	\$1043.61	090	1	5165	J1	\$9286.03	
21029		REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	\$1432.92	090	0	5164	J1	\$5284.06	
21030		EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	\$1049.63	090	1	5165	J1	\$9286.03	
21031		EXCISION TORUS MANDIBULARIS	\$745.80	090	1	5164	J1	\$5284.06	
21032		EXCISION MAXILLARY TORUS PALATINUS	\$723.27	090	1	5164	J1	\$5284.06	
21034		EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	\$2084.23	090	2	5165	J1	\$9286.03	
21040		EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	\$900.53	090	1	5164	J1	\$5284.06	
21044		EXCISION MALIGNANT TUMOR MANDIBLE	\$1672.15	090	2	5165	J1	\$9286.03	
21045		EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	\$3148.90	090	2	5165	J1	\$9286.03	
21046		EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	\$1523.90	090	0	5165	J1	\$9286.03	
21047		EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	\$2000.74	090	2	5165	J1	\$9286.03	
21048		EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	\$1566.39	090	0	5165	J1	\$9286.03	
21049		EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	\$1932.38	090	2	5165	J1	\$9286.03	
21050		CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	\$1674.18	090	0	5165	J1	\$9286.03	
21060		MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	\$1517.51	090	2	5165	J1	\$9286.03	
21070		CORONOIDECTOMY SEPARATE PROCEDURE	\$1534.08	090	0	5165	J1	\$9286.03	
21073		MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	\$530.74	090	0	5163	J1	\$2500.63	
21076		IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	\$1698.46	010	0	5163	J1	\$2500.63	
21077		IMPRESSION & PREPARATION ORBITAL PROSTHESIS	\$6136.31	090	0	5165	J1	\$9286.03	
21079		IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	\$2583.57	090	1	5164	J1	\$5284.06	
21080		IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	\$2925.09	090	1	5164	J1	\$5284.06	
21081		IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	\$2662.26	090	0	5165	J1	\$9286.03	
21082		IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	\$2379.26	090	0	5164	J1	\$5284.06	
21083		IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	\$2251.47	090	0	5164	J1	\$5284.06	
21084		IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	\$2624.40	090	0	5164	J1	\$5284.06	
21085		IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	\$1038.54	010	0	5161	T	\$407.28	
21086		IMPRESSION & PREPARATION AURICULAR PROSTHESIS	\$2845.68	090	0	5164	J1	\$5284.06	
21087		IMPRESSION & PREPARATION NASAL PROSTHESIS	\$2821.84	090	0	5165	J1	\$9286.03	
21088		IMPRESSION & PREPARATION FACIAL PROSTHESIS	\$1240.61	090	0	5164	J1	\$5284.06	
21089		UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE		BR	YYY	1	5161	T	\$407.28

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
21100		APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	\$910.12	090	0	5165	J1	\$9286.03
21110		APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	\$1070.00	090	1	5163	Q2	\$2542.84
21116		INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$275.08	000	1			
21120		GENIOPLASTY AUGMENTATION	\$1290.92	090	1	5165	J1	\$9286.03
21121		GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	\$1341.71	090	2	5164	J1	\$5284.06
21122		GENIOPLASTY 2/> SLIDING OSTEOTOMIES	\$1574.45	090	2	5165	J1	\$9286.03
21123		GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	\$1816.67	090	2	5164	J1	\$5284.06
21125		AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	\$5015.41	090	2	5165	J1	\$9286.03
21127		AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	\$6309.30	090	2	5165	J1	\$9286.03
21137		REDUCTION FOREHEAD CONTOURING ONLY	\$1463.77	090	2	5164	J1	\$5284.06
21138		RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	\$1816.67	090	2	5165	J1	\$9286.03
21139		RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	\$2117.00	090	2	5165	J1	\$9286.03
21141		RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	\$2573.42	090	2	5165	J1	\$9286.03
21142		RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	\$2640.74	090	2	5165	J1	\$9286.03
21143		RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	\$2721.67	090	2	5165	J1	\$9286.03
21145		RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	\$2989.05	090	2	5165	J1	\$9286.03
21146		RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	\$3121.76	090	2	5165	J1	\$9286.03
21147		RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	\$3310.38	090	2	5165	J1	\$9286.03
21150		RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	\$2584.95	090	2	5165	J1	\$9286.03
21151		RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	\$3103.30	090	2	5165	J1	\$9286.03
21154		RCNSTJ MIDFACE LEFORT III W/O LEFORT I	\$3294.10	090	2	5165	J1	\$9286.03
21155		RCNSTJ MIDFACE LEFORT III W/LEFORT I	\$4176.13	090	2	5165	J1	\$9286.03
21159		RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	\$5813.35	090	2	5165	J1	\$9286.03
21160		RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	\$6400.90	090	2	5165	J1	\$9286.03
21172		RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	\$4166.02	090	2	5165	J1	\$9286.03
21175		RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	\$4682.98	090	2	5165	J1	\$9286.03
21179		RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	\$2945.02	090	2	5165	J1	\$9286.03
21180		RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	\$3310.38	090	2	5165	J1	\$9286.03
21181		RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	\$1434.11	090	0	5165	J1	\$9286.03
21182		RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	\$4090.92	090	2	5165	J1	\$9286.03
21183		RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	\$4448.93	090	2	5165	J1	\$9286.03
21184		RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	\$4784.93	090	2	5165	J1	\$9286.03
21188		RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	\$3046.02	090	2	5165	J1	\$9286.03
21193		RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	\$2422.23	090	2	5165	J1	\$9286.03
21194		RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	\$3407.27	090	2	5165	J1	\$9286.03
21195		RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	\$2906.67	090	2	5165	J1	\$9286.03
21196		RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	\$3068.16	090	2	5165	J1	\$9286.03
21198		OSTEOTOMY MANDIBLE SEGMENTAL	\$1955.15	090	2	5165	J1	\$9286.03
21199		OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	\$1962.27	090	2	5165	J1	\$9286.03
21206		OSTEOTOMY MAXILLA SEGMENTAL	\$2122.61	090	2	5165	J1	\$9286.03
21208		OSTEOPLASTY FACIAL BONES AUGMENTATION	\$3074.10	090	0	5165	J1	\$9286.03
21209		OSTEOPLASTY FACIAL BONES REDUCTION	\$1545.34	090	2	5165	J1	\$9286.03
21210		GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	\$2696.99	090	1	5165	J1	\$9286.03

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
21215		GRAFT BONE MANDIBLE	\$6396.67	090	1	5165	J1	\$9286.03
21230		GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	\$1534.08	090	0	5165	J1	\$9286.03
21235		GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	\$1421.04	090	1	5165	J1	\$9286.03
21240		ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	\$2139.64	090	2	5165	J1	\$9286.03
21242		ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	\$2260.75	090	2	5165	J1	\$9286.03
21243		ARTHRP TMRMAND JOINT W/PROSTHETIC REPLACEMENT	\$3091.22	090	2	5116	J1	\$12727.70
21244		RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	\$2099.26	090	2	5165	J1	\$9286.03
21245		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	\$2286.87	090	2	5165	J1	\$9286.03
21246		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	\$2987.42	090	2	5165	J1	\$9286.03
21247		RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	\$3148.90	090	2	5165	J1	\$9286.03
21248		RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	\$1899.72	090	1	5165	J1	\$9286.03
21249		RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	\$2344.76	090	0	5165	J1	\$9286.03
21255		RCNSTJ ZYGMC ARCH/GLENOID FOSSA W/BONE CARTLG	\$2579.89	090	2	5165	J1	\$9286.03
21256		RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	\$4440.75	090	2	5165	J1	\$9286.03
21260		PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	\$3148.90	090	2	5165	J1	\$9286.03
21261		PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	\$5248.16	090	2	5165	J1	\$9286.03
21263		PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	\$5248.16	090	2	5165	J1	\$9286.03
21267		ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	\$3148.90	090	2	5165	J1	\$9286.03
21268		ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	\$5248.16	090	2	5165	J1	\$9286.03
21270		MALAR AUGMENTATION PROSTHETIC MATERIAL	\$1961.85	090	2	5165	J1	\$9286.03
21275		SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	\$1193.02	090	2	5165	J1	\$9286.03
21280		MEDIAL CANTHOPEXY SEPARATE PROCEDURE	\$1372.60	090	0	5164	J1	\$5284.06
21282		LATERAL CANTHOPEXY	\$1090.00	090	1	5164	J1	\$5284.06
21295		REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	\$888.15	090	0	5163	J1	\$2500.63
21296		REDUCTION MASSETER MUSCLE & BONE INTRAORAL	\$1211.11	090	0	5164	J1	\$5284.06
21299		UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE		BR	YYY	0	5161	T \$407.28
21315		CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	\$380.29	000	1	5163	J1	\$2500.63
21320		CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	\$429.82	000	1	5164	J1	\$5284.06
21325		OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	\$696.03	090	0	5164	J1	\$5284.06
21330		OPEN TX NASAL FX COMP W/INT&XTRNL SKELETAL FI	\$1046.20	090	0	5165	J1	\$9286.03
21335		OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	\$1453.34	090	1	5164	J1	\$5284.06
21336		OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	\$1068.17	090	0	5113	J1	\$5084.56
21337		CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	\$514.95	090	0	5164	J1	\$5284.06
21338		OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	\$1310.34	090	0	5165	J1	\$9286.03
21339		OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	\$1479.31	090	2	5165	J1	\$9286.03
21340		PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	\$1472.19	090	0	5164	J1	\$5284.06
21343		OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	\$1823.70	090	2	5165	J1	\$9286.03
21344		OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	\$2708.72	090	2	5165	J1	\$9286.03
21345		CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	\$1302.65	090	0	5163	J1	\$2500.63
21346		OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	\$1953.95	090	1	5165	J1	\$9286.03
21347		OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	\$2019.89	090	2	5165	J1	\$9286.03
21348		OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	\$2212.30	090	2	5165	J1	\$9286.03
21355		PERCUTANEOUS TX MALAR AREA FRACTURE	\$868.45	010	0	5164	J1	\$5284.06

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
21356		OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	\$1037.12	010	0	5165	J1	\$9286.03
21360		OPEN TX DEPRESSED MALAR FRACTURE	\$1073.85	090	2	5165	J1	\$9286.03
21365		OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	\$1953.95	090	2	5165	J1	\$9286.03
21366		OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	\$2470.62	090	2	5165	J1	\$9286.03
21385		OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	\$1424.30	090	2	5165	J1	\$9286.03
21386		OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	\$1453.34	090	2	5165	J1	\$9286.03
21387		OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	\$1490.31	090	2	5165	J1	\$9286.03
21390		OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	\$1562.82	090	2	5165	J1	\$9286.03
21395		OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	\$2083.11	090	2	5165	J1	\$9286.03
21400		CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	\$235.91	090	0	5162	T	\$917.40
21401		CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	\$1130.37	090	2	5163	J1	\$2500.63
21406		OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	\$1291.86	090	2	5165	J1	\$9286.03
21407		OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	\$1453.34	090	2	5165	J1	\$9286.03
21408		OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	\$1755.75	090	2	5165	J1	\$9286.03
21421		CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	\$1253.37	090	0	5164	J1	\$5284.06
21422		OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	\$1213.88	090	2	5165	J1	\$9286.03
21423		OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	\$1719.78	090	2	5165	J1	\$9286.03
21431		CLOSED TX CRANIOFACIAL SEPARATION	\$1344.65	090	2	5165	J1	\$9286.03
21432		OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ	\$1534.08	090	2	5165	J1	\$9286.03
21433		OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	\$2865.81	090	2	5165	J1	\$9286.03
21435		OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX	\$2721.74	090	2	5165	J1	\$9286.03
21436		OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	\$3936.13	090	2	5165	J1	\$9286.03
21440		CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	\$1411.66	090	0	5164	J1	\$5284.06
21445		OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	\$1579.48	090	2	5165	J1	\$9286.03
21450		CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	\$985.95	090	0	5162	T	\$917.40
21451		CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	\$1042.13	090	0	5163	J1	\$2500.63
21452		PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	\$831.42	090	0	5165	J1	\$9286.03
21453		CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	\$1173.19	090	0	5165	J1	\$9286.03
21454		OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	\$1211.11	090	0	5165	J1	\$9286.03
21461		OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	\$3446.59	090	1	5165	J1	\$9286.03
21462		OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	\$3662.29	090	2	5165	J1	\$9286.03
21465		OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	\$1549.23	090	2	5165	J1	\$9286.03
21470		OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	\$2242.39	090	2	5165	J1	\$9286.03
21480		CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	\$273.55	000	1	5111	T	\$393.21
21485		CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	\$1133.31	090	0	5163	J1	\$2500.63
21490		OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	\$1527.22	090	2	5164	J1	\$5284.06
21497		INTERDENTAL WIRING OTHER THAN FRACTURE	\$1374.43	090	0	5163	J1	\$2500.63
21499		UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	BR	YYY	0	5161	T	\$407.28
21501		I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	\$722.84	090	1	5073	J1	\$4641.68
21502		I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	\$991.17	090	2	5113	J1	\$5084.56
21510		INCISION DEEP OPENING BONE CORTEX THORAX	\$694.62	090	0	5114	J1	\$8975.07
21550		BIOPSY SOFT TISSUE NECK/THORAX	\$331.94	010	1	5072	J1	\$2607.62
21552		EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	\$873.77	090	2	5073	J1	\$4641.68

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
21554		EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	\$1430.75	090	2	5073	J1	\$4641.68	
21555		EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	\$591.98	090	1	5072	J1	\$2607.62	
21556		EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	\$796.33	090	1	5073	J1	\$4641.68	
21557		RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	\$1852.64	090	2	5073	J1	\$4641.68	
21558		RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	\$2605.79	090	2	5073	J1	\$4641.68	
21600		EXCISION RIB PARTIAL	\$882.09	090	2	5114	J1	\$8975.07	
21601		EXCISION CHEST WALL TUMOR INCLUDING RIBS	\$2230.94	090	2	5073	J1	\$4641.68	
21602		EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	\$2970.92	090	2	5114	J1	\$8975.07	
21603		EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	\$3256.42	090	2	5114	J1	\$8975.07	
21610		COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	\$2343.76	090	2	5113	J1	\$5084.56	
21615		EXCISION 1ST &/CERVICAL RIB	\$1579.48	090	2	5114	J1	\$8975.07	
21616		EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	\$2012.32	090	2	5114	J1	\$8975.07	
21620		OSTECTOMY STERNUM PARTIAL	\$1974.35	090	2	5114	J1	\$8975.07	
21627		STERNAL DEBRIDEMENT	\$1055.47	090	2	5114	J1	\$8975.07	
21630		RADICAL RESECTION STERNUM	\$2552.70	090	2	5114	J1	\$8975.07	
21632		RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	\$3948.70	090	2	5114	J1	\$8975.07	
21685		HYOID MYOTOMY & SUSPENSION	\$1399.07	090	2	5165	J1	\$9286.03	
21700		DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	\$748.29	090	2	5114	J1	\$8975.07	
21705		DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	\$1237.77	090	2	5114	J1	\$8975.07	
21720		DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	\$1010.12	090	2	5113	J1	\$5084.56	
21725		DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	\$1056.13	090	2	5071	T	\$1173.13	
21740		REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	\$1980.40	090	2	5114	J1	\$8975.07	
21742		REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	\$2722.72	090	2	5113	J1	\$5084.56	
21743		REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	\$4672.29	090	2	5113	J1	\$5084.56	
21750		CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	\$1614.82	090	2	5114	J1	\$8975.07	
21811		OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	\$1143.31	000	2	5114	J1	\$8975.07	
21812		OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	\$1379.61	000	2	5114	J1	\$8975.07	
21813		OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	\$1890.41	000	2	5112	J1	\$2673.39	
21820		CLOSED TREATMENT STERNUM FRACTURE	\$291.01	090	1	5111	T	\$393.21	
21825		OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	\$1079.86	090	2	5114	J1	\$8975.07	
21899		UNLISTED PROCEDURE NECK/THORAX		BR	YYY	0	5161	T	\$407.28
21920		BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	\$438.65	010	1	5072	J1	\$2607.62	
21925		BIOPSY SOFT TISSUE BACK/FLANK DEEP	\$583.39	090	1	5072	J1	\$2607.62	
21930		EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	\$646.73	090	1	5072	J1	\$2607.62	
21931		EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	\$916.84	090	2	5072	J1	\$2607.62	
21932		EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	\$1297.39	090	2	5073	J1	\$4641.68	
21933		EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	\$1440.65	090	2	5073	J1	\$4641.68	
21935		RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	\$1953.95	090	1	5073	J1	\$4641.68	
21936		RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	\$2754.04	090	2	5073	J1	\$4641.68	
22010		I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	\$1364.01	090	0	5114	J1	\$8975.07	
22015		I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	\$1352.95	090	1	5114	J1	\$8975.07	
22100		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	\$1443.11	090	2	5114	J1	\$8975.07	
22101		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	\$1213.82	090	2	5114	J1	\$8975.07	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
		22102 PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	\$1262.72	090	2	5114	J1	\$8975.07
+		22103 PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	\$274.52	ZZZ	2			
		22110 PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	\$1803.89	090	2	5114	J1	\$8975.07
		22112 PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	\$1803.89	090	2	5114	J1	\$8975.07
		22114 PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	\$1715.18	090	2	5114	J1	\$8975.07
+		22116 PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	\$274.52	ZZZ	2			
		22206 OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	\$3677.78	090	2	5114	J1	\$8975.07
		22207 OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	\$3629.49	090	2	5114	J1	\$8975.07
+		22208 OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	\$929.93	ZZZ	2			
		22210 OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	\$3468.55	090	2	5114	J1	\$8975.07
		22212 OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	\$2931.65	090	2	5114	J1	\$8975.07
		22214 OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	\$2932.31	090	2	5114	J1	\$8975.07
+		22216 OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	\$726.67	ZZZ	2			
		22220 OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM CRV	\$3143.54	090	2	5114	J1	\$8975.07
		22222 OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM THRC	\$3416.89	090	2	5114	J1	\$8975.07
		22224 OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	\$3079.45	090	2	5114	J1	\$8975.07
+		22226 OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	\$726.67	ZZZ	2			
		22310 CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	\$473.83	090	1	5111	T	\$393.21
		22315 CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	\$1257.09	090	1	5113	J1	\$5084.56
		22318 OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	\$3194.54	090	2	5115	J1	\$11815.02
		22319 OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	\$3618.97	090	2	5115	J1	\$11815.02
		22325 OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	\$2344.76	090	2	5115	J1	\$11815.02
		22326 OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	\$2930.35	090	2	5115	J1	\$11815.02
		22327 OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	\$2972.20	090	2	5115	J1	\$11815.02
+		22328 OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	\$565.19	ZZZ	2			
		22505 MANIPULATION SPINE REQUIRING ANESTHESIA	\$242.87	010	1	5112	J1	\$2673.39
		22510 PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	\$3457.76	010	1	5113	J1	\$5084.56
		22511 PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	\$3453.23	010	1	5113	J1	\$5084.56
+		22512 VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	\$1453.55	ZZZ	1			
		22513 PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	\$23052.19	010	1	5114	J1	\$8975.07
		22514 PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	\$22953.46	010	1	5114	J1	\$8975.07
+		22515 PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	\$12866.09	ZZZ	1			
		22526 PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	\$3112.59	010	9			
+		22527 PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	\$2525.96	ZZZ	9			
		22532 ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	\$2436.83	090	2	5116	J1	\$12727.70
		22533 ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	\$2286.22	090	2	5116	J1	\$12727.70
+		22534 ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	\$576.05	ZZZ	2			
		22548 ARTHRD ANT TRANSORL/XTRORAL C1-C2 WWO EXC ODNTD	\$3815.14	090	2	5116	J1	\$12727.70
		22551 ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	\$4884.90	090	2	5115	J1	\$11815.02
+		22552 ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	\$926.92	ZZZ	2			
		22554 ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	\$2444.46	090	2	5115	J1	\$11815.02
		22556 ARTHRD ANT INTERBODY MIN DSC THORACIC	\$3231.16	090	2	5116	J1	\$12727.70
		22558 ARTHRD ANT INTERBODY MIN DSC LUMBAR	\$3349.26	090	2	5116	J1	\$12727.70

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	22585		ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	\$775.12	ZZZ	2			
	22586		ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	\$3947.24	090	2	5116	J1	\$12727.70
	22590		ARTHRODESIS POSTERIOR CRANIOCERVICAL	\$3080.76	090	2	5116	J1	\$12727.70
	22595		ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	\$2944.73	090	2	5116	J1	\$12727.70
	22600		ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	\$2570.18	090	2	5116	J1	\$12727.70
	22610		ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	\$2480.43	090	2	5116	J1	\$12727.70
	22612		ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	\$3651.92	090	2	5116	J1	\$12727.70
+	22614		ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	\$961.38	ZZZ	2			
	22630		ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	\$3068.03	090	2	5116	J1	\$12727.70
+	22632		ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC EA ADDL	\$695.01	ZZZ	2			
	22633		ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	\$6615.14	090	2	5116	J1	\$12727.70
+	22634		ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	\$938.08	ZZZ	2			
	22800		ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	\$2664.45	090	2	5116	J1	\$12727.70
	22802		ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	\$4101.57	090	2	5116	J1	\$12727.70
	22804		ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	\$4705.17	090	2	5116	J1	\$12727.70
	22808		ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	\$3542.45	090	2	5116	J1	\$12727.70
	22810		ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM	\$3899.21	090	2	5116	J1	\$12727.70
	22812		ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	\$4258.52	090	2	5116	J1	\$12727.70
	22818		KYPHECTOMY SINGLE OR TWO SEGMENTS	\$4160.43	090	2	5116	J1	\$12727.70
	22819		KYPHECTOMY 3 OR MORE SEGMENTS	\$4788.87	090	2	5116	J1	\$12727.70
	22830		EXPLORATION SPINAL FUSION	\$1598.67	090	2	5115	J1	\$11815.02
	22836		ANT THORACIC VRT BODY TETHERING <7 VRT SEGMENTS	\$3325.05	090	0			
	22837		ANT THORACIC VRT BODY TETHERING 8+ VRT SEGMENTS	\$3662.34	090	0			
	22838		REVJ RPLCMT/RMVL THORACIC VRT BODY TETHERING	\$3710.90	090	0			
+	22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION	\$1579.43	ZZZ	2			
+	22841		INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	\$883.37	XXX	9			
+	22842		POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	\$1922.77	ZZZ	2			
+	22843		POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	\$1581.60	ZZZ	2			
+	22844		POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	\$1900.12	ZZZ	2			
+	22845		ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	\$1815.95	ZZZ	2			
+	22846		ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	\$1744.01	ZZZ	2			
+	22847		ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	\$1614.82	ZZZ	2			
+	22848		PELVIC FIXATION OTHER THAN SACRUM	\$695.31	ZZZ	2			
	22849		REINSERTION SPINAL FIXATION DEVICE	\$2023.96	090	2	5116	J1	\$12727.70
	22850		REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	\$1302.65	090	2	5115	J1	\$11815.02
	22852		REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	\$1375.91	090	2	5115	J1	\$11815.02
+	22853		INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	\$918.11	ZZZ	2			
+	22854		INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	\$646.11	ZZZ	2			
	22855		REMOVAL ANTERIOR INSTRUMENTATION	\$1671.58	090	2	5115	J1	\$11815.02
	22856		TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	\$2528.05	090	2	5116	J1	\$12727.70
	22857		TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	\$2332.72	090	2	5116	J1	\$12727.70
+	22858		TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	\$976.35	ZZZ	2			
+	22859		INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	\$642.18	ZZZ	2			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
+	22860		TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	\$663.59	ZZZ	2				
	22861		REVJ W/RPLCMT TOT DISC ARTHRP ANT 1 NTRSPC CRV	\$3121.15	090	2	5116	J1	\$12727.70	
	22862		REVJ W/RPLCMT TOT DISC ARTHRP ANT 1 NTRSPC LMBR	\$2806.00	090	2	5116	J1	\$12727.70	
	22864		RMVL TOT DISC ARTHRP ANT 1 INTERSPACE CERVICAL	\$2854.78	090	2	5115	J1	\$11815.02	
	22865		RMVL TOT DISC ARTHRP ANT 1 INTERSPACE LUMBAR	\$2775.98	090	2	5115	J1	\$11815.02	
	22867		INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	\$2034.32	090	2	5116	J1	\$12727.70	
+	22868		INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	\$469.37	ZZZ	2				
	22869		INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	\$840.32	090	2	5115	J1	\$11815.02	
+	22870		INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	\$225.94	ZZZ	2				
	22899		UNLISTED PROCEDURE SPINE		BR	YYY	2	5111	T	\$393.21
	22900		EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	\$796.33	090	2	5073	J1	\$4641.68	
	22901		EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	\$1303.97	090	2	5073	J1	\$4641.68	
	22902		EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	\$924.49	090	2	5072	J1	\$2607.62	
	22903		EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	\$859.95	090	2	5073	J1	\$4641.68	
	22904		RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	\$2042.55	090	2	5073	J1	\$4641.68	
	22905		RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	\$2587.01	090	2	5073	J1	\$4641.68	
	22999		UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM		BR	YYY	0	5111	T	\$393.21
	23000		REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	\$992.37	090	2	5073	J1	\$4641.68	
	23020		CAPSULAR CONTRACTURE RELEASE	\$1343.87	090	2	5113	J1	\$5084.56	
	23030		I&D SHOULDER DEEP ABSCESS/HEMATOMA	\$615.00	010	1	5073	J1	\$4641.68	
	23031		I&D SHOULDER INFECTED BURSA	\$596.07	010	1	5073	J1	\$4641.68	
	23035		INCISION BONE CORTEX SHOULDER AREA	\$1330.79	090	2	5112	J1	\$2673.39	
	23040		ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	\$1401.41	090	2	5113	J1	\$5084.56	
	23044		ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	\$1105.18	090	1	5113	J1	\$5084.56	
	23065		BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	\$318.54	010	1	5072	J1	\$2607.62	
	23066		BIOPSY SOFT TISSUE SHOULDER DEEP	\$700.37	090	1	5073	J1	\$4641.68	
	23071		EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	\$820.05	090	2	5072	J1	\$2607.62	
	23073		EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	\$1356.95	090	2	5073	J1	\$4641.68	
	23075		EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	\$675.37	090	1	5072	J1	\$2607.62	
	23076		EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	\$848.58	090	1	5073	J1	\$4641.68	
	23077		RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	\$1953.95	090	2	5073	J1	\$4641.68	
	23078		RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	\$2776.68	090	2	5073	J1	\$4641.68	
	23100		ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	\$1123.86	090	2	5113	J1	\$5084.56	
	23101		ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	\$1123.86	090	1	5113	J1	\$5084.56	
	23105		ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	\$1266.96	090	2	5114	J1	\$8975.07	
	23106		ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	\$997.64	090	1	5113	J1	\$5084.56	
	23107		ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	\$1287.63	090	2	5114	J1	\$8975.07	
	23120		CLAVICULECTOMY PARTIAL	\$1145.07	090	2	5113	J1	\$5084.56	
	23125		CLAVICULECTOMY TOTAL	\$1579.48	090	2	5113	J1	\$5084.56	
	23130		PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	\$1196.06	090	1	5113	J1	\$5084.56	
	23140		EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	\$992.37	090	1	5113	J1	\$5084.56	
	23145		EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	\$1211.45	090	2	5113	J1	\$5084.56	
	23146		EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	\$976.98	090	0	5114	J1	\$8975.07	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
23150		EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	\$1303.07	090	2	5113	J1	\$5084.56
23155		EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	\$1553.78	090	2	5114	J1	\$8975.07
23156		EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	\$1323.60	090	2	5114	J1	\$8975.07
23170		SEQUESTRECTOMY CLAVICLE	\$801.30	090	1	5113	J1	\$5084.56
23172		SEQUESTRECTOMY SCAPULA	\$955.61	090	2	5113	J1	\$5084.56
23174		SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	\$1488.39	090	2	5114	J1	\$8975.07
23180		PARTIAL EXCISION BONE CLAVICLE	\$1034.50	090	1	5114	J1	\$8975.07
23182		PARTIAL EXCISION BONE SCAPULA	\$1011.59	090	2	5114	J1	\$8975.07
23184		PARTIAL EXCISION BONE PROXIMAL HUMERUS	\$1439.34	090	2	5114	J1	\$8975.07
23190		OSTECTOMY SCAPULA PARTIAL	\$1041.37	090	2	5113	J1	\$5084.56
23195		RESECTION HUMERAL HEAD	\$1480.77	090	2	5114	J1	\$8975.07
23200		RADICAL RESECTION TUMOR CLAVICLE	\$1911.21	090	2	5114	J1	\$8975.07
23210		RADICAL RESECTION TUMOR SCAPULA	\$2471.82	090	2	5114	J1	\$8975.07
23220		RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	\$2471.82	090	2	5114	J1	\$8975.07
23330		REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	\$702.45	010	0	5072	J1	\$2607.62
23333		REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	\$921.42	090	0	5073	J1	\$4641.68
23334		PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	\$2057.98	090	1	5073	J1	\$4641.68
23335		PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	\$2454.28	090	1	5073	J1	\$4641.68
23350		INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	\$246.60	000	1			
23395		MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	\$1844.36	090	2	5114	J1	\$8975.07
23397		MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	\$1996.97	090	2	5114	J1	\$8975.07
23400		SCAPULOPEXY	\$1890.57	090	2	5114	J1	\$8975.07
23405		TENOTOMY SHOULDER AREA 1 TENDON	\$1205.89	090	2	5114	J1	\$8975.07
23406		TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	\$1432.70	090	2	5114	J1	\$8975.07
23410		OPEN REPAIR OF ROTATOR CUFF ACUTE	\$1594.33	090	2	5114	J1	\$8975.07
23412		OPEN REPAIR OF ROTATOR CUFF CHRONIC	\$1656.46	090	2	5114	J1	\$8975.07
23415		CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	\$1361.53	090	1	5114	J1	\$8975.07
23420		RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	\$1893.19	090	2	5114	J1	\$8975.07
23430		TENODESIS LONG TENDON BICEPS	\$1449.15	090	2	5114	J1	\$8975.07
23440		RESECTION/TRANSPLANTATION LONG TENDON BICEPS	\$1472.69	090	2	5114	J1	\$8975.07
23450		CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	\$1839.56	090	2	5114	J1	\$8975.07
23455		CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	\$1928.50	090	2	5114	J1	\$8975.07
23460		CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	\$2118.15	090	2	5114	J1	\$8975.07
23462		CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	\$2072.37	090	2	5114	J1	\$8975.07
23465		CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	\$2173.07	090	2	5114	J1	\$8975.07
23466		CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	\$2174.38	090	2	5114	J1	\$8975.07
23470		ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	\$2324.80	090	2	5115	J1	\$11815.02
23472		ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	\$2825.93	090	2	5116	J1	\$12727.70
23473		REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	\$3120.65	090	2	5115	J1	\$11815.02
23474		REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	\$3367.19	090	2	5115	J1	\$11815.02
23480		OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	\$1302.65	090	1	5114	J1	\$8975.07
23485		OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	\$1693.43	090	2	5115	J1	\$11815.02

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
23490		PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	\$1265.94	090	2	5114	J1	\$8975.07	
23491		PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	\$1550.45	090	2	5115	J1	\$11815.02	
23500		CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	\$355.29	090	1	5111	T	\$393.21	
23505		CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	\$494.68	090	1	5112	J1	\$2673.39	
23515		OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	\$1172.38	090	2	5114	J1	\$8975.07	
23520		CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	\$318.54	090	0	5112	J1	\$2673.39	
23525		CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	\$483.47	090	0	5111	T	\$393.21	
23530		OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	\$1042.13	090	2	5114	J1	\$8975.07	
23532		OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	\$1222.23	090	2	5114	J1	\$8975.07	
23540		CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	\$305.57	090	1	5111	T	\$393.21	
23545		CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	\$443.10	090	0	5111	T	\$393.21	
23550		OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	\$1139.05	090	2	5114	J1	\$8975.07	
23552		OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	\$1275.21	090	2	5114	J1	\$8975.07	
23570		CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	\$315.77	090	1	5111	T	\$393.21	
23575		CLTX SCAPULAR FX W/MNPJ W/WO SKELETAL TRACTION	\$539.37	090	0	5112	J1	\$2673.39	
23585		OPEN TX SCAPULAR FX W/INT FIXATION WHEN PFRMD	\$1498.05	090	2	5114	J1	\$8975.07	
23600		CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	\$444.74	090	1	5111	T	\$393.21	
23605		CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	\$671.86	090	1	5112	J1	\$2673.39	
23615		OPTX PROX HUMERAL FX W/INT FIXJ RPR TUBEROSITY	\$1563.18	090	2	5115	J1	\$11815.02	
23616		OPTX PROX HUMRL FX W/INT FIXJ RPR TUBRST RPLCMT	\$2414.15	090	2	5116	J1	\$12727.70	
23620		CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	\$360.31	090	1	5111	T	\$393.21	
23625		CLTX GREATER HUMRL TUBEROSITY FX W/MANIPULATION	\$535.88	090	1	5112	J1	\$2673.39	
23630		OPTX GREATER HUMERAL TUBEROSITY FX W/INT FIXJ	\$1185.42	090	2	5114	J1	\$8975.07	
23650		CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	\$430.87	090	1	5111	T	\$393.21	
23655		CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	\$624.82	090	1	5112	J1	\$2673.39	
23660		OPEN TX ACUTE SHOULDER DISLOCATION	\$1139.83	090	2	5114	J1	\$8975.07	
23665		CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	\$593.36	090	1	5112	J1	\$2673.39	
23670		OPTX SHO DISLC W/FX GR HUMERAL TUBRST INT FIXJ	\$1453.10	090	2	5114	J1	\$8975.07	
23675		CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	\$782.85	090	1	5112	J1	\$2673.39	
23680		OPTX SHO DISLC W/SURG/ANTMCL NECK FX INT FIXJ	\$1801.64	090	2	5115	J1	\$11815.02	
23700		MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS	\$381.25	010	1	5112	J1	\$2673.39	
23800		ARTHRODESIS GLENOHUMERAL JOINT	\$1994.55	090	2	5114	J1	\$8975.07	
23802		ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	\$2486.32	090	2	5115	J1	\$11815.02	
23900		INTERTHORACOSCAPULAR AMPUTATION	\$2683.15	090	2	5115	J1	\$11815.02	
23920		DISARTICULATION SHOULDER	\$2177.66	090	2	5115	J1	\$11815.02	
23921		DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	\$796.33	090	1	5054	T	\$3040.68	
23929		UNLISTED PROCEDURE SHOULDER		BR	YYY	2	5111	T	\$393.21
23930		I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	\$525.86	010	1	5073	J1	\$4641.68	
23931		INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	\$429.94	010	1	5072	J1	\$2607.62	
23935		INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	\$955.61	090	0	5113	J1	\$5084.56	
24000		ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	\$1085.90	090	0	5113	J1	\$5084.56	
24006		ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	\$1407.45	090	2	5113	J1	\$5084.56	
24065		BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	\$312.87	010	1	5072	J1	\$2607.62	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
24066		BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	\$837.21	090	1	5073	J1	\$4641.68
24071		EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	\$792.53	090	2	5073	J1	\$4641.68
24073		EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	\$1352.40	090	2	5073	J1	\$4641.68
24075		EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	\$665.82	090	1	5072	J1	\$2607.62
24076		EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	\$796.33	090	1	5073	J1	\$4641.68
24077		RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	\$1563.18	090	1	5073	J1	\$4641.68
24079		RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW 5CM+	\$2569.37	090	2	5073	J1	\$4641.68
24100		ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	\$820.71	090	2	5113	J1	\$5084.56
24101		ARTHRT ELBOW W/JT EXPL W/WOBX W/O RMLV LOOSE/FB	\$1085.90	090	2	5113	J1	\$5084.56
24102		ARTHROTOMY ELBOW W/SYNOVECTOMY	\$1219.70	090	2	5113	J1	\$5084.56
24105		EXCISION OLECRANON BURSA	\$703.00	090	1	5113	J1	\$5084.56
24110		EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	\$1152.26	090	1	5113	J1	\$5084.56
24115		EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	\$1436.73	090	2	5114	J1	\$8975.07
24116		EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	\$1432.92	090	2	5114	J1	\$8975.07
24120		EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	\$1040.44	090	0	5113	J1	\$5084.56
24125		EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	\$1216.35	090	2	5113	J1	\$5084.56
24126		EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	\$1172.38	090	2	5114	J1	\$8975.07
24130		EXCISION RADIAL HEAD	\$995.31	090	1	5113	J1	\$5084.56
24134		SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	\$1456.35	090	2	5114	J1	\$8975.07
24136		SEQUESTRECTOMY RADIAL HEAD OR NECK	\$1250.13	090	1	5113	J1	\$5084.56
24138		SEQUESTRECTOMY OLECRANON PROCESS	\$1341.25	090	2	5114	J1	\$8975.07
24140		PARTIAL EXCISION BONE HUMERUS	\$1370.68	090	2	5113	J1	\$5084.56
24145		PARTIAL EXCISION BONE RADIAL HEAD/NECK	\$1161.41	090	1	5114	J1	\$8975.07
24147		PARTIAL EXCISION BONE OLECRANON PROCESS	\$1200.64	090	1	5113	J1	\$5084.56
24149		RAD RESCJ CAPSL TISS&HTRTPC B1 ELBW CONTRCT RLS	\$2284.25	090	2	5114	J1	\$8975.07
24150		RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	\$2163.72	090	2	5114	J1	\$8975.07
24152		RADICAL RESECTION TUMOR RADIAL HEAD/NECK	\$1895.34	090	2	5114	J1	\$8975.07
24155		RESECTION ELBOW JOINT ARTHRECTOMY	\$1657.77	090	2	5113	J1	\$5084.56
24160		PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	\$1389.06	090	1	5113	Q2	\$5397.05
24164		PROSTHESIS REMOVAL RADIAL HEAD	\$1137.57	090	1	5113	Q2	\$5397.05
24200		RMLV FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	\$293.66	010	0	5072	J1	\$2607.62
24201		REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	\$815.95	090	1	5073	J1	\$4641.68
24220		INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$275.36	000	0			
24300		MANIPULATION ELBOW UNDER ANESTHESIA	\$651.33	090	1	5112	J1	\$2673.39
24301		MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	\$1477.37	090	2	5114	J1	\$8975.07
24305		TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	\$918.86	090	0	5113	J1	\$5084.56
24310		TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	\$796.33	090	0	5113	J1	\$5084.56
24320		TENOPLASTY ELBOW TO SHOULDER SINGLE	\$1519.12	090	2	5114	J1	\$8975.07
24330		FLEXOR-PLASTY ELBOW	\$1399.45	090	2	5114	J1	\$8975.07
24331		FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	\$1529.59	090	2	5114	J1	\$8975.07
24332		TENOLYSIS TRICEPS	\$1146.33	090	1	5113	J1	\$5084.56
24340		TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	\$1180.21	090	2	5114	J1	\$8975.07

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
24341		REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC	\$1448.50	090	2	5114	J1	\$8975.07
24342		RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/VO TDN GRF	\$1508.66	090	2	5114	J1	\$8975.07
24343		REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	\$1390.95	090	2	5113	J1	\$5084.56
24344		RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	\$2124.68	090	2	5114	J1	\$8975.07
24345		REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	\$1384.42	090	2	5114	J1	\$8975.07
24346		RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	\$2144.31	090	2	5115	J1	\$11815.02
24357		TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	\$796.33	090	0	5113	J1	\$5084.56
24358		TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	\$775.23	090	0	5113	J1	\$5084.56
24359		TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	\$982.38	090	0	5113	J1	\$5084.56
24360		ARTHROPLASTY ELBOW W/MEMBRANE	\$1776.30	090	2	5114	J1	\$8975.07
24361		ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	\$1959.23	090	2	5116	J1	\$12727.70
24362		ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	\$2061.25	090	2	5115	J1	\$11815.02
24363		ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	\$2823.31	090	2	5116	J1	\$12727.70
24365		ARTHROPLASTY RADIAL HEAD	\$1251.66	090	2	5115	J1	\$11815.02
24366		ARTHROPLASTY RADIAL HEAD W/IMPLANT	\$1327.52	090	2	5115	J1	\$11815.02
24370		REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	\$2975.48	090	2	5115	J1	\$11815.02
24371		REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	\$3418.20	090	2	5116	J1	\$12727.70
24400		OSTEOTOMY HUMERUS W/VO INTERNAL FIXATION	\$1606.10	090	2	5114	J1	\$8975.07
24410		MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	\$2019.11	090	2	5115	J1	\$11815.02
24420		OSTEOPLASTY HUMERUS	\$2019.11	090	2	5114	J1	\$8975.07
24430		REPAIR NON/MALUNION HUMERUS W/O GRAFT	\$2046.87	090	2	5115	J1	\$11815.02
24435		REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	\$2096.57	090	2	5115	J1	\$11815.02
24470		HEMIEPIPHYSEAL ARREST	\$1107.25	090	2	5113	J1	\$5084.56
24495		DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	\$1576.72	090	0	5114	J1	\$8975.07
24498		PROPH TX W/VO METHYLMETHACRYLATE HUMERAL SHAFT	\$1329.37	090	2	5115	J1	\$11815.02
24500		CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	\$482.39	090	1	5111	T	\$393.21
24505		CLTX HUMERAL SHFT FX W/MANJ W/VO SKELETAL TRACJ	\$820.66	090	1	5112	J1	\$2673.39
24515		OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/VO CERCLAGE	\$1714.00	090	2	5115	J1	\$11815.02
24516		TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	\$1670.85	090	2	5115	J1	\$11815.02
24530		CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/VO MANJ	\$521.14	090	1	5111	T	\$393.21
24535		CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	\$891.76	090	1	5112	J1	\$2673.39
24538		PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	\$1172.38	090	1	5114	J1	\$8975.07
24545		OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	\$1761.74	090	2	5115	J1	\$11815.02
24546		OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	\$2012.21	090	2	5115	J1	\$11815.02
24560		CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	\$434.14	090	1	5111	T	\$393.21
24565		CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	\$732.16	090	1	5112	J1	\$2673.39
24566		PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	\$1042.07	090	1	5112	J1	\$2673.39
24575		OPEN TX HUMERAL EPICONDYLAR FRACTURE	\$1302.65	090	2	5115	J1	\$11815.02
24576		CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	\$454.23	090	1	5111	T	\$393.21
24577		CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	\$761.65	090	1	5112	J1	\$2673.39
24579		OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	\$1302.65	090	2	5115	J1	\$11815.02
24582		PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	\$1142.01	090	1	5114	J1	\$8975.07
24586		OPTX PERIARTICULAR FRACTURE & DISLOCATION ELBO	\$2006.07	090	2	5115	J1	\$11815.02

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
24587		OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	\$2114.22	090	2	5115	J1	\$11815.02	
24600		TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	\$528.31	090	1	5111	T	\$393.21	
24605		TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	\$659.77	090	1	5112	J1	\$2673.39	
24615		OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	\$1380.81	090	2	5114	J1	\$8975.07	
24620		CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	\$817.31	090	0	5112	J1	\$2673.39	
24635		OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	\$1334.29	090	2	5114	J1	\$8975.07	
24640		CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	\$213.87	010	0	5111	T	\$393.21	
24650		CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	\$351.46	090	1	5111	T	\$393.21	
24655		CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	\$614.04	090	1	5112	J1	\$2673.39	
24665		OPEN TX RADIAL HEAD/NECK FRACTURE	\$1042.13	090	2	5114	J1	\$8975.07	
24666		OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	\$1211.45	090	2	5115	J1	\$11815.02	
24670		CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	\$396.13	090	1	5111	T	\$393.21	
24675		CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	\$648.03	090	1	5112	J1	\$2673.39	
24685		OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	\$1081.18	090	2	5114	J1	\$8975.07	
24800		ARTHRODESIS ELBOW JOINT LOCAL	\$1622.45	090	2	5114	J1	\$8975.07	
24802		ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	\$1949.42	090	2	5115	J1	\$11815.02	
24900		AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	\$1302.65	090	2	5115	J1	\$11815.02	
24920		AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	\$1185.42	090	2	5115	J1	\$11815.02	
24925		AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	\$810.80	090	2	5113	J1	\$5084.56	
24930		AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	\$1172.38	090	2	5114	J1	\$8975.07	
24931		AMPUTATION ARM THRU HUMERUS W/IMPLANT	\$1498.05	090	2	5115	J1	\$11815.02	
24935		STUMP ELONGATION UPPER EXTREMITY	\$1953.95	090	0	5114	J1	\$8975.07	
24940		CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	\$1468.04	090	2	5115	J1	\$11815.02	
24999		UNLISTED PROCEDURE HUMERUS/ELBOW		BR	YYY	0	5111	T	\$393.21
25000		INCISION EXTENSOR TENDON SHEATH WRIST	\$673.57	090	1	5112	J1	\$2673.39	
25001		INCISION FLEXOR TENDON SHEATH WRIST	\$676.18	090	1	5113	J1	\$5084.56	
25020		DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/O DBRDMT	\$908.27	090	1	5112	J1	\$2673.39	
25023		DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	\$1641.60	090	0	5113	J1	\$5084.56	
25024		DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	\$1522.40	090	1	5113	J1	\$5084.56	
25025		DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	\$2288.18	090	0	5112	J1	\$2673.39	
25028		I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	\$773.29	090	1	5113	J1	\$5084.56	
25031		INCISION & DRAINAGE FOREARM&/WRIST BURSA	\$688.37	090	0	5112	J1	\$2673.39	
25035		INCISION DEEP BONE CORTEX FOREARM&/WRIST	\$1142.45	090	0	5114	J1	\$8975.07	
25040		ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	\$888.67	090	0	5113	J1	\$5084.56	
25065		BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	\$429.23	010	1	5072	J1	\$2607.62	
25066		BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	\$642.55	090	1	5073	J1	\$4641.68	
25071		EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	\$833.43	090	2	5072	J1	\$2607.62	
25073		EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	\$1042.13	090	2	5073	J1	\$4641.68	
25075		EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	\$808.87	090	1	5072	J1	\$2607.62	
25076		EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	\$840.96	090	1	5072	J1	\$2607.62	
25077		RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	\$1563.18	090	1	5073	J1	\$4641.68	
25078		RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	\$2256.78	090	2	5073	J1	\$4641.68	
25085		CAPSULOTOMY WRIST	\$857.59	090	2	5113	J1	\$5084.56	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
25100		ARTHROTOMY WRIST JOINT WITH BIOPSY	\$685.99	090	0	5113	J1	\$5084.56
25101		ARTHRT WRST W/JT EXPL W/VO BX W/VO RMVL LOOSE/FB	\$791.93	090	0	5113	J1	\$5084.56
25105		ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	\$949.53	090	0	5113	J1	\$5084.56
25107		ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	\$1114.87	090	2	5113	J1	\$5084.56
25109		EXC TENDON FOREARM&WRIST FLEXOR/EXTENSOR EA	\$777.88	090	1	5113	J1	\$5084.56
25110		EXCISION LESION TENDON SHEATH FOREARM&WRIST	\$628.88	090	1	5112	J1	\$2673.39
25111		EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	\$633.03	090	1	5112	J1	\$2673.39
25112		EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	\$761.85	090	1	5112	J1	\$2673.39
25115		RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	\$1467.47	090	1	5112	J1	\$2673.39
25116		RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	\$1192.02	090	0	5113	J1	\$5084.56
25118		SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	\$760.13	090	1	5112	J1	\$2673.39
25119		SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	\$997.64	090	2	5113	J1	\$5084.56
25120		EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	\$996.35	090	0	5113	J1	\$5084.56
25125		EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	\$1162.72	090	0	5112	J1	\$2673.39
25126		EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	\$1171.23	090	2	5113	J1	\$5084.56
25130		EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	\$880.87	090	0	5113	J1	\$5084.56
25135		EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	\$1042.13	090	2	5114	J1	\$8975.07
25136		EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	\$781.58	090	2	5114	J1	\$8975.07
25145		SEQUESTRECTOMY FOREARM &WRIST	\$1035.19	090	2	5113	J1	\$5084.56
25150		PARTIAL EXCISION BONE ULNA	\$1016.87	090	1	5113	J1	\$5084.56
25151		PARTIAL EXCISION BONE RADIUS	\$1139.83	090	2	5113	J1	\$5084.56
25170		RADICAL RESECTION TUMOR RADIUS OR ULNA	\$2317.35	090	2	5114	J1	\$8975.07
25210		CARPECTOMY 1 BONE	\$960.00	090	0	5113	J1	\$5084.56
25215		CARPECTOMY ALL BONES PROXIMAL ROW	\$1205.23	090	2	5113	J1	\$5084.56
25230		RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	\$844.90	090	1	5113	J1	\$5084.56
25240		EXCISION DISTAL ULNA PARTIAL/COMPLETE	\$838.37	090	0	5113	J1	\$5084.56
25246		INJECTION WRIST ARTHROGRAPHY	\$273.87	000	1			
25248		EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	\$805.21	090	1	5112	J1	\$2673.39
25250		REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	\$1059.15	090	2	5112	Q2	\$2679.83
25251		REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	\$1480.77	090	2	5113	Q2	\$5397.05
25259		MANIPULATION WRIST UNDER ANESTHESIA	\$651.33	090	1	5112	J1	\$2673.39
25260		RPR TDN/MUSC FLXR F/ARM&WRST PRIM 1 EA TDN/MU	\$1236.62	090	1	5113	J1	\$5084.56
25263		RPR TDN/MUSC FLXR F/ARM&WRIST SEC 1 EA TDN/MUS	\$1238.58	090	2	5114	J1	\$8975.07
25265		RPR TDN/MUSC FLXR F/ARM&WRISTSEC FR GRF EA	\$1400.69	090	2	5113	J1	\$5084.56
25270		RPR TDN/MUSC XTNSR F/ARM&WRIST PRIM 1 EA TDN	\$963.92	090	0	5113	J1	\$5084.56
25272		RPR TDN/MUSC XTNSR F/ARM&WRIST SEC 1 EA TDN/MU	\$1094.06	090	0	5113	J1	\$5084.56
25274		RPR TDN/MUSC XTNSR F/ARM&WRST SEC FR GRF EA TDN	\$1291.58	090	0	5113	J1	\$5084.56
25275		RPR TENDON SHEATH EXTENSOR F/ARM&WRIST W/GRAFT	\$1308.55	090	0	5113	J1	\$5084.56
25280		LNGTH/SHRT FLXR/XTNSR TDN F/ARM&WRIST 1 EA TDN	\$1104.52	090	0	5113	J1	\$5084.56
25290		TNOT FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	\$867.52	090	1	5113	J1	\$5084.56
25295		TNOLS FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	\$1028.01	090	1	5113	J1	\$5084.56
25300		TENODESIS WRIST FLEXORS FINGERS	\$1237.51	090	2	5113	J1	\$5084.56
25301		TENODESIS WRIST EXTENSORS FINGERS	\$1107.25	090	2	5113	J1	\$5084.56

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
25310		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRST 1 EA TDN	\$1207.84	090	2	5113	J1	\$5084.56
25312		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRST 1/TDN GR	\$1392.26	090	2	5113	J1	\$5084.56
25315		FLEXOR ORIGIN SLIDE FOREARM &WRIST	\$1463.78	090	2	5114	J1	\$8975.07
25316		FLEXOR ORIGIN SLIDE F/ARM&WRST TENDON TRANSFE	\$1697.41	090	2	5114	J1	\$8975.07
25320		CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	\$1910.18	090	2	5114	J1	\$8975.07
25332		ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	\$1641.42	090	2	5113	J1	\$5084.56
25335		CENTRALIZATION WRST ULNA	\$1838.90	090	2	5113	J1	\$5084.56
25337		RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	\$1719.23	090	1	5114	J1	\$8975.07
25350		OSTEOTOMY RADIUS DISTAL THIRD	\$1313.14	090	2	5114	J1	\$8975.07
25355		OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	\$1491.01	090	2	5113	J1	\$5084.56
25360		OSTEOTOMY ULNA	\$1277.17	090	2	5114	J1	\$8975.07
25365		OSTEOTOMY RADIUS & ULNA	\$1785.29	090	2	5115	J1	\$11815.02
25370		MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	\$1726.02	090	2	5113	J1	\$5084.56
25375		MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	\$1856.57	090	2	5113	J1	\$5084.56
25390		OSTEOPLASTY RADIUS/ULNA SHORTENING	\$1473.37	090	2	5114	J1	\$8975.07
25391		OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	\$1901.87	090	2	5115	J1	\$11815.02
25392		OSTEOPLASTY RADIUS & ULNA SHORTENING	\$1953.95	090	2	5114	J1	\$8975.07
25393		OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	\$2193.35	090	2	5114	J1	\$8975.07
25394		OSTEOPLASTY CARPAL BONE SHORTENING	\$1527.63	090	2	5113	J1	\$5084.56
25400		RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	\$1560.33	090	2	5114	J1	\$8975.07
25405		RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	\$1899.25	090	2	5114	J1	\$8975.07
25415		RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	\$1884.03	090	2	5114	J1	\$8975.07
25420		RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	\$2264.63	090	2	5114	J1	\$8975.07
25425		REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	\$1876.18	090	2	5114	J1	\$8975.07
25426		REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	\$2180.93	090	2	5113	J1	\$5084.56
25430		INSERTION VASCULAR PEDICLE CARPAL BONE	\$1425.61	090	1	5113	J1	\$5084.56
25431		REPAIR NONUNION CARPAL BONE EACH BONE	\$1485.01	090	2	5114	J1	\$8975.07
25440		RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	\$1492.32	090	2	5114	J1	\$8975.07
25441		ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	\$1823.70	090	2	5115	J1	\$11815.02
25442		ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	\$1217.18	090	2	5116	J1	\$12727.70
25443		ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	\$1432.92	090	2	5114	J1	\$8975.07
25444		ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	\$1432.92	090	2	5115	J1	\$11815.02
25445		ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	\$1398.80	090	1	5114	J1	\$8975.07
25446		ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	\$2267.90	090	2	5116	J1	\$12727.70
25447		ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	\$1613.95	090	2	5113	J1	\$5084.56
25449		REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	\$1559.24	090	2	5114	J1	\$8975.07
25450		EPIPHYSL ARRSST EPIPHYSIOD/STAPLING DSTL RDS/U	\$1055.59	090	1	5113	J1	\$5084.56
25455		EPIPHYSL ARRSST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	\$1179.22	090	1	5113	J1	\$5084.56
25490		PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	\$1348.05	090	2	5114	J1	\$8975.07
25491		PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	\$1416.14	090	2	5115	J1	\$11815.02
25492		PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	\$1618.34	090	2	5113	J1	\$5084.56
25500		CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	\$367.47	090	1	5111	T	\$393.21
25505		CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	\$709.83	090	1	5112	J1	\$2673.39

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
25515		OPEN TREATMENT RADIAL SHAFT FRACTURE	\$1185.42	090	2	5114	J1	\$8975.07
25520		CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	\$1133.30	090	1	5112	J1	\$2673.39
25525		OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	\$1533.51	090	2	5114	J1	\$8975.07
25526		OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	\$2083.11	090	2	5114	J1	\$8975.07
25530		CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	\$518.58	090	1	5111	T	\$393.21
25535		CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	\$676.97	090	1	5111	T	\$393.21
25545		OPEN TREATMENT OF ULNAR SHAFT FRACTURE	\$1172.38	090	2	5114	J1	\$8975.07
25560		CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	\$465.55	090	1	5111	T	\$393.21
25565		CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	\$943.36	090	1	5112	J1	\$2673.39
25574		OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	\$1133.31	090	2	5114	J1	\$8975.07
25575		OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	\$1757.82	090	2	5114	J1	\$8975.07
25600		CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	\$477.81	090	1	5111	T	\$393.21
25605		CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	\$789.32	090	1	5112	J1	\$2673.39
25606		PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	\$1018.91	090	1	5113	J1	\$5084.56
25607		OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	\$1066.97	090	2	5114	J1	\$8975.07
25608		OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	\$1212.99	090	2	5114	J1	\$8975.07
25609		OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	\$1547.90	090	2	5114	J1	\$8975.07
25622		CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	\$563.56	090	1	5111	T	\$393.21
25624		CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	\$651.43	090	0	5112	J1	\$2673.39
25628		OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	\$999.26	090	2	5114	J1	\$8975.07
25630		CLTX CARPAL BONE FX W/O MANJ EACH BONE	\$563.56	090	1	5111	T	\$393.21
25635		CLTX CARPAL BONE FX W/MANJ EACH BONE	\$673.84	090	0	5112	J1	\$2673.39
25645		OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	\$852.93	090	2	5113	J1	\$5084.56
25650		CLOSED TREATMENT ULNAR STYLOID FRACTURE	\$650.68	090	1	5111	T	\$393.21
25651		PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	\$885.80	090	0	5113	J1	\$5084.56
25652		OPEN TREATMENT ULNAR STYLOID FRACTURE	\$1214.39	090	1	5114	J1	\$8975.07
25660		CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	\$574.79	090	0	5111	T	\$393.21
25670		OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	\$1029.09	090	2	5114	J1	\$8975.07
25671		PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	\$1035.20	090	1	5113	J1	\$5084.56
25675		CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	\$610.67	090	0	5111	T	\$393.21
25676		OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	\$1042.13	090	2	5114	J1	\$8975.07
25680		CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	\$658.74	090	0	5111	T	\$393.21
25685		OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	\$1432.81	090	2	5114	J1	\$8975.07
25690		CLOSED TX LUNATE DISLOCATION W/MANIPULATION	\$678.85	090	0	5112	J1	\$2673.39
25695		OPEN TREATMENT LUNATE DISLOCATION	\$1239.24	090	2	5114	J1	\$8975.07
25800		ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	\$1423.65	090	2	5114	J1	\$8975.07
25805		ARTHRODESIS WRIST W/SLIDING GRAFT	\$1650.57	090	2	5114	J1	\$8975.07
25810		ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	\$1678.04	090	2	5115	J1	\$11815.02
25820		ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	\$1270.62	090	2	5114	J1	\$8975.07
25825		ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	\$1549.21	090	2	5114	J1	\$8975.07
25830		ARTHROD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	\$1758.57	090	2	5114	J1	\$8975.07
25900		AMPUTATION FOREARM THROUGH RADIUS & ULNA	\$1282.45	090	0	5115	J1	\$11815.02
25905		AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	\$1244.61	090	2	5115	J1	\$11815.02

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
25907		AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	\$1128.81	090	2	5113	J1	\$5084.56	
25909		AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	\$1268.61	090	2	5114	J1	\$8975.07	
25915		KRUKENBERG PROCEDURE	\$2083.33	090	2	5114	J1	\$8975.07	
25920		DISARTICULATION THROUGH WRIST	\$1081.18	090	0	5114	J1	\$8975.07	
25922		DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	\$869.06	090	2	5112	J1	\$2673.39	
25924		DISARTICULATION THRU WRIST RE-AMPUTATION	\$1094.21	090	2	5114	J1	\$8975.07	
25927		TRANSMETACARPAL AMPUTATION	\$1302.65	090	0	5113	J1	\$5084.56	
25929		TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	\$832.30	090	2	5054	T	\$3040.68	
25931		TRANSMETACARPAL AMPUTATION RE-AMPUTATION	\$1302.65	090	1	5113	J1	\$5084.56	
25999		UNLISTED PROCEDURE FOREARM/WRIST		BR	YYY	0	5111	T	\$393.21
26010		DRAINAGE FINGER ABSCESS SIMPLE	\$393.89	010	1	5051	T	\$333.81	
26011		DRAINAGE FINGER ABSCESS COMPLICATED	\$609.95	010	1	5072	J1	\$2607.62	
26020		DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	\$808.59	090	1	5113	J1	\$5084.56	
26025		DRAINAGE OF PALMAR BURSA SINGLE BURSA	\$821.36	090	0	5113	J1	\$5084.56	
26030		DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	\$973.69	090	0	5113	J1	\$5084.56	
26034		INCISION BONE CORTEX HAND/FINGER	\$955.61	090	1	5112	J1	\$2673.39	
26035		DECOMPRESSION FINGERS&/HAND INJECTION INJURY	\$1674.76	090	0	5113	J1	\$5084.56	
26037		DECOMPRESSIVE FASCIOTOMY HAND	\$1184.61	090	0	5113	J1	\$5084.56	
26040		FASCIOTOMY PALMAR PERCUTANEOUS	\$477.81	090	1	5112	J1	\$2673.39	
26045		FASCIOTOMY PALMAR OPEN PARTIAL	\$796.33	090	1	5113	J1	\$5084.56	
26055		TENDON SHEATH INCISION	\$937.51	090	1	5112	J1	\$2673.39	
26060		TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	\$404.31	090	0	5112	J1	\$2673.39	
26070		ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	\$626.48	090	1	5112	J1	\$2673.39	
26075		ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	\$659.84	090	1	5113	J1	\$5084.56	
26080		ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	\$722.84	090	1	5112	J1	\$2673.39	
26100		ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	\$664.41	090	0	5113	J1	\$5084.56	
26105		ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	\$668.99	090	0	5113	J1	\$5084.56	
26110		ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	\$636.30	090	1	5112	J1	\$2673.39	
26111		EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	\$814.77	090	2	5072	J1	\$2607.62	
26113		EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	\$1068.62	090	2	5072	J1	\$2607.62	
26115		EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	\$945.33	090	1	5072	J1	\$2607.62	
26116		EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	\$796.33	090	1	5072	J1	\$2607.62	
26117		RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	\$1433.45	090	1	5073	J1	\$4641.68	
26118		RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	\$2052.91	090	2	5073	J1	\$4641.68	
26121		FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	\$1167.30	090	1	5113	J1	\$5084.56	
26123		FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	\$1625.72	090	1	5113	J1	\$5084.56	
+		FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	\$517.92	ZZZ	1				
26130		SYNOVECTOMY CARPOMETACARPAL JOINT	\$918.15	090	1	5113	J1	\$5084.56	
26135		SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	\$1081.63	090	0	5113	J1	\$5084.56	
26140		SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	\$990.74	090	1	5112	J1	\$2673.39	
26145		SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	\$1005.77	090	1	5112	J1	\$2673.39	
26160		EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	\$861.74	090	1	5112	J1	\$2673.39	
26170		EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	\$722.84	090	0	5112	J1	\$2673.39	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
26180		EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	\$796.33	090	0	5112	J1	\$2673.39
26185		SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	\$773.01	090	2	5112	J1	\$2673.39
26200		EXCISION/CURETTAGE CYST/TUMOR METACARPAL	\$876.29	090	0	5112	J1	\$2673.39
26205		EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	\$976.98	090	1	5114	J1	\$8975.07
26210		EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	\$857.59	090	1	5112	J1	\$2673.39
26215		EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	\$846.73	090	1	5113	J1	\$5084.56
26230		PARTIAL EXCISION BONE METACARPAL	\$882.09	090	0	5113	J1	\$5084.56
26235		PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	\$796.33	090	0	5112	J1	\$2673.39
26236		PARTIAL EXCISION DISTAL PHALANX FINGER	\$796.33	090	1	5112	J1	\$2673.39
26250		RADICAL RESECTION TUMOR METACARPAL	\$1263.57	090	0	5113	J1	\$5084.56
26260		RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	\$1326.74	090	2	5113	J1	\$5084.56
26262		RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	\$1226.81	090	2	5112	J1	\$2673.39
26320		REMOVAL IMPLANT FROM FINGER/HAND	\$684.04	090	1	5072	Q2	\$2703.31
26340		MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	\$586.19	090	1	5112	J1	\$2673.39
26341		MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	\$219.40	010	1	5111	T	\$393.21
26350		RPR/ADMVNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	\$1164.61	090	1	5113	J1	\$5084.56
26352		RPR/ADMVNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	\$1498.05	090	2	5114	J1	\$8975.07
26356		RPR/ADMVNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	\$1531.71	090	1	5113	J1	\$5084.56
26357		RPR/ADMVNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	\$1387.43	090	2	5113	J1	\$5084.56
26358		RPR/ADMVNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	\$1628.31	090	2	5114	J1	\$8975.07
26370		RPR/ADMVNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	\$1274.14	090	0	5113	J1	\$5084.56
26372		RPR/ADMVNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	\$1797.83	090	2	5114	J1	\$8975.07
26373		RPR/ADMVNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	\$1381.31	090	2	5113	J1	\$5084.56
26390		EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	\$1301.72	090	2	5114	J1	\$8975.07
26392		RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	\$1751.95	090	2	5114	J1	\$8975.07
26410		REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	\$934.57	090	1	5112	J1	\$2673.39
26412		REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	\$1119.76	090	0	5113	J1	\$5084.56
26415		EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	\$1359.91	090	0	5113	J1	\$5084.56
26416		RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	\$1592.68	090	1	5113	J1	\$5084.56
26418		REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	\$929.79	090	1	5112	J1	\$2673.39
26420		REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	\$1163.97	090	2	5113	J1	\$5084.56
26426		RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	\$982.23	090	1	5113	J1	\$5084.56
26428		RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	\$1215.39	090	0	5113	J1	\$5084.56
26432		CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	\$955.61	090	1	5112	J1	\$2673.39
26433		REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	\$955.61	090	1	5113	J1	\$5084.56
26434		REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	\$1042.13	090	2	5113	J1	\$5084.56
26437		REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	\$1001.47	090	1	5113	J1	\$5084.56
26440		TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	\$1038.37	090	1	5112	J1	\$2673.39
26442		TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	\$1374.82	090	1	5113	J1	\$5084.56
26445		TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	\$976.06	090	1	5113	J1	\$5084.56
26449		TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	\$1348.80	090	0	5113	J1	\$5084.56
26450		TENOTOMY FLEXOR PALM OPEN EACH TENDON	\$637.77	090	0	5113	J1	\$5084.56
26455		TENOTOMY FLEXOR FINGER OPEN EACH TENDON	\$796.33	090	0	5112	J1	\$2673.39

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
26460		TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	\$603.77	090	1	5112	J1	\$2673.39
26471		TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	\$979.09	090	0	5113	J1	\$5084.56
26474		TENODESIS DISTAL JOINT EACH	\$948.67	090	2	5112	J1	\$2673.39
26476		LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	\$916.11	090	1	5113	J1	\$5084.56
26477		SHORTENING TENDON EXTENSOR HAND/FINGER EACH	\$921.88	090	1	5113	J1	\$5084.56
26478		LENGTHENING TENDON FLEXOR HAND/FINGER EACH	\$1005.33	090	0	5113	J1	\$5084.56
26479		SHORTENING TENDON FLEXOR HAND/FINGER EACH	\$987.24	090	2	5113	J1	\$5084.56
26480		TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	\$1237.56	090	0	5113	J1	\$5084.56
26483		TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	\$1563.18	090	2	5113	J1	\$5084.56
26485		TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	\$1341.73	090	2	5113	J1	\$5084.56
26489		TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	\$1732.51	090	0	5113	J1	\$5084.56
26490		OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	\$1328.70	090	0	5113	J1	\$5084.56
26492		OPPONENSPLASTY TDN TR W/GRF EA TDN	\$1719.50	090	2	5113	J1	\$5084.56
26494		OPPONENSPLASTY HYPOTHENAR MUSC TR	\$1563.18	090	2	5113	J1	\$5084.56
26496		OPPONENSPLASTY OTHER METHODS	\$1782.94	090	0	5113	J1	\$5084.56
26497		TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	\$1563.18	090	2	5113	J1	\$5084.56
26498		TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	\$2149.37	090	2	5113	J1	\$5084.56
26499		CORRECTION CLAW FINGER OTHER METHODS	\$1713.67	090	2	5113	J1	\$5084.56
26500		RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	\$993.89	090	0	5114	J1	\$8975.07
26502		RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	\$1103.18	090	2	5113	J1	\$5084.56
26508		RELEASE THENAR MUSCLE	\$1042.13	090	0	5113	J1	\$5084.56
26510		CROSS INTRINSIC TRANSFER EACH TENDON	\$1042.13	090	0	5113	J1	\$5084.56
26516		CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	\$1113.41	090	0	5113	J1	\$5084.56
26517		CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	\$1291.54	090	2	5113	J1	\$5084.56
26518		CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	\$1458.96	090	2	5114	J1	\$8975.07
26520		CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	\$1081.17	090	1	5113	J1	\$5084.56
26525		CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	\$1087.50	090	1	5112	J1	\$2673.39
26530		ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	\$1042.13	090	2	5114	J1	\$8975.07
26531		ARTHROPLASTY MTCARPHLNGL JT W/PROSTC IMPLT EA JT	\$1229.43	090	2	5114	J1	\$8975.07
26535		ARTHROPLASTY INTERPHALANGEAL JOINT EACH	\$851.44	090	1	5113	J1	\$5084.56
26536		ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	\$1302.65	090	0	5114	J1	\$8975.07
26540		RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	\$1367.77	090	0	5113	J1	\$5084.56
26541		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	\$1498.05	090	2	5113	J1	\$5084.56
26542		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	\$1302.65	090	0	5113	J1	\$5084.56
26545		RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	\$1093.03	090	0	5113	J1	\$5084.56
26546		RPR NON-UNION MTCRPL/PHALANX	\$1434.14	090	2	5114	J1	\$8975.07
26548		RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	\$1202.72	090	0	5113	J1	\$5084.56
26550		POLLICIZATION DIGIT	\$2865.81	090	2	5113	J1	\$5084.56
26551		TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	\$6398.25	090	2	5114	J1	\$8975.07
26553		TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	\$6355.53	090	2	5114	J1	\$8975.07
26554		TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	\$7395.25	090	2	5114	J1	\$8975.07
26555		TR FNGR AXH POS W/O MVASC ANAST	\$2043.35	090	2	5114	J1	\$8975.07
26556		TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	\$6612.54	090	2	5114	J1	\$8975.07

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
26560		REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	\$1252.37	090	2	5112	J1	\$2673.39
26561		REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	\$1929.90	090	2	5113	J1	\$5084.56
26562		REPAIR SYNDACTYLY EACH SPACE COMPLEX	\$2084.23	090	2	5113	J1	\$5084.56
26565		OSTEOTOMY METACARPAL EACH	\$1107.25	090	2	5113	J1	\$5084.56
26567		OSTEOTOMY PHALANX FINGER EACH	\$1077.10	090	0	5113	J1	\$5084.56
26568		OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	\$1411.51	090	2	5114	J1	\$8975.07
26580		REPAIR CLEFT HAND	\$2605.28	090	2	5113	J1	\$5084.56
26587		RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	\$1435.20	090	2	5113	J1	\$5084.56
26590		REPAIR MACRODACTYLIA EACH DIGIT	\$1921.77	090	2	5112	J1	\$2673.39
26591		REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	\$911.86	090	0	5113	J1	\$5084.56
26593		RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	\$934.93	090	1	5113	J1	\$5084.56
26596		EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	\$1563.18	090	2	5113	J1	\$5084.56
26600		CLTX METACARPAL FX W/O MANIPULATION EACH BONE	\$471.04	090	1	5111	T	\$393.21
26605		CLTX METACARPAL FX W/MANIPULATION EACH BONE	\$440.51	090	1	5111	T	\$393.21
26607		CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	\$796.33	090	0	5113	J1	\$5084.56
26608		PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	\$943.00	090	0	5113	J1	\$5084.56
26615		OPEN TX METACARPAL FRACTURE SINGLE EA BONE	\$1081.42	090	1	5113	J1	\$5084.56
26641		CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	\$510.83	090	0	5111	T	\$393.21
26645		CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	\$637.07	090	0	5112	J1	\$2673.39
26650		PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	\$942.34	090	1	5113	J1	\$5084.56
26665		OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	\$1215.04	090	1	5113	J1	\$5084.56
26670		CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	\$463.14	090	0	5111	T	\$393.21
26675		CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	\$613.33	090	0	5112	J1	\$2673.39
26676		PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	\$726.00	090	1	5113	J1	\$5084.56
26685		OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	\$955.61	090	1	5113	J1	\$5084.56
26686		OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	\$1217.66	090	2	5113	J1	\$5084.56
26700		CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	\$443.34	090	1	5111	T	\$393.21
26705		CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	\$570.61	090	0	5112	J1	\$2673.39
26706		PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	\$637.07	090	1	5113	J1	\$5084.56
26715		OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	\$1081.42	090	0	5113	J1	\$5084.56
26720		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	\$263.68	090	1	5111	T	\$393.21
26725		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	\$475.33	090	1	5111	T	\$393.21
26727		PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	\$681.12	090	1	5113	J1	\$5084.56
26735		OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	\$955.61	090	1	5113	J1	\$5084.56
26740		CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	\$404.31	090	1	5111	T	\$393.21
26742		CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/MANJ	\$563.56	090	1	5112	J1	\$2673.39
26746		OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	\$989.24	090	1	5113	J1	\$5084.56
26750		CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	\$247.84	090	1	5111	T	\$393.21
26755		CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	\$436.58	090	1	5111	T	\$393.21
26756		PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	\$598.26	090	0	5113	J1	\$5084.56
26765		OPEN TX DISTAL PHALANGEAL FRACTURE EACH	\$659.49	090	1	5113	J1	\$5084.56
26770		CLTX IPHAL JT DISLC W/MANJ W/O ANES	\$375.19	090	1	5111	T	\$393.21
26775		CLTX IPHAL JT DISLC W/MANJ REQ ANES	\$530.22	090	1	5102	T	\$447.79

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
26776		PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	\$637.74	090	1	5113	J1	\$5084.56	
26785		OPEN TX INTERPHALANGEAL JOINT DISLOCATION	\$901.08	090	1	5113	J1	\$5084.56	
26820		FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	\$1537.13	090	2	5114	J1	\$8975.07	
26841		ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	\$1167.41	090	0	5114	J1	\$8975.07	
26842		ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	\$1315.67	090	2	5114	J1	\$8975.07	
26843		ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	\$1149.67	090	2	5114	J1	\$8975.07	
26844		ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	\$1315.67	090	2	5114	J1	\$8975.07	
26850		ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	\$1100.06	090	0	5114	J1	\$8975.07	
26852		ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	\$1241.08	090	2	5114	J1	\$8975.07	
26860		ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	\$898.67	090	1	5113	J1	\$5084.56	
+	26861	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	\$196.16	ZZZ	1				
	26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	\$1133.00	090	2	5113	J1	\$5084.56	
+	26863	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	\$390.80	ZZZ	2				
26910		AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	\$1103.18	090	1	5113	J1	\$5084.56	
26951		AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	\$933.79	090	1	5113	J1	\$5084.56	
26952		AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	\$1114.87	090	1	5113	J1	\$5084.56	
26989		UNLISTED PROCEDURE HANDS/FINGERS		BR	YYY	1	5111	T	\$393.21
26990		I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	\$899.73	090	1	5113	J1	\$5084.56	
26991		I&D PELVIS/HIP JOINT AREA INFECTED BURSA	\$1027.70	090	0	5112	J1	\$2673.39	
26992		INCISION BONE CORTEX PELVIS&/HIP JOINT	\$1448.88	090	0	5114	J1	\$8975.07	
27000		TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	\$668.28	090	1	5112	J1	\$2673.39	
27001		TENOTOMY ADDUCTOR HIP OPEN	\$805.02	090	2	5113	J1	\$5084.56	
27003		TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	\$1114.87	090	2	5114	J1	\$8975.07	
27005		TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	\$1083.74	090	2	5114	J1	\$8975.07	
27006		TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	\$1116.42	090	2	5113	J1	\$5084.56	
27025		FASCIOTOMY HIP/THIGH ANY TYPE	\$1356.67	090	0	5114	J1	\$8975.07	
27027		DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	\$1329.79	090	0	5114	J1	\$8975.07	
27030		ARTHROTOMY HIP W/DRAINAGE	\$1819.94	090	2	5114	J1	\$8975.07	
27033		ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	\$1836.74	090	2	5114	J1	\$8975.07	
27035		DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	\$2194.04	090	2	5113	J1	\$5084.56	
27036		CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	\$1977.55	090	2	5114	J1	\$8975.07	
27040		BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	\$476.59	010	1	5072	J1	\$2607.62	
27041		BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFASCAL/IM	\$1024.75	090	1	5072	J1	\$2607.62	
27043		EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	\$914.88	090	1	5073	J1	\$4641.68	
27045		EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	\$1434.64	090	2	5073	J1	\$4641.68	
27047		EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	\$888.18	090	1	5073	J1	\$4641.68	
27048		EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	\$796.33	090	2	5073	J1	\$4641.68	
27049		RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	\$1953.95	090	2	5073	J1	\$4641.68	
27050		ARTHROTOMY W/BIOPSY SACROILIAC JOINT	\$781.58	090	0	5112	J1	\$2673.39	
27052		ARTHROTOMY W/BIOPSY HIP JOINT	\$1146.55	090	2	5112	J1	\$2673.39	
27054		ARTHROTOMY W/SYNOVECTOMY HIP JOINT	\$1630.97	090	2	5113	J1	\$5084.56	
27057		DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	\$1477.27	090	0	5112	J1	\$2673.39	
27059		RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	\$3519.27	090	2	5073	J1	\$4641.68	

+ Add-on Procedure    ◯ Modifier 51 Exempt Procedure    ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
27060		EXCISION ISCHIAL BURSA	\$882.09	090	1	5114	J1	\$8975.07
27062		EXCISION TROCHANTERIC BURSA/CALCIFICATION	\$670.66	090	1	5113	J1	\$5084.56
27065		EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	\$796.33	090	2	5114	J1	\$8975.07
27066		EXCISION BONE CYST/BENIGN TUMOR DEEP	\$1237.51	090	2	5113	J1	\$5084.56
27067		EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	\$1563.18	090	2	5114	J1	\$8975.07
27070		PARTIAL EXCISION SUPERFICIAL PELVIS	\$1223.74	090	2	5114	J1	\$8975.07
27071		PARTIAL EXCISION DEEP PELVIS	\$1903.00	090	2	5114	J1	\$8975.07
27075		RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	\$3411.02	090	2	5114	J1	\$8975.07
27076		RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	\$4043.41	090	2	5114	J1	\$8975.07
27077		RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	\$5427.14	090	2	5115	J1	\$11815.02
27078		RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	\$3306.55	090	2	5115	J1	\$11815.02
27080		COCCYGECTOMY PRIMARY	\$781.58	090	2	5113	J1	\$5084.56
27086		RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	\$361.90	010	0	5073	J1	\$4641.68
27087		REMOVAL FOREIGN BODY PELVIS/HIP DEEP	\$940.03	090	2	5113	J1	\$5084.56
27090		REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	\$1615.26	090	2	5073	J1	\$4641.68
27091		RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	\$3229.64	090	2	5073	J1	\$4641.68
27093		INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	\$319.55	000	1			
27095		INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	\$521.06	000	1			
27096		INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IIMA	\$319.17	000	1			
27097		RELEASE/RECESSION HAMSTRING PROXIMAL	\$948.88	090	2	5113	J1	\$5084.56
27098		TRANSFER ADDUCTOR ISCHIUM	\$1356.29	090	2	5113	J1	\$5084.56
27100		TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	\$1615.91	090	2	5114	J1	\$8975.07
27105		TR PARASPI MUSC HIP FASC/TDN XTN GRF	\$1694.39	090	2	5113	J1	\$5084.56
27110		TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	\$1887.95	090	2	5114	J1	\$8975.07
27111		TRANSFER ILIOPSOAS FEMORAL NECK	\$1757.82	090	2	5113	J1	\$5084.56
27120		ACETABULOPLASTY	\$2517.71	090	2	5115	J1	\$11815.02
27122		ACETABULOPLASTY RESECTION FEMORAL HEAD	\$2156.49	090	2	5115	J1	\$11815.02
27125		HEMIARTHROPLASTY HIP PARTIAL	\$2209.58	090	2	5115	J1	\$11815.02
27130		ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	\$2624.08	090	2	5115	J1	\$11815.02
27132		CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	\$3234.72	090	2	5115	J1	\$11815.02
27134		REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	\$3692.77	090	2	5115	J1	\$11815.02
27137		REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	\$2847.91	090	2	5115	J1	\$11815.02
27138		REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	\$2957.32	090	2	5115	J1	\$11815.02
27140		OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	\$1589.23	090	2	5115	J1	\$11815.02
27146		OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	\$2481.74	090	2	5114	J1	\$8975.07
27147		OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	\$2832.26	090	2	5114	J1	\$8975.07
27151		OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	\$3060.49	090	2	5114	J1	\$8975.07
27156		OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	\$3297.22	090	2	5114	J1	\$8975.07
27158		OSTEOTOMY PELVIS BILATERAL	\$2711.28	090	2	5114	J1	\$8975.07
27161		OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	\$2344.76	090	2	5114	J1	\$8975.07
27165		OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	\$2672.04	090	2	5114	J1	\$8975.07
27170		B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	\$2261.57	090	2	5114	J1	\$8975.07
27175		TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	\$1296.78	090	0	5114	J1	\$8975.07

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
27176		TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	\$1808.84	090	2	5115	J1	\$11815.02
27177		OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	\$2165.23	090	2	5114	J1	\$8975.07
27178		OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	\$1840.89	090	2	5114	J1	\$8975.07
27179		OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	\$1903.00	090	2	5114	J1	\$8975.07
27181		OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	\$2171.76	090	2	5114	J1	\$8975.07
27185		EPIPHYSL ARRSST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	\$1053.61	090	1	5114	J1	\$8975.07
27187		PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	\$2825.93	090	2	5114	J1	\$8975.07
27197		CLSD TX PELVIC RING FX W/O MANIPULATION	\$260.93	000	1	5111	T	\$393.21
27198		CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	\$615.03	000	0	5111	T	\$393.21
27200		CLOSED TREATMENT COCCYGEAL FRACTURE	\$257.28	090	1	5111	T	\$393.21
27202		OPEN TREATMENT COCCYGEAL FRACTURE	\$1040.37	090	2	5113	J1	\$5084.56
27215		OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	\$1176.33	090	9			
27216		PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	\$2527.19	090	9			
27217		OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	\$2018.52	090	9			
27218		OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	\$2890.52	090	9			
27220		CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	\$732.01	090	1	5111	T	\$393.21
27222		CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	\$1405.26	090	1	5111	J1	\$392.74
27226		OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	\$2188.08	090	2	5114	J1	\$8975.07
27227		OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	\$4206.61	090	2	5114	J1	\$8975.07
27228		OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	\$6725.72	090	2	5114	J1	\$8975.07
27230		CLTX FEM FX PROX END NCK W/O MANJ	\$673.83	090	1	5111	T	\$393.21
27232		CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	\$1302.65	090	1	5112	J1	\$2673.39
27235		PRQ SKEL FIXJ FEMORAL FX PROX END NECK	\$1775.82	090	1	5114	J1	\$8975.07
27236		OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	\$2329.99	090	2	5114	J1	\$8975.07
27238		CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	\$654.03	090	1	5112	J1	\$2673.39
27240		CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	\$1459.83	090	1	5112	J1	\$2673.39
27244		TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	\$2379.07	090	2	5114	J1	\$8975.07
27245		TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	\$2380.15	090	2	5114	J1	\$8975.07
27246		CLTX GREATER TROCHANTERIC FX W/O MANJ	\$563.44	090	1	5111	T	\$393.21
27248		OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	\$1151.83	090	2	5114	J1	\$8975.07
27250		CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	\$438.27	000	1	5111	T	\$393.21
27252		CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	\$1106.62	090	1	5112	J1	\$2673.39
27253		OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	\$1827.79	090	2	5113	J1	\$5084.56
27254		OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	\$2466.05	090	2	5113	J1	\$5084.56
27256		TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	\$668.24	010	0	5111	T	\$393.21
27257		TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	\$1184.61	010	0	5112	J1	\$2673.39
27258		OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	\$2158.04	090	2	5113	J1	\$5084.56
27259		OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	\$2475.02	090	2	5113	J1	\$5084.56
27265		CLTX POST HIP ARTHRP DISLC W/O ANES	\$582.16	090	1	5111	T	\$393.21
27266		CLTX POST HIP ARTHRP DISLC REQ ANES	\$854.94	090	1	5112	J1	\$2673.39
27267		CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	\$620.59	090	2	5113	J1	\$5084.56
27268		CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	\$772.35	090	2	5113	J1	\$5084.56
27269		OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	\$1878.98	090	2	5112	J1	\$2673.39

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
27275		MANIPULATION HIP JOINT GENERAL ANESTHESIA	\$355.75	010	1	5112	J1	\$2673.39	
27278		ARTHRO SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	\$23599.67	090	0	5116	J1	\$12727.70	
27279		ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE	\$1564.12	090	2	5116	J1	\$12727.70	
27280		ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	\$1823.70	090	2	5116	J1	\$12727.70	
27282		ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	\$1673.46	090	2	5115	J1	\$11815.02	
27284		ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	\$3103.65	090	2	5116	J1	\$12727.70	
27286		ARTHRO HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	\$3178.20	090	2	5116	J1	\$12727.70	
27290		INTERPELVIA ABDOMINAL AMPUTATION	\$3229.64	090	2	5116	J1	\$12727.70	
27295		DISARTICULATION HIP	\$2449.04	090	2	5116	J1	\$12727.70	
27299		UNLISTED PROCEDURE PELVIS/HIP JOINT		BR	YYY	2	5111	T	\$393.21
27301		I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	\$956.26	090	1	5073	J1	\$4641.68	
27303		INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	\$962.26	090	2	5114	J1	\$8975.07	
27305		FASCIOTOMY ILIOTIBIAL OPEN	\$943.65	090	2	5113	J1	\$5084.56	
27306		TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	\$564.05	090	2	5113	J1	\$5084.56	
27307		TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	\$688.90	090	0	5113	J1	\$5084.56	
27310		ARTHRT KNE W/EXPL DRG/RMVL FB	\$1425.61	090	2	5113	J1	\$5084.56	
27323		BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	\$343.76	010	1	5072	J1	\$2607.62	
27324		BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	\$558.43	090	1	5073	J1	\$4641.68	
27325		NEURECTOMY HAMSTRING MUSCLE	\$785.17	090	2	5431	J1	\$3189.10	
27326		NEURECTOMY POPLITEAL	\$729.55	090	2	5431	J1	\$3189.10	
27327		EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	\$627.95	090	1	5072	J1	\$2607.62	
27328		EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	\$796.33	090	1	5073	J1	\$4641.68	
27329		RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	\$1823.70	090	2	5073	J1	\$4641.68	
27330		ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	\$1009.26	090	1	5113	J1	\$5084.56	
27331		ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	\$1090.00	090	2	5113	J1	\$5084.56	
27332		ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	\$1291.86	090	2	5113	J1	\$5084.56	
27333		ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	\$1299.93	090	2	5113	J1	\$5084.56	
27334		ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	\$1453.34	090	2	5113	J1	\$5084.56	
27335		ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	\$1534.08	090	2	5114	J1	\$8975.07	
27337		EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	\$818.74	090	2	5073	J1	\$4641.68	
27339		EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	\$1470.08	090	2	5073	J1	\$4641.68	
27340		EXCISION PREPATELLAR BURSA	\$789.74	090	1	5113	J1	\$5084.56	
27345		EXCISION SYNOVIAL CYST POPLITEAL SPACE	\$964.63	090	2	5113	J1	\$5084.56	
27347		EXCISION LESION MENISCUS/CAPSULE KNEE	\$976.98	090	2	5113	J1	\$5084.56	
27350		PATELLECTOMY/HEMIPATELLECTOMY	\$1292.21	090	2	5114	J1	\$8975.07	
27355		EXCISION/CURETTAGE CYST/TUMOR FEMUR	\$1194.49	090	2	5113	J1	\$5084.56	
27356		EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	\$1441.31	090	2	5115	J1	\$11815.02	
27357		EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	\$1596.29	090	2	5114	J1	\$8975.07	
+	27358	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	\$1291.86	ZZZ	2				
	27360	PRTL EXC BONE FEMUR PROX TIBIA&FIBULA	\$1563.18	090	2	5113	J1	\$5084.56	
	27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	\$3040.84	090	2	5073	J1	\$4641.68	
	27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	\$3359.43	090	2	5114	J1	\$8975.07	
	27369	NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	\$322.27	000	1				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
27372		REMOVAL FOREIGN BODY DEEP THIGH/KNEE	\$881.91	090	0	5073	J1	\$4641.68
27380		SUTURE INFRAPATELLAR TENDON PRIMARY	\$1222.23	090	2	5114	J1	\$8975.07
27381		SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	\$1606.76	090	2	5114	J1	\$8975.07
27385		SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	\$1197.28	090	2	5114	J1	\$8975.07
27386		SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	\$1678.04	090	2	5114	J1	\$8975.07
27390		TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	\$877.60	090	2	5113	J1	\$5084.56
27391		TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	\$1085.56	090	0	5113	J1	\$5084.56
27392		TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	\$1389.64	090	2	5113	J1	\$5084.56
27393		LENGTHENING HAMSTRING TENDON SINGLE	\$980.28	090	2	5114	J1	\$8975.07
27394		LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	\$1277.17	090	2	5114	J1	\$8975.07
27395		LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	\$1715.31	090	2	5113	J1	\$5084.56
27396		TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	\$1308.01	090	2	5114	J1	\$8975.07
27397		TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	\$1778.10	090	2	5114	J1	\$8975.07
27400		TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	\$1356.95	090	2	5114	J1	\$8975.07
27403		ARTHROTOMY W/MENISCUS REPAIR KNEE	\$1372.60	090	2	5114	J1	\$8975.07
27405		RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	\$1319.67	090	2	5114	J1	\$8975.07
27407		REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	\$1552.47	090	2	5114	J1	\$8975.07
27409		RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	\$1880.76	090	2	5114	J1	\$8975.07
27412		AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	\$3189.97	090	2	5114	J1	\$8975.07
27415		OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	\$2658.96	090	2	5115	J1	\$11815.02
27416		OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	\$1479.15	090	0	5114	J1	\$8975.07
27418		ANTERIOR TIBIAL TUBERCLEPLASTY	\$1695.56	090	2	5114	J1	\$8975.07
27420		RCNSTJ DISLOCATING PATELLA	\$1445.88	090	2	5114	J1	\$8975.07
27422		RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	\$1446.53	090	2	5114	J1	\$8975.07
27424		RCNSTJ DISLC PATELLA W/PATELLECTOMY	\$1465.45	090	2	5114	J1	\$8975.07
27425		LATERAL RETINACULAR RELEASE OPEN	\$1291.86	090	1	5113	J1	\$5084.56
27427		LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	\$1534.08	090	2	5114	J1	\$8975.07
27428		LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	\$2190.80	090	2	5115	J1	\$11815.02
27429		LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	\$2469.18	090	2	5115	J1	\$11815.02
27430		QUADRICEPSPLASTY	\$1446.53	090	2	5114	J1	\$8975.07
27435		CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	\$1566.21	090	2	5113	J1	\$5084.56
27437		ARTHROPLASTY PATELLA W/O PROSTHESIS	\$1305.16	090	1	5114	J1	\$8975.07
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	\$1650.87	090	2	5115	J1	\$11815.02
27440		ARTHROPLASTY KNEE TIBIAL PLATEAU	\$1695.56	090	2	5115	J1	\$11815.02
27441		ARTHROPLASTY KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNACT	\$1776.30	090	2	5115	J1	\$11815.02
27442		ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	\$1857.04	090	2	5115	J1	\$11815.02
27443		ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	\$1776.30	090	2	5115	J1	\$11815.02
27445		ARTHROPLASTY KNEE HINGE PROSTHESIS	\$2446.52	090	2	5115	J1	\$11815.02
27446		ARTHROPLASTY KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	\$2260.75	090	2	5115	J1	\$11815.02
27447		ARTHROPLASTY KNEE CONDYLE&PLATEAU MEDIAL&LAT COMPARTMENTS	\$3068.16	090	2	5115	J1	\$11815.02
27448		OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	\$1626.27	090	2	5114	J1	\$8975.07
27450		OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	\$1965.78	090	2	5114	J1	\$8975.07
27454		OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	\$2505.93	090	2	5114	J1	\$8975.07

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
27455		OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	\$1693.43	090	2	5114	J1	\$8975.07
27457		OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	\$1847.03	090	2	5114	J1	\$8975.07
27465		OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	\$2418.97	090	2	5114	J1	\$8975.07
27466		OSTEOPLASTY FEMUR LENGTHENING	\$2315.10	090	2	5114	J1	\$8975.07
27468		OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	\$3108.53	090	2	5114	J1	\$8975.07
27470		RPR NON/MAL FEMUR DSTL H/N W/O GRF	\$2287.52	090	2	5114	J1	\$8975.07
27472		RPR NON/MAL FEMUR DSTL H/N W/LIAC/AUTOG BONE	\$2449.70	090	2	5114	J1	\$8975.07
27475		ARREST EPIPHYSEAL DISTAL FEMUR	\$1294.17	090	1	5114	J1	\$8975.07
27477		ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	\$1429.92	090	1	5114	J1	\$8975.07
27479		ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	\$1800.42	090	2	5114	J1	\$8975.07
27485		ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	\$1309.86	090	1	5114	J1	\$8975.07
27486		REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	\$2045.46	090	2	5115	J1	\$11815.02
27487		REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	\$3633.34	090	2	5115	J1	\$11815.02
27488		RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	\$1784.41	090	2	5114	J1	\$8975.07
27495		PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	\$1823.70	090	2	5114	J1	\$8975.07
27496		DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	\$937.90	090	1	5113	J1	\$5084.56
27497		DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	\$1132.64	090	0	5113	J1	\$5084.56
27498		DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	\$1287.81	090	2	5112	J1	\$2673.39
27499		DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	\$1606.74	090	2	5114	J1	\$8975.07
27500		CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	\$1020.81	090	1	5111	T	\$393.21
27501		CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	\$992.05	090	0	5111	T	\$393.21
27502		CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	\$1158.98	090	1	5112	J1	\$2673.39
27503		CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	\$1555.09	090	0	5112	J1	\$2673.39
27506		OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	\$2590.95	090	2	5114	J1	\$8975.07
27507		OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	\$1878.14	090	2	5114	J1	\$8975.07
27508		CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	\$781.58	090	1	5111	T	\$393.21
27509		PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	\$1276.58	090	0	5114	J1	\$8975.07
27510		CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	\$1094.21	090	1	5112	J1	\$2673.39
27511		OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	\$1931.77	090	2	5114	J1	\$8975.07
27513		OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	\$2401.21	090	2	5114	J1	\$8975.07
27514		OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	\$1882.64	090	2	5114	J1	\$8975.07
27516		CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	\$911.86	090	1	5111	T	\$393.21
27517		CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	\$1224.49	090	0	5112	J1	\$2673.39
27519		OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	\$1857.04	090	2	5114	J1	\$8975.07
27520		CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	\$440.96	090	1	5111	T	\$393.21
27524		OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	\$1466.81	090	2	5114	J1	\$8975.07
27530		CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	\$546.69	090	1	5111	T	\$393.21
27532		CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	\$898.23	090	1	5113	J1	\$5084.56
27535		OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	\$1654.38	090	2	5114	J1	\$8975.07
27536		OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	\$2300.60	090	2	5114	J1	\$8975.07
27538		CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	\$846.73	090	0	5111	T	\$393.21
27540		OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	\$1583.21	090	2	5114	J1	\$8975.07

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
27550		CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	\$712.88	090	0	5111	T	\$393.21	
27552		CLOSED TX KNEE DISLOCATION W/ANESTHESIA	\$916.01	090	0	5112	J1	\$2673.39	
27556		OPEN TX KNEE DISLOCATION W/O LIGAMENOUS REPAIR	\$1702.89	090	2	5114	J1	\$8975.07	
27557		OPEN TX KNEE DISLOCATION W/LIGAMENOUS REPAIR	\$2029.20	090	2	5114	J1	\$8975.07	
27558		OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	\$2306.48	090	2	5114	J1	\$8975.07	
27560		CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	\$517.24	090	1	5111	T	\$393.21	
27562		CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	\$652.05	090	0	5111	T	\$393.21	
27566		OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	\$1576.19	090	2	5114	J1	\$8975.07	
27570		MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	\$304.28	010	1	5112	J1	\$2673.39	
27580		ARTHRODESIS KNEE ANY TECHNIQUE	\$2735.56	090	2	5115	J1	\$11815.02	
27590		AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	\$1517.51	090	2	5116	J1	\$12727.70	
27591		AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	\$1873.56	090	2	5116	J1	\$12727.70	
27592		AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	\$1299.33	090	2	5116	J1	\$12727.70	
27594		AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	\$748.06	090	1	5113	J1	\$5084.56	
27596		AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	\$1380.90	090	1	5114	J1	\$8975.07	
27598		DISARTICULATION KNEE	\$1345.94	090	2	5115	J1	\$11815.02	
27599		UNLISTED PROCEDURE FEMUR/KNEE		BR	YYY	2	5111	T	\$393.21
27600		DCMPRN FASCT LEG ANT&LAT COMPARTMENTS ONLY	\$780.76	090	1	5113	J1	\$5084.56	
27601		DCMPRN FASCT LEG POST COMPARTMENT ONLY	\$868.16	090	1	5113	J1	\$5084.56	
27602		DCMPRN FASCT LEG ANT&LAT&PST CMPRT	\$1085.90	090	2	5113	J1	\$5084.56	
27603		INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	\$796.33	090	1	5073	J1	\$4641.68	
27604		INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	\$634.36	090	0	5113	J1	\$5084.56	
27605		TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	\$593.78	010	0	5112	J1	\$2673.39	
27606		TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	\$453.98	010	1	5113	J1	\$5084.56	
27607		INCISION LEG/ANKLE	\$876.60	090	1	5113	J1	\$5084.56	
27610		ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	\$1258.85	090	1	5113	J1	\$5084.56	
27612		ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNTH	\$1085.90	090	2	5113	J1	\$5084.56	
27613		BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	\$477.81	010	1	5072	J1	\$2607.62	
27614		BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	\$812.68	090	1	5073	J1	\$4641.68	
27615		RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	\$1628.31	090	0	5073	J1	\$4641.68	
27616		RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	\$2453.00	090	0	5073	J1	\$4641.68	
27618		EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	\$670.14	090	1	5072	J1	\$2607.62	
27619		EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	\$897.63	090	1	5073	J1	\$4641.68	
27620		ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	\$896.05	090	2	5113	J1	\$5084.56	
27625		ARTHROTOMY W/SYNOVECTOMY ANKLE	\$1114.33	090	2	5113	J1	\$5084.56	
27626		ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	\$1209.37	090	2	5113	J1	\$5084.56	
27630		EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	\$737.92	090	1	5113	J1	\$5084.56	
27632		EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	\$802.13	090	2	5073	J1	\$4641.68	
27634		EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	\$1314.18	090	2	5073	J1	\$4641.68	
27635		EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	\$1140.07	090	1	5113	J1	\$5084.56	
27637		EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	\$1428.23	090	2	5114	J1	\$8975.07	
27638		EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	\$1456.00	090	2	5114	J1	\$8975.07	
27640		PARTIAL EXCISION BONE TIBIA	\$1563.18	090	1	5113	J1	\$5084.56	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
27641		PARTIAL EXCISION BONE FIBULA	\$1279.26	090	1	5113	J1	\$5084.56
27645		RADICAL RESECTION OF TUMOR TIBIA	\$2418.71	090	2	5114	J1	\$8975.07
27646		RADICAL RESECTION TUMOR BONE FIBULA	\$2492.00	090	2	5114	J1	\$8975.07
27647		RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	\$1918.04	090	2	5113	J1	\$5084.56
27648		INJECTION ANKLE ARTHROGRAPHY	\$247.81	000	0			
27650		REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	\$1278.48	090	2	5114	J1	\$8975.07
27652		RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	\$1315.52	090	1	5114	J1	\$8975.07
27654		REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	\$1404.21	090	2	5114	J1	\$8975.07
27656		REPAIR FASCIAL DEFECT LEG	\$955.61	090	2	5113	J1	\$5084.56
27658		REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	\$714.77	090	2	5113	J1	\$5084.56
27659		RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	\$910.95	090	2	5114	J1	\$8975.07
27664		RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	\$560.13	090	0	5114	J1	\$8975.07
27665		RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	\$781.58	090	2	5114	J1	\$8975.07
27675		RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	\$882.09	090	2	5113	J1	\$5084.56
27676		REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	\$1041.37	090	2	5114	J1	\$8975.07
27680		TENOLYSIS FLXR/XTNRSR TENDON LEG&ANKLE 1 EACH	\$796.33	090	1	5113	J1	\$5084.56
27681		TNOLS FLXR/XTNRSR TDN LEG&ANKLE MLT TDN	\$955.61	090	1	5113	J1	\$5084.56
27685		LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	\$924.89	090	2	5113	J1	\$5084.56
27686		LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	\$1032.59	090	1	5113	J1	\$5084.56
27687		GASTROCNEMIUS RECESSON	\$879.56	090	2	5113	J1	\$5084.56
27690		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	\$1042.13	090	2	5114	J1	\$8975.07
27691		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	\$1302.65	090	2	5114	J1	\$8975.07
+		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	\$196.16	ZZZ	2			
27695		RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	\$930.57	090	1	5114	J1	\$8975.07
27696		RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	\$1130.37	090	1	5114	J1	\$8975.07
27698		REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	\$1251.48	090	2	5114	J1	\$8975.07
27700		ARTHROPLASTY ANKLE	\$1614.82	090	2	5114	J1	\$8975.07
27702		ARTHROPLASTY ANKLE W/IMPLANT	\$2502.97	090	2	5116	J1	\$12727.70
27703		ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	\$2381.86	090	2	5115	J1	\$11815.02
27704		REMOVAL ANKLE IMPLANT	\$1114.82	090	1	5113	Q2	\$5397.05
27705		OSTEOTOMY TIBIA	\$1469.60	090	2	5114	J1	\$8975.07
27707		OSTEOTOMY FIBULA	\$786.05	090	1	5113	J1	\$5084.56
27709		OSTEOTOMY TIBIA & FIBULA	\$1953.95	090	2	5115	J1	\$11815.02
27712		OSTEOT MLT W/RELIGNMT IMED ROD	\$2137.76	090	2	5115	J1	\$11815.02
27715		OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	\$2097.58	090	2	5115	J1	\$11815.02
27720		REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	\$1699.62	090	2	5114	J1	\$8975.07
27722		REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	\$1740.16	090	2	5114	J1	\$8975.07
27724		RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	\$2430.08	090	2	5114	J1	\$8975.07
27725		RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	\$2379.20	090	2	5114	J1	\$8975.07
27726		REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	\$1411.87	090	1	5114	J1	\$8975.07
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	\$2016.78	090	2	5114	J1	\$8975.07
27730		ARREST EPIPHYSEAL OPEN DISTAL TIBIA	\$1148.99	090	1	5113	J1	\$5084.56
27732		ARREST EPIPHYSEAL OPEN DISTAL FIBULA	\$807.65	090	1	5113	J1	\$5084.56

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
27734		ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	\$1283.05	090	1	5113	J1	\$5084.56
27740		ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	\$1493.71	090	2	5113	J1	\$5084.56
27742		ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	\$1816.67	090	2	5113	J1	\$5084.56
27745		PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	\$1463.77	090	2	5114	J1	\$8975.07
27750		CLTX TIBIAL SHAFT FX W/O MANIPULATION	\$683.38	090	1	5111	T	\$393.21
27752		CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	\$911.86	090	1	5112	J1	\$2673.39
27756		PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	\$1107.25	090	2	5114	J1	\$8975.07
27758		OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	\$1654.38	090	2	5115	J1	\$11815.02
27759		TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	\$1654.38	090	2	5115	J1	\$11815.02
27760		CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	\$459.38	090	1	5111	T	\$393.21
27762		CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	\$695.60	090	1	5112	J1	\$2673.39
27766		OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	\$1177.76	090	1	5114	J1	\$8975.07
27767		CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	\$364.80	090	1	5111	T	\$393.21
27768		CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	\$599.06	090	1	5112	J1	\$2673.39
27769		OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	\$1056.23	090	1	5114	J1	\$8975.07
27780		CLTX PROX FIBULA/SHFT FX W/O MANJ	\$408.02	090	1	5111	T	\$393.21
27781		CLTX PROX FIBULA/SHFT FX W/MANJ	\$598.19	090	1	5112	J1	\$2673.39
27784		OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	\$1081.18	090	1	5114	J1	\$8975.07
27786		CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	\$435.33	090	1	5111	T	\$393.21
27788		CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	\$606.13	090	1	5111	T	\$393.21
27792		OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	\$1172.38	090	1	5114	J1	\$8975.07
27808		CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	\$454.08	090	1	5111	T	\$393.21
27810		CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	\$689.48	090	1	5112	J1	\$2673.39
27814		OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	\$1487.08	090	2	5114	J1	\$8975.07
27816		CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	\$431.85	090	1	5111	T	\$393.21
27818		CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	\$846.73	090	1	5112	J1	\$2673.39
27822		OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	\$1711.39	090	2	5114	J1	\$8975.07
27823		OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	\$1921.96	090	2	5114	J1	\$8975.07
27824		CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	\$508.04	090	1	5111	T	\$393.21
27825		CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	\$1016.06	090	0	5112	J1	\$2673.39
27826		OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	\$1524.11	090	2	5114	J1	\$8975.07
27827		OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	\$2184.84	090	2	5115	J1	\$11815.02
27828		OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	\$2590.29	090	2	5115	J1	\$11815.02
27829		OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	\$943.94	090	2	5114	J1	\$8975.07
27830		CLTX PROX TIBFIB JT DISLC W/O ANES	\$494.31	090	0	5111	T	\$393.21
27831		CLTX PROX TIBFIB JT DISLC REQ ANES	\$552.21	090	0	5113	J1	\$5084.56
27832		OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	\$1068.44	090	2	5114	J1	\$8975.07
27840		CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	\$508.18	090	1	5111	T	\$393.21
27842		CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	\$699.22	090	1	5112	J1	\$2673.39
27846		OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	\$1406.65	090	2	5114	J1	\$8975.07
27848		OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	\$1536.79	090	2	5114	J1	\$8975.07
27860		MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	\$266.85	010	0	5113	J1	\$5084.56
27870		ARTHRODESIS ANKLE OPEN	\$1960.54	090	2	5115	J1	\$11815.02

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	\$1036.97	090	2	5115	J1	\$11815.02	
27880		AMPUTATION LEG THROUGH TIBIA&FIBULA	\$1737.62	090	2	5116	J1	\$12727.70	
27881		AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	\$1632.10	090	2	5114	J1	\$8975.07	
27882		AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	\$1145.25	090	0	5114	J1	\$8975.07	
27884		AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	\$872.69	090	1	5113	J1	\$5084.56	
27886		AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	\$1480.77	090	1	5114	J1	\$8975.07	
27888		AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	\$1145.01	090	2	5115	J1	\$11815.02	
27889		ANKLE DISARTICULATION	\$1238.05	090	1	5114	J1	\$8975.07	
27892		DCMPRN FASCT LEG ANT&LAT W/DBRDMT MUSC&NERVE	\$1049.44	090	0	5113	J1	\$5084.56	
27893		DCMPRN FASCT LEG PST W/DBRDMT MUSC&NRV	\$1196.07	090	0	5114	J1	\$8975.07	
27894		DCMPRN FASCT LEG ANT&LAT&PST W/DBRDMT MUS	\$1606.74	090	2	5113	J1	\$5084.56	
27899		UNLISTED PROCEDURE LEG/ANKLE		BR	YYY	0	5111	T	\$393.21
28001		INCISION&DRAINAGE BURSA FOOT	\$332.12	000	1	5072	J1	\$2607.62	
28002		I&D BELOW FASCIA FOOT 1 BURSAL SPACE	\$520.43	000	1	5112	J1	\$2673.39	
28003		I&D BELOW FASCIA FOOT MULTIPLE AREAS	\$747.10	000	1	5113	J1	\$5084.56	
28005		INCISION BONE CORTEX FOOT	\$911.68	090	1	5113	J1	\$5084.56	
28008		FASCIOTOMY FOOT&/TOE	\$563.88	090	1	5113	J1	\$5084.56	
28010		TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	\$319.84	090	1	5112	J1	\$2673.39	
28011		TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	\$458.34	090	1	5112	J1	\$2673.39	
28020		ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	\$992.37	090	1	5113	J1	\$5084.56	
28022		ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	\$659.49	090	1	5113	J1	\$5084.56	
28024		ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	\$578.11	090	1	5112	J1	\$2673.39	
28035		RELEASE TARSAL TUNNEL	\$1027.42	090	1	5431	J1	\$3189.10	
28039		EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	\$927.72	090	2	5073	J1	\$4641.68	
28041		EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	\$870.71	090	0	5073	J1	\$4641.68	
28043		EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	\$494.63	090	1	5072	J1	\$2607.62	
28045		EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	\$796.33	090	0	5073	J1	\$4641.68	
28046		RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	\$1362.13	090	1	5073	J1	\$4641.68	
28047		RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	\$1990.63	090	2	5073	J1	\$4641.68	
28050		ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	\$802.40	090	1	5113	J1	\$5084.56	
28052		ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	\$637.07	090	1	5113	J1	\$5084.56	
28054		ARTHRTOMY W/BX INTERPHALANGEAL JOINT	\$523.61	090	0	5113	J1	\$5084.56	
28055		NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	\$626.32	090	0	5431	J1	\$3189.10	
28060		FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	\$882.09	090	1	5113	J1	\$5084.56	
28062		FASCIECTOMY PLANTAR FASCIA RADICAL SPX	\$1105.72	090	1	5113	J1	\$5084.56	
28070		SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	\$807.65	090	1	5114	J1	\$8975.07	
28072		SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	\$851.27	090	1	5113	J1	\$5084.56	
28080		EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	\$722.84	090	0	5112	J1	\$2673.39	
28086		SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	\$1019.66	090	2	5113	J1	\$5084.56	
28088		SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	\$882.18	090	0	5113	J1	\$5084.56	
28090		EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	\$656.19	090	1	5112	J1	\$2673.39	
28092		EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	\$529.12	090	1	5112	J1	\$2673.39	
28100		EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	\$992.37	090	2	5113	J1	\$5084.56	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
28102		EXC/CURRTG CST/B9 TUM TALUS/CLCNS W/IILIAC/AGRFT	\$911.86	090	2	5114	J1	\$8975.07
28103		EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	\$744.85	090	2	5114	J1	\$8975.07
28104		EXC/CURRTG BONE CYST/B9 TUMORTARSAL/METATARSAL	\$784.08	090	2	5113	J1	\$5084.56
28106		EXC/CURRTG CST/B9 TUM TARSAL/METAR W/IILIAC/AGRFT	\$781.58	090	2	5114	J1	\$8975.07
28107		EXC/CURRTG CST/B9 TUM TARSAL/METAR W/ALGRFT	\$729.29	090	2	5114	J1	\$8975.07
28108		EXC/CURRTG CST/B9 TUM PHALANGES FOOT	\$637.07	090	1	5112	J1	\$2673.39
28110		OSTECTOMY PRTL 5TH METAR HEAD SPX	\$558.32	090	1	5113	J1	\$5084.56
28111		OSTECTOMY COMPLETE 1ST METATARSAL HEAD	\$731.37	090	1	5113	J1	\$5084.56
28112		OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	\$676.68	090	1	5113	J1	\$5084.56
28113		OSTECTOMY COMPLETE 5TH METATARSAL HEAD	\$824.37	090	0	5113	J1	\$5084.56
28114		OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	\$1911.21	090	2	5113	J1	\$5084.56
28116		OSTECTOMY TARSAL COALITION	\$1114.87	090	1	5113	J1	\$5084.56
28118		OSTECTOMY CALCANEUS	\$1114.87	090	2	5113	J1	\$5084.56
28119		OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	\$796.33	090	1	5113	J1	\$5084.56
28120		PARTIAL EXCISION BONE TALUS/CALCANEUS	\$955.61	090	1	5113	J1	\$5084.56
28122		PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	\$862.14	090	2	5113	J1	\$5084.56
28124		PARTIAL EXCISION BONE PHALANX TOE	\$631.02	090	1	5113	J1	\$5084.56
28126		RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	\$563.56	090	1	5113	J1	\$5084.56
28130		TALECTOMY ASTRAGALECTOMY	\$1184.23	090	2	5114	J1	\$8975.07
28140		METATARSECTOMY	\$955.61	090	1	5113	J1	\$5084.56
28150		PHALANGECTOMY TOE EACH TOE	\$592.48	090	1	5113	J1	\$5084.56
28153		RESECTION CONDYLE DISTAL END PHALANX EACH TOE	\$637.07	090	1	5113	J1	\$5084.56
28160		HEMPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	\$637.07	090	1	5113	J1	\$5084.56
28171		RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	\$1302.65	090	2	5113	J1	\$5084.56
28173		RADICAL RESECTION TUMOR METATARSAL	\$1302.65	090	1	5113	J1	\$5084.56
28175		RADICAL RESECTION TUMOR PHALANX OR TOE	\$846.73	090	1	5112	J1	\$2673.39
28190		REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	\$316.34	010	1	5071	T	\$1173.13
28192		REMOVAL FOREIGN BODY FOOT DEEP	\$609.43	090	1	5072	J1	\$2607.62
28193		REMOVAL FOREIGN BODY FOOT COMPLICATED	\$751.69	090	1	5072	J1	\$2607.62
28200		RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	\$781.58	090	1	5113	J1	\$5084.56
28202		RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	\$1042.13	090	2	5114	J1	\$8975.07
28208		REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	\$771.73	090	1	5113	J1	\$5084.56
28210		RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	\$764.39	090	2	5114	J1	\$8975.07
28220		TENOLYSIS FLEXOR FOOT SINGLE TENDON	\$796.33	090	1	5112	J1	\$2673.39
28222		TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	\$955.61	090	1	5113	J1	\$5084.56
28225		TENOLYSIS EXTENSOR FOOT SINGLE TENDON	\$483.32	090	1	5113	J1	\$5084.56
28226		TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	\$628.64	090	1	5113	J1	\$5084.56
28230		TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	\$539.29	090	1	5112	J1	\$2673.39
28232		TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	\$474.33	090	1	5112	J1	\$2673.39
28234		TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	\$678.15	090	1	5112	J1	\$2673.39
28238		RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	\$1102.62	090	2	5114	J1	\$8975.07
28240		TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	\$601.66	090	1	5113	J1	\$5084.56
28250		DIVISION PLANTAR FASCIA & MUSCLE SPX	\$955.61	090	2	5113	J1	\$5084.56

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
28260		CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	\$1373.94	090	2	5113	J1	\$5084.56
28261		CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	\$1702.93	090	0	5112	J1	\$2673.39
28262		CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	\$2605.28	090	2	5114	J1	\$8975.07
28264		CAPSULOTOMY MIDTARSAL	\$1576.19	090	2	5112	J1	\$2673.39
28270		CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	\$813.99	090	1	5113	J1	\$5084.56
28272		CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	\$482.19	090	1	5112	J1	\$2673.39
28280		SYNDACTYLIZATION TOES	\$690.13	090	0	5113	J1	\$5084.56
28285		CORRECTION HAMMERTOES	\$759.59	090	1	5113	J1	\$5084.56
28286		CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	\$759.59	090	1	5113	J1	\$5084.56
28288		OSTC PRTL EXOSTC/CONDYLC METAR HEAD	\$786.32	090	1	5113	J1	\$5084.56
28289		HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	\$910.44	090	2	5113	J1	\$5084.56
28291		HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	\$1338.18	090	2	5114	J1	\$8975.07
28292		CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE	\$1072.20	090	2	5113	J1	\$5084.56
28295		CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	\$2035.43	090	2	5113	J1	\$5084.56
28296		CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	\$1627.01	090	2	5113	J1	\$5084.56
28297		CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	\$1237.51	090	2	5114	J1	\$8975.07
28298		CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	\$999.26	090	2	5114	J1	\$8975.07
28299		CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY	\$1628.31	090	2	5114	J1	\$8975.07
28300		OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	\$1250.55	090	2	5114	J1	\$8975.07
28302		OSTEOTOMY TALUS	\$1172.38	090	2	5114	J1	\$8975.07
28304		OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	\$1127.45	090	2	5114	J1	\$8975.07
28305		OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	\$1302.65	090	2	5114	J1	\$8975.07
28306		OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	\$937.90	090	2	5114	J1	\$8975.07
28307		OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	\$1068.17	090	0	5114	J1	\$8975.07
28308		OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	\$755.16	090	2	5113	J1	\$5084.56
28309		OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	\$1297.34	090	0	5114	J1	\$8975.07
28310		OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	\$677.16	090	1	5114	J1	\$8975.07
28312		OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	\$831.97	090	1	5113	J1	\$5084.56
28313		RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	\$876.73	090	1	5113	J1	\$5084.56
28315		SESAMOIDECTOMY FIRST TOE SPX	\$592.48	090	1	5113	J1	\$5084.56
28320		REPAIR NONUNION/MALUNION TARSAL BONES	\$1042.13	090	2	5115	J1	\$11815.02
28322		RPR NON/MALUNION METARSAL W/WO BONE GRAFT	\$1064.35	090	2	5114	J1	\$8975.07
28340		RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	\$1092.10	090	1	5113	J1	\$5084.56
28341		RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	\$1265.40	090	1	5113	J1	\$5084.56
28344		RECONSTRUCTION TOE POLYDACTYLY	\$781.58	090	1	5113	J1	\$5084.56
28345		RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	\$988.77	090	0	5112	J1	\$2673.39
28360		RECONSTRUCTION CLEFT FOOT	\$1478.65	090	2	5114	J1	\$8975.07
28400		CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	\$353.24	090	1	5111	T	\$393.21
28405		CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	\$572.95	090	0	5111	T	\$393.21
28406		PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	\$789.12	090	0	5114	J1	\$8975.07
28415		OPEN TREATMENT CALCANEAL FRACTURE	\$1753.69	090	2	5114	J1	\$8975.07
28420		OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	\$1851.07	090	2	5115	J1	\$11815.02
28430		CLOSED TX TALUS FRACTURE W/O MANIPULATION	\$351.73	090	1	5111	T	\$393.21

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
28435		CLOSED TX TALUS FRACTURE W/MANIPULATION	\$481.98	090	0	5112	J1	\$2673.39
28436		PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	\$628.58	090	1	5114	J1	\$8975.07
28445		OPEN TREATMENT TALUS FRACTURE	\$1658.68	090	2	5114	J1	\$8975.07
28446		OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	\$1820.31	090	2	5114	J1	\$8975.07
28450		TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	\$338.69	090	1	5111	T	\$393.21
28455		TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	\$419.23	090	0	5112	J1	\$2673.39
28456		PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	\$508.04	090	1	5114	J1	\$8975.07
28465		OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	\$843.68	090	1	5114	J1	\$8975.07
28470		CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	\$355.29	090	1	5111	T	\$393.21
28475		CLTX METAR FX W/MANJ	\$404.31	090	1	5111	T	\$393.21
28476		PRQ SKEL FIXJ METAR FX W/MANJ	\$514.56	090	0	5113	J1	\$5084.56
28485		OPEN TREATMENT METATARSAL FRACTURE EACH	\$809.03	090	1	5114	J1	\$8975.07
28490		CLTX FX GRT TOE PHLX/PHLG W/O MANJ	\$183.23	090	1	5111	T	\$393.21
28495		CLTX FX GRT TOE PHLX/PHLG W/MANJ	\$224.62	090	1	5111	T	\$393.21
28496		PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	\$589.74	090	1	5113	J1	\$5084.56
28505		OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	\$1125.17	090	1	5113	J1	\$5084.56
28510		CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	\$156.57	090	1	5111	T	\$393.21
28515		CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	\$201.10	090	1	5111	T	\$393.21
28525		OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	\$952.61	090	0	5113	J1	\$5084.56
28530		CLOSED TREATMENT SESAMOID FRACTURE	\$219.73	090	0	5111	T	\$393.21
28531		OPEN TX SESAMOID FRACTURE WWO INTERNAL FIXATION	\$537.91	090	1	5114	J1	\$8975.07
28540		CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	\$377.98	090	0	5111	T	\$393.21
28545		CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	\$605.56	090	0	5113	J1	\$5084.56
28546		PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	\$882.09	090	0	5112	J1	\$2673.39
28555		OPEN TREATMENT TARSAL BONE DISLOCATION	\$1146.22	090	2	5114	J1	\$8975.07
28570		CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	\$376.39	090	0	5111	T	\$393.21
28575		CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	\$624.82	090	0	5113	J1	\$5084.56
28576		PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	\$749.43	090	0	5114	J1	\$8975.07
28585		OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	\$1335.79	090	2	5114	J1	\$8975.07
28600		CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	\$318.54	090	0	5111	T	\$393.21
28605		CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	\$416.56	090	0	5111	T	\$393.21
28606		PRQ SKEL FIXJ TARS JT DISLC W/MANJ	\$593.52	090	1	5113	J1	\$5084.56
28615		OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	\$1004.41	090	2	5114	J1	\$8975.07
28630		CLTX METATARSOPHLNGL JT DISLC W/O ANES	\$281.79	010	0	5111	T	\$393.21
28635		CLTX METATARSOPHLNGL JT DISLC REQ ANES	\$336.79	010	0	5112	J1	\$2673.39
28636		PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	\$508.04	010	1	5113	J1	\$5084.56
28645		OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	\$1074.00	090	1	5113	J1	\$5084.56
28660		CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	\$194.30	010	1	5111	T	\$393.21
28665		CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	\$291.01	010	0	5102	T	\$447.79
28666		PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	\$344.76	010	1	5113	J1	\$5084.56
28675		OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	\$972.81	090	1	5113	J1	\$5084.56
28705		ARTHRODESIS PANTALAR	\$2344.76	090	2	5116	J1	\$12727.70
28715		ARTHRODESIS TRIPLE	\$1820.60	090	2	5115	J1	\$11815.02

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
28725		ARTHRODESIS SUBTALAR	\$1504.73	090	2	5115	J1	\$11815.02	
28730		ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	\$1416.46	090	2	5115	J1	\$11815.02	
28735		ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	\$1513.24	090	2	5115	J1	\$11815.02	
28737		ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	\$1326.22	090	2	5115	J1	\$11815.02	
28740		ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	\$1230.28	090	2	5114	J1	\$8975.07	
28750		ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	\$1145.28	090	0	5114	J1	\$8975.07	
28755		ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	\$685.20	090	1	5114	J1	\$8975.07	
28760		ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	\$969.55	090	2	5114	J1	\$8975.07	
28800		AMPUTATION FOOT MIDTARSAL	\$1028.07	090	2	5113	J1	\$5084.56	
28805		AMPUTATION FOOT TRANSMETARSAL	\$1367.77	090	0	5113	J1	\$5084.56	
28810		AMPUTATION METATARSAL W/TOE SINGLE	\$755.52	090	0	5113	J1	\$5084.56	
28820		AMPUTATION TOE METATARSOPHALANGEAL JOINT	\$586.50	000	1	5113	J1	\$5084.56	
28825		AMPUTATION TOE INTERPHALANGEAL JOINT	\$810.46	000	1	5113	J1	\$5084.56	
28890		ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	\$535.58	090	1	5112	J1	\$2673.39	
28899		UNLISTED PROCEDURE FOOT/TOES		BR	YYY	0	5111	T	\$393.21
29000		APPLICATION HALO TYPE BODY CAST	\$631.79	000	0	5102	T	\$447.79	
29010		APPLICATION RISSER JACKET LOCALIZER BODY ONLY	\$416.86	000	0	5102	T	\$447.79	
29015		APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	\$494.65	000	0	5102	T	\$447.79	
29035		APPLICATION BODY CAST SHOULDER HIPS	\$317.82	000	0	5102	T	\$447.79	
29040		APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	\$364.73	000	0	5102	T	\$447.79	
29044		APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	\$361.57	000	0	5101	T	\$262.73	
29046		APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	\$342.78	000	0	5102	T	\$447.79	
29049		APPLICATION CAST FIGURE-OF-8	\$169.35	000	0	5102	T	\$447.79	
29055		APPLICATION CAST SHOULDER SPICA	\$285.51	000	0	5102	T	\$447.79	
29058		APPLICATION CAST PLASTER VELPEAU	\$170.97	000	0	5102	T	\$447.79	
29065		APPLICATION CAST SHOULDER HAND LONG ARM	\$131.86	000	1	5102	T	\$447.79	
29075		APPLICATION CAST ELBOW FINGER SHORT ARM	\$121.13	000	1	5102	T	\$447.79	
29085		APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	\$128.84	000	1	5101	T	\$262.73	
29086		APPLICATION CAST FINGER	\$104.20	000	1	5101	T	\$262.73	
29105		APPLICATION LONG ARM SPLINT SHOULDER HAND	\$122.96	000	1	5101	T	\$262.73	
29125		APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	\$94.51	000	1	5734	Q1	\$212.99	
29126		APPLICATION SHORT ARM SPLINT DYNAMIC	\$147.80	000	1	5734	Q1	\$212.99	
29130		APPLICATION FINGER SPLINT STATIC	\$65.12	000	1	5734	Q1	\$212.99	
29131		APPLICATION FINGER SPLINT DYNAMIC	\$106.82	000	1	5733	Q1	\$101.99	
29200		STRAPPING THORAX	\$62.15	000	1	5101	T	\$262.73	
29240		STRAPPING SHOULDER	\$67.57	000	1	5734	Q1	\$212.99	
29260		STRAPPING ELBOW/WRIST	\$56.32	000	1	5733	Q1	\$101.99	
29280		STRAPPING HAND/FINGER	\$58.27	000	1	5733	Q1	\$101.99	
29305		APPLICATION HIP SPICA CAST 1 LEG	\$320.73	000	0	5102	T	\$447.79	
29325		APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	\$350.81	000	0	5102	T	\$447.79	
29345		APPLICATION LONG LEG CAST THIGH-TOE	\$191.37	000	1	5102	T	\$447.79	
29355		APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	\$197.11	000	1	5102	T	\$447.79	
29358		APPLICATION LONG LEG CAST BRACE	\$210.01	000	1	5102	T	\$447.79	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
29365		APPLICATION CYLINDER CAST THIGH ANKLE	\$171.14	000	1	5102	T	\$447.79	
29405		APPLICATION SHORT LEG CAST BELOW KNEE-TOE	\$125.15	000	1	5102	T	\$447.79	
29425		APPLICATION SHORT LEG CAST WALKING/AMBULATORY	\$138.19	000	1	5102	T	\$447.79	
29435		APPLICATION PATELLAR TENDON BEARING CAST	\$195.39	000	1	5102	T	\$447.79	
29440		ADDING WALKER PREVIOUSLY APPLIED CAST	\$75.99	000	1	5101	T	\$262.73	
29445		APPLICATION RIGID TOTAL CONTACT LEG CAST	\$218.45	000	1	5102	T	\$447.79	
29450		APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	\$219.60	000	1	5101	T	\$262.73	
29505		APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	\$107.45	000	1	5101	T	\$262.73	
29515		APPLICATION SHORT LEG SPLINT CALF FOOT	\$96.44	000	1	5101	T	\$262.73	
29520		STRAPPING HIP	\$67.33	000	0	5734	Q1	\$212.99	
29530		STRAPPING KNEE	\$58.53	000	1	5734	Q1	\$212.99	
29540		STRAPPING ANKLE &/FOOT	\$53.63	000	1	5101	T	\$262.73	
29550		STRAPPING TOES	\$40.89	000	1	5733	Q1	\$101.99	
29580		STRAPPING UNNA BOOT	\$73.68	000	1	5101	T	\$262.73	
29581		APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	\$170.91	000	0	5101	T	\$262.73	
29584		APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	\$155.38	000	0	5101	T	\$262.73	
29700		REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	\$86.88	000	1	5102	T	\$447.79	
29705		REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	\$96.32	000	1	5102	T	\$447.79	
29710		RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	\$171.53	000	0	5102	T	\$447.79	
29720		REPAIR SPICA BODY CAST/JACKET	\$109.69	000	1	5101	T	\$262.73	
29730		WINDOWING CAST	\$95.13	000	1	5101	T	\$262.73	
29740		WEDGING CAST EXCEPT CLUBFOOT CASTS	\$137.19	000	1	5102	T	\$447.79	
29750		WEDGING CLUBFOOT CAST	\$143.23	000	0	5102	T	\$447.79	
29799		UNLISTED PROCEDURE CASTING/STRAPPING		BR	YYY	0	5101	T	\$262.73
29800		ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	\$1032.59	090	0	5113	J1	\$5084.56	
29804		ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	\$1283.33	090	2	5113	J1	\$5084.56	
29805		DIAGNOSTIC ARTHROSCOPY SHOULDER +- SYNOVIAL BX	\$846.73	090	1	5113	J1	\$5084.56	
29806		SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	\$2056.02	090	1	5114	J1	\$8975.07	
29807		SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	\$2005.66	090	1	5114	J1	\$8975.07	
29819		SURGICAL ARTHROSCOPY SHOULDER REMOVAL LOOSE/FB	\$1184.61	090	1	5113	J1	\$5084.56	
29820		SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY	\$1283.33	090	2	5114	J1	\$8975.07	
29821		SURGICAL ARTHROSCOPY SHOULDER COMPL SYNOVECTOMY	\$1579.48	090	2	5113	J1	\$5084.56	
29822		SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	\$1390.03	090	2	5113	J1	\$5084.56	
29823		SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	\$1508.18	090	2	5113	J1	\$5084.56	
29824		SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	\$1317.71	090	2	5113	J1	\$5084.56	
29825		SURGICAL ARTHROSCOPY SHOULDER W/LSS&RESCJ ADS	\$1114.87	090	2	5113	J1	\$5084.56	
+	29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	\$1407.55	ZZZ	2				
	29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	\$2088.51	090	2	5114	J1	\$8975.07	
	29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	\$1396.67	090	2	5114	J1	\$8975.07	
	29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	\$796.33	090	1	5113	J1	\$5084.56	
	29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	\$987.18	090	2	5113	J1	\$5084.56	
	29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	\$1184.61	090	2	5113	J1	\$5084.56	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
29836		ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	\$1579.48	090	2	5114	J1	\$8975.07
29837		ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	\$1035.84	090	2	5113	J1	\$5084.56
29838		ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	\$1155.53	090	0	5113	J1	\$5084.56
29840		ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	\$877.60	090	0	5113	J1	\$5084.56
29843		ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	\$948.23	090	2	5113	J1	\$5084.56
29844		ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	\$971.77	090	2	5113	J1	\$5084.56
29845		ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	\$1139.18	090	2	5113	J1	\$5084.56
29846		ARTHRS WRST EXC&RPR TRIANG FIBROcart&JOINT	\$1016.24	090	0	5113	J1	\$5084.56
29847		ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	\$1060.84	090	2	5114	J1	\$8975.07
29848		NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	\$994.00	090	1	5112	J1	\$2673.39
29850		ARTHROSCOPY AID TX SPINE&FX KNEE W/O FIXJ	\$1213.73	090	0	5112	J1	\$2673.39
29851		ARTHROSCOPY AID TX SPINE&FX KNEE W/FIXJ	\$1803.59	090	2	5112	J1	\$2673.39
29855		ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	\$1518.47	090	2	5114	J1	\$8975.07
29856		ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	\$1784.63	090	2	5115	J1	\$11815.02
29860		ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	\$1258.20	090	2	5114	J1	\$8975.07
29861		ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	\$1395.53	090	2	5114	J1	\$8975.07
29862		ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	\$1583.21	090	2	5114	J1	\$8975.07
29863		ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	\$1577.32	090	2	5113	J1	\$5084.56
29866		ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	\$2042.28	090	0	5114	J1	\$8975.07
29867		ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	\$2478.48	090	0	5115	J1	\$11815.02
29868		ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	\$3230.51	090	0	5114	J1	\$8975.07
29870		ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	\$986.16	090	1	5113	J1	\$5084.56
29871		ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	\$1001.85	090	1	5113	J1	\$5084.56
29873		ARTHROSCOPY KNEE LATERAL RELEASE	\$763.04	090	1	5113	J1	\$5084.56
29874		ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	\$1061.74	090	0	5113	J1	\$5084.56
29875		ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	\$1297.36	090	0	5113	J1	\$5084.56
29876		ARTHROSCOPY KNEE SYNOVECTOMY 2>COMPARTMENTS	\$1482.69	090	1	5113	J1	\$5084.56
29877		ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	\$1297.36	090	0	5113	J1	\$5084.56
29879		ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	\$1362.23	090	0	5113	J1	\$5084.56
29880		ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	\$1677.30	090	0	5113	J1	\$5084.56
29881		ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	\$1362.23	090	0	5113	J1	\$5084.56
29882		ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	\$1621.70	090	1	5113	J1	\$5084.56
29883		ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	\$2073.07	090	0	5113	J1	\$5084.56
29884		ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	\$1579.48	090	2	5113	J1	\$5084.56
29885		ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	\$1579.48	090	2	5114	J1	\$8975.07
29886		ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	\$1579.48	090	1	5113	J1	\$5084.56
29887		ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	\$1731.35	090	2	5114	J1	\$8975.07
29888		ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	\$2390.23	090	2	5114	J1	\$8975.07
29889		ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	\$2588.62	090	2	5115	J1	\$11815.02
29891		ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	\$1299.40	090	2	5113	J1	\$5084.56
29892		ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	\$1230.74	090	2	5114	J1	\$8975.07
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	\$821.07	090	1	5113	J1	\$5084.56

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
29894		ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	\$988.32	090	2	5113	J1	\$5084.56	
29895		ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	\$908.30	090	2	5113	J1	\$5084.56	
29897		ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	\$972.39	090	2	5113	J1	\$5084.56	
29898		ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	\$1097.99	090	2	5113	J1	\$5084.56	
29899		ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	\$1527.46	090	2	5114	J1	\$8975.07	
29900		ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	\$980.93	090	0	5113	J1	\$5084.56	
29901		ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	\$1052.87	090	0	5113	J1	\$5084.56	
29902		ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	\$1116.29	090	0	5112	J1	\$2673.39	
29904		ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	\$936.57	090	2	5113	J1	\$5084.56	
29905		ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	\$986.16	090	2	5114	J1	\$8975.07	
29906		ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	\$1060.19	090	2	5113	J1	\$5084.56	
29907		ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	\$1303.84	090	2	5115	J1	\$11815.02	
29914		ARTHROSCOPY HIP W/FEMOROPLASTY	\$1940.91	090	2	5114	J1	\$8975.07	
29915		ARTHROSCOPY HIP W/ACETABULOPLASTY	\$1989.46	090	2	5114	J1	\$8975.07	
29916		ARTHROSCOPY HIP W/LABRAL REPAIR	\$1981.04	090	2	5114	J1	\$8975.07	
29999		UNLISTED PROCEDURE ARTHROSCOPY		BR	YYY	0	5111	T	\$393.21
30000		DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	\$317.61	010	0	5161	T	\$407.28	
30020		DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	\$389.41	010	1	5162	T	\$917.40	
30100		BIOPSY INTRANASAL	\$240.28	000	1	5163	J1	\$2500.63	
30110		EXCISION NASAL POLYP SIMPLE	\$316.99	010	1	5163	J1	\$2500.63	
30115		EXCISION NASAL POLYP EXTENSIVE	\$808.59	090	1	5164	J1	\$5284.06	
30117		EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	\$1449.95	090	1	5164	J1	\$5284.06	
30118		EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	\$1200.64	090	1	5164	J1	\$5284.06	
30120		EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	\$993.50	090	1	5164	J1	\$5284.06	
30124		EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	\$400.39	090	1	5163	J1	\$2500.63	
30125		EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	\$1282.50	090	2	5165	J1	\$9286.03	
30130		EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	\$529.36	090	1	5164	J1	\$5284.06	
30140		SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	\$576.83	000	1	5164	J1	\$5284.06	
30150		RHINECTOMY PARTIAL	\$1173.41	090	1	5165	J1	\$9286.03	
30160		RHINECTOMY TOTAL	\$1595.19	090	2	5165	J1	\$9286.03	
30200		INJECTION TURBINATE THERAPEUTIC	\$140.12	000	1	5162	T	\$917.40	
30210		DISPLACEMENT THERAPY PROETZ TYPE	\$187.96	010	1	5163	J1	\$2500.63	
30220		INSERTION NASAL SEPTAL PROSTHESIS BUTTON	\$507.06	010	1	5163	J1	\$2500.63	
30300		REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	\$311.69	010	1	5734	Q1	\$212.99	
30310		REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	\$338.69	010	0	5164	J1	\$5284.06	
30320		RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	\$954.57	090	0	5163	J1	\$2500.63	
30400		RHINP PRIM LAT&ALAR CRTLG&/ELVTN NASAL TI	\$2045.16	090	0	5165	J1	\$9286.03	
30410		RHINP PRIM COMPLETE XTRNL PARTS	\$2757.92	090	2	5165	J1	\$9286.03	
30420		RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	\$2835.61	090	1	5165	J1	\$9286.03	
30430		RHINOPLASTY SECONDARY MINOR REVISION	\$1313.40	090	2	5165	J1	\$9286.03	
30435		RHINOPLASTY SECONDARY INTERMEDIATE REVISION	\$1996.97	090	2	5165	J1	\$9286.03	
30450		RHINOPLASTY SECONDARY MAJOR REVISION	\$2548.28	090	2	5165	J1	\$9286.03	
30460		RHINP DFRM W/COLUM LNGTH TIP ONLY	\$1615.26	090	2	5165	J1	\$9286.03	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
30462		RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	\$3101.69	090	2	5165	J1	\$9286.03	
30465		REPAIR NASAL VESTIBULAR STENOSIS	\$2006.94	090	0	5165	J1	\$9286.03	
30468		RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	\$4854.21	000	1	5165	J1	\$9286.03	
30469		RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	\$4744.79	000	1	5165	J1	\$9286.03	
30520		SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	\$1322.64	090	1	5164	J1	\$5284.06	
30540		REPAIR CHOANAL ATRESIA INTRANASAL	\$1447.59	090	2	5165	J1	\$9286.03	
30545		REPAIR CHOANAL ATRESIA TRANSPALATINE	\$1959.68	090	2	5165	J1	\$9286.03	
30560		LYSIS INTRANASAL SYNECHIA	\$344.83	010	1	5162	T	\$917.40	
30580		REPAIR FISTULA OROMAXILLARY	\$1184.74	090	1	5165	J1	\$9286.03	
30600		REPAIR FISTULA ORONASAL	\$1006.71	090	0	5165	J1	\$9286.03	
30620		SEPTAL/OTHER INTRANASAL DERMATOPLASTY	\$1302.65	090	1	5165	J1	\$9286.03	
30630		REPAIR NASAL SEPTAL PERFORATIONS	\$1310.34	090	0	5164	J1	\$5284.06	
30801		ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	\$298.57	010	1	5163	J1	\$2500.63	
30802		ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	\$386.66	010	1	5163	J1	\$2500.63	
30901		CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	\$153.96	000	1	5734	Q1	\$212.99	
30903		CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	\$250.07	000	1	5734	T	\$212.99	
30905		CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	\$377.76	000	1	5734	T	\$212.99	
30906		CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	\$374.50	000	1	5161	T	\$407.28	
30915		LIGATION ARTERIES ETHMOIDAL	\$1237.77	090	1	5183	J1	\$4418.17	
30920		LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	\$1705.25	090	1	5183	J1	\$4418.17	
30930		FRACTURE NASAL INFERIOR TURBinate THERAPEUTIC	\$172.08	010	1	5164	J1	\$5284.06	
30999		UNLISTED PROCEDURE NOSE		BR	YYY	0	5161	T	\$407.28
31000		LAVAGE CANNULATION MAXILLARY SINUS	\$231.45	010	1	5161	T	\$407.28	
31002		LAVAGE CANNULATION SPHENOID SINUS	\$293.14	010	0	5163	J1	\$2500.63	
31020		SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	\$716.45	090	1	5164	J1	\$5284.06	
31030		SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	\$1251.42	090	1	5165	J1	\$9286.03	
31032		SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	\$1162.73	090	1	5165	J1	\$9286.03	
31040		PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	\$1614.82	090	1	5165	J1	\$9286.03	
31050		SINUSOTOMY SPHENOID W/WO BIOPSY	\$1012.53	090	1	5165	J1	\$9286.03	
31051		SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	\$1302.65	090	1	5165	J1	\$9286.03	
31070		SINUSOTOMY FRONTAL EXTERNAL SIMPLE	\$932.26	090	1	5165	J1	\$9286.03	
31075		SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	\$1619.15	090	2	5165	J1	\$9286.03	
31080		SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	\$2129.95	090	2	5165	J1	\$9286.03	
31081		SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	\$2149.37	090	2	5165	J1	\$9286.03	
31084		SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	\$2361.72	090	2	5165	J1	\$9286.03	
31085		SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	\$2432.93	090	2	5165	J1	\$9286.03	
31086		SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	\$2299.56	090	2	5165	J1	\$9286.03	
31087		SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	\$2189.51	090	2	5165	J1	\$9286.03	
31090		SINUSOT UNI 3/> PARANSL SINUSES	\$2166.20	090	1	5165	J1	\$9286.03	
31200		ETHMOIDECTOMY INTRANASAL ANTERIOR	\$911.86	090	1	5165	J1	\$9286.03	
31201		ETHMOIDECTOMY INTRANASAL TOTAL	\$1498.05	090	1	5163	J1	\$2500.63	
31205		ETHMOIDECTOMY EXTRANASAL TOTAL	\$1830.41	090	2	5164	J1	\$5284.06	
31225		MAXILLECTOMY W/O ORBITAL EXENTERATION	\$2930.96	090	2				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
31230		MAXILLECTOMY W/ORBITAL EXENTERATION	\$3647.41	090	2				
31231		NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	\$257.96	000	1	5151	T	\$330.28	
31233		NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	\$379.89	000	0	5152	T	\$680.84	
31235		NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	\$586.19	000	0	5153	J1	\$2811.88	
31237		NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	\$477.72	000	1	5153	J1	\$2811.88	
31238		NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	\$528.49	000	0	5153	J1	\$2811.88	
31239		NASAL/SINUS NDSC SURG W/DACRYOCYSTORHINOSTOMY	\$1176.97	010	0	5154	J1	\$6089.23	
31240		NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	\$347.18	000	0	5153	J1	\$2811.88	
31241		NASAL/SINUS NDSC SURG W/LIG SPHENOPALATINE ART	\$853.40	000	0	5153	J1	\$2811.88	
31242		NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	\$4860.03	000	1	5165	J1	\$9286.03	
31243		NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	\$4717.60	000	1	5165	J1	\$9286.03	
31253		NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	\$961.96	000	1	5155	J1	\$10456.90	
31254		NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	\$730.76	000	1	5155	J1	\$10456.90	
31255		NASAL/SINUS NDSC W/TOTAL ETHMOIDECTOMY	\$847.78	000	1	5155	J1	\$10456.90	
31256		NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	\$403.70	000	1	5154	J1	\$6089.23	
31257		NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	\$856.02	000	1	5155	J1	\$10456.90	
31259		NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	\$906.38	000	1	5155	J1	\$10456.90	
31267		NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	\$726.67	000	1	5155	J1	\$10456.90	
31276		NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	\$1049.63	000	1	5155	J1	\$10456.90	
31287		NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	\$613.63	000	0	5155	J1	\$10456.90	
31288		NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	\$726.67	000	0	5155	J1	\$10456.90	
31290		NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	\$2216.70	010	0				
31291		NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK SPHENOID	\$2336.57	010	0				
31292		NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	\$1920.84	010	0	5155	J1	\$10456.90	
31293		NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN	\$2085.92	010	0	5155	J1	\$10456.90	
31294		NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	\$2381.14	010	0	5155	J1	\$10456.90	
31295		NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	\$3517.48	000	2	5155	J1	\$10456.90	
31296		NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	\$6581.43	000	2	5155	J1	\$10456.90	
31297		NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	\$6518.11	000	0	5155	J1	\$10456.90	
31298		NASAL/SINUS NDSC SURG W/DILATION FRNT&SPHN SINUS	\$6070.44	000	0	5155	J1	\$10456.90	
31299		UNLISTED PROCEDURE ACCESSORY SINUSES		BR	YYY	0	5161	T	\$407.28
31300		LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORRECTOMY	\$1888.83	090	2	5164	J1	\$5284.06	
31360		LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	\$3256.61	090	2				
31365		LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	\$4689.52	090	2				
31367		LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	\$3283.36	090	2				
31368		LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	\$4663.22	090	2				
31370		PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	\$3777.66	090	2				
31375		PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	\$2996.08	090	2				
31380		PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	\$2996.08	090	2				
31382		PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	\$3124.47	090	2				
31390		PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	\$4193.46	090	2				
31395		PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	\$5015.19	090	2				
31400		ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	\$1973.92	090	2	5165	J1	\$9286.03	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
31420		EPIGLOTTIDECTOMY	\$1624.33	090	2	5165	J1	\$9286.03
31500		INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	\$195.39	000	1	5161	T	\$407.28
31502		TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	\$80.74	000	1	5161	T	\$407.28
31505		LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	\$130.27	000	1	5151	T	\$330.28
31510		LARYNGOSCOPY INDIRECT W/BIOPSY	\$307.41	000	0	5154	J1	\$6089.23
31511		LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	\$312.40	000	1	5151	T	\$330.28
31512		LARYNGOSCOPY INDIRECT W/REMOVAL LESION	\$307.82	000	0	5154	J1	\$6089.23
31513		LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	\$210.51	000	0	5152	T	\$680.84
31515		LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	\$304.68	000	1	5152	T	\$680.84
31520		LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	\$297.55	000	0	5152	T	\$680.84
31525		LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	\$442.89	000	1	5153	J1	\$2811.88
31526		LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	\$355.26	000	1	5153	J1	\$2811.88
31527		LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	\$427.92	000	0	5154	J1	\$6089.23
31528		LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	\$279.03	000	0	5154	J1	\$6089.23
31529		LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	\$260.58	000	0	5154	J1	\$6089.23
31530		LARYNGOSCOPY W/FOREIGN BODY REMOVAL	\$383.91	000	1	5153	J1	\$2811.88
31531		LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	\$427.92	000	0	5154	J1	\$6089.23
31535		LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	\$365.13	000	1	5154	J1	\$6089.23
31536		LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	\$427.92	000	1	5154	J1	\$6089.23
31540		LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	\$463.00	000	1	5154	J1	\$6089.23
31541		LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	\$506.91	000	1	5154	J1	\$6089.23
31545		LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	\$692.54	000	1	5154	J1	\$6089.23
31546		LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	\$1050.90	000	1	5155	J1	\$10456.90
31551		LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	\$3002.29	090	0	5165	J1	\$9286.03
31552		LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	\$2900.92	090	0	5165	J1	\$9286.03
31553		LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	\$3272.61	090	0	5165	J1	\$9286.03
31554		LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	\$3273.90	090	0	5165	J1	\$9286.03
31560		LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	\$880.07	000	0	5155	J1	\$10456.90
31561		LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	\$1073.85	000	0	5155	J1	\$10456.90
31570		LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	\$667.68	000	1	5154	J1	\$6089.23
31571		LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	\$565.19	000	1	5154	J1	\$6089.23
31572		LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	\$1017.07	000	0	5154	J1	\$6089.23
31573		LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	\$560.00	000	0	5153	J1	\$2811.88
31574		LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	\$1814.01	000	0	5153	J1	\$2811.88
31575		LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	\$234.48	000	1	5151	T	\$330.28
31576		LARYNGOSCOPY FLEXIBLE W/BIOPSY (IES)	\$330.00	000	1	5153	J1	\$2811.88
31577		LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	\$532.81	000	0	5152	T	\$680.84
31578		LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	\$596.90	000	0	5154	J1	\$6089.23
31579		LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	\$344.01	000	1	5152	T	\$680.84
31580		LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	\$2500.91	090	0	5165	J1	\$9286.03
31584		LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	\$2748.21	090	0	5165	J1	\$9286.03
31587		LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	\$2355.24	090	0	5165	J1	\$9286.03

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
31590		LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	\$1806.89	090	2	5165	J1	\$9286.03	
31591		LARYNGOPLASTY MEDIALIZATION UNLIATERAL	\$2146.91	090	0	5165	J1	\$9286.03	
31592		CRICOTRACHEAL RESECTION	\$3370.46	090	0	5165	J1	\$9286.03	
31599		UNLISTED PROCEDURE LARYNX		BR	YYY	0	5161	T	\$407.28
31600		TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	\$587.19	000	1	5164	J1	\$5284.06	
31601		TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	\$599.21	000	2	5165	J1	\$9286.03	
31603		TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	\$533.07	000	1	5163	J1	\$2500.63	
31605		TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	\$494.35	000	1	5161	T	\$407.28	
31610		TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	\$1114.87	090	1	5165	J1	\$9286.03	
31611		CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	\$757.50	090	2	5164	J1	\$5284.06	
31612		TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&NJX	\$120.27	000	0	5164	J1	\$5284.06	
31613		TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	\$759.59	090	1	5164	J1	\$5284.06	
31614		TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	\$1390.62	090	1	5165	J1	\$9286.03	
31615		TRACHEOBRNCHSC THRU EST TRACHS INC	\$325.66	000	1	5162	T	\$917.40	
31622		BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	\$484.26	000	1	5153	J1	\$2811.88	
31623		BRNCHSC BRUSHING/PROTECTED BRUSHINGS	\$531.52	000	1	5153	J1	\$2811.88	
31624		BRNCHSC W/BRNCL ALVEOLAR LAVAGE	\$494.61	000	1	5153	J1	\$2811.88	
31625		BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	\$544.27	000	1	5153	J1	\$2811.88	
31626		BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	\$1036.55	000	0	5155	J1	\$10456.90	
+	31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	\$2202.69	ZZZ	0				
	31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	\$629.27	000	1	5154	J1	\$6089.23	
	31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&BRON	\$875.28	000	1	5154	J1	\$6089.23	
	31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	\$376.79	000	1	5154	J1	\$6089.23	
	31631	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	\$429.23	000	1	5155	J1	\$10456.90	
+	31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	\$114.62	ZZZ	1				
+	31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	\$138.63	ZZZ	1				
	31634	BRONCHOSCOPY BALLOON OCCLUSION	\$3128.31	000	2	5155	J1	\$10456.90	
	31635	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	\$567.77	000	1	5153	J1	\$2811.88	
	31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	\$410.45	000	1	5155	J1	\$10456.90	
+	31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	\$143.72	ZZZ	1				
	31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	\$466.13	000	1	5155	J1	\$10456.90	
	31640	BRONCHOSCOPY W/EXCISION TUMOR	\$468.72	000	1	5154	J1	\$6089.23	
	31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	\$565.19	000	1	5154	J1	\$6089.23	
	31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	\$403.70	000	1	5153	J1	\$2811.88	
	31645	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	\$533.30	000	1	5153	J1	\$2811.88	
	31646	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	\$459.99	000	1	5152	T	\$680.84	
	31647	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	\$389.09	000	1	5155	J1	\$10456.90	
	31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	\$375.49	000	1	5154	J1	\$6089.23	
+	31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	\$126.24	ZZZ	1	5153	Q2	\$2830.00	
+	31651	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	\$143.72	ZZZ	1				
	31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	\$2248.68	000	1	5154	J1	\$6089.23	
	31653	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	\$2345.78	000	1	5154	J1	\$6089.23	
+	31654	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	\$233.06	ZZZ	1				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
31660		BRONCHOSCOPIC THERMOPLASTY ONE LOBE	\$359.31	000	1	5155	J1	\$10456.90	
31661		BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	\$379.38	000	1	5155	J1	\$10456.90	
31717		CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	\$553.53	000	1	5152	T	\$680.84	
31720		CATHETER ASPIRATION NASOTRACHEAL SPX	\$87.22	000	1	5791	Q1	\$355.64	
31725		CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	\$282.59	000	1				
31730		TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	\$1739.03	000	1	5153	J1	\$2811.88	
31750		TRACHEOPLASTY CERVICAL	\$2627.15	090	2	5165	J1	\$9286.03	
31755		TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	\$3256.61	090	2	5165	J1	\$9286.03	
31760		TRACHEOPLASTY INTRATHORACIC	\$2639.45	090	2				
31766		CARINAL RECONSTRUCTION	\$3256.61	090	2				
31770		BRONCHOPLASTY GRAFT REPAIR	\$2540.40	090	2				
31775		BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	\$2677.00	090	2				
31780		EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	\$2329.35	090	2				
31781		EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	\$2783.98	090	2				
31785		EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	\$2085.92	090	2	5165	J1	\$9286.03	
31786		EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	\$2758.57	090	2				
31800		SUTURE TRACHEAL WOUND/INJURY CERVICAL	\$1974.35	090	0				
31805		SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	\$2171.79	090	2				
31820		SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	\$605.48	090	0	5164	J1	\$5284.06	
31825		SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	\$867.06	090	0	5164	J1	\$5284.06	
31830		REVISION TRACHEOSTOMY SCAR	\$612.83	090	0	5164	J1	\$5284.06	
31899		UNLISTED PROCEDURE TRACHEA BRONCHI		BR	YYY	0	5151	T	\$330.28
32035		THORACOSTOMY W/RIB RESECTION EMPYEMA	\$1172.38	090	2				
32036		THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	\$1302.65	090	2				
32096		THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	\$1535.63	090	2				
32097		THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	\$1538.22	090	2				
32098		THORACOTOMY W/BIOPSY OF PLEURA	\$1454.71	090	2				
32100		THORACOTOMY WITH EXPLORATION	\$1558.29	090	2				
32110		THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	\$2284.03	090	2				
32120		THORACOTOMY POSTOPERATIVE COMPLICATIONS	\$1679.36	090	2				
32124		THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	\$1773.23	090	2				
32140		THORCOM W/REMOVAL OF CYST	\$1904.00	090	2				
32141		THORACOTOMY W/RESECTION BULLAE	\$2269.03	090	2				
32150		THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	\$1823.70	090	2				
32151		THORCOM W/RMVL IPUL FB	\$1823.70	090	2				
32160		THORACOTOMY W/CARDIAC MASSAGE	\$1534.17	090	2				
32200		PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	\$1823.70	090	2				
32215		PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	\$1538.75	090	2				
32220		DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	\$2605.28	090	2				
32225		DECORTICATION PULMONARY PARTIAL SEPARATE PROC	\$1823.70	090	2				
32310		PLEURECTOMY PARIETAL SEPARATE PROCEDURE	\$2180.01	090	2				
32320		DECORTICATION & PARIETAL PLEURECTOMY	\$3079.03	090	2				
32400		BIOPSY PLEURA PERCUTANEOUS NEEDLE	\$230.88	000	1	5072	J1	\$2607.62	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
32408		CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	\$1630.15	000	1	5072	J1	\$2607.62
32440		REMOVAL OF LUNG PNEUMONECTOMY	\$3003.94	090	2			
32442		REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	\$4624.03	090	2			
32445		REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	\$4651.98	090	2			
32480		RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	\$2831.73	090	2			
32482		RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	\$3026.60	090	2			
32484		RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	\$2741.09	090	2			
32486		RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	\$3777.66	090	2			
32488		RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	\$4363.85	090	2			
32491		RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	\$2824.61	090	2			
+	32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	\$565.19	ZZZ	2			
32503		RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	\$2960.79	090	2			
32504		RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	\$3402.06	090	2			
32505		THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	\$1787.47	090	2			
+	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	\$296.51	ZZZ	2			
+	32507	THORACOTOMY W/DX WEDGE RESEXN & ANATOM LUNG RESE	\$295.86	ZZZ	2			
32540		EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	\$2696.83	090	2			
32550		INSERTION INDWELLING TUNNELED PLEURAL CATHETER	\$1326.15	000	1	5341	J1	\$5160.59
32551		TUBE THORACOSTOMY INCLUDES WATER SEAL	\$297.16	000	1	5182	J1	\$2217.48
32552		RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	\$353.48	010	0	5181	Q2	\$1047.46
32553		PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	\$1074.17	000	2	5613	S	\$2310.37
32554		THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	\$453.83	000	1	5181	T	\$1047.46
32555		THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	\$605.32	000	1	5181	T	\$1047.46
32556		PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	\$1370.35	000	1	5302	J1	\$2859.90
32557		PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	\$1262.46	000	1	5182	J1	\$2217.48
32560		INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	\$482.25	000	1	5181	T	\$1047.46
32561		INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	\$183.86	000	2	5181	T	\$1047.46
32562		INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	\$164.44	000	2	5181	T	\$1047.46
32601		THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	\$588.49	000	0	5361	J1	\$9103.19
32604		THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	\$913.48	000	0	5362	J1	\$15625.72
32606		THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	\$879.82	000	0	5361	J1	\$9103.19
32607		THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	\$587.19	000	0	5362	J1	\$15625.72
32608		THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	\$721.85	000	0	5362	J1	\$15625.72
32609		THORACOSCOPY WITH BIOPSYIES OF PLEURA	\$488.79	000	0	5361	J1	\$9103.19
32650		THORACOSCOPY W/PLEURODESIS	\$1321.30	090	2			
32651		THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	\$2099.52	090	2			
32652		THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	\$3180.68	090	2			
32653		THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	\$1668.35	090	2			
32654		THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	\$2238.47	090	2			
32655		THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	\$1836.67	090	2			
32656		THORACOSCOPY W/PARIETAL PLEURECTOMY	\$1544.70	090	2			
32658		THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	\$1640.23	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
32659		THRS CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	\$1480.77	090	2				
32661		THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	\$1579.48	090	2				
32662		THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	\$1717.55	090	2				
32663		THORACOSCOPY W/LOBECTOMY SINGLE LOBE	\$2673.11	090	2				
32664		THORACOSCOPY W/THORACIC SYMPATHECTOMY	\$1807.29	090	2				
32665		THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	\$2356.54	090	2				
32666		THORACOSCOPY W/THERA WEDGE RESEXX INITIAL UNILAT	\$1671.59	090	2				
+		THORACOSCOPY W/THERA WEDGE RESEXX ADDL IPSILATRL	\$297.16	ZZZ	2				
+		THORACOSCOPY W/DX WEDGE RESEXX ANATO LUNG RESEXX	\$297.16	ZZZ	2				
32669		THORACOSCOPY W/SEGMENTECTOMY	\$2566.94	090	2				
32670		THORACOSCOPY W/BILOBECTOMY	\$3056.38	090	2				
32671		THORACOSCOPY W/PNEUMONECTOMY	\$3382.67	090	2				
32672		THORACOSCOPY W/RESEXX-PLICAJ EMPHYSEMA LUNG UNIL	\$2900.35	090	2				
32673		THORACOSCOPY RESEXX THYMUS UNI/BILATERAL	\$2326.76	090	2				
+		THORACOSCOPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	\$408.51	ZZZ	2				
32701		THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	\$398.80	XXX	0				
32800		REPAIR LUNG HERNIA THROUGH CHEST WALL	\$1810.78	090	2				
32810		CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	\$1974.35	090	2				
32815		OPEN CLOSURE MAJOR BRONCHIAL FISTULA	\$4778.02	090	2				
32820		MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	\$2961.53	090	2				
32850		DONOR PNEUMONECTOMY FROM CADAVER DONOR	\$2013.18	XXX	9				
32851		LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	\$6186.29	090	2				
32852		LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	\$6715.48	090	2				
32853		LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	\$7357.71	090	2				
32854		LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	\$8049.59	090	2				
32855		BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	\$979.02	XXX	2				
32856		BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	\$1600.21	XXX	2				
32900		RESECTION RIBS EXTRAPLEURAL ALL STAGES	\$1998.52	090	2				
32905		THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	\$1998.52	090	2				
32906		THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	\$2696.99	090	2				
32940		PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	\$1981.08	090	2				
32960		PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	\$215.99	000	1	5181	T	\$1047.46	
32994		ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	\$9260.53	000	2	5362	J1	\$15625.72	
32997		TOTAL LUNG LAVAGE UNILATERAL	\$639.63	000	1				
32998		ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	\$4358.24	000	2	5361	J1	\$9103.19	
32999		UNLISTED PROCEDURE LUNGS & PLEURA		BR	YYY	1	5181	T	\$1047.46
33016		PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	\$444.76	000	1	5182	J1	\$2217.48	
33017		PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	\$469.37	000	1				
33018		PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	\$548.35	000	1				
33019		PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	\$398.15	000	1				
33020		PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	\$1577.71	090	2				
33025		CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	\$1476.72	090	2				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
33030		PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	\$2500.14	090	2			
33031		PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	\$3448.17	090	2			
33050		RESECTION PERICARDIAL CYST/TUMOR	\$1933.78	090	2			
33120		EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	\$3978.92	090	2			
33130		RESECTION EXTERNAL CARDIAC TUMOR	\$2601.25	090	2			
33140		TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	\$2954.73	090	2			
+	33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	\$929.79	ZZZ	2			
33202		INSERTION EPICARDIAL ELECTRODE OPEN	\$1254.59	090	1			
33203		INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	\$1298.96	090	1			
33206		INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	\$868.16	090	1	5223	J1	\$7551.01
33207		INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	\$968.53	090	1	5223	J1	\$7551.01
33208		INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	\$1007.27	090	1	5223	J1	\$7551.01
33210		INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	\$332.92	000	1	5222	J1	\$4559.89
33211		INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	\$339.12	000	1	5222	J1	\$4559.89
33212		INS PM PLS GEN W/EXIST SINGLE LEAD	\$847.35	090	1	5222	J1	\$4559.89
33213		INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	\$988.58	090	1	5223	J1	\$7551.01
33214		UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	\$1223.96	090	0	5223	J1	\$7551.01
33215		RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	\$517.30	090	1	5183	J1	\$4418.17
33216		INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	\$800.28	090	1	5222	J1	\$4559.89
33217		INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	\$894.43	090	1	5222	J1	\$4559.89
33218		RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	\$745.80	090	1	5221	T	\$6547.84
33220		RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	\$847.35	090	1	5221	T	\$6547.84
33221		INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	\$683.65	090	1	5224	J1	\$12303.73
33222		RELOCATION OF SKIN POCKET FOR PACEMAKER	\$753.20	090	1	5054	T	\$3040.68
33223		RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	\$1035.66	090	0	5054	T	\$3040.68
33224		INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	\$911.86	000	1	5223	J1	\$7551.01
+	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	\$833.69	ZZZ	1			
33226		RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	\$872.77	000	1	5183	J1	\$4418.17
33227		REML PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	\$649.34	090	1	5222	J1	\$4559.89
33228		REML PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	\$677.83	090	1	5223	J1	\$7551.01
33229		REML PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	\$712.79	090	1	5224	J1	\$12303.73
33230		INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	\$715.38	090	1	5231	J1	\$12124.86
33231		INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	\$766.52	090	1	5232	J1	\$15820.32
33233		REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	\$448.00	090	1	5222	Q2	\$14165.57
33234		RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	\$1440.51	090	1	5221	Q2	\$6547.84
33235		RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	\$1600.57	090	1	5221	Q2	\$6547.84
33236		RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	\$1588.39	090	0			
33237		RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	\$1704.61	090	0			
33238		RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	\$1859.58	090	0			
33240		INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	\$1129.81	090	1	5231	J1	\$12124.86
33241		REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	\$800.28	090	1	5221	Q2	\$6547.84
33243		RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	\$3293.00	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
33244		RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	\$2259.62	090	1	5221	Q2	\$6547.84
33249		INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	\$2092.02	090	1	5232	J1	\$15820.32
33250		ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	\$2769.58	090	2			
33251		ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	\$3112.05	090	2			
33254		ABLATION & RECONSTRUCTION ATRIA LIMITED	\$2183.76	090	2			
33255		ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	\$2635.40	090	2			
33256		ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	\$3142.32	090	2			
+	33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	\$938.43	ZZZ	2			
+	33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	\$1061.24	ZZZ	2			
+	33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	\$1384.21	ZZZ	2			
	33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	\$3061.55	090	2			
	33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	\$711.49	090	1	5231	J1	\$12124.86
	33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	\$739.33	090	1	5231	J1	\$12124.86
	33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	\$771.05	090	1	5232	J1	\$15820.32
	33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	\$2183.76	090	2			
	33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	\$2986.20	090	2			
	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	\$1993.99	090	2			
+	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	\$245.36	ZZZ	2			
	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	\$1586.13	090	2			
	33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	\$1068.21	090	1	5232	J1	\$15820.32
	33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	\$869.46	090	1	5222	J1	\$4559.89
	33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	\$664.23	090	1	5221	Q2	\$6547.84
	33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	\$769.76	090	1	5221	T	\$6547.84
	33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	\$911.54	090	1	5224	J1	\$12303.73
	33275	TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	\$963.33	090	1	5183	J1	\$4418.17
	33276	INSERTION PHRENIC NERVE STIMULATOR SYSTEM	\$1103.82	090	1	1580	S	\$78750.88
+	33277	INSJ PHRENIC NRV STIMULATOR TRANSVNS SENSING LD	\$577.48	ZZZ	1			
	33278	REMOVAL PHRENIC NERVE STIMULATOR SYSTEM	\$1098.64	090	1	5461	J1	\$5223.44
	33279	RMVL PHRNC NRV STIMULATOR TRANSVNS STIMJ/SNSG LD	\$663.59	090	1	5461	J1	\$5223.44
	33280	RMVL PHRENIC NRV STIMULATOR PULSE GENERATOR ONLY	\$399.45	090	1	5461	J1	\$5223.44
	33281	REPOSITIONING PHRENIC NRV STIMULATOR TRANSVNS LD	\$717.97	090	1	5461	J1	\$5223.44
	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	\$8498.97	000	1	5222	J1	\$4559.89
	33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	\$250.54	000	1	5071	Q2	\$1173.13
	33287	RMVL&RPLCMT PHRENIC NRV STIMULATOR PLS GENERATOR	\$740.63	090	1	5465	J1	\$9635.52
	33288	RMVL&RPLCMT PHRNC NRV STIM TRNSVNS STIMJ/SNSG LD	\$976.28	090	1	5463	J1	\$15317.75
	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	\$633.80	000	0	5200	J1	\$10952.38
	33300	REPAIR CARDIAC WOUND W/O BYPASS	\$3287.79	090	2			
	33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	\$5441.88	090	2			
	33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	\$2228.35	090	2			
	33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	\$3651.34	090	2			
	33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	\$2789.37	090	2			
	33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	\$3099.29	090	2			
	33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	\$3486.71	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
33330		INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	\$3486.71	090	2			
33335		INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	\$4339.01	090	2			
33340		PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	\$1478.66	000	0			
33361		REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	\$2293.09	000	0			
33362		REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	\$2498.96	000	0			
33363		REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	\$2593.48	000	0			
33364		REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	\$2581.83	000	0			
33365		REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	\$2701.60	000	0			
33366		TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	\$2972.86	000	0			
+	33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APRCH	\$1151.72	ZZZ	0			
+	33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	\$1395.79	ZZZ	0			
+	33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	\$1842.50	ZZZ	0			
+	33370	TRANSCATHETER PLACEMENT&SBSQ REMOVAL CEPD PERQ	\$252.49	ZZZ	0			
33390		VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	\$3656.52	090	2			
33391		VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	\$4333.70	090	2			
33404		CONSTRUCTION APICAL-AORTIC CONDUIT	\$2715.39	090	2			
33405		RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	\$4322.04	090	2			
33406		RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	\$5490.60	090	2			
33410		RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	\$4834.78	090	2			
33411		RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	\$5750.32	090	2			
33412		REPLACEMENT AORTIC VALVE KONNO PROCEDURE	\$5750.32	090	2			
33413		REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	\$6101.10	090	2			
33414		RPR VENTR O/F TRC OBSTR CJ PATCH ENLGMENT O/F TRC	\$4092.22	090	2			
33415		RESECTION/INCISION SUBVALVULAR TISSUE	\$3859.80	090	2			
33416		VENTRICULOMYOTOMY-MYECTOMY	\$3855.27	090	2			
33417		AORTOPLASTY SUPRAVALVULAR STENOSIS	\$3331.74	090	2			
33418		TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	\$3420.86	090	2			
+	33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	\$801.48	ZZZ	2			
33420		VALVOTOMY MITRAL VALVE CLOSED HEART	\$2759.87	090	1			
33422		VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	\$3331.74	090	2			
33425		VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	\$5194.09	090	2			
33426		VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	\$4536.98	090	2			
33427		VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	\$4639.27	090	2			
33430		REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	\$5332.63	090	2			
33440		RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	\$6435.80	090	2			
33460		VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	\$4542.81	090	2			
33463		VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	\$5375.29	090	2			
33464		VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	\$4637.33	090	2			
33465		REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	\$5125.30	090	2			
33468		TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	\$4520.82	090	2			
33471		VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	\$2539.10	090	2			
33474		VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	\$4157.60	090	2			
33475		REPLACEMENT PULMONARY VALVE	\$4415.92	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
33476		R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	\$3254.26	090	2			
33477		TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	\$2484.07	000	0			
33478		OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	\$3254.26	090	2			
33496		RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	\$3293.00	090	2			
33500		RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	\$2967.03	090	2			
33501		RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	\$2126.06	090	2			
33502		RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	\$2453.65	090	2			
33503		RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	\$2550.76	090	0			
33504		RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	\$3099.29	090	2			
33505		RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	\$3917.42	090	2			
33506		RPR ANOM CORONARY ART FROM PULM ART TO AORTA	\$3917.39	090	2			
33507		RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	\$2876.96	090	2			
+		33508 NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	\$26.98	ZZZ	2			
⊖		33509 ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	\$326.94	ZZZ	2			
		33510 CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	\$3682.41	090	2			
		33511 CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	\$4043.66	090	2			
		33512 CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	\$4606.25	090	2			
		33513 CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	\$4703.36	090	2			
		33514 CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	\$4944.84	090	2			
		33516 CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	\$5117.70	090	2			
+		33517 CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	\$337.51	ZZZ	2			
+		33518 CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	\$687.54	ZZZ	2			
+		33519 CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	\$1025.06	ZZZ	2			
+		33521 CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	\$1232.00	ZZZ	2			
+		33522 CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	\$1384.79	ZZZ	2			
+		33523 CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 6 VEIN	\$1558.29	ZZZ	2			
+		33530 ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	\$991.82	ZZZ	2			
		33533 CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	\$3566.53	090	2			
		33534 CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	\$4188.03	090	2			
		33535 CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	\$4652.86	090	2			
		33536 CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	\$5013.47	090	2			
		33542 MYOCARDIAL RESECTION	\$4987.57	090	2			
		33545 RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	\$5805.88	090	2			
		33548 SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	\$4743.07	090	2			
+		33572 CORONARY ENDARTERCOMY OPEN ANY METHOD	\$542.38	ZZZ	2			
		33600 CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	\$3409.22	090	2			
		33602 CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	\$3331.74	090	2			
		33606 ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	\$3486.71	090	2			
		33608 RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	\$3564.18	090	2			
		33610 RPR CAR ANOMAL SURG ENLGMNT VENTR SEPTL DFCT	\$3486.71	090	2			
		33611 RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	\$3719.15	090	2			
		33612 RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCT	\$3815.78	090	2			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
33615		RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	\$3813.83	090	2			
33617		RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	\$4129.76	090	2			
33619		RPR 1 VNTRC W/O/F OBSTRJ&AORTIC ARCH HYOPLAS	\$5245.23	090	2			
33620		APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	\$3142.48	090	2			
33621		TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	\$1779.06	090	2			
33622		RECONSTRUCTION COMPLEX CARDIAC ANOMALY	\$6519.32	090	2			
33641		RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/NO PATCH	\$3126.94	090	2			
33645		DIR/PATCH CLS SINUS VENOSUS W/NO ANOM PUL VEN DRG	\$3301.74	090	2			
33647		RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	\$3462.30	090	2			
33660		RPR INCPLT/PRTL AV CANAL W/NO AV VALVE RPR	\$3383.22	090	2			
33665		RPR INTRM/TRANSJ AV CANAL W/NO AV VALVE RPR	\$3645.51	090	2			
33670		RPR COMPL AV CANAL W/NO PROSTC VALVE	\$3749.74	090	2			
33675		CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	\$3362.25	090	2			
33676		CLOSURE MULTIPLE VSD W/RESECTION	\$3456.49	090	2			
33677		CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	\$3592.47	090	2			
33681		CLSR 1 VENTRICULAR SEPTAL DEFECT W/NO PATCH	\$3528.33	090	2			
33684		CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	\$3597.60	090	2			
33688		CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/NO GUSSET	\$3582.06	090	2			
33690		BANDING PULMONARY ARTERY	\$2308.63	090	2			
33692		COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	\$3719.96	090	2			
33694		COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	\$3716.08	090	2			
33697		COMPL RPR T-FALLOT W/PULM ATRESIA	\$3914.18	090	2			
33702		RPR SINUS VALSALVA FISTULA	\$3138.04	090	2			
33710		RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	\$3905.76	090	2			
33720		RPR SINUS VALSALVA ANEURYSM	\$3176.77	090	2			
33724		REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	\$2490.06	090	2			
33726		REPAIR PULMONARY VENOUS STENOSIS	\$3293.65	090	2			
33730		COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	\$3829.37	090	2			
33732		RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	\$3156.72	090	2			
33735		ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	\$2489.90	090	2			
33736		ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	\$2699.01	090	2			
33737		ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	\$2490.55	090	2			
33741		TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	\$1423.63	000	2			
33745		TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	\$2034.13	000	2			
+	33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	\$813.13	ZZZ	2			
33750		SHUNT SUBCLAVIAN PULMONARY ARTERY	\$2454.81	090	2			
33755		SHUNT ASCENDING AORTA PULMONARY ARTERY	\$2529.39	090	2			
33762		SHUNT DESCENDING AORTA PULMONARY ARTERY	\$2453.00	090	2			
33764		SHUNT CENTRAL W/PROSTHETIC GRAFT	\$2529.39	090	2			
33766		SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	\$2547.52	090	2			
33767		SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	\$2718.43	090	2			
+	33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	\$692.96	ZZZ	2			
33770		RPR TRPOS GREAT VLSL W/O ENLGMNT V-SEPTL DFCT	\$4026.18	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
33771		RPR TRPOS GREAT VLSL W/ENLGMNT V-SEPTL DFCT	\$4137.53	090	2			
33774		RPR TRPOS GREAT VLSL ATRIAL BAFFLE PX W/BYPASS	\$3444.17	090	2			
33775		RPR TRPOS GREAT VLSL ATR BAFFLE W/RMVL PULM BAND	\$3543.22	090	2			
33776		RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	\$3749.09	090	2			
33777		RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	\$3626.17	090	2			
33778		RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	\$4482.60	090	2			
33779		RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	\$4417.86	090	2			
33780		RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	\$4502.67	090	2			
33781		RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	\$4391.31	090	2			
33782		A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	\$6131.53	090	2			
33783		A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	\$6626.14	090	2			
33786		TOTAL REPAIR TRUNCUS ARTERIOSUS	\$4334.99	090	2			
33788		REIMPLANTATION ANOMALOUS PULMONARY ARTERY	\$2927.54	090	2			
33800		AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	\$1887.82	090	2			
33802		DIVISION ABERRANT VESSEL VASCULAR RING	\$2087.22	090	2			
33803		DIVISION ABERRANT VESSEL W/REANASTOMOSIS	\$2201.81	090	2			
33813		OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	\$2380.49	090	2			
33814		OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	\$3021.81	090	2			
33820		REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	\$1855.45	090	2			
33822		RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	\$1955.80	090	2			
33824		RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER	\$2267.84	090	2			
33840		EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	\$2377.90	090	2			
33845		EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	\$2561.76	090	2			
33851		EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	\$2556.92	090	2			
33852		RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	\$2711.88	090	2			
33853		RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	\$3506.32	090	2			
33858		AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	\$6438.39	090	2			
33859		AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	\$4628.26	090	2			
33863		AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	\$5967.73	090	2			
33864		ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	\$5346.18	090	2			
+	33866	AORTIC HEMIARCH GRAFT W/SOL & CTRL ARCH VESSELS	\$1740.21	ZZZ	0			
	33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	\$6177.49	090	2			
	33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	\$5208.01	090	2			
	33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	\$6625.37	090	2			
	33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	\$3024.91	090	2			
	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	\$2595.68	090	2			
	33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	\$1892.77	090	2			
+	33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	\$689.68	ZZZ	2			
	33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	\$1625.70	090	2			
	33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	\$1364.13	000	2			
	33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	\$1712.77	000	2			
	33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	\$1858.69	000	0			
	33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	\$1479.31	000	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
33897		PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	\$1099.29	000	0			
33900		PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	\$1097.99	000	0	5193	J1	\$11686.43
33901		PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	\$1443.05	000	0	5193	J1	\$11686.43
33902		PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	\$1393.20	000	0	5194	J1	\$14873.27
33903		PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	\$1641.81	000	0	5193	J1	\$11686.43
+	33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	\$551.58	ZZZ	0			
	33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	\$4061.99	090	2			
	33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	\$2611.61	090	2			
	33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	\$4022.03	090	2			
	33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	\$2944.33	090	2			
	33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	\$3602.93	090	2			
	33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	\$2866.84	090	2			
+	33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	\$619.86	ZZZ	2			
	33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	\$2918.72	090	2			
	33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	\$3909.58	090	2			
	33927	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	\$4829.60	XXX	2			
	33928	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS		BR XXX	2			
+	33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL		BR ZZZ	2			
	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	\$2254.07	XXX	9			
	33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	\$1337.03	XXX	2			
	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	\$15064.12	090	2			
	33940	DONOR CARDIECTOMY	\$4914.12	XXX	9			
	33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	\$1000.55	XXX	2			
	33945	HEART TRANSPLANT WWO RECIPIENT CARDIECTOMY	\$12051.30	090	2			
	33946	ECMO/ECLS INITIATION VENO-VENOUS	\$587.19	XXX	1			
	33947	ECMO/ECLS INITIATION VENO-ARTERIAL	\$649.99	XXX	1			
	33948	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	\$451.24	XXX	1			
	33949	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	\$440.88	XXX	1			
	33951	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	\$796.95	000	0			
	33952	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	\$809.25	000	0			
	33953	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	\$890.18	000	0			
	33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	\$901.18	000	0			
	33955	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	\$1558.94	000	0			
	33956	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	\$1583.54	000	0			
	33957	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	\$347.01	000	0			
	33958	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	\$347.01	000	0			
	33959	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	\$442.17	000	0			
	33962	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	\$442.17	000	0			
	33963	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	\$879.82	000	0			
	33964	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	\$929.02	000	0			
	33965	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	\$347.01	000	0			
	33966	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	\$449.30	000	0			
	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	\$490.08	000	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
33968		REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	\$232.45	000	1				
33969		ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	\$513.39	000	0				
33970		INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	\$668.12	000	2				
33971		RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/VO GRF	\$996.86	090	1				
33973		INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	\$944.56	000	2				
33974		RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	\$1703.31	090	1				
33975		INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	\$2188.44	XXX	2				
33976		INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	\$2959.46	XXX	2				
33977		REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	\$2188.43	XXX	2				
33978		REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	\$2511.91	XXX	2				
33979		INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	\$3681.12	XXX	2				
33980		RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	\$4401.99	XXX	2				
33981		RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	\$1561.53	XXX	2				
33982		PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	\$3672.05	XXX	2				
33983		RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	\$4321.40	XXX	2				
33984		ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	\$537.34	000	0				
33985		ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	\$965.92	000	0				
33986		ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	\$991.82	000	0				
+	33987	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	\$392.32	ZZZ	0				
	33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	\$1461.83	000	0				
	33989	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	\$929.02	000	0				
	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	\$732.42	000	2				
	33991	INSJ PERQ VAD W/RS&I L HRT ARTERIAL&VEN ACCESS	\$1074.86	000	2				
	33992	REMOVAL PERQ LEFT HRT VAD ARTL/ARTL&VEN SEP INSJ	\$356.07	000	2				
	33993	REPOSITIONING PERQ R/L VAD W/IMG GDN SEP INSJ	\$314.64	000	2				
	33995	INSJ PERQ VAD W/RS&I R HEART VENOUS ACCESS ONLY	\$672.00	000	2				
	33997	REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ	\$305.57	000	2				
	33999	UNLISTED PROCEDURE CARDIAC SURGERY		BR	YYY	2	5181	T	\$1047.46
	34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	\$1579.91	090	2				
	34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	\$1896.88	090	2				
	34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	\$1132.95	090	2	5184	J1	\$7679.39	
	34111	EMBLC/THRMBC W/VO CATH RADIAL/ULNAR ART ARM INC	\$1131.66	090	2	5184	J1	\$7679.39	
	34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	\$2369.58	090	2				
	34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	\$1822.79	090	2	5184	J1	\$7679.39	
	34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	\$1800.42	090	2	5184	J1	\$7679.39	
	34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	\$2244.22	090	2				
	34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	\$1144.81	090	2	5183	J1	\$4418.17	
	34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	\$2432.71	090	2				
	34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	\$1529.10	090	1	5181	T	\$1047.46	
	34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	\$958.95	090	1	5183	J1	\$4418.17	
	34501	VALVULOPLASTY FEMORAL VEIN	\$1586.32	090	2	5184	J1	\$7679.39	
	34502	RECONSTRUCTION VENA CAVA ANY METHOD	\$2950.85	090	2				
	34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	\$1875.12	090	2	5184	J1	\$7679.39	

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
34520		CROSS-OVER VEIN GRAFT VENOUS SYSTEM	\$1937.06	090	2	5184	J1	\$7679.39
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$1790.71	090	2	5183	J1	\$4418.17
34701		EVASC RPR DPLMNT AORTO-AORTIC NDGFT	\$2337.76	090	2			
34702		EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	\$3491.43	090	2			
34703		EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	\$2596.72	090	2			
34704		EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	\$4328.52	090	2			
34705		EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	\$2887.40	090	2			
34706		EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	\$4303.27	090	2			
34707		EVASC RPR DPLMNT ILIO-ILIAC NDGFT	\$2195.98	090	2			
34708		EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	\$3442.23	090	2			
+	34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	\$607.91	ZZZ	2			
	34710	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	\$1508.44	090	2			
+	34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	\$555.47	ZZZ	2			
	34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	\$1243.01	090	2			
+	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	\$232.42	ZZZ	2			
+	34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	\$509.50	ZZZ	2			
+	34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	\$563.89	ZZZ	2			
+	34716	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	\$703.72	ZZZ	2			
+	34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	\$835.79	ZZZ	2			
	34718	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	\$2342.29	090	2			
+	34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	\$542.38	ZZZ	2			
+	34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	\$629.17	ZZZ	2			
+	34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	\$464.89	ZZZ	2			
+	34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	\$908.02	ZZZ	2			
	34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	\$3340.58	090	2			
	34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH	\$3653.28	090	2			
	34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	\$3591.13	090	2			
+	34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	\$900.40	ZZZ	2			
+	34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	\$401.27	ZZZ	2			
	34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT		BR	YYY	0		
	34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	\$5082.38	YYY	2			
	34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	\$4053.90	YYY	2			
	34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	\$5082.09	YYY	2			
	34844	ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	\$7739.80	YYY	2			
	34845	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	\$5494.37	YYY	2			
	34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	\$4326.53	YYY	2			
	34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	\$7087.03	YYY	2			
	34848	VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	\$12865.57	YYY	2			
	35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	\$2131.89	090	2			
	35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	\$2167.47	090	2			
	35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	\$1678.53	090	2			
	35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	\$1921.48	090	2	5184	J1	\$7679.39
	35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	\$2411.57	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
35021		DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	\$2250.14	090	2			
35022		DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	\$2743.03	090	2			
35045		DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	\$1844.44	090	2	5184	J1	\$7679.39
35081		DIR RPR ANEURYSM ABDOMINAL AORTA	\$3125.19	090	2			
35082		DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	\$4094.81	090	2			
35091		DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	\$3369.07	090	2			
35092		DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	\$4750.28	090	2			
35102		DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	\$3566.53	090	2			
35103		DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	\$4198.39	090	2			
35111		DIR RPR ANEURYSM SPLENIC ARTERY	\$2500.14	090	2			
35112		DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	\$3097.81	090	2			
35121		DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	\$2996.17	090	2			
35122		DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	\$3583.36	090	2			
35131		DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	\$2500.14	090	2			
35132		DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	\$3097.81	090	2			
35141		DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	\$2071.68	090	2			
35142		DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	\$2502.20	090	2			
35151		DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	\$2355.24	090	2			
35152		DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	\$2650.46	090	2			
35180		REPAIR CONGENITAL AV FISTULA HEAD & NECK	\$1699.31	090	2	5182	J1	\$2217.48
35182		RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	\$3250.18	090	2			
35184		RPR CONGENITAL AV FISTULA EXTREMITIES	\$1864.30	090	2	5183	J1	\$4418.17
35188		RPR/TRAUMATIC AV FISTULA HEAD & NECK	\$2268.84	090	2	5184	J1	\$7679.39
35189		RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	\$2915.27	090	2			
35190		RPR/TRAUMATIC AV FISTULA EXTREMITIES	\$1704.61	090	2	5184	J1	\$7679.39
35201		REPAIR BLOOD VESSEL DIRECT NECK	\$1977.17	090	2	5184	J1	\$7679.39
35206		REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	\$1977.17	090	2	5183	J1	\$4418.17
35207		REPAIR BLOOD VESSEL DIRECT HAND FINGER	\$1825.64	090	1	5183	J1	\$4418.17
35211		RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	\$2660.17	090	2			
35216		RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	\$3105.78	090	2			
35221		RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	\$2816.84	090	2			
35226		RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	\$1576.42	090	2	5071	T	\$1173.13
35231		REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	\$2396.08	090	2	5183	J1	\$4418.17
35236		REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	\$2014.54	090	2	5184	J1	\$7679.39
35241		RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	\$2866.84	090	2			
35246		RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	\$2969.62	090	2			
35251		REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	\$3317.93	090	2			
35256		REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	\$1922.13	090	2	5184	J1	\$7679.39
35261		REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	\$1863.86	090	2	5183	J1	\$4418.17
35266		RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	\$1648.28	090	2	5184	J1	\$7679.39
35271		RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	\$2645.92	090	2			
35276		RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	\$2750.17	090	2			
35281		RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	\$2679.94	090	2			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
35286		RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	\$1760.93	090	2	5184	J1	\$7679.39
35301		TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	\$2142.89	090	2			
35302		TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	\$1858.36	090	2			
35303		TEAEC W/GRAFT POPLITEAL ARTERY	\$2043.17	090	2			
35304		TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	\$2125.70	090	2			
35305		TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	\$2043.17	090	2			
+	35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	\$765.63	ZZZ	2			
	35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	\$2948.26	090	2			
	35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	\$1707.84	090	2	5184	J1	\$7679.39
	35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	\$2757.92	090	2			
	35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	\$2630.39	090	2			
	35351	TEAEC W/WO PATCH GRAFT ILIAC	\$2436.81	090	2			
	35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	\$1955.41	090	2			
	35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	\$2887.40	090	2			
	35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	\$3077.74	090	2			
	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	\$1545.34	090	2			
	35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	\$1851.56	090	2	5184	J1	\$7679.39
+	35390	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	\$464.89	ZZZ	2			
+	35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	\$464.89	ZZZ	0			
+	35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	\$542.32	ZZZ	2			
	35501	BYPASS W/VEIN COMMON-IPILATERAL CAROTID	\$2261.31	090	2			
	35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	\$2414.80	090	2			
	35508	BYPASS W/VEIN CAROTID-VERTEBRAL	\$2500.14	090	2			
	35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	\$2552.72	090	2			
	35510	BYPASS W/VEIN CAROTID-BRACHIAL	\$2070.38	090	2			
	35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	\$2124.77	090	2			
	35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	\$2029.25	090	2			
	35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	\$2521.62	090	2			
	35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	\$2313.81	090	2			
	35518	BYPASS W/VEIN AXILLARY-AXILLARY	\$2165.55	090	2			
	35521	BYPASS W/VEIN AXILLARY-FEMORAL	\$2335.50	090	2			
	35522	BYPASS W/VEIN AXILLARY-BRACHIAL	\$1968.45	090	2			
	35523	BYPASS W/VEIN BRACHIAL-ULNAR-RADIAL	\$2158.44	090	2			
	35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	\$1875.74	090	2			
	35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	\$3283.61	090	2			
	35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	\$3443.32	090	2			
	35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	\$2858.27	090	2			
	35535	BYPASS W/VEIN HEPATORENAL	\$3423.21	090	2			
	35536	BYPASS W/VEIN SPLENORENAL	\$3202.69	090	2			
	35537	BYPASS W/VEIN AORTOILIAC	\$3596.35	090	2			
	35538	BYPASS W/VEIN AORTOBI-ILIAC	\$4018.84	090	2			
	35539	BYPASS W/VEIN AORTOFEMORAL	\$3776.76	090	2			
	35540	BYPASS W/VEIN AORTOBIFEMORAL	\$4209.67	090	1			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	35556		BYPASS W/VEIN FEMORAL-POPLITEAL	\$2638.80	090	2			
	35558		BYPASS W/VEIN FEMORAL-FEMORAL	\$2350.06	090	2			
	35560		BYPASS W/VEIN AORTORENAL	\$3231.17	090	2			
	35563		BYPASS W/VEIN ILIOILIAC	\$2511.91	090	2			
	35565		BYPASS W/VEIN ILIOFEMORAL	\$2487.31	090	2			
	35566		BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	\$3146.36	090	2			
	35570		BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	\$2641.44	090	2			
	35571		BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	\$2507.38	090	2			
+	35572		HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	\$648.05	ZZZ	2			
	35583		IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	\$2730.73	090	2			
	35585		IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	\$3000.17	090	2			
	35587		IN-SITU VEIN BYP POP-TIBL PRONEAL	\$2528.10	090	2			
⊖	35600		OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	\$461.14	ZZZ	2			
	35601		BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	\$2654.34	090	2			
	35606		BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	\$2230.29	090	2			
	35612		BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	\$1986.22	090	2			
	35616		BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	\$2186.45	090	2			
	35621		BYP OTH/THN VEIN AXILLARY-FEMORAL	\$2078.15	090	2			
	35623		BYP OTH/THN VEIN AXILLARY-POPLITEAL-TIBIAL	\$2493.14	090	2			
	35626		BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	\$3012.35	090	2			
	35631		BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	\$3500.20	090	2			
	35632		BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	\$3249.42	090	2			
	35633		BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	\$3509.75	090	2			
	35634		BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	\$3179.90	090	2			
	35636		BYP OTH/THN VEIN SPLENORENAL	\$3023.36	090	2			
	35637		BYP OTH/THN VEIN AORTOILIAC	\$2863.93	090	2			
	35638		BYP OTH/THN VEIN AORTOBI-ILIAC	\$2909.04	090	2			
	35642		BYP OTH/THN VEIN CAROTID-VERTEBRAL	\$2479.43	090	2			
	35645		BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	\$2479.43	090	2			
	35646		BYP OTH/THN VEIN AORTOBIFEMORAL	\$3229.23	090	2			
	35647		BYP OTH/THN VEIN AORTOFEMORAL	\$2937.25	090	2			
	35650		BYP OTH/THN VEIN AXILLARY-AXILLARY	\$2004.25	090	2			
	35654		BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	\$2583.77	090	2			
	35656		BYP OTH/THN VEIN FEMORAL-POPLITEAL	\$2037.35	090	2			
	35661		BYP OTH/THN VEIN FEMORAL-FEMORAL	\$2052.91	090	2			
	35663		BYP OTH/THN VEIN ILIOILIAC	\$2313.16	090	2			
	35665		BYP OTH/THN VEIN ILIOFEMORAL	\$2225.76	090	2			
	35666		BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	\$2441.35	090	2			
	35671		BYP OTH/THN VEIN POPLITEAL-TIBIAL-/PERONEAL ART	\$2149.37	090	2			
+	35681		BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	\$464.89	ZZZ	2			
+	35682		BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	\$666.17	ZZZ	0			
+	35683		BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	\$771.70	ZZZ	0			
+	35685		PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	\$373.55	ZZZ	2			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	35686		CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	\$302.98	ZZZ	2			
	35691		TRPOS&RIMPLTJ VERTEBRAL CAROTID ART	\$1859.58	090	2			
	35693		TRPOS&RIMPLTJ VERTEBRAL SUBCLAVIAN ART	\$1859.58	090	2			
	35694		TRPOS&RIMPLTJ SUBCLAVIAN CAROTID ART	\$2053.28	090	2			
	35695		TRPOS&RIMPLTJ CAROTID SUBCLAVIAN ART	\$2053.28	090	2			
+	35697		RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	\$256.74	ZZZ	2			
+	35700		ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	\$503.63	ZZZ	2			
	35701		EXPLORATION N/FLWD SURG NECK ARTERY	\$854.67	090	2			
	35702		EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	\$783.35	090	2			
	35703		EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	\$792.42	090	2			
	35800		EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	\$1196.18	090	2	5184	J1	\$7679.39
	35820		EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	\$2739.81	090	2			
	35840		EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	\$1560.75	090	2			
	35860		EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	\$1006.49	090	2	5183	J1	\$4418.17
	35870		RPR GRF-ENTERIC FSTL	\$2711.88	090	2			
	35875		THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	\$1124.53	090	1	5184	J1	\$7679.39
	35876		THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	\$1787.47	090	2	5184	J1	\$7679.39
	35879		REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	\$1747.33	090	2	5184	J1	\$7679.39
	35881		REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	\$1953.21	090	2	5184	J1	\$7679.39
	35883		REVJ FEM ANAST BPG GRN OPN W/NONAUTOG PATCH GRF	\$2048.30	090	2	5184	J1	\$7679.39
	35884		REVJ FEM ANAST BPG GRN OPN W/AUTOG VN PATCH GRF	\$2162.73	090	2	5184	J1	\$7679.39
	35901		EXCISION INFECTED NECK GRAFT	\$1084.75	090	2			
	35903		EXCISION INFECTED GRAFT EXTREMITY	\$1239.72	090	2	5183	J1	\$4418.17
	35905		EXCISION INFECTED GRAFT THORAX	\$3184.56	090	2			
	35907		EXCISION INFECTED GRAFT ABDOMEN	\$3617.67	090	2			
	36000		INTRODUCTION NEEDLE/INTRACATHETER VEIN	\$56.84	XXX	9			
	36002		INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	\$276.25	000	1	5181	T	\$1047.46
	36005		NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	\$482.50	000	0			
	36010		INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	\$1029.37	XXX	1			
	36011		SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	\$1522.68	XXX	1			
	36012		SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	\$1270.96	XXX	1			
	36013		INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	\$1294.71	XXX	1			
	36014		SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	\$1264.36	XXX	1			
	36015		SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	\$1477.44	XXX	1			
	36100		INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	\$832.92	XXX	1			
	36140		INTRO OF NEEDLE OR INTRACATHETER UPRLXTR ARTERY	\$805.50	XXX	1			
	36160		INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	\$876.62	XXX	1			
	36200		INTRODUCTION CATHETER AORTA	\$1068.28	000	1			
	36215		SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	\$1734.82	000	1			
	36216		SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	\$1897.62	000	1			
	36217		SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	\$3341.86	000	1			
+	36218		SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	\$334.27	ZZZ	1			
	36221		NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	\$1885.23	000	1	5183	Q2	\$5314.77

+ Add-on Procedure    ◯ Modifier 51 Exempt Procedure    ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
36222		SLCTV CATH CAROTID/INNOV ART ANGIO XTRCRANL ART	\$2363.66	000	1	5183	Q2	\$5314.77
36223		SLCTV CATH CAROTID/INNOV ART ANGIO INTRCRANL ART	\$3207.62	000	1	5184	Q2	\$9162.86
36224		SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRANL ART	\$3967.27	000	1	5184	Q2	\$9162.86
36225		SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	\$3044.79	000	1	5183	Q2	\$5314.77
36226		SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	\$3865.63	000	1	5184	Q2	\$9162.86
+	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	\$464.96	ZZZ	1			
+	36228	SLCTV CATH INTRCRANL BRNCH ANGIO INTRNL CAROT/VERT	\$2493.14	ZZZ	1			
	36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	\$1999.04	XXX	1			
	36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	\$1591.31	000	1			
	36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR ART BRNCH	\$2703.54	000	1			
+	36248	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	\$230.15	ZZZ	1			
	36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	\$2449.11	000	1	5183	Q2	\$5314.77
	36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	\$2656.93	000	1	5183	Q2	\$5314.77
	36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	\$3820.95	000	1	5184	Q2	\$9162.86
	36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	\$3765.93	000	1	5183	Q2	\$5314.77
	36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	\$987.35	090	1	5184	J1	\$7679.39
	36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$803.70	090	2	5221	T	\$6547.84
	36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$613.40	090	1	5221	Q2	\$6547.84
	36299	UNLISTED PROCEDURE VASCULAR INJECTION		BR	YYY	0		
	36400	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	\$50.00	XXX	1			
	36405	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	\$46.61	XXX	1			
	36406	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	\$54.24	XXX	1			
	36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	\$34.00	XXX	1			
	36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	\$17.17	XXX	9			
	36416	COLLECTION CAPILLARY BLOOD SPECIMEN	\$10.77	XXX	9			
	36420	VENIPUNCTURE CUTDOWN YOUNGER THAN AGE 1 YR	\$91.28	XXX	0	5734	Q1	\$212.99
	36425	VENIPUNCTURE CUTDOWN AGE 1 YR/>	\$75.75	XXX	1	5735	Q1	\$664.35
	36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	\$55.07	XXX	1	5241	S	\$723.82
	36440	PUSH TRANSFUSION BLOOD 2 YR OR YOUNGER	\$100.05	XXX	0	5241	S	\$723.82
	36450	BLOOD EXCHANGE TRANSFUSION NEWBORN	\$542.38	XXX	0	5241	S	\$723.82
	36455	BLOOD EXCHANGE TRANSFUSION OTHER THAN NEWBORN	\$774.83	XXX	1	5241	S	\$723.82
	36456	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	\$185.80	XXX	0	5241	S	\$723.82
	36460	TRANSFUSION INTRAUTERINE FETAL	\$774.83	XXX	2	5241	S	\$723.82
	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	\$2553.38	000	1	5054	T	\$3040.68
	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	\$2832.79	000	1	5054	T	\$3040.68
	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	\$112.51	000	0	5052	Q1	\$664.86
	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	\$212.11	000	1	5052	T	\$664.86
	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	\$263.93	000	1	5052	T	\$664.86
	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	\$2402.37	000	1	5183	J1	\$4418.17
+	36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	\$489.27	ZZZ	1			
	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	\$2367.41	000	1	5183	J1	\$4418.17
+	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	\$540.58	ZZZ	1			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
36478		ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	\$2183.04	000	1	5183	J1	\$4418.17
+	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	\$581.37	ZZZ	1			
	36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	\$2177.90	000	1			
	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	\$3212.08	000	1	5184	J1	\$7679.39
+	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	\$264.79	ZZZ	1			
	36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING	\$345.06	000	1			
	36510	CATHJ UMBILICAL VEIN DX/THER NB	\$185.38	000	0			
	36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	\$169.35	000	1	5242	S	\$2558.31
	36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	\$169.35	000	1	5242	S	\$2558.31
	36513	THERAPEUTIC APHERESIS PLATELETS	\$169.35	000	1	5241	S	\$723.82
	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	\$1001.87	000	1	5242	S	\$2558.31
	36516	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	\$3448.05	000	1	5243	S	\$7716.35
	36522	PHOTOPHERESIS EXTRACORPOREAL	\$1889.24	000	1	5243	S	\$7716.35
	36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	\$362.54	000	1	5183	J1	\$4418.17
	36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	\$411.10	000	1	5183	J1	\$4418.17
	36557	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	\$1448.83	010	0	5184	J1	\$7679.39
	36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	\$1425.09	010	0	5183	J1	\$4418.17
	36560	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	\$1972.53	010	0	5183	J1	\$4418.17
	36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	\$1860.63	010	0	5183	J1	\$4418.17
	36563	INSJ TUNNELED CTR VAD W/SUBQ PUMP	\$1819.93	010	0	5184	J1	\$7679.39
	36565	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	\$1585.48	010	0	5183	J1	\$4418.17
	36566	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	\$7678.89	010	0	5184	J1	\$7679.39
	36568	INSERTION PICC W/O IMG GDN < 5 YR	\$391.20	000	1	5182	J1	\$2217.48
	36569	INSERTION PICC W/O IMG GDN 5 YR/>	\$374.41	000	1	5182	J1	\$2217.48
	36570	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	\$2101.33	010	0	5183	J1	\$4418.17
	36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	\$2103.82	010	0	5183	J1	\$4418.17
	36572	INSERTION PICC W/RS&I < 5 YR	\$733.61	000	1	5181	T	\$1047.46
	36573	INSERTION PICC W/RS&I 5 YR/>	\$728.97	000	1	5182	J1	\$2217.48
	36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	\$261.20	000	0	5181	T	\$1047.46
	36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	\$569.22	010	0	5182	J1	\$2217.48
	36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP	\$810.19	010	0	5183	J1	\$4418.17
	36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	\$367.18	000	1	5182	J1	\$2217.48
	36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	\$1250.57	010	0	5183	J1	\$4418.17
	36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	\$1665.11	010	0	5183	J1	\$4418.17
	36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	\$1709.11	010	0	5184	J1	\$7679.39
	36584	COMPLETE REPLACEMENT PICC RS&I	\$437.48	000	1	5182	J1	\$2217.48
	36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	\$1776.56	010	0	5183	J1	\$4418.17
	36589	RMVL TUN CVC W/O SUBQ PORT/PMP	\$266.49	010	0	5181	Q2	\$1047.46
	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	\$405.54	010	0	5182	Q2	\$2670.38
	36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	\$28.50	XXX	0	5734	Q1	\$212.99
	36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	\$36.76	XXX	0	5734	Q1	\$212.99
	36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	\$48.50	XXX	0	5694	T	\$564.69
	36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	\$1128.83	000	1	5183	J1	\$4418.17

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
36596		MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	\$222.71	000	1	5182	J1	\$2217.48
36597		RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	\$203.65	000	1	5182	J1	\$2217.48
36598		CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	\$193.80	000	0	5693	T	\$357.39
36600		ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	\$50.00	XXX	1	5734	Q1	\$212.99
36620		ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	\$91.72	000	1			
36625		ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	\$187.52	000	1			
36640		ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	\$195.79	000	1	5183	J1	\$4418.17
36660		CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	\$130.13	000	0			
36680		PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	\$114.59	000	0	5735	Q1	\$664.35
36800		INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	\$230.47	000	1	5184	J1	\$7679.39
36810		INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	\$508.66	000	1	5183	J1	\$4418.17
36815		INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	\$339.12	000	1	5184	J1	\$7679.39
36818		ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	\$1311.63	090	2	5184	J1	\$7679.39
36819		ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	\$1467.64	090	2	5184	J1	\$7679.39
36820		ARVEN ANAST OPN F/ARM VEIN TRPOS	\$1381.55	090	2	5184	J1	\$7679.39
36821		ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	\$1258.94	090	2	5183	J1	\$4418.17
36823		INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	\$1916.75	090	1			
36825		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOGRF	\$1509.74	090	2	5184	J1	\$7679.39
36830		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOGRF	\$1267.61	090	2	5184	J1	\$7679.39
36831		THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	\$754.53	090	2	5184	J1	\$7679.39
36832		REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	\$1125.07	090	2	5184	J1	\$7679.39
36833		REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	\$1187.56	090	2	5184	J1	\$7679.39
36835		INSERTION THOMAS SHUNT SEPARATE PROCEDURE	\$1223.96	090	1	5183	J1	\$4418.17
36836		PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	\$15571.26	000	2	5194	J1	\$14873.27
36837		PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	\$18533.77	000	2	5194	J1	\$14873.27
36838		DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	\$1897.89	090	2	5184	J1	\$7679.39
36860		XTRNL CANNULA DECLTNG SPX W/O BALO CATH	\$350.97	000	1	5182	J1	\$2217.48
36861		XTRNL CANNULA DECLTNG SPX W/BALO CATH	\$250.01	000	1	5184	J1	\$7679.39
36901		INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	\$1345.94	000	1	5182	J1	\$2217.48
36902		INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	\$2300.21	000	1	5192	J1	\$6768.37
36903		INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	\$8699.32	000	1	5193	J1	\$11686.43
36904		PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	\$3441.58	000	1	5192	J1	\$6768.37
36905		PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	\$4327.87	000	1	5193	J1	\$11686.43
36906		PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	\$10799.69	000	1	5194	J1	\$14873.27
+		36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	\$1168.79	ZZZ	1		
+		36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	\$3545.00	ZZZ	1		
+		36909	DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	\$3595.66	ZZZ	1		
37140		VENOUS ANASTOMOSIS OPEN PORTOCAVAL	\$3435.69	090	1			
37145		VENOUS ANASTOMOSIS OPEN RENOPORTAL	\$3601.70	090	2			
37160		VENOUS ANASTOMOSIS OPEN CAVAL-MESENERIC	\$3197.01	090	2			
37180		VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	\$3548.60	090	2			
37181		VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	\$4125.15	090	2			
37182		INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	\$1529.81	000	0	5193	J1	\$11686.43

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
37183		REJV TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	\$9299.48	000	0	5192	J1	\$6768.37
37184		PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	\$3329.79	000	1	5194	J1	\$14873.27
+	37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	\$1075.09	ZZZ	1			
+	37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	\$2254.89	ZZZ	1			
37187		PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	\$3272.72	000	1	5193	J1	\$11686.43
37188		PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	\$2754.69	000	1	5183	J1	\$4418.17
37191		INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	\$4045.57	000	1	5184	J1	\$7679.39
37192		REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	\$2441.35	000	1	5183	J1	\$4418.17
37193		RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	\$2848.56	000	1	5183	J1	\$4418.17
37195		THROMBOLYSIS CEREBRAL IV INFUSION	\$744.24	XXX	0	5694	T	\$564.69
37197		PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	\$2974.16	000	1	5183	J1	\$4418.17
37200		TRANSCATHETER BIOPSY	\$619.86	000	1	5184	J1	\$7679.39
37211		THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	\$730.27	000	1	5184	J1	\$7679.39
37212		THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	\$636.39	000	1	5183	J1	\$4418.17
37213		THROMBOLYSIS ART/VENOUS INFNSN W/IMAGE SUBSQ TX	\$435.05	000	1	5183	J1	\$4418.17
37214		CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	\$229.83	000	1	5183	J1	\$4418.17
37215		TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	\$1880.05	090	0			
37216		TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	\$1870.30	090	9			
37217		TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	\$2044.49	090	0			
37218		TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	\$1566.21	090	0			
37220		REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	\$5488.11	000	1	5192	J1	\$6768.37
37221		REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	\$8108.94	000	0	5193	J1	\$11686.43
+	37222	REVASCLARIZATION ILIAC ART ANGIOP EA IPSI VSL	\$1584.52	ZZZ	0			
+	37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	\$4463.15	ZZZ	0			
37224		REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	\$6592.91	000	0	5192	J1	\$6768.37
37225		REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	\$19078.69	000	0	5194	J1	\$14873.27
37226		REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	\$16943.25	000	0	5193	J1	\$11686.43
37227		REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	\$25133.21	000	0	5194	J1	\$14873.27
37228		REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	\$9381.45	000	0	5193	J1	\$11686.43
37229		REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	\$19151.82	000	0	5194	J1	\$14873.27
37230		REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	\$16936.63	000	0	5194	J1	\$14873.27
37231		REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	\$23845.99	000	0	5194	J1	\$14873.27
+	37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	\$2109.36	ZZZ	0			
+	37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	\$2579.66	ZZZ	0			
+	37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	\$6906.46	ZZZ	0			
+	37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	\$7501.42	ZZZ	0			
37236		OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	\$5700.07	000	0	5193	J1	\$11686.43
+	37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	\$3162.74	ZZZ	0			
37238		OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	\$6497.84	000	0	5193	J1	\$11686.43
+	37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	\$3010.46	ZZZ	0			
37241		VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	\$8782.63	000	1	5193	J1	\$11686.43
37242		VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	\$13423.84	000	1	5194	J1	\$14873.27
37243		VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	\$16267.22	000	1	5193	J1	\$11686.43

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
37244		VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	\$12426.84	000	1	5193	J1	\$11686.43	
37246		TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	\$3468.91	000	1	5192	J1	\$6768.37	
+	37247	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	\$1220.51	ZZZ	1				
37248		TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	\$2574.71	000	1	5192	J1	\$6768.37	
+	37249	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	\$931.58	ZZZ	1				
+	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	\$1979.09	ZZZ	0				
+	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	\$331.47	ZZZ	0				
37500		VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	\$1133.24	090	1	5184	J1	\$7679.39	
37501		UNLISTED VASCULAR ENDOSCOPY PROCEDURE		BR	YYY	1	5181	T	\$1047.46
37565		LIGATION INTERNAL JUGULAR VEIN	\$1406.80	090	0	5183	J1	\$4418.17	
37600		LIGATION EXTERNAL CAROTID ARTERY	\$1156.11	090	2	5183	J1	\$4418.17	
37605		LIGATION INTERNAL/Common CAROTID ARTERY	\$1325.02	090	2	5183	J1	\$4418.17	
37606		LIG INT/Common CAROTID ART W/GRADUAL OCCLUSION	\$1253.15	090	2	5183	J1	\$4418.17	
37607		LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	\$753.20	090	1	5183	J1	\$4418.17	
37609		LIGATION/BIOPSY TEMPORAL ARTERY	\$445.57	010	1	5072	J1	\$2607.62	
37615		LIGATION MAJOR ARTERY NECK	\$1000.23	090	2	5183	J1	\$4418.17	
37616		LIGATION MAJOR ARTERY CHEST	\$2168.79	090	2				
37617		LIGATION MAJOR ARTERY ABDOMEN	\$2278.50	090	2	5183	J1	\$4418.17	
37618		LIGATION MAJOR ARTERY EXTREMITY	\$941.51	090	2				
37619		LIGATION OF INFERIOR VENA CAVA	\$3334.76	090	2	5184	J1	\$7679.39	
37650		LIGATION OF FEMORAL VEIN	\$877.87	090	1	5183	J1	\$4418.17	
37660		LIGATION OF COMMON ILIAC VEIN	\$1890.39	090	2				
37700		LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	\$470.01	090	1	5183	J1	\$4418.17	
37718		LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	\$669.70	090	1	5183	J1	\$4418.17	
37722		LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	\$776.72	090	1	5183	J1	\$4418.17	
37735		LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	\$1647.64	090	1	5183	J1	\$4418.17	
37760		LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	\$1549.64	090	1	5183	J1	\$4418.17	
37761		LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	\$1029.37	090	2	5183	J1	\$4418.17	
37765		STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	\$873.36	010	1	5183	J1	\$4418.17	
37766		STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	\$1040.35	010	1	5183	J1	\$4418.17	
37780		LIGJ & DIV SHORT SAPH VEIN SAPHENOPOJ JUNCT SPX	\$413.05	090	1	5183	J1	\$4418.17	
37785		LIGJ DIVJ & EXCJ VARICOSE VEIN CLUSTER 1 LEG	\$541.23	090	1	5183	J1	\$4418.17	
37788		PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	\$1950.66	090	2				
37790		PENILE VENOUS OCCLUSIVE PROCEDURE	\$1549.64	090	0	5374	J1	\$5401.80	
37799		UNLISTED PROCEDURE VASCULAR SURGERY		BR	YYY	0	5181	T	\$1047.46
38100		SPLENECTOMY TOTAL SEPARATE PROCEDURE	\$2230.29	090	2				
38101		SPLENECTOMY PARTIAL SEPARATE PROCEDURE	\$2258.78	090	2				
+	38102	SPLENC TOT EN BLOC EXTSV DS CONJUNCT W/OTH PX	\$767.04	ZZZ	2				
38115		RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	\$2504.79	090	2				
38120		LAPAROSCOPIC SURGICAL SPLENECTOMY	\$2060.60	090	2	5362	J1	\$15625.72	
38129		UNLISTED LAPAROSCOPY PROCEDURE SPLEEN		BR	YYY	2	5361	J1	\$9103.19
38200		INJECTION PROCEDURE SPLENOPTOGRAPHY	\$247.31	000	0				
38204		MGMT RCP HEMATOP PROGENITOR CELL DONOR & ACQUISJ	\$192.92	XXX	9				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
38205		BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	\$156.33	000	0			
38206		BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	\$156.33	000	0	5242	S	\$2558.31
38207		TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	\$85.67	XXX	9	5241	S	\$723.82
38208		TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	\$54.27	XXX	9	5241	S	\$723.82
38209		TRNSP PREP HEMATOP PROG THAW PREV HRV WSH PER DNR	\$22.66	XXX	9	5241	S	\$723.82
38210		TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	\$150.41	XXX	9	5241	S	\$723.82
38211		TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	\$136.03	XXX	9	5241	S	\$723.82
38212		TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	\$90.64	XXX	9	5241	S	\$723.82
38213		TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	\$22.66	XXX	9	5241	S	\$723.82
38214		TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	\$77.69	XXX	9	5241	S	\$723.82
38215		TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	\$90.64	XXX	9	5241	S	\$723.82
38220		DIAGNOSTIC BONE MARROW ASPIRATIONS	\$265.32	XXX	0	5072	J1	\$2607.62
38221		DIAGNOSTIC BONE MARROW BIOPSIES	\$294.51	XXX	0	5072	J1	\$2607.62
38222		DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	\$340.53	XXX	0	5073	J1	\$4641.68
38230		BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	\$597.23	000	0	5242	S	\$2558.31
38232		BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	\$363.19	000	0	5243	S	\$7716.35
38240		TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	\$463.54	XXX	0	5244	J1	\$91115.80
38241		TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	\$371.41	XXX	0	5242	S	\$2558.31
38242		ALLOGENEIC LYMPHOCYTE INFUSIONS	\$169.35	000	0	5242	S	\$2558.31
38243		TRNSPLJ HEMATOPOIETIC CELL BOOST	\$235.42	000	0	5242	S	\$2558.31
38300		DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	\$368.78	010	1	5073	J1	\$4641.68
38305		DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	\$645.56	090	1	5073	J1	\$4641.68
38308		LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	\$796.33	090	2	5091	J1	\$6250.13
38380		SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	\$861.41	090	2			
38381		SUTR&/LIG THORACIC DUCT THORACIC APPROACH	\$1552.47	090	2			
38382		SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	\$1382.05	090	2			
38500		BX/EXC LYMPH NODE OPEN SUPERFICIAL	\$452.30	010	1	5091	J1	\$6250.13
38505		BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	\$195.39	000	1	5072	J1	\$2607.62
38510		BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	\$730.71	010	1	5091	J1	\$6250.13
38520		BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	\$796.33	090	1	5091	J1	\$6250.13
38525		BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	\$637.07	090	1	5091	J1	\$6250.13
38530		BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	\$1091.44	090	2	5091	J1	\$6250.13
38531		OPEN BIOPSY/EXCISION INGUINFEMORAL NODES	\$869.10	090	0	5091	J1	\$6250.13
38542		DISSECTION DEEP JUGULAR NODE	\$945.92	090	2	5361	J1	\$9103.19
38550		EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	\$955.61	090	0	5091	J1	\$6250.13
38555		EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	\$1592.68	090	2	5092	J1	\$10662.23
38562		LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	\$1367.41	090	2	5362	J1	\$15625.72
38564		LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	\$1363.42	090	2			
38570		LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	\$1005.41	010	2	5361	J1	\$9103.19
38571		LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	\$1453.34	010	2	5362	J1	\$15625.72
38572		LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	\$1742.80	010	2	5362	J1	\$15625.72
38573		LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	\$2263.32	010	2	5362	J1	\$15625.72

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
38589		UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM		BR	YYY	2	5361	J1		\$9103.19
38700		SUPRAHYOID LYMPHADENECTOMY	\$1562.95		090	2	5092	J1		\$10662.23
38720		CERVICAL LYMPHADENECTOMY	\$2608.42		090	2	5092	J1		\$10662.23
38724		CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	\$2804.14		090	2				
38740		AXILLARY LYMPHADENECTOMY SUPERFICIAL	\$1274.14		090	2	5361	J1		\$9103.19
38745		AXILLARY LYMPHADENECTOMY COMPLETE	\$1718.59		090	2	5361	J1		\$9103.19
+	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	\$492.52		ZZZ	2				
+	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	\$540.97		ZZZ	2				
	38760	INGUINFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	\$1283.46		090	2	5092	J1		\$10662.23
	38765	INGUINFEM LMPHADEC SUPFC W/PEL LMPHADEC	\$2538.64		090	2				
	38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	\$1776.92		090	2				
	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	\$2665.38		090	2				
	38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY	\$276.75		000	1				
	38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	\$161.48		000	1	5591	Q1		\$687.70
	38794	CANNULATION THORACIC DUCT	\$541.23		090	0				
+	38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	\$264.79		ZZZ	2				
	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM		BR	YYY	0	5241	S		\$723.82
	39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	\$906.41		090	2				
	39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	\$1491.89		090	2				
	39200	RESECTION OF MEDIASTINAL CYST	\$1670.29		090	2				
	39220	RESECTION MEDIASTINAL TUMOR	\$2182.24		090	2				
	39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	\$589.78		000	1	5361	J1		\$9103.19
	39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	\$769.76		000	1	5361	J1		\$9103.19
	39499	UNLISTED PROCEDURE MEDIASTINUM		BR	YYY	2				
	39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	\$1654.11		090	2				
	39503	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	\$8128.98		090	2				
	39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	\$1676.07		090	2				
	39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	\$1804.95		090	2				
	39545	IMBRICATION DIAPHRAGM EVENTRATION	\$1491.89		090	2				
	39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	\$1557.00		090	2				
	39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR	\$2410.46		090	2				
	39599	UNLISTED PROCEDURE DIAPHRAGM		BR	YYY	2				
	40490	BIOPSY OF LIP	\$168.64		000	1	5161	T		\$407.28
	40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	\$1025.40		090	1	5164	J1		\$5284.06
	40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	\$957.50		090	1	5164	J1		\$5284.06
	40520	EXC LIP V-EXC W/PRIM DIR LINR CLSR	\$983.40		090	1	5164	J1		\$5284.06
	40525	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	\$1067.90		090	1	5164	J1		\$5284.06
	40527	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	\$1614.82		090	0	5165	J1		\$9286.03
	40530	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	\$1090.87		090	1	5164	J1		\$5284.06
	40650	REPAIR LIP FULL THICKNESS VERMILION ONLY	\$592.48		090	0	5162	T		\$917.40
	40652	REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	\$697.17		090	0	5162	T		\$917.40
	40654	RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	\$955.61		090	1	5163	J1		\$2500.63
	40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	\$1947.46		090	0	5165	J1		\$9286.03

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
40701		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	\$2299.95	090	2	5165	J1	\$9286.03	
40702		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	\$1823.70	090	2	5165	J1	\$9286.03	
40720		PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	\$1982.12	090	0	5164	J1	\$5284.06	
40761		PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	\$2093.04	090	1	5165	J1	\$9286.03	
40799		UNLISTED PROCEDURE LIPS		BR	YYY	2	5161	T	\$407.28
40800		DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	\$349.82	010	1	5071	T	\$1173.13	
40801		DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	\$389.41	010	1	5162	T	\$917.40	
40804		RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	\$267.89	010	0	5301	Q1	\$1511.46	
40805		RMVL EMBEDDED FB VESTIBULE MOUTH COMP	\$424.86	010	0	5162	T	\$917.40	
40806		INCISION LABIAL FRENUM FRENOTOMY	\$194.22	000	0	5162	T	\$917.40	
40808		BIOPSY VESTIBULE MOUTH	\$313.36	010	1	5162	T	\$917.40	
40810		EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	\$348.11	010	1	5164	J1	\$5284.06	
40812		EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	\$358.18	010	1	5163	J1	\$2500.63	
40814		EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	\$498.37	090	1	5164	J1	\$5284.06	
40816		EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	\$526.91	090	1	5164	J1	\$5284.06	
40818		EXC MUCOSA VESTIBULE MOUTH AS DON GRF	\$442.57	090	0	5162	T	\$917.40	
40819		EXC FRENUM LABIAL/BUCCAL	\$384.10	090	0	5163	J1	\$2500.63	
40820		DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	\$449.86	010	1	5164	J1	\$5284.06	
40830		CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	\$321.05	010	0	5161	T	\$407.28	
40831		CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	\$419.66	010	0	5162	T	\$917.40	
40840		VESTIBULOPLASTY ANTERIOR	\$1142.01	090	2	5165	J1	\$9286.03	
40842		VESTIBULOPLASTY POSTERIOR UNILATERAL	\$1142.01	090	0	5165	J1	\$9286.03	
40843		VESTIBULOPLASTY POSTERIOR BILATERAL	\$1458.52	090	2	5165	J1	\$9286.03	
40844		VESTIBULOPLASTY ENTIRE ARCH	\$1930.89	090	2	5165	J1	\$9286.03	
40845		VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	\$2165.61	090	0	5165	J1	\$9286.03	
40899		UNLISTED PROCEDURE VESTIBULE MOUTH		BR	YYY	0	5161	T	\$407.28
41000		INTRAORAL I&D TONGUE/FLOOR LINGUAL	\$212.58	010	1	5162	T	\$917.40	
41005		INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	\$380.03	010	0	5161	T	\$407.28	
41006		INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	\$477.85	090	0	5163	J1	\$2500.63	
41007		INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	\$487.23	090	0	5163	J1	\$2500.63	
41008		INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	\$481.13	090	0	5164	J1	\$5284.06	
41009		INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	\$512.04	090	0	5162	T	\$917.40	
41010		INCISION LINGUAL FRENUM FRENOTOMY	\$257.38	010	0	5163	J1	\$2500.63	
41015		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	\$559.19	090	0	5162	T	\$917.40	
41016		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	\$579.21	090	0	5165	J1	\$9286.03	
41017		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMND	\$580.55	090	0	5164	J1	\$5284.06	
41018		XTRORAL I&D FLOOR MASTICATOR SPACE	\$676.65	090	0	5163	J1	\$2500.63	
41019		PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	\$791.32	000	0	5165	J1	\$9286.03	
41100		BIOPSY TONGUE ANTERIOR TWO-THIRDS	\$239.95	010	1	5162	T	\$917.40	
41105		BIOPSY TONGUE POSTERIOR ONE-THIRD	\$219.89	010	1	5164	J1	\$5284.06	
41108		BIOPSY FLOOR MOUTH	\$183.00	010	1	5072	J1	\$2607.62	
41110		EXCISION LESION TONGUE W/O CLOSURE	\$263.02	010	1	5164	J1	\$5284.06	
41112		EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	\$426.37	090	1	5164	J1	\$5284.06	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
41113		EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	\$471.68	090	1	5164	J1	\$5284.06	
41114		EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	\$953.30	090	0	5164	J1	\$5284.06	
41115		EXCISION LINGUAL FRENUM FRENECTOMY	\$416.37	010	0	5163	J1	\$2500.63	
41116		EXCISION LESION FLOOR MOUTH	\$561.43	090	1	5164	J1	\$5284.06	
41120		GLOSSECTOMY <ONE-HALF TONGUE	\$1482.45	090	2	5165	J1	\$9286.03	
41130		GLOSSECTOMY HEMIGLOSSECTOMY	\$1671.36	090	2				
41135		GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	\$3140.54	090	2				
41140		GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	\$3139.35	090	2				
41145		GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	\$3997.07	090	2				
41150		GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	\$3140.54	090	2				
41153		GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	\$3647.41	090	2				
41155		GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	\$4282.56	090	2				
41250		RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	\$409.77	010	0	5735	Q1	\$664.35	
41251		RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	\$329.45	010	0	5161	T	\$407.28	
41252		RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	\$477.81	010	0	5161	T	\$407.28	
41510		SUTURE TONGUE LIP MICROGNATHIA	\$987.18	090	0	5164	J1	\$5284.06	
41512		TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	\$921.75	090	0	5165	J1	\$9286.03	
41520		FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	\$434.15	090	0	5164	J1	\$5284.06	
41530		SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	\$3248.90	000	0	5164	J1	\$5284.06	
41599		UNLISTED PROCEDURE TONGUE FLOOR MOUTH		BR	YYY	0	5161	T	\$407.28
41800		DRG ABCS CST HMTMA FROM DENTOALVEOLAR STRUXS	\$415.90	010	1	5734	Q1	\$212.99	
41805		RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	\$408.77	010	0	5163	J1	\$2500.63	
41806		RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	\$606.90	010	0	5163	J1	\$2500.63	
41820		GINGIVECTOMY EXC GINGIVA EACH QUADRANT	\$430.63	000	0	5164	J1	\$5284.06	
41821		OPRCULECTOMY EXC PRICORONAL TISSUE	\$104.20	000	0	5163	J1	\$2500.63	
41822		EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	\$368.28	010	0	5163	J1	\$2500.63	
41823		EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	\$727.44	090	0	5165	J1	\$9286.03	
41825		EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	\$354.97	010	1	5164	J1	\$5284.06	
41826		EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	\$510.49	010	1	5164	J1	\$5284.06	
41827		EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMLPX RPR	\$739.71	090	1	5165	J1	\$9286.03	
41828		EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	\$416.06	010	0	5163	J1	\$2500.63	
41830		ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	\$495.74	010	0	5164	J1	\$5284.06	
41850		DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	\$78.16	000	0	5163	J1	\$2500.63	
41870		PERIODONTAL MUCOSAL GRAFTING	\$351.73	000	0	5163	J1	\$2500.63	
41872		GINGIVOPLASTY EACH QUADRANT SPECIFY	\$627.18	090	0	5164	J1	\$5284.06	
41874		ALVEOLOPLASTY EACH QUADRANT SPECIFY	\$473.24	090	0	5164	J1	\$5284.06	
41899		UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES		BR	YYY	0	5161	T	\$407.28
42000		DRAINAGE ABSCESS PALATE UVULA	\$221.87	010	0	5161	T	\$407.28	
42100		BIOPSY PALATE UVULA	\$200.81	010	1	5163	J1	\$2500.63	
42104		EXC LESION PALATE UVULA W/O CLOSURE	\$364.44	010	1	5164	J1	\$5284.06	
42106		EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	\$458.13	010	1	5164	J1	\$5284.06	
42107		EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	\$1291.86	090	1	5165	J1	\$9286.03	
42120		RESCJ PALATE/EXTENSIVE RESCJ LESION	\$1946.73	090	2	5165	J1	\$9286.03	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
42140		UVULECTOMY EXCISION UVULA	\$435.64	090	1	5164	J1	\$5284.06	
42145		PALATOPHARYNGOPLASTY	\$1345.94	090	1	5165	J1	\$9286.03	
42160		DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	\$340.78	010	0	5164	J1	\$5284.06	
42180		REPAIR LACERATION PALATE <2 CM	\$332.84	010	0	5162	T	\$917.40	
42182		REPAIR LACERATION PALATE >2 CM/COMPLEX	\$465.34	010	0	5165	J1	\$9286.03	
42200		PALATOP CL PALATE SOFT&/HARD PALATE ONLY	\$1798.37	090	2	5165	J1	\$9286.03	
42205		PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	\$1871.61	090	2	5164	J1	\$5284.06	
42210		PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	\$2090.02	090	2	5165	J1	\$9286.03	
42215		PALATOPLASTY CLEFT PALATE MAJOR REVJ	\$1369.25	090	2	5165	J1	\$9286.03	
42220		PALATOPLASTY CLEFT PALATE SEC LNGTH PX	\$1380.67	090	2	5165	J1	\$9286.03	
42225		PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	\$1908.54	090	2	5165	J1	\$9286.03	
42226		LENGTHENING PALATE & PHARYNGEAL FLAP	\$1765.46	090	2	5165	J1	\$9286.03	
42227		LENGTHENING PALATE W/ISLAND FLAP	\$1645.04	090	2	5165	J1	\$9286.03	
42235		REPAIR ANTERIOR PALATE W/VOMER FLAP	\$1129.51	090	2	5165	J1	\$9286.03	
42260		REPAIR NASOLABIAL FISTULA	\$1212.99	090	2	5165	J1	\$9286.03	
42280		MAXILLARY IMPRESJ PALATAL PROSTHESIS	\$210.28	010	0	5162	T	\$917.40	
42281		INSJ PIN-RETAINED PALATAL PROSTHESIS	\$271.43	010	0	5165	J1	\$9286.03	
42299		UNLISTED PROCEDURE PALATE UVULA		BR	YYY	2	5161	T	\$407.28
42300		DRAINAGE ABSCESS PAROTID SIMPLE	\$299.59	010	1	5163	J1	\$2500.63	
42305		DRAINAGE ABSCESS PAROTID COMPLICATED	\$657.64	090	0	5164	J1	\$5284.06	
42310		DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	\$226.61	010	0	5162	T	\$917.40	
42320		DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	\$404.31	010	0	5162	T	\$917.40	
42330		SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	\$317.76	010	1	5164	J1	\$5284.06	
42335		SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	\$487.14	090	1	5164	J1	\$5284.06	
42340		SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	\$955.61	090	0	5164	J1	\$5284.06	
42400		BIOPSY SALIVARY GLAND NEEDLE	\$142.76	000	1	5071	T	\$1173.13	
42405		BIOPSY SALIVARY GLAND INCISIONAL	\$435.89	010	1	5163	J1	\$2500.63	
42408		EXC SUBLINGUAL SALIVARY CYST RANULA	\$623.87	090	0	5164	J1	\$5284.06	
42409		MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	\$443.07	090	2	5164	J1	\$5284.06	
42410		EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	\$992.37	090	2	5165	J1	\$9286.03	
42415		EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	\$2065.21	090	2	5165	J1	\$9286.03	
42420		EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	\$2309.28	090	2	5165	J1	\$9286.03	
42425		EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	\$1638.57	090	2	5165	J1	\$9286.03	
42426		EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	\$2764.09	090	2				
42440		EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	\$1040.33	090	2	5165	J1	\$9286.03	
42450		EXCISION OF SUBLINGUAL GLAND	\$1040.33	090	0	5165	J1	\$9286.03	
42500		PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	\$879.56	090	0	5165	J1	\$9286.03	
42505		PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	\$1128.42	090	1	5165	J1	\$9286.03	
42507		PAROTID DUCT DIVERSION BILATERAL WILKE PX	\$1283.33	090	2	5165	J1	\$9286.03	
42509		PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	\$2171.79	090	0	5165	J1	\$9286.03	
42510		PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	\$1336.48	090	2	5164	J1	\$5284.06	
42550		INJECTION PROCEDURE SIALOGRAPHY	\$248.85	000	1				
42600		CLOSURE SALIVARY FISTULA	\$1068.86	090	0	5164	J1	\$5284.06	

+ Add-on Procedure    ◯ Modifier 51 Exempt Procedure    ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
42650		DILATION SALIVARY DUCT	\$111.12	000	1	5163	J1	\$2500.63	
42660		DILAT&CATHJ SALIVARY DUCT WWO INJECTION	\$148.25	000	0	5162	T	\$917.40	
42665		LIGATION SALIVARY DUCT INTRAORAL	\$395.70	090	0	5164	J1	\$5284.06	
42699		UNLISTED PX SALIVARY GLANDS/DUCTS		BR	YYY	2	5161	T	\$407.28
42700		I&D ABSCESS PERITONSILLAR	\$251.87	010	1	5161	T	\$407.28	
42720		I&D ABS C RTRPHRNL/PARAPHARYNGEAL INTRAORAL	\$620.90	010	0	5164	J1	\$5284.06	
42725		I&D ABS C RTRPHRNL/PARAPHARYNGEAL XTRNL APPR	\$1155.47	090	2	5165	J1	\$9286.03	
42800		BIOPSY OROPHARYNX	\$210.90	010	1	5163	J1	\$2500.63	
42804		BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	\$284.02	010	1	5164	J1	\$5284.06	
42806		BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	\$322.15	010	1	5164	J1	\$5284.06	
42808		EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	\$351.73	010	1	5164	J1	\$5284.06	
42809		REMOVAL FOREIGN BODY PHARYNX	\$247.06	010	1	5735	Q1	\$664.35	
42810		EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	\$600.31	090	2	5164	J1	\$5284.06	
42815		EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&PHRYNX	\$1054.61	090	2	5165	J1	\$9286.03	
42820		TONSILLECTOMY & ADENOIDECTOMY <AGE 12	\$572.95	090	0	5165	J1	\$9286.03	
42821		TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	\$598.20	090	0	5164	J1	\$5284.06	
42825		TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	\$528.93	090	0	5165	J1	\$9286.03	
42826		TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	\$523.97	090	1	5164	J1	\$5284.06	
42830		ADENOIDECTOMY PRIMARY <AGE 12	\$410.69	090	0	5164	J1	\$5284.06	
42831		ADENOIDECTOMY PRIMARY AGE 12/>	\$446.00	090	0	5164	J1	\$5284.06	
42835		ADENOIDECTOMY SECONDARY<AGE 12	\$381.91	090	0	5164	J1	\$5284.06	
42836		ADENOIDECTOMY SECONDARY AGE 12/>	\$465.55	090	0	5164	J1	\$5284.06	
42842		RADICAL RESECTION TONSIL W/O CLOSURE	\$1964.86	090	0	5165	J1	\$9286.03	
42844		RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	\$2671.82	090	2	5165	J1	\$9286.03	
42845		RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	\$3181.92	090	2				
42860		EXCISION TONSIL TAGS	\$373.41	090	0	5164	J1	\$5284.06	
42870		EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	\$848.01	090	0	5165	J1	\$9286.03	
42890		LIMITED PHARYNGECTOMY	\$2079.04	090	2	5165	J1	\$9286.03	
42892		RESCJ LAT PHRNL WALL/PYRIFORM SINUS DIR CLSR	\$2710.66	090	2	5165	J1	\$9286.03	
42894		RESCJ PHRNL WALL CLSR W/FLP OR FLP W/MVASC ANAS	\$3316.17	090	2				
42900		SUTURE PHARYNX WOUND/INJURY	\$612.25	010	0	5163	J1	\$2500.63	
42950		PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	\$1551.17	090	2	5165	J1	\$9286.03	
42953		PHARYNGOESOPHAGEAL REPAIR	\$1859.33	090	2				
42955		PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	\$1075.28	090	2	5163	J1	\$2500.63	
42960		CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	\$259.71	010	0	5162	T	\$917.40	
42961		CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	\$638.62	090	2				
42962		CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	\$792.55	090	1	5164	J1	\$5284.06	
42970		CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	\$583.87	090	1	5161	T	\$407.28	
42971		CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	\$688.04	090	2				
42972		CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	\$785.53	090	2	5164	J1	\$5284.06	
42975		DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	\$197.37	000	1	5153	J1	\$2811.88	
42999		UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS		BR	YYY	0	5161	T	\$407.28
43020		ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	\$1130.37	090	2	5163	J1	\$2500.63	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
43030		CRICOPHARYNGEAL MYOTOMY	\$1049.63	090	2	5165	J1	\$9286.03
43045		ESOPHAGOTOMY THORACIC APPR W/RMVL FB	\$2475.02	090	2			
43100		EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	\$1246.25	090	2			
43101		EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	\$1937.02	090	2			
43107		TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	\$5708.13	090	2			
43108		TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	\$6904.02	090	2			
43112		TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLOROPLASTY	\$6131.54	090	2			
43113		TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	\$7164.54	090	2			
43116		PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	\$6852.10	090	2			
43117		PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	\$5840.42	090	2			
43118		PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	\$6513.22	090	2			
43121		PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	\$5463.41	090	2			
43122		PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	\$4937.33	090	2			
43123		PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	\$6742.48	090	2			
43124		TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	\$5663.68	090	2			
43130		DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	\$1538.75	090	2	5165	J1	\$9286.03
43135		DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	\$2605.28	090	2			
43180		ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	\$1057.44	090	1	5165	J1	\$9286.03
43191		ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	\$297.55	000	1	5302	J1	\$2859.90
43192		ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	\$325.67	000	1	5302	J1	\$2859.90
43193		ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	\$325.02	000	1	5302	J1	\$2859.90
43194		ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	\$367.72	000	1	5302	J1	\$2859.90
43195		ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	\$353.78	000	1	5303	J1	\$5330.13
43196		ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	\$374.72	000	1	5302	J1	\$2859.90
43197		ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	\$370.31	000	1	5301	T	\$1511.46
43198		ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	\$410.45	000	1	5301	T	\$1511.46
43200		ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	\$390.80	000	1	5301	T	\$1511.46
43201		ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	\$455.92	000	1	5302	J1	\$2859.90
43202		ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	\$455.92	000	1	5302	J1	\$2859.90
43204		ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	\$460.23	000	1	5302	J1	\$2859.90
43205		ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	\$492.52	000	1	5302	J1	\$2859.90
43206		ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	\$585.54	000	1	5302	J1	\$2859.90
43210		EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	\$823.49	000	1	5362	J1	\$15625.72
43211		ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	\$447.95	000	1	5302	J1	\$2859.90
43212		ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	\$361.25	000	1	5331	J1	\$6773.62
43213		ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	\$2354.59	000	1	5302	J1	\$2859.90
43214		ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	\$369.48	000	1	5302	J1	\$2859.90
43215		ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	\$451.36	000	1	5302	J1	\$2859.90
43216		ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	\$485.96	000	1	5302	J1	\$2859.90
43217		ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	\$583.67	000	1	5302	J1	\$2859.90
43220		ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	\$429.87	000	1	5302	J1	\$2859.90

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
43226		ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	\$440.61	000	1	5302	J1	\$2859.90
43227		ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	\$612.57	000	1	5302	J1	\$2859.90
43229		ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	\$1369.90	000	1	5303	J1	\$5330.13
43231		ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	\$403.70	000	1	5302	J1	\$2859.90
43232		ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	\$605.56	000	1	5302	J1	\$2859.90
43233		EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	\$438.29	000	1	5302	J1	\$2859.90
43235		ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	\$547.13	000	1	5301	T	\$1511.46
43236		ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	\$561.59	000	1	5301	T	\$1511.46
43237		ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	\$351.11	000	1	5302	J1	\$2859.90
43238		EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	\$437.58	000	1	5302	J1	\$2859.90
43239		EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	\$560.13	000	1	5301	T	\$1511.46
43240		EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	\$747.10	000	1	5331	J1	\$6773.62
43241		EGD INTRALUMINAL TUBE/CATHETER INSERTION	\$339.12	000	1	5302	J1	\$2859.90
43242		EGD INTRMURAL NEEDLE ASPIR/BIOPT ALTERED ANATOMY	\$763.20	000	1	5302	J1	\$2859.90
43243		EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	\$565.19	000	1	5302	J1	\$2859.90
43244		EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	\$565.19	000	1	5302	J1	\$2859.90
43245		EGD DILATION GASTRIC/DUODENAL STRICTURE	\$558.84	000	1	5302	J1	\$2859.90
43246		EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	\$573.26	000	0	5302	J1	\$2859.90
43247		EGD FLEXIBLE FOREIGN BODY REMOVAL	\$558.84	000	1	5301	T	\$1511.46
43248		EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	\$537.33	000	1	5301	T	\$1511.46
43249		EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	\$483.59	000	1	5302	J1	\$2859.90
43250		EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	\$569.56	000	1	5302	J1	\$2859.90
43251		EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	\$580.32	000	1	5302	J1	\$2859.90
43252		EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	\$659.05	000	1	5302	J1	\$2859.90
43253		EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	\$500.44	000	1	5302	J1	\$2859.90
43254		EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	\$514.68	000	1	5302	J1	\$2859.90
43255		EGD TRANSORAL CONTROL BLEEDING ANY METHOD	\$730.76	000	1	5302	J1	\$2859.90
43257		EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	\$469.77	000	1	5303	J1	\$5330.13
43259		EDG US EXAM SURGICAL ALTER STOM DUODENUM/jejenum	\$686.30	000	1	5302	J1	\$2859.90
43260		ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	\$686.30	000	1	5303	J1	\$5330.13
43261		ERCP W/BIOPSY SINGLE/MULTIPLE	\$686.30	000	1	5303	J1	\$5330.13
43262		ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	\$847.78	000	1	5303	J1	\$5330.13
43263		ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	\$760.75	000	1	5302	J1	\$2859.90
43264		ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	\$1009.26	000	1	5303	J1	\$5330.13
43265		ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	\$1039.11	000	1	5331	J1	\$6773.62
43266		EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	\$415.63	000	1	5331	J1	\$6773.62
43270		EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	\$1409.39	000	1	5302	J1	\$2859.90
+		43273 ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	\$211.17	ZZZ	0			
43274		ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	\$881.11	000	1	5331	J1	\$6773.62
43275		ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	\$716.67	000	1	5302	J1	\$2859.90
43276		ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	\$917.37	000	1	5331	J1	\$6773.62
43277		ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	\$720.56	000	1	5303	J1	\$5330.13

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
43278		ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	\$824.79	000	1	5303	J1	\$5330.13	
43279		LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	\$1976.74	090	2				
43280		LAPS SURG ESOPG/GSTR FUNDOPLASTY	\$2092.40	090	2	5362	J1	\$15625.72	
43281		LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/O MESH	\$2974.16	090	2	5362	J1	\$15625.72	
43282		LAPS RPR PARAESPGL HRNA INCL FUNDPLSTY W/MESH	\$3349.65	090	2	5362	J1	\$15625.72	
+	43283	LAPS ESOPHAGEAL LENGTHENING ADDL	\$302.34	ZZZ	2				
43284		LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	\$1274.08	090	2	5362	J1	\$15625.72	
43285		REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	\$1309.69	090	2	5361	Q2	\$9620.78	
43286		ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	\$6088.80	090	2				
43287		ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	\$6804.17	090	2				
43288		ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	\$7175.78	090	2				
43289		UNLISTED LAPAROSCOPY PROCEDURE ESOPHAGUS		BR	YYY	2	5361	J1	\$9103.19
43290		EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	\$5049.72	000	1	5302	J1	\$2859.90	
43291		EGD FLX TRNSORL W/RMVL NTRGSTR BARIATRIC BALO	\$890.82	000	1	5301	T	\$1511.46	
43300		ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	\$1534.08	090	2				
43305		ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	\$2132.54	090	2				
43310		ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	\$2841.44	090	2				
43312		ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	\$3033.72	090	2				
43313		ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	\$5627.20	090	2				
43314		ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	\$6020.17	090	2				
43320		EGST WWO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	\$2714.55	090	2				
43325		ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	\$2638.80	090	2				
43327		ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	\$1586.13	090	2				
43328		ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	\$2151.31	090	2				
43330		ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	\$2501.08	090	2				
43331		ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	\$2501.08	090	2				
43332		RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	\$2225.11	090	2				
43333		LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	\$2437.46	090	2				
43334		RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	\$2377.25	090	2				
43335		RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	\$2553.35	090	2				
43336		RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	\$2773.46	090	2				
43337		RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	\$2954.09	090	2				
+	43338	ESOPHAGUS LENGTHENING	\$237.40	ZZZ	2				
43340		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	\$2681.53	090	2				
43341		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	\$2691.89	090	2				
43351		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	\$1998.52	090	2				
43352		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	\$1823.70	090	2				
43360		GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	\$4309.74	090	2				
43361		GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	\$5227.76	090	2				
43400		LIGATION DIRECT ESOPHAGEAL VARICES	\$2605.28	090	2				
43405		LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	\$2605.28	090	2				
43410		SUTR ESOPHGL WND/INJ CRV APPR	\$1953.95	090	2				
43415		SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	\$2624.44	090	2				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
43420		CLSR ESOPHAGOSTOMY/FSTL CRV APPR	\$1758.57	090	0	5164	J1	\$5284.06	
43425		CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	\$2770.22	090	2				
43450		DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	\$241.14	000	1	5301	T	\$1511.46	
43453		DILATION ESOPHAGUS GUIDE WIRE	\$431.87	000	1	5302	J1	\$2859.90	
43460		ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	\$405.27	000	1				
43496		FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	\$4893.48	090	2				
43497		TRANSORAL LOWER ESOPHAGEAL MYOTOMY	\$1520.74	090	1	5331	J1	\$6773.62	
43499		UNLISTED PROCEDURE ESOPHAGUS		BR	YYY	1	5301	T	\$1511.46
43500		GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	\$1533.04	090	2				
43501		GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	\$2627.15	090	2				
43502		GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	\$2963.15	090	2				
43510		GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	\$1852.86	090	2	5301	T	\$1511.46	
43520		PYLOROMYOTOMY CUTTING PYLORIC MUSC	\$1346.59	090	2				
43605		BIOPSY STOMACH LAPAROTOMY	\$1627.56	090	2				
43610		EXC LOCAL ULCER/BENIGN TUMOR STOMACH	\$1900.77	090	2				
43611		EXC LOCAL MALIGNANT TUMOR STOMACH	\$2381.03	090	2				
43620		GSTRCT TOT W/ESOPHAGOENTEROSTOMY	\$3647.41	090	2				
43621		GSTRCT TOT W/ROUX-EN-Y RCNSTJ	\$3777.66	090	2				
43622		GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	\$4038.21	090	2				
43631		GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	\$2814.25	090	2				
43632		GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	\$3126.35	090	2				
43633		GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	\$3256.61	090	2				
43634		GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	\$3517.14	090	2				
+		43635 VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	\$242.22	ZZZ	2				
43640		VGTMV W/PYLORPLSTY W/VO GASTROST TRUNCAL/SLCTV	\$2318.34	090	2				
43641		VGTMV W/PYLOROPLASTY W/VO GASTROST PARIETAL CELL	\$2344.88	090	2				
43644		LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	\$3295.69	090	2				
43645		LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	\$3556.21	090	2				
43647		LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	\$730.28	YYY	2	5463	J1	\$15317.75	
43648		LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	\$1876.84	YYY	2	5362	J1	\$15625.72	
43651		LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	\$1382.05	090	2	5361	J1	\$9103.19	
43652		LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	\$2270.51	090	2	5361	J1	\$9103.19	
43653		LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	\$1139.05	090	2	5361	J1	\$9103.19	
43659		UNLISTED LAPAROSCOPY PROCEDURE STOMACH		BR	YYY	2	5361	J1	\$9103.19
43752		NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	\$80.74	000	1	5735	Q1	\$664.35	
43753		GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	\$41.43	000	2	5722	Q1	\$523.36	
43754		GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	\$183.11	000	2	5722	Q1	\$523.36	
43755		GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	\$280.52	000	2	5721	S	\$260.45	
43756		DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	\$505.07	000	2	5301	Q1	\$1511.46	
43757		DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	\$651.12	000	2	5301	T	\$1511.46	
43761		REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	\$239.54	000	1	5371	T	\$412.09	
43762		PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	\$437.64	000	1	5371	T	\$412.09	
43763		PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	\$647.40	000	1	5371	T	\$412.09	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
43770		LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	\$1651.08	090	2	5362	J1	\$15625.72	
43771		LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	\$1887.64	090	2				
43772		LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	\$1422.34	090	2	5303	J1	\$5330.13	
43773		LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	\$1887.91	090	2	5361	J1	\$9103.19	
43774		LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	\$1431.39	090	2	5303	J1	\$5330.13	
43775		LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	\$2138.36	090	2				
43800		PYLOROPLASTY	\$1809.48	090	2				
43810		GASTRODUODENOSTOMY	\$1978.45	090	2				
43820		GASTROJEJUNOSTOMY W/O VAGOTOMY	\$2425.76	090	2				
43825		GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	\$2550.11	090	2				
43830		GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	\$1371.84	090	2	5302	J1	\$2859.90	
43831		GASTROSTOMY OPN NEONATAL FEEDING	\$1194.45	090	2	5301	T	\$1511.46	
43832		GASTROSTOMY OPN W/CONSTJ GSTR TUBE	\$2036.72	090	2				
43840		GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	\$2229.74	090	2	5331	J1	\$6773.62	
43842		GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	\$2211.66	090	9				
43843		GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	\$2498.32	090	2				
43845		GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	\$3412.93	090	2				
43846		GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	\$2866.82	090	2				
43847		GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	\$3503.89	090	2				
43848		REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	\$3663.15	090	2				
43860		REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	\$3172.91	090	2				
43865		REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	\$3317.28	090	2				
43870		CLOSURE GASTROSTOMY SURG	\$1381.55	090	2	5303	J1	\$5330.13	
43880		CLOSURE GASTROCOLIC FISTULA	\$2548.28	090	2				
43881		IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	\$1611.34	YYY	2				
43882		REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	\$1339.41	YYY	2				
43886		GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	\$486.74	090	2	5055	T	\$5981.96	
43887		GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	\$451.65	090	2	5054	Q2	\$3040.68	
43888		GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	\$649.07	090	2	5055	T	\$5981.96	
43999		UNLISTED PROCEDURE STOMACH		BR	YYY	0	5301	T	\$1511.46
44005		ENTEROLSS FRING INTSTINAL ADHESION SPX	\$1901.87	090	2				
44010		DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	\$1648.28	090	2				
+	44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	\$686.30	ZZZ	2				
44020		ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	\$1890.41	090	2				
44021		ENTEROTOMY SM INT OTH/THN DUO DCMRPN	\$1885.23	090	2				
44025		COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	\$1905.95	090	2				
44050		RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	\$1820.49	090	2				
44055		CORRJ MALROTATION BANDS&RDCTJ VOLVULUS	\$2263.01	090	2				
44100		BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	\$209.93	000	1	5301	T	\$1511.46	
44110		EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	\$1646.65	090	2				
44111		EXC 1/> SMLG LESIONS INTESTNE MULT ENTEROTOMIE	\$1897.53	090	2				
44120		ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	\$2368.84	090	2				
+	44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	\$524.82	ZZZ	2				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	44125		ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	\$2278.85	090	2			
	44126		ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	\$4572.27	090	2			
	44127		ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	\$5262.68	090	2			
+	44128		ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	\$467.42	ZZZ	2			
	44130		ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	\$2389.01	090	2			
	44132		DONOR ENTERECTOMY OPEN CADAVER DONOR		BR XXX	0			
	44133		DONOR ENTERECTOMY OPEN LIVING DONOR		BR XXX	0			
	44135		INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR		BR XXX	0			
	44136		INTESTINAL ALLOTRANSPLANTATION LIVING DONOR		BR XXX	0			
	44137		RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	\$4336.88	XXX	2			
+	44139		MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	\$258.37	ZZZ	2			
	44140		COLECTOMY PARTIAL W/ANASTOMOSIS	\$2409.90	090	2			
	44141		COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	\$2676.39	090	2			
	44143		COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	\$2505.05	090	2			
	44144		COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	\$2558.39	090	2			
	44145		COLECTOMY PRTL W/COLOPROCTOSTOMY	\$2774.63	090	2			
	44146		COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	\$3101.80	090	2			
	44147		COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	\$3256.61	090	2			
	44150		COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	\$3256.61	090	2			
	44151		COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	\$3517.14	090	2			
	44155		COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	\$3907.94	090	2			
	44156		COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	\$4168.46	090	2			
	44157		COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	\$3245.19	090	2			
	44158		COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	\$3327.39	090	2			
	44160		COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	\$2406.39	090	2			
	44180		LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	\$1379.73	090	2	5361	J1	\$9103.19
	44186		LAPAROSCOPY SURGICAL JEJUNOSTOMY	\$970.05	090	2	5361	J1	\$9103.19
	44187		LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	\$1644.53	090	2			
	44188		LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	\$1808.99	090	2			
	44202		LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	\$2686.71	090	2			
+	44203		LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	\$460.95	ZZZ	2			
	44204		LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	\$2965.09	090	2			
	44205		LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	\$2574.06	090	2			
	44206		LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	\$2638.96	090	2			
	44207		LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	\$2808.11	090	2			
	44208		LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	\$3047.17	090	2			
	44210		LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	\$3256.61	090	2			
	44211		LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMOSIS	\$4059.20	090	2			
	44212		LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	\$3892.82	090	2			
+	44213		LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	\$299.78	ZZZ	2			
	44227		LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	\$2520.77	090	2			
	44238		UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM		BR YYY	2	5361	J1	\$9103.19
	44300		PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	\$1433.40	090	2	5302	J1	\$2859.90

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
44310		ILEOSTOMY/JEJUNOSTOMY NON-TUBE	\$2013.41	090	2			
44312		REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	\$762.29	090	0	5055	T	\$5981.96
44314		REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	\$1947.38	090	2	5055	T	\$5981.96
44316		CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	\$2748.86	090	2			
44320		COLOSTOMY/SKIN LEVEL CECOSTOMY	\$1837.70	090	2			
44322		COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	\$1911.21	090	2			
44340		REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	\$765.33	090	1	5055	T	\$5981.96
44345		REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	\$1911.21	090	2	5341	J1	\$5160.59
44346		REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	\$1996.97	090	2	5341	J1	\$5160.59
44360		ENDOSCOPY UPPER SMALL INTESTINE	\$363.33	000	1	5302	J1	\$2859.90
44361		ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	\$419.86	000	1	5302	J1	\$2859.90
44363		ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	\$436.00	000	0	5302	J1	\$2859.90
44364		ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	\$460.23	000	0	5302	J1	\$2859.90
44365		ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	\$452.15	000	0	5302	J1	\$2859.90
44366		ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	\$524.82	000	1	5302	J1	\$2859.90
44369		ENTEROSCOPY > 2ND PRTN ABLTJ LESION	\$557.11	000	0	5302	J1	\$2859.90
44370		ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	\$645.93	000	0	5331	J1	\$6773.62
44372		ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	\$573.26	000	1	5302	J1	\$2859.90
44373		ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	\$573.26	000	1	5302	J1	\$2859.90
44376		ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	\$767.04	000	0	5302	J1	\$2859.90
44377		ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	\$807.41	000	0	5302	J1	\$2859.90
44378		ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	\$912.37	000	0	5302	J1	\$2859.90
44379		ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	\$780.76	000	0	5331	J1	\$6773.62
44380		ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	\$354.63	000	1	5301	T	\$1511.46
44381		ILEOSCOPY STOMA W/BALLOON DILATION	\$1885.88	000	1	5302	J1	\$2859.90
44382		ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	\$386.88	000	1	5301	T	\$1511.46
44384		ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	\$291.33	000	1	5302	J1	\$2859.90
44385		NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	\$420.16	000	1	5311	T	\$1523.92
44386		NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	\$523.40	000	1	5311	T	\$1523.92
44388		COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	\$586.19	000	1	5311	T	\$1523.92
44389		COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	\$638.30	000	1	5312	T	\$1967.63
44390		COLONOSCOPY STOMA W/RMVL FOREIGN BODY	\$755.52	000	1	5311	T	\$1523.92
44391		COLONOSCOPY STOMA CONTROL BLEEDING	\$846.73	000	1	5312	T	\$1967.63
44392		COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	\$742.52	000	1	5312	T	\$1967.63
44394		COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	\$846.73	000	1	5312	T	\$1967.63
44401		COLONOSCOPY STOMA ABLATION LESION	\$4769.67	000	1	5312	T	\$1967.63
44402		COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLMT	\$498.50	000	1	5331	J1	\$6773.62
44403		COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	\$580.07	000	1	5312	T	\$1967.63
44404		COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	\$815.72	000	1	5312	T	\$1967.63
44405		COLONOSCOPY STOMA W/BALLOON DILATION	\$1074.04	000	1	5312	T	\$1967.63
44406		COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	\$437.49	000	1	5312	T	\$1967.63
44407		COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	\$524.39	000	1	5312	T	\$1967.63
44408		COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	\$441.42	000	1	5311	T	\$1523.92

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
⊖	44500		INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	\$104.96	000	0	5301	T	\$1511.46	
	44602		ENTERORRHAPHY SINGLE PERFORATION	\$2156.23	090	2	5303	J1	\$5330.13	
	44603		ENTERORRHAPHY MULTIPLE PERFORATIONS	\$2793.31	090	2				
	44604		SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	\$2041.25	090	2				
	44605		SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	\$2490.55	090	2				
	44615		INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCT	\$2067.80	090	2				
	44620		CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	\$1592.68	090	2				
	44625		CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	\$1953.85	090	2				
	44626		CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	\$3068.68	090	2				
	44640		CLOSURE INTESTINAL CUTANEOUS FISTULA	\$2143.36	090	2				
	44650		CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	\$2229.74	090	2				
	44660		CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	\$2229.74	090	2				
	44661		CLSR ENTEROVES FSTL W/INTESTINE&BLADDER RESCJ	\$2972.86	090	2				
	44680		INTESTINAL PLICATION SEPARATE PROCEDURE	\$2091.75	090	2				
	44700		EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	\$1937.02	090	2				
+	44701		INTRAOPERATIVE COLONIC LAVAGE	\$312.64	ZZZ	2				
	44705		PREPARE FECAL MICROBIOTA FOR INSTILLATION	\$213.19	XXX	9				
	44715		BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	\$1879.21	XXX	2				
	44720		BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	\$525.04	XXX	2				
	44721		BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	\$734.80	XXX	2				
	44799		UNLISTED PROCEDURE SMALL INTESTINE		BR	YYY	1	5301	T	\$1511.46
	44800		EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	\$1503.44	090	2				
	44820		EXCISION LESION MESENTERY SEPARATE PROCEDURE	\$1592.68	090	2				
	44850		SUTURE MESENTERY SEPARATE PROCEDURE	\$1457.30	090	2				
	44899		UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY		BR	YYY	2			
	44900		INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	\$1528.51	090	2				
	44950		APPENDECTOMY	\$1250.78	090	2	5342	J1	\$11030.30	
+	44955		APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	\$131.57	ZZZ	2				
	44960		APPENDEC RPTD APPENDIX ABSC/PRITONITIS	\$1705.90	090	2				
	44970		LAPAROSCOPIC APPENDECTOMY	\$1480.77	090	2	5361	J1	\$9103.19	
	44979		UNLISTED LAPAROSCOPY PROCEDURE APPENDIX		BR	YYY	2	5361	J1	\$9103.19
	45000		TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$594.19	090	1	5312	T	\$1967.63	
	45005		I&D SUBMUCOSAL ABSCESS RECTUM	\$355.01	010	1	5312	T	\$1967.63	
	45020		I&D DP SUPRALEVATOR PELVIRCT/RETRORECT ABSC	\$764.95	090	1	5313	J1	\$4550.58	
	45100		BX ANORECTAL WALL ANAL APPROACH	\$586.60	090	1	5313	J1	\$4550.58	
	45108		ANORECTAL MYOMECTOMY	\$731.78	090	1	5313	J1	\$4550.58	
	45110		PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	\$3501.79	090	2				
	45111		PRCTECT PRTL RESCJ RECTUM TABDL APPR	\$2107.29	090	2				
	45112		PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	\$3484.95	090	2				
	45113		PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	\$3582.71	090	2				
	45114		PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	\$3386.88	090	2				
	45116		PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	\$2735.56	090	2				
	45119		PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	\$3609.26	090	2				

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
45120		PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	\$3108.17	090	2			
45121		PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	\$3391.73	090	2			
45123		PRCTECT PRTL W/O ANAST PRNL APPR	\$2150.66	090	2			
45126		PELVIC EXENTERATION COLORECTAL MALIGNANCY	\$4689.52	090	2			
45130		EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	\$1953.95	090	2			
45135		EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	\$2502.20	090	2			
45136		EXC ILEOANAL RSVR W/ILEOSTOMY	\$3430.63	090	2			
45150		DIVISION STRICTURE RECTUM	\$831.91	090	0	5312	T	\$1967.63
45160		EXC RCT TUM PROCTOTOMY TRANSAC/TRANSCOCCYGEAL	\$2000.47	090	2	5313	J1	\$4550.58
45171		EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	\$1203.52	090	2	5313	J1	\$4550.58
45172		EXC RCT TUM INCL MUSCULARIS PROPRIA	\$1602.32	090	2	5313	J1	\$4550.58
45190		DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	\$1357.60	090	1	5313	J1	\$4550.58
45300		PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	\$194.95	000	1	5311	T	\$1523.92
45303		PROCTOSGMDSC RIGID W/DILATION	\$1497.56	000	1	5312	T	\$1967.63
45305		PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	\$312.10	000	1	5312	T	\$1967.63
45307		PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	\$325.66	000	0	5313	J1	\$4550.58
45308		PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	\$278.55	000	1	5313	J1	\$4550.58
45309		PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	\$351.73	000	1	5312	T	\$1967.63
45315		PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	\$364.73	000	1	5312	T	\$1967.63
45317		PROCTOSGMDSC RIGID CONTROL BLEEDING	\$379.07	000	1	5312	T	\$1967.63
45320		PROCTOSGMDSC RIGID ABLATION LESION	\$403.82	000	1	5313	J1	\$4550.58
45321		PROCTOSGMDSC RIGID DCMRPN VOLVULUS	\$242.22	000	1	5313	J1	\$4550.58
45327		PROCTOSGMDSC RIGID TNDSC STENT PLMT	\$484.45	000	1	5331	J1	\$6773.62
45330		SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	\$187.78	000	1	5311	T	\$1523.92
45331		SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	\$252.79	000	1	5311	T	\$1523.92
45332		SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	\$392.61	000	1	5312	T	\$1967.63
45333		SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	\$385.21	000	1	5311	T	\$1523.92
45334		SIGMOIDOSCOPY FLX CONTROL BLEEDING	\$391.83	000	1	5312	T	\$1967.63
45335		SGMDSC FLX DIREC SBMCSL NJX ANY SBST	\$433.39	000	1	5311	T	\$1523.92
45337		SGMDSC FLX W/DCMRPN W/PLMT DCMRPN TUBE	\$246.83	000	1	5311	T	\$1523.92
45338		SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	\$439.85	000	1	5312	T	\$1967.63
45340		SIGMOIDOSCOPY FLX TNDSC BALO DILAT	\$777.88	000	1	5312	T	\$1967.63
45341		SIGMOIDOSCOPY FLX NDSC US XM	\$403.70	000	1	5311	T	\$1523.92
45342		SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	\$484.45	000	1	5312	T	\$1967.63
45346		SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	\$4652.56	000	1	5312	T	\$1967.63
45347		SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	\$294.57	000	1	5331	J1	\$6773.62
45349		SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	\$378.08	000	1	5313	J1	\$4550.58
45350		SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	\$1281.15	000	1	5312	T	\$1967.63
45378		COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	\$659.70	000	1	5311	T	\$1523.92
45379		COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	\$842.27	000	1	5312	T	\$1967.63
45380		COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	\$840.97	000	1	5312	T	\$1967.63
45381		COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	\$858.45	000	1	5312	T	\$1967.63
45382		COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	\$1042.13	000	1	5312	T	\$1967.63

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
45384		COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	\$946.50	000	1	5312	T	\$1967.63	
45385		COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	\$880.46	000	1	5312	T	\$1967.63	
45386		COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	\$1107.25	000	1	5312	T	\$1967.63	
45388		COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	\$4928.41	000	1	5312	T	\$1967.63	
45389		COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	\$552.23	000	1	5331	J1	\$6773.62	
45390		COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	\$633.80	000	1	5313	J1	\$4550.58	
45391		COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	\$491.38	000	1	5312	T	\$1967.63	
45392		COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	\$580.07	000	1	5312	T	\$1967.63	
45393		COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	\$479.72	000	1	5312	T	\$1967.63	
45395		LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	\$2990.27	090	2				
45397		LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	\$3249.60	090	2				
45398		COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	\$1587.42	000	1	5312	T	\$1967.63	
45399		UNLISTED PROCEDURE COLON		BR	YYY	1	5311	T	\$1523.92
45400		LAPAROSCOPY PROCTOPEXY PROLAPSE	\$1741.71	090	2				
45402		LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	\$2333.47	090	2				
45499		UNLISTED LAPAROSCOPY PROCEDURE RECTUM		BR	YYY	2	5361	J1	\$9103.19
45500		PROCTOPLASTY STENOSIS	\$1114.82	090	0	5313	J1	\$4550.58	
45505		PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	\$1173.84	090	1	5313	J1	\$4550.58	
45520		PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	\$235.10	000	1	5311	Q1	\$1523.92	
45540		PROCTOPEXY ABDOMINAL APPROACH	\$2028.30	090	2				
45541		PROCTOPEXY PERINEAL APPROACH	\$1819.84	090	2	5313	J1	\$4550.58	
45550		PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	\$2801.95	090	2				
45560		REPAIR RECTOCELE SEPARATE PROCEDURE	\$999.26	090	2	5313	J1	\$4550.58	
45562		EXPL RPR & PRESACRAL DRG RECTAL INJURY	\$2214.50	090	2				
45563		EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	\$3216.28	090	2				
45800		CLOSURE RECTOVESICAL FISTULA	\$2469.83	090	2				
45805		CLSR RECTOVESICAL FISTULA W/COLOSTOMY	\$2735.56	090	2				
45820		CLOSURE RECTOURETHRAL FISTULA	\$2475.02	090	2				
45825		CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	\$2735.56	090	2				
45900		RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	\$355.29	010	0	5311	T	\$1523.92	
45905		DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	\$248.37	010	1	5312	T	\$1967.63	
45910		DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	\$276.32	010	1	5312	T	\$1967.63	
45915		RMVL FECAL IMPACTION/FB SPX UNDER ANES	\$444.43	010	1	5312	T	\$1967.63	
45990		ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	\$165.98	000	0	5313	J1	\$4550.58	
45999		UNLISTED PROCEDURE RECTUM		BR	YYY	0	5311	T	\$1523.92
46020		PLACEMENT SETON	\$387.56	000	1	5313	J1	\$4550.58	
46030		REMOVAL ANAL SETON OTHER MARKER	\$223.63	000	0	5312	T	\$1967.63	
46040		I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	\$631.13	090	1	5312	T	\$1967.63	
46045		I&D INTRAMURAL IM/ABSC TRANSANAL ANES	\$712.10	090	1	5313	J1	\$4550.58	
46050		I&D PERIANAL ABSCESS SUPERFICIAL	\$315.39	010	1	5311	T	\$1523.92	
46060		I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	\$949.53	090	1	5313	J1	\$4550.58	
46070		INCISION ANAL SEPTUM INFANT	\$284.32	090	0	5313	J1	\$4550.58	
46080		SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	\$295.34	010	1	5313	J1	\$4550.58	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
46083		INCISION THROMBOSED HEMORRHOID EXTERNAL	\$231.21	010	1	5371	T	\$412.09
46200		FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	\$637.07	090	1	5313	J1	\$4550.58
46220		EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	\$329.98	010	1	5312	T	\$1967.63
46221		HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	\$430.56	010	1	5311	T	\$1523.92
46230		EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	\$339.23	010	1	5313	J1	\$4550.58
46250		HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	\$651.33	090	1	5313	J1	\$4550.58
46255		HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	\$1010.86	090	1	5313	J1	\$4550.58
46257		HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	\$809.59	090	1	5313	J1	\$4550.58
46258		HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	\$944.31	090	0	5313	J1	\$4550.58
46260		HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	\$942.61	090	1	5313	J1	\$4550.58
46261		HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	\$1031.93	090	1	5313	J1	\$4550.58
46262		HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	\$1137.20	090	1	5313	J1	\$4550.58
46270		SURG TX ANAL FISTULA SUBQ	\$781.58	090	1	5313	J1	\$4550.58
46275		SURG TX ANAL FISTULA INTERSPHINCTERIC	\$1048.74	090	1	5313	J1	\$4550.58
46280		TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	\$938.42	090	1	5313	J1	\$4550.58
46285		SURG TX ANAL FISTULA 2ND STAGE	\$845.54	090	1	5313	J1	\$4550.58
46288		CLSR ANAL FSTL W/RCT ADVMNT FLAP	\$1092.81	090	1	5313	J1	\$4550.58
46320		EXC THROMBOSED HEMORRHOID XTRNL	\$223.29	010	1	5312	T	\$1967.63
46500		INJECTION SCLEROSING SOLUTION HEMORRHOIDS	\$370.41	010	1	5311	T	\$1523.92
46505		CHEMODENERVATION INTERNAL ANAL SPHINCTER	\$386.47	010	1	5312	T	\$1967.63
46600		ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	\$115.35	000	1	5734	Q1	\$212.99
46601		ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	\$291.33	000	1	5734	Q1	\$212.99
46604		ANOSCOPY W/DILATION	\$931.82	000	1	5312	T	\$1967.63
46606		ANOSCOPY W/BX SINGLE/MULTIPLE	\$363.37	000	1	5312	T	\$1967.63
46607		ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	\$403.33	000	1	5312	T	\$1967.63
46608		ANOSCOPY W/RMVL FOREIGN BODY	\$330.20	000	1	5311	T	\$1523.92
46610		ANOSCOPY W/RMVL LESION CAUTERY	\$300.03	000	1	5313	J1	\$4550.58
46611		ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	\$302.39	000	1	5311	T	\$1523.92
46612		ANOSC RMVL MULT TUMORS CAUTERY/SNARE	\$425.17	000	1	5313	J1	\$4550.58
46614		ANOSCOPY CONTROL BLEEDING	\$302.84	000	1	5312	T	\$1967.63
46615		ANOSCOPY ABLATION LESION	\$344.42	000	1	5313	J1	\$4550.58
46700		ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	\$1172.38	090	1	5313	J1	\$4550.58
46705		ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	\$1119.35	090	2			
46706		REPAIR ANAL FISTULA W/FIBRIN GLUE	\$242.73	010	1	5313	J1	\$4550.58
46707		REPAIR ANORECTAL FISTULA PLUG	\$987.93	090	0	5313	J1	\$4550.58
46710		RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	\$1583.99	090	2			
46712		RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	\$3296.13	090	2			
46715		RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	\$1086.34	090	2			
46716		RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	\$1820.48	090	2			
46730		RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	\$3712.53	090	2			
46735		RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	\$4168.46	090	2			
46740		RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	\$3517.14	090	2			
46742		RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	\$4689.52	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
46744		RPR CLOACAL ANOMALY SACROPERINEAL	\$5340.84	090	2				
46746		RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	\$5983.25	090	2				
46748		RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	\$6513.22	090	2				
46750		SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	\$1367.77	090	2	5313	J1	\$4550.58	
46751		SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	\$1308.40	090	2				
46753		GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	\$1211.29	090	1	5313	J1	\$4550.58	
46754		RMVL THIERSCH WIRE/SUTURE ANAL CANAL	\$385.43	010	0	5313	J1	\$4550.58	
46760		SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	\$1823.70	090	2	5313	J1	\$4550.58	
46761		SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	\$1771.93	090	2	5313	J1	\$4550.58	
46900		DSTRJ LESION ANUS SIMPLE CHEMICAL	\$389.20	010	1	5052	T	\$664.86	
46910		DSTRJ LESION ANUS SMPL ELTRDSICCATION	\$404.18	010	1	5054	T	\$3040.68	
46916		DSTRJ LESION ANUS SIMPLE CRYOSURGERY	\$294.12	010	1	5051	T	\$333.81	
46917		DSTRJ LESION ANUS SIMPLE LASER SURG	\$614.57	010	1	5313	J1	\$4550.58	
46922		DSTRJ LESION ANUS SIMPLE SURG EXCISION	\$426.57	010	1	5313	J1	\$4550.58	
46924		DSTRJ LESION ANUS EXTENSIVE	\$659.05	010	1	5313	J1	\$4550.58	
46930		DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	\$302.61	090	0	5312	T	\$1967.63	
46940		CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	\$285.51	010	1	5313	J1	\$4550.58	
46942		CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	\$269.70	010	0	5311	T	\$1523.92	
46945		INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	\$485.31	090	1	5313	J1	\$4550.58	
46946		INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	\$539.06	090	1	5313	J1	\$4550.58	
46947		HEMORRHOIDOPEXY STAPLING	\$677.37	090	1	5313	J1	\$4550.58	
46948		INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	\$867.52	090	1	5313	J1	\$4550.58	
46999		UNLISTED PROCEDURE ANUS		BR	YYY	0	5311	T	\$1523.92
47000		BIOPSY LIVER NEEDLE PERCUTANEOUS	\$578.13	000	1	5072	J1	\$2607.62	
+		47001 BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	\$169.35	ZZZ	1				
47010		HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	\$2357.83	090	2				
47015		LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	\$2229.74	090	2				
47100		BIOPSY LIVER WEDGE	\$1592.68	090	2				
47120		HEPATECTOMY RESCJ PARTIAL LOBECTOMY	\$4525.97	090	2				
47122		HEPATECTOMY RESCJ TRISEGMENTECTOMY	\$6211.43	090	2				
47125		HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	\$5949.61	090	2				
47130		HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	\$6211.43	090	2				
47133		DONOR HEPATECTOMY CADAVER DONOR	\$5992.16	XXX	9				
47135		LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	\$14807.63	090	2				
47140		DONOR HEPATECTOMY LIVING DONOR SEG II & III	\$4840.33	090	2				
47141		DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	\$5888.25	090	2				
47142		DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	\$6505.15	090	2				
47143		BKBENCH PREP CADAVER DONOR	\$357.89	XXX	2				
47144		BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	\$1189.00	090	2				
47145		BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	\$2362.06	XXX	2				
47146		BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	\$628.63	XXX	2				
47147		BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	\$734.15	XXX	2				
47300		MARSUPIALIZATION CST/ABSC LVR	\$2210.87	090	2				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
47350		MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	\$2214.50	090	2				
47360		MGMT LVR HEMRRG CPLX SUTR WND/INJ	\$2865.81	090	2				
47361		MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	\$5210.58	090	2				
47362		MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	\$2069.91	090	2				
47370		LAPS SURG ABLTJ 1/> LVR TUM RF	\$2214.50	090	2	5362	J1	\$15625.72	
47371		LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	\$2084.23	090	2	5362	J1	\$15625.72	
47379		UNLISTED LAPAROSCOPIC PROCEDURE LIVER		BR	YYY	2	5361	J1	\$9103.19
47380		ABLTJ OPN 1/> LVR TUM RF	\$2592.26	090	2				
47381		ABLTJ OPN 1/> LVR TUM CRYOSURG	\$2566.20	090	2				
47382		ABLTJ 1/> LVR TUM PRQ RF	\$6943.37	010	1	5361	J1	\$9103.19	
47383		ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	\$11598.70	010	1	5362	J1	\$15625.72	
47399		UNLISTED PROCEDURE LIVER		BR	YYY	1	5071	T	\$1173.13
47400		HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	\$3344.63	090	2				
47420		CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	\$2600.61	090	2				
47425		CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	\$2655.63	090	2				
47460		TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	\$2467.24	090	2				
47480		CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	\$1706.55	090	2				
47490		CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	\$633.80	010	1	5341	J1	\$5160.59	
47531		NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	\$790.57	000	1	5341	Q2	\$5768.60	
47532		NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	\$1602.96	000	1	5341	Q2	\$5768.60	
47533		PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	\$2217.35	000	1	5341	J1	\$5160.59	
47534		PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	\$2435.52	000	1	5341	J1	\$5160.59	
47535		CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	\$1688.42	000	1	5341	J1	\$5160.59	
47536		EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	\$1209.34	000	1	5341	J1	\$5160.59	
47537		REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	\$921.48	000	1	5301	Q2	\$1511.46	
47538		PLMT BILE DUCT STENT PRQ EXISTING ACCESS	\$7245.17	000	1	5361	J1	\$9103.19	
47539		PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	\$8003.81	000	1	5361	J1	\$9103.19	
47540		PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	\$8150.00	000	1	5361	J1	\$9103.19	
47541		PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	\$2219.29	000	1	5342	J1	\$11030.30	
+	47542	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	\$948.44	ZZZ	1				
+	47543	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	\$784.15	ZZZ	1				
+	47544	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	\$1682.44	ZZZ	1				
+	47550	BILIARY NDSC INTRAOPERATIVE	\$444.08	ZZZ	2				
47552		BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	\$521.20	000	1	5342	J1	\$11030.30	
47553		BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	\$527.63	000	1	5342	J1	\$11030.30	
47554		BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	\$900.01	000	1	5362	J1	\$15625.72	
47555		BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	\$628.63	000	1	5341	J1	\$5160.59	
47556		BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	\$712.14	000	1	5362	J1	\$15625.72	
47562		LAPAROSCOPY SURG CHOLECYSTECTOMY	\$1404.83	090	2	5361	J1	\$9103.19	
47563		LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	\$1579.48	090	2	5361	J1	\$9103.19	
47564		LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	\$2178.50	090	2	5362	J1	\$15625.72	
47570		LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	\$2073.07	090	2				
47579		UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT		BR	YYY	2	5361	J1	\$9103.19

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
47600		CHOLECYSTECTOMY	\$2082.69	090	2				
47605		CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	\$2192.74	090	2				
47610		CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	\$2425.81	090	2				
47612		CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	\$2473.07	090	2				
47620		CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	\$2669.23	090	2				
47700		EXPL CONGENITAL ATRESIA BILE DUCTS	\$2063.91	090	2				
47701		PORTOENETEROSTOMY	\$3369.07	090	0				
47711		EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	\$3025.30	090	2				
47712		EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	\$3866.92	090	2				
47715		EXCISION CHOLEDOCHAL CYST	\$2587.01	090	2				
47720		CHOLECYSTOENTEROSTOMY DIRECT	\$2248.42	090	2				
47721		CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	\$2633.62	090	2				
47740		CHOLECYSTOENTEROSTOMY ROUX-EN-Y	\$2553.35	090	2				
47741		CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	\$2866.69	090	2				
47760		ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	\$3344.63	090	2				
47765		ANAST INTRAHEPATC DUCTS & GI TRACT	\$3747.98	090	2				
47780		ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	\$3822.41	090	2				
47785		ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	\$5733.62	090	2				
47800		RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	\$3007.52	090	2				
47801		PLACEMENT CHOLEDOCHAL STENT	\$1751.95	090	2				
47802		U-TUBE HEPATICOENTEROSTOMY	\$2866.82	090	2				
47900		SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	\$2666.16	090	2				
47999		UNLISTED PROCEDURE BILIARY TRACT		BR	YYY	1	5301	T	\$1511.46
48000		PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	\$2802.86	090	2				
48001		PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	\$3316.17	090	2				
48020		REMOVAL PANCREATIC CALCULUS	\$2295.68	090	2				
48100		BIOPSY PANCREAS OPEN	\$1714.66	090	2				
48102		BIOPSY PANCREA PERCUTANEOUS NEEDLE	\$741.05	010	1	5072	J1	\$2607.62	
48105		RESECT/DBRDMT PANCREAS NECROTIZING PANCREATITIS	\$4247.74	090	2				
48120		EXCISION LESION PANCREAS	\$2152.80	090	2				
48140		PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	\$3041.49	090	2				
48145		PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	\$3169.02	090	2				
48146		PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	\$3655.87	090	2				
48148		EXCISION AMPULLA VATER	\$2432.28	090	2				
48150		PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	\$5574.36	090	2				
48152		PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	\$5255.83	090	2				
48153		PNCRTECT W/PANCREATOJEJUNOSTOMY	\$5574.36	090	2				
48154		PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	\$5255.83	090	2				
48155		PANCREATECTOMY TOTAL	\$3530.27	090	2				
48160		PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	\$7303.97	XXX	9				
+		48400 INJECTION INTRAOPERATIVE PANCREATOGRAPHY	\$204.58	ZZZ	0				
48500		MARSUPIALIZATION PANCREATIC CYST	\$2237.41	090	2				
48510		EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	\$2135.13	090	2				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
48520		INT ANAST PANCREATIC CYST GI TRACT DIRECT	\$2138.36	090	2				
48540		INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	\$2537.81	090	2				
48545		PANCREATORRHAPHY INJURY	\$2617.44	090	2				
48547		DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	\$3473.95	090	2				
48548		PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	\$2468.69	090	2				
48550		DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	\$2936.09	XXX	9				
48551		BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	\$1301.36	XXX	2				
48552		BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	\$452.53	XXX	2				
48554		TRANSPLANTATION PANCREATIC ALLOGRAFT	\$5103.70	090	2				
48556		RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	\$2624.08	090	2				
48999		UNLISTED PROCEDURE PANCREAS		BR	YYY	2	5071	T	\$1173.13
49000		EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	\$1495.49	090	2				
49002		REOPENING RECENT LAPAROTOMY	\$1505.75	090	2				
49010		EXPL RETROPERITONEUM W/WO BX SPX	\$1787.47	090	2	5341	J1	\$5160.59	
49013		PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	\$877.87	000	1				
49014		REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	\$730.91	000	1				
49020		DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	\$2076.55	090	2				
49040		DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	\$1823.70	090	2				
49060		DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	\$1658.57	090	1				
49062		DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	\$1500.67	090	2				
49082		ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	\$411.10	000	1	5301	T	\$1511.46	
49083		ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	\$563.89	000	1	5301	T	\$1511.46	
49084		PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	\$205.23	000	1	5301	T	\$1511.46	
49180		BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	\$336.00	000	1	5072	J1	\$2607.62	
49185		SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GUID	\$2402.50	000	1	5072	J1	\$2607.62	
49203		EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	\$2162.85	090	2				
49204		EXC/DESTRUCTION OPEN ABDOMN TUMORS 5.1-10.0 CM	\$2342.05	090	2				
49205		EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	\$2683.87	090	2				
49215		EXC PRESAC/SACROCOCCYGEAL TUMOR	\$3001.35	090	2				
49250		UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	\$1157.50	090	1	5341	J1	\$5160.59	
49255		OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	\$1538.75	090	2	5341	J1	\$5160.59	
49320		LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	\$789.74	010	2	5361	J1	\$9103.19	
49321		LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	\$807.41	010	2	5361	J1	\$9103.19	
49322		LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	\$807.41	010	2	5361	J1	\$9103.19	
49323		LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	\$1246.25	090	2	5361	J1	\$9103.19	
49324		LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	\$585.89	010	2	5361	J1	\$9103.19	
49325		LAPS W/REVISION INTRAPERITONEAL CATHETER	\$628.90	010	2	5361	J1	\$9103.19	
+		49326 LAPAROSCOPY W/OMENTOPEXY	\$289.22	ZZZ	2				
+		49327 LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	\$249.90	ZZZ	2				
49329		UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM		BR	YYY	2	5361	J1	\$9103.19
49400		INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	\$282.04	000	1				
49402		REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	\$1263.64	090	1	5341	J1	\$5160.59	
49405		IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	\$1689.71	000	1	5072	J1	\$2607.62	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
49406		IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	\$1690.36	000	1	5072	J1	\$2607.62
49407		IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	\$1442.41	000	1	5072	J1	\$2607.62
49411		INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	\$927.72	000	0	5613	S	\$2310.37
+	49412	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	\$157.97	ZZZ	0			
49418		INSJ INTRAPERITONEAL CATHETER W/IMG GUID	\$2632.70	000	0	5341	J1	\$5160.59
49419		INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	\$685.72	090	1	5184	J1	\$7679.39
49421		INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	\$435.70	000	1	5341	J1	\$5160.59
49422		REMOVAL TUNNELED INTRAPERITONEAL CATHETER	\$448.52	000	1	5183	Q2	\$5314.77
49423		EXCHNG ABSC/CST DRG CATH RAD GID SPX	\$839.14	000	0	5302	J1	\$2859.90
49424		CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	\$260.52	000	0			
49425		INSERTION PERITONEAL-VENOUS SHUNT	\$1439.02	090	2			
49426		REVIS PERITONEAL-VENOUS SHUNT	\$1974.35	090	1	5341	J1	\$5160.59
49427		INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	\$209.93	000	0			
49428		LIGATION PERITONEAL-VENOUS SHUNT	\$742.52	010	1			
49429		RMVL PERITONEAL-VENOUS SHUNT	\$890.18	010	1	5183	Q2	\$5314.77
+	49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	\$186.04	ZZZ	2			
49436		DELAYED CREATION EXIT SITE EMBEDDED CATHETER	\$274.41	010	2	5302	J1	\$2859.90
49440		INSERT GASTROSTOMY TUBE PERCUTANEOUS	\$1584.84	010	0	5302	J1	\$2859.90
49441		INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	\$1777.38	010	0	5302	J1	\$2859.90
49442		INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	\$1513.62	010	0	5312	T	\$1967.63
49446		CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	\$1481.63	000	0	5302	J1	\$2859.90
49450		REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	\$1097.81	000	0	5301	T	\$1511.46
49451		REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	\$1050.25	000	0	5301	T	\$1511.46
49452		REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	\$1327.96	000	0	5301	T	\$1511.46
49460		OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	\$1198.45	000	0	5301	T	\$1511.46
49465		CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	\$254.58	000	0	5523	Q1	\$408.57
49491		RPR 1ST INGUN HRNA PRETERM INFT RDC	\$1511.07	090	2	5361	J1	\$9103.19
49492		RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	\$1849.76	090	2	5341	J1	\$5160.59
49495		RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	\$1040.33	090	2	5341	J1	\$5160.59
49496		RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	\$1313.71	090	2	5341	J1	\$5160.59
49500		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	\$818.31	090	2	5342	J1	\$11030.30
49501		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	\$1187.98	090	2	5341	J1	\$5160.59
49505		RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	\$1024.09	090	2	5341	J1	\$5160.59
49507		RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	\$1150.43	090	2	5341	J1	\$5160.59
49520		RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	\$1239.12	090	2	5341	J1	\$5160.59
49521		RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	\$1399.68	090	2	5342	J1	\$11030.30
49525		RPR INGUN HERNIA SLIDING ANY AGE	\$1122.59	090	2	5341	J1	\$5160.59
49540		REPAIR LUMBAR HERNIA	\$1311.63	090	2	5361	J1	\$9103.19
49550		RPR 1ST FEM HRNA ANY AGE REDUCIBLE	\$1128.72	090	2	5341	J1	\$5160.59
49553		RPR 1ST FEM HERNIA ANY AGE INCARCERATED	\$1236.53	090	2	5341	J1	\$5160.59
49555		RPR RECRT FEM HERNIA REDUCIBLE	\$1183.45	090	2	5341	J1	\$5160.59
49557		RPR RECRT FEM HRNA INCARCERATED	\$1411.33	090	2	5341	J1	\$5160.59

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
49591		RPR AA HERNIA 1ST < 3 CM REDUCIBLE	\$663.59	000	2	5341	J1	\$5160.59
49592		RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED	\$921.90	000	2	5361	J1	\$9103.19
49593		RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	\$1110.29	000	2	5341	J1	\$5160.59
49594		RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	\$1445.00	000	2	5361	J1	\$9103.19
49595		RPR AA HERNIA 1ST > 10 CM REDUCIBLE	\$1493.55	000	2	5341	J1	\$5160.59
49596		RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	\$1981.04	000	2			
49600		RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	\$1435.93	090	2	5341	J1	\$5160.59
49605		RPR LG OMPHALOCELE/GASTROSCHISIS W/NO PROSTH	\$6616.93	090	2			
49606		RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	\$2207.63	090	2			
49610		RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	\$1356.95	090	2			
49611		RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	\$1197.04	090	2			
49613		RPR AA HERNIA RECR < 3 CM REDUCIBLE	\$817.67	000	2	5341	J1	\$5160.59
49614		RPR AA HERNIA RECR < 3 CM NCRC8/STRANGULATED	\$1107.05	000	2	5361	J1	\$9103.19
49615		RPR AA HERNIA RECR 3-10 CM REDUCIBLE	\$1237.83	000	2	5341	J1	\$5160.59
49616		RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGULATED	\$1663.17	000	2			
49617		RPR AA HERNIA RECR > 10 CM REDUCIBLE	\$1713.67	000	2			
49618		RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	\$2400.56	000	2			
49621		RPR PARASTOMAL HERNIA 1ST/RECR REDUCIBLE	\$1436.58	000	2			
49622		RPR PARASTOMAL HRNA 1ST/RECR NCRC8/STRANGULATED	\$1771.29	000	2			
+		49623 RMVL NONINFCT MESH/PROSTH AA/PARASTOMAL HRNA RPR	\$380.67	ZZZ	2			
49650		LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	\$849.39	090	2	5361	J1	\$9103.19
49651		LAPS SURG RPR RECURRENT INGUINAL HERNIA	\$1108.35	090	2	5361	J1	\$9103.19
49659		UNLISTED LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	BR	YYY	2	5361	J1	\$9103.19
49900		SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	\$1159.02	090	2			
49904		OMENTAL FLAP EXTRA-ABDOMINAL	\$2198.37	090	1			
+		49905 OMENTAL FLAP INTRA-ABDOMINAL	\$1017.34	ZZZ	2			
49906		FREE OMENTAL FLAP W/MICROVASCULAR ANAST	\$4168.46	090	1			
49999		UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	BR	YYY	1	5301	T	\$1511.46
50010		RNL EXPL X NECESSITATING OTH SPEC PX	\$1366.66	090	2			
50020		DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	\$1647.56	090	1	5373	J1	\$3183.90
50040		NEPHROSTOMY NEPHROTOMY W/DRAINAGE	\$1768.28	090	1			
50045		NEPHROTOMY W/EXPLORATION	\$1782.01	090	2			
50060		NEPHROLITHOTOMY REMOVAL CALCULUS	\$2174.38	090	2			
50065		NEPHROLITHOTOMY SECONDARY SURG OPERJ CALCULUS	\$2305.17	090	2			
50070		NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	\$2279.50	090	2			
50075		NEPHROLITHOTOMY RMVL LARGE STAGHORN CALCULUS	\$2778.63	090	2			
50080		PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION	\$1603.73	090	1	5376	J1	\$7217.88
50081		PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	\$2217.49	090	2	5376	J1	\$7217.88
50100		TRNSXJ/REPOSITIONING ABERRANT RENAL VESSELS SPX	\$1848.74	090	2			
50120		PYELOTOMY W/EXPLORATION	\$1813.41	090	2			
50125		PYELOTOMY W/DRAINAGE PYELOTOMY	\$1878.14	090	2			
50130		PYELOTOMY WITH REMOVAL CALCULUS	\$1971.66	090	2			
50135		PYELOTOMY COMPLICATED	\$2157.78	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



### Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
50200		RENAL BIOPSY PRQ TROCAR/NEEDLE	\$984.05	000	1	5072	J1	\$2607.62
50205		RENAL BIOPSY SURG EXPOSURE KIDNEY	\$1115.64	090	2			
50220		NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	\$2022.67	090	2			
50225		NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	\$2301.26	090	2			
50230		NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	\$2461.41	090	2			
50234		NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	\$2493.51	090	2			
50236		NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	\$2797.60	090	2			
50240		NEPHRECTOMY PARTIAL	\$2534.06	090	2			
50250		OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	\$2012.31	090	2			
50280		EXCISION/UNROOFING CYST KIDNEY	\$1814.70	090	2			
50290		EXCISION PERINEPHRIC CYST	\$1718.59	090	2			
50300		DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	\$2174.21	XXX	9			
50320		DONOR NEPHRECTOMY OPEN LIVING DONOR	\$2958.47	090	2			
50323		BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	\$221.63	XXX	2			
50325		BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	\$228.22	XXX	2			
50327		BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	\$415.63	XXX	2			
50328		BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	\$364.49	XXX	2			
50329		BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	\$345.06	XXX	2			
50340		RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	\$1878.11	090	2			
50360		RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	\$4253.22	090	2			
50365		RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	\$5632.47	090	2			
50370		RMVL TRNSPLED RENAL ALLOGRAFT	\$2268.38	090	2			
50380		RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	\$3968.17	090	2			
50382		RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	\$1907.24	000	1	5373	J1	\$3183.90
50384		REMOVAL INDWELLING URETERAL STENT PRQ	\$1635.33	000	1	5373	Q2	\$3396.16
50385		REMOVE & REPLACE INDWELL URETERAL STENT TRUTHRL	\$1920.41	000	0	5373	J1	\$3183.90
50386		REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	\$1248.76	000	0	5373	Q2	\$3396.16
50387		RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	\$1052.03	000	0	5373	J1	\$3183.90
50389		RMVL NFROS TUBE REQ FLUORO GUIDANCE	\$719.14	000	1	5372	Q2	\$1139.01
50390		ASPIR & /NJX RENAL CYST/PELVIS NEEDLE PRQ	\$179.24	000	1	5071	T	\$1173.13
50391		INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	\$217.54	000	1	5371	T	\$412.09
50396		MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	\$195.40	000	0	5372	J1	\$1136.96
50400		PYELOPLASTY SIMPLE	\$2205.78	090	2			
50405		PYELOPLASTY COMPLICATED	\$2660.27	090	2			
50430		NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	\$1163.18	000	0	5372	Q2	\$1139.01
50431		NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	\$529.44	000	1	5372	Q2	\$1139.01
50432		PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	\$1730.50	000	1	5373	J1	\$3183.90
50433		PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	\$2154.55	000	1	5374	J1	\$5401.80
50434		CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	\$1729.85	000	1	5373	J1	\$3183.90
50435		EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	\$1139.42	000	1	5373	J1	\$3183.90
50436		PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	\$283.56	000	1	5374	J1	\$5401.80
50437		PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	\$469.37	000	1	5374	J1	\$5401.80
50500		NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	\$2424.19	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
50520		CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	\$2257.48	090	2				
50525		CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	\$2722.05	090	2				
50526		CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	\$2722.05	090	2				
50540		SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	\$2207.63	090	2				
50541		LAPAROSCOPY SURG ABLATION RENAL CYSTS	\$1766.75	090	2	5362	J1	\$15625.72	
50542		LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	\$1953.11	090	2	5362	J1	\$15625.72	
50543		LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	\$2485.79	090	2	5362	J1	\$15625.72	
50544		LAPAROSCOPY SURG PYELOPLASTY	\$2383.08	090	2	5362	J1	\$15625.72	
50545		LAPAROSCOPY RADICAL NEPHRECTOMY	\$2546.48	090	2				
50546		LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	\$2300.60	090	2				
50547		LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	\$3138.31	090	2				
50548		LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	\$2560.87	090	2				
50549		UNLISTED LAPAROSCOPY PROCEDURE RENAL		BR	YYY	2	5361	J1	\$9103.19
50551		RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	\$693.19	000	0	5375	J1	\$7706.21	
50553		RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	\$742.89	000	1	5375	J1	\$7706.21	
50555		RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	\$790.63	000	0	5376	J1	\$7217.88	
50557		RENAL NDSC NEPHROS/PYELOSTOMY FULG&INC W/WO BI	\$804.36	000	0	5376	J1	\$7217.88	
50561		RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	\$911.60	000	0	5375	J1	\$7706.21	
50562		RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	\$1031.29	090	2	5376	J1	\$7217.88	
50570		RENAL NDSC NEPHROTOMY W/WO IRRIGATION	\$936.79	000	0	5374	J1	\$5401.80	
50572		RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	\$1011.89	000	0	5372	J1	\$1136.96	
50574		RENAL NDSC NEPHROTOMY W/BIOPSY	\$1075.33	000	0	5374	J1	\$5401.80	
50575		RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	\$1357.60	000	1	5375	J1	\$7706.21	
50576		RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	\$1072.09	000	0	5376	J1	\$7217.88	
50580		RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	\$1155.61	000	0	5375	J1	\$7706.21	
50590		LITHOTRIPSY XTRCORP SHOCK WAVE	\$2636.24	090	1	5374	J1	\$5401.80	
50592		ABL TJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	\$5976.80	010	1	5361	J1	\$9103.19	
50593		ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	\$7120.34	010	2	5362	J1	\$15625.72	
50600		URTRO TOMY W/EXPL/DRG SEPARATE PROCEDURE	\$1790.51	090	2				
50605		URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	\$1948.77	090	2				
+	50606	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	\$1058.21	ZZZ	1				
50610		URTR LITHOTOMY UPPER ONE-THIRD URETER	\$1819.84	090	2				
50620		URTR LITHOTOMY MIDDLE ONE-THIRD URETER	\$1734.10	090	2				
50630		URTR LITHOTOMY LOWER ONE-THIRD URETER	\$1721.44	090	2				
50650		URETRECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	\$1986.05	090	2				
50660		URETERECTOMY TOT ECTOPIC URETER CMBN APPR	\$2200.51	090	2				
50684		INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	\$247.31	000	1				
50686		MANOMETRIC STDS THRU URTR OST/NDWELLG URTRL CATH	\$275.54	000	0	5721	S	\$260.45	
50688		CHNG URTR OST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	\$134.95	010	1	5373	J1	\$3183.90	
50690		NJX VISUALIZATION ILEAL CONDUIT&URETEROPYELOG	\$169.55	000	1				
50693		PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	\$1894.94	000	1	5374	J1	\$5401.80	
50694		PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	\$2124.77	000	1	5374	J1	\$5401.80	
50695		PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	\$2552.05	000	1	5374	J1	\$5401.80	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
50700		URETEROPLASTY PLASTIC OPERATION URETER	\$1787.47	090	2				
+	50705	URETERAL EMBOLIZATION/OCLUSION W/IMG GID RS&I	\$3477.19	ZZZ	1				
+	50706	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	\$1602.77	ZZZ	1				
50715		URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	\$2041.53	090	2				
50722		URETEROLYSIS FOR OVARIAN VEIN SYNDROME	\$1653.51	090	2				
50725		URTRLOSS RETROCAVAL URTR W/REANAST	\$2121.53	090	2				
50727		REVJ URINARY-CUTANEOUS ANASTAMOSIS	\$997.00	090	2	5374	J1	\$5401.80	
50728		REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	\$1356.95	090	2				
50740		URETEROPYELOSTOMY ANAST URETER RENAL PELVIS	\$2384.37	090	2				
50750		URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	\$2219.29	090	2				
50760		URETEROURETEROSTOMY	\$2183.03	090	2				
50770		TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	\$2219.29	090	2				
50780		URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	\$2126.64	090	2				
50782		URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	\$2069.74	090	2				
50783		URETERONEOCYSTOSTOMY W/URETERAL TAILORING	\$2169.44	090	2				
50785		URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	\$2318.25	090	2				
50800		URETEROENTEROSTOMY ANAST URETER INTESTINE	\$1781.00	090	2				
50810		URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	\$2737.21	090	2				
50815		URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	\$2359.13	090	2				
50820		URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	\$2526.80	090	2				
50825		CONTINENT DVRJ W/INT ANAST ANY SGM SM&LG INTSTN	\$3162.55	090	2				
50830		URINARY UNIDIVERSION	\$3514.99	090	2				
50840		RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	\$2371.43	090	2				
50845		CUTANANEOUS APPENDICO-VESICOSTOMY	\$2419.33	090	2				
50860		URETEROSTOMY TRANSPLANTATION URETER SKIN	\$1806.21	090	2				
50900		URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	\$1628.86	090	2				
50920		CLOSURE URETEROCUTANEOUS FISTULA	\$1702.66	090	2				
50930		CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	\$2119.59	090	2				
50940		DELIGATION URETER	\$1394.56	090	2				
50945		LAPAROSCOPY URTROLITHOTOMY	\$1867.75	090	2	5361	J1	\$9103.19	
50947		LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	\$2642.61	090	2	5362	J1	\$15625.72	
50948		LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	\$2432.69	090	2	5362	J1	\$15625.72	
50949		UNLISTED LAPAROSCOPY PROCEDURE URETER		BR	YYY	2	5361	J1	\$9103.19
50951		URETERAL ENDOSCOPY VIA URETEROSTOMY	\$616.69	000	0	5374	J1	\$5401.80	
50953		URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	\$648.67	000	0	5374	J1	\$5401.80	
50955		URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	\$769.18	000	0	5375	J1	\$7706.21	
50957		URETERAL ENDOSCOPY W/DEST&INC W/WO BIOPSY	\$693.64	000	0	5375	J1	\$7706.21	
50961		URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	\$633.66	000	0	5375	J1	\$7706.21	
50970		URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	\$601.15	000	0	5374	J1	\$5401.80	
50972		NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	\$584.78	000	0	5374	J1	\$5401.80	
50974		URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	\$768.30	000	0	5375	J1	\$7706.21	
50976		URETERAL ENDOSC VIA URETEROT W/DEST&INC W/WO BX	\$758.08	000	0	5375	J1	\$7706.21	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
50980		NDSC URETEROTOMY RMVL FB/CALCULUS	\$577.27	000	0	5375	J1	\$7706.21
51020		CYSTOTOMY/CYSTOSTOMY FULG&INSJ RADACT MATRL	\$916.72	090	2	5374	J1	\$5401.80
51030		CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	\$934.99	090	0	5374	J1	\$5401.80
51040		CYSTOSTOMY CYSTOTOMY W/DRAINAGE	\$843.60	090	2	5373	J1	\$3183.90
51045		CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	\$969.81	090	2	5373	J1	\$3183.90
51050		CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	\$918.01	090	2	5375	J1	\$7706.21
51060		TRANSVESICAL URETROLITHOTOMY	\$1546.59	090	2	5373	J1	\$3183.90
51065		CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	\$1546.59	090	0	5374	J1	\$5401.80
51080		DRG PRIVESICAL/PREVESICAL SPACE ABSC	\$783.43	090	2	5073	J1	\$4641.68
51100		ASPIRATION BLADDER NEEDLE	\$140.27	000	1	5371	T	\$412.09
51101		ASPIRATION BLADDER TROCAR/INTRACATHETER	\$292.06	000	1	5724	S	\$1743.32
51102		ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	\$463.54	000	1	5373	J1	\$3183.90
51500		EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	\$1235.89	090	2	5361	J1	\$9103.19
51520		CYSTOTOMY SIMPLE EXCISION VESICAL NECK	\$1156.26	090	2	5374	J1	\$5401.80
51525		CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	\$1656.05	090	2			
51530		CYSTOTOMY EXCISION BLADDER TUMOR	\$1474.66	090	2			
51535		CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	\$1491.66	090	2	5374	J1	\$5401.80
51550		CYSECTOMY PARTIAL SIMPLE	\$1844.79	090	2			
51555		CYSECTOMY PARTIAL COMPLICATED	\$2268.38	090	2			
51565		CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	\$2460.81	090	2			
51570		CYSECTOMY COMPLETE SEPARATE PROCEDURE	\$2806.10	090	2			
51575		CYSECTOMY W/BI PELVIC LYMPHADENECTOMY	\$3484.31	090	2			
51580		CYSECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	\$3639.68	090	2			
51585		CYSECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	\$4045.60	090	2			
51590		CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	\$3701.83	090	2			
51595		CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	\$4190.62	090	2			
51596		CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	\$4516.26	090	2			
51597		PELVIC EXENTERATION COMPLETE MALIGNANCY	\$4412.03	090	2			
51600		NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	\$323.69	000	1			
51605		NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	\$211.72	000	1			
51610		NJX RETROGRADE URETHROCSTOGRAPY	\$187.23	000	1			
51700		BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	\$143.19	000	1	5371	T	\$412.09
51701		INSJ NON-NDWELLG BLADDER CATHETER	\$86.82	000	1	5734	Q1	\$212.99
51702		INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	\$120.98	000	1	5734	Q1	\$212.99
51703		INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	\$237.85	000	1	5721	S	\$260.45
51705		CHANGE CYSTOSTOMY TUBE SIMPLE	\$184.86	000	1	5371	T	\$412.09
51710		CHANGE CYSTOSTOMY TUBE COMPLICATED	\$264.79	000	1	5372	J1	\$1136.96
51715		NDSC NJX IMPLT MATRL URT&/BLDR NCK	\$567.11	000	0	5374	J1	\$5401.80
51720		BLADDER INSTILLATION ANTICARCINOGENIC AGENT	\$169.38	000	1	5372	J1	\$1136.96
51725		SIMPLE CYSTOMETROGRAM	\$393.40	000	0	5371	T	\$412.09
51725	26	SIMPLE CYSTOMETROGRAM	\$143.87	000	0			
51725	TC	SIMPLE CYSTOMETROGRAM	\$249.53	000	0			
51726		BLADDER PRESSURE MEASUREMENT DURING FILLING	\$510.91	000	1	5371	T	\$412.09

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
51726	26	BLADDER PRESSURE MEASUREMENT DURING FILLING	\$160.22	000	1			
51726	TC	BLADDER PRESSURE MEASUREMENT DURING FILLING	\$350.69	000	1			
51727		COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	\$710.72	000	0	5372	J1	\$1136.96
51727	26	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	\$201.42	000	0			
51727	TC	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	\$509.30	000	0			
51728		COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	\$706.31	000	0	5372	J1	\$1136.96
51728	26	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	\$197.46	000	0			
51728	TC	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	\$508.85	000	0			
51729		COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	\$745.16	000	0	5372	J1	\$1136.96
51729	26	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	\$239.35	000	0			
51729	TC	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	\$505.81	000	0			
51736		SIMPLE UROFLOMETRY	\$56.83	XXX	0	5734	Q1	\$212.99
51736	26	SIMPLE UROFLOMETRY	\$15.54	XXX	0			
51736	TC	SIMPLE UROFLOMETRY	\$41.29	XXX	0			
51741		COMPLEX UROFLOMETRY	\$77.43	XXX	1	5722	Q1	\$523.36
51741	26	COMPLEX UROFLOMETRY	\$16.19	XXX	1			
51741	TC	COMPLEX UROFLOMETRY	\$61.24	XXX	1			
51784		EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	\$240.42	XXX	1	5721	S	\$260.45
51784	26	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	\$70.57	XXX	1			
51784	TC	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	\$169.85	XXX	1			
51785		NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	\$345.04	XXX	0	5371	T	\$412.09
51785	26	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	\$178.04	XXX	0			
51785	TC	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	\$167.00	XXX	0			
51792		STIMULUS EVOKED RESPONSE	\$390.41	000	0	5733	Q1	\$101.99
51792	26	STIMULUS EVOKED RESPONSE	\$103.32	000	0			
51792	TC	STIMULUS EVOKED RESPONSE	\$287.09	000	0			
+	51797	VOID PRESSURE STUDIES INTRAABDOMINAL	\$331.62	ZZZ	0			
+	51797	26 VOID PRESSURE STUDIES INTRAABDOMINAL	\$75.75	ZZZ	0			
+	51797	TC VOID PRESSURE STUDIES INTRAABDOMINAL	\$255.87	ZZZ	0			
51798		MEAS POST-VOIDING RESIDUAL URINE&BLADDER CAP	\$22.01	XXX	0	5733	Q1	\$101.99
51800		CSTOPLASTY/CSTOURTP PLSTC ANY	\$1982.12	090	2			
51820		CSTOURTP W/UNI/BI URTRONEOCSTOST	\$2108.99	090	2			
51840		ANT VESICourethroPEXY/UREthroPEXY SMPL	\$1345.18	090	2	5415	J1	\$7111.62
51841		ANT VESICourethroPEXY/UREthroPEXY COMP	\$1559.59	090	2			
51845		ABDOMINO-VAG VESICAL NCK SSP W/VO NDSC CTRL	\$1405.99	090	2	5415	J1	\$7111.62
51860		CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	\$1436.73	090	2	5376	J1	\$7217.88
51865		CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	\$1723.16	090	2			
51880		CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	\$764.37	090	2	5374	J1	\$5401.80
51900		CLSR VESICOVAGINAL FISTUL AABDL APPROACH	\$2108.99	090	2			
51920		CLOSURE VESICOUTERINE FISTULA	\$1477.37	090	2			
51925		CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	\$2098.87	090	2			
51940		CLOSURE EXSTROPHY BLADDER	\$3163.48	090	2			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
51960		ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	\$2664.05	090	2				
51980		CUTANEOUS VESICOSTOMY	\$1381.55	090	2				
51990		LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	\$1427.57	090	2	5361	J1	\$9103.19	
51992		LAPAROSCOPY SLING OPERATION STRESS INCONT	\$1611.98	090	2	5361	J1	\$9103.19	
51999		UNLISTED LAPAROSCOPY PROCEDURE BLADDER		BR	YYY	0	5361	J1	\$9103.19
52000		CYSTOURETHROSCOPY	\$312.63	000	1	5372	J1	\$1136.96	
52001		CYSTO W/IRRIIG & EVAC MULTPLE OBSTRUCTING CLOTS	\$634.06	000	1	5374	J1	\$5401.80	
52005		CYSTO BLADDER W/URETERAL CATHETERIZATION	\$460.52	000	1	5373	J1	\$3183.90	
52007		CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	\$872.05	000	1	5374	J1	\$5401.80	
52010		CYSTO W/EJACULATORY DUCT CATHETERIZATION	\$741.27	000	1	5372	J1	\$1136.96	
52204		CYSTOURETHROSCOPY WITH BIOPSY	\$732.21	000	1	5373	J1	\$3183.90	
52214		CYSTO W/DESTRUCTION OF LESIONS	\$1444.35	000	1	5374	J1	\$5401.80	
52224		CYSTO W/REMOVAL OF LESIONS SMALL	\$1509.09	000	1	5374	J1	\$5401.80	
52234		CYSTO W/REMOVAL OF TUMORS SMALL	\$466.27	000	1	5374	J1	\$5401.80	
52235		CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	\$678.22	000	1	5374	J1	\$5401.80	
52240		CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	\$1017.34	000	1	5375	J1	\$7706.21	
52250		CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	\$399.70	000	1	5374	J1	\$5401.80	
52260		CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	\$333.43	000	1	5373	J1	\$3183.90	
52265		CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	\$723.15	000	1	5373	J1	\$3183.90	
52270		CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	\$797.03	000	1	5373	J1	\$3183.90	
52275		CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	\$1044.90	000	1	5373	J1	\$3183.90	
52276		CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY	\$504.32	000	1	5373	J1	\$3183.90	
52277		CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	\$616.32	000	0	5374	J1	\$5401.80	
52281		CYSTO CALIBRATION DILAT URTRL STRIX/STENOSIS	\$553.23	000	1	5373	J1	\$3183.90	
52282		CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	\$643.52	000	1	5374	J1	\$5401.80	
52283		CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	\$460.08	000	1	5373	J1	\$3183.90	
52284		CYSTO W/DILAT RX BALO CATH URTRL STRIX/STEN MALE	\$5196.68	000	1	5375	J1	\$7706.21	
52285		CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	\$455.65	000	1	5372	J1	\$1136.96	
52287		CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	\$738.77	000	1	5373	J1	\$3183.90	
52290		CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	\$399.70	000	1	5373	J1	\$3183.90	
52300		CYSTO W/RESECJ/FULG ORTHOPIC URETEROCELE UNI/BI	\$529.71	000	0	5374	J1	\$5401.80	
52301		CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	\$548.67	000	0	5374	J1	\$5401.80	
52305		CYSTO INC/RESECJ ORIFICE BLDR DIVERTICULUM 1/MLT	\$526.43	000	1	5375	J1	\$7706.21	
52310		CYSTO W/SIMPLE REMOVAL STONE & STENT	\$426.36	000	1	5373	J1	\$3183.90	
52315		CYSTO W/COMPLEX REMOVAL STONE & STENT	\$787.99	000	1	5373	J1	\$3183.90	
52317		LITHOLAPAXY SMPL/SM <2.5 CM	\$1711.08	000	1	5374	J1	\$5401.80	
52318		LITHOLAPAXY COMP/LG > 2.5 CM	\$902.48	000	1	5374	J1	\$5401.80	
52320		CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	\$469.37	000	1	5374	J1	\$5401.80	
52325		CYSTO FRAGMENTATION URETERAL STONE	\$606.21	000	1	5375	J1	\$7706.21	
52327		CYSTO W/SUBURTRIC NJX IMPLT MATRL	\$1263.66	000	1	5375	J1	\$7706.21	
52330		CYSTO MANJ W/O RMVL URETERAL STONE	\$1477.54	000	1	5374	J1	\$5401.80	
52332		CYSTO W/INSERT URETERAL STENT	\$663.25	000	1	5374	J1	\$5401.80	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
52334		CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	\$411.06	000	1	5374	J1	\$5401.80
52341		CYSTO W/TX URETERAL STRICTURE	\$639.73	000	1	5374	J1	\$5401.80
52342		CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	\$646.75	000	1	5374	J1	\$5401.80
52343		CYSTO W/TX INTRA-RENAL STRICTURE	\$681.90	000	1	5374	J1	\$5401.80
52344		CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	\$705.02	000	1	5374	J1	\$5401.80
52345		CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	\$752.28	000	0	5374	J1	\$5401.80
52346		CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	\$850.68	000	0	5375	J1	\$7706.21
52351		CYSTO W/URTROSCOPY&/PYELOSOCOPY DX	\$618.63	000	1	5374	J1	\$5401.80
52352		CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	\$787.36	000	1	5374	J1	\$5401.80
52353		CYSTO W/URETEROSCOPY W/LITHOTRIPSY	\$885.77	000	1	5375	J1	\$7706.21
52354		CYSTO/PYELOSOCOPY BX&/FULGURATION PELVIC LESION	\$864.68	000	1	5375	J1	\$7706.21
52355		CYSTO/PYELOSOCOPY RESCJ PELVIC TUMOR	\$890.82	000	1	5375	J1	\$7706.21
52356		CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	\$787.36	000	1	5375	J1	\$7706.21
52400		CYSTO INC FULG/RESCJ URTRL VALVES/FOLDS	\$1188.06	090	1	5374	J1	\$5401.80
52402		CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	\$504.20	000	1	5374	J1	\$5401.80
52441		CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	\$2441.35	000	1			
+		52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	\$1675.30	ZZZ	1		
52450		TRANSURETHRAL INCISION PROSTATE	\$924.49	090	1	5374	J1	\$5401.80
52500		TRANSURETHRAL RESECTION BLADDER NECK	\$941.04	090	1	5374	J1	\$5401.80
52601		TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	\$1538.95	090	1	5375	J1	\$7706.21
52630		TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	\$1405.99	090	1	5375	J1	\$7706.21
52640		TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	\$703.00	090	1	5374	J1	\$5401.80
52647		LASER COAGULATION OF PROSTATE FOR URINE FLOW	\$3416.31	090	1	5375	J1	\$7706.21
52648		LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	\$3121.12	090	1	5375	J1	\$7706.21
52649		LASER ENUCLEATION PROSTATE W/MORCELLATION	\$1579.29	090	0	5375	J1	\$7706.21
52700		TRURL DRAINAGE PROSTATIC ABSCESS	\$846.87	090	0	5374	J1	\$5401.80
53000		URTT/URTS XTRNL SPX PENDULOUS URETHRA	\$272.22	010	1	5373	J1	\$3183.90
53010		URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	\$581.37	090	1	5375	J1	\$7706.21
53020		MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	\$185.80	000	1	5373	J1	\$3183.90
53025		MEATOTOMY CUTTING MEATUS SPX INFANT	\$157.74	000	0	5373	J1	\$3183.90
53040		DRAINAGE DEEP PERIURETHRAL ABSCESS	\$606.22	090	0	5374	J1	\$5401.80
53060		DRG OF SKENE'S GLAND ABSCESS OR CYST	\$288.11	010	1	5373	J1	\$3183.90
53080		DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	\$738.99	090	1	5372	J1	\$1136.96
53085		DRG PERINEAL URINARY XTRVASATION COMPLIC	\$1256.60	090	2	5373	J1	\$3183.90
53200		BIOPSY URETHRA	\$242.34	000	1	5373	J1	\$3183.90
53210		URETHRECTOMY TOT W/CYSTOST FEMALE	\$1486.43	090	2	5374	J1	\$5401.80
53215		URETHRECTOMY TOT W/CYSTOST MALE	\$1786.82	090	2	5375	J1	\$7706.21
53220		EXC/FULGURATION CARCINOMA URETHRA	\$879.17	090	0	5374	J1	\$5401.80
53230		EXC URETHRAL DIVERTICULUM SPX FEMALE	\$1184.74	090	2	5375	J1	\$7706.21
53235		EXC URETHRAL DIVERTICULUM SPX MALE	\$1230.06	090	2	5375	J1	\$7706.21
53240		MARSUPIALIZATION URTRL DIVERTICULUM MALE/FEMALE	\$626.68	090	1	5374	J1	\$5401.80
53250		EXCISION OF BULBOURETHRAL GLAND	\$581.13	090	1	5374	J1	\$5401.80
53260		EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	\$318.92	010	1	5374	J1	\$5401.80

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
53265		EXC/FULGURATION URETHRAL CARUNCLE	\$353.17	010	1	5373	J1	\$3183.90
53270		EXCISION OR FULGURATION SKENES GLANDS	\$324.71	010	1	5374	J1	\$5401.80
53275		EXCISION/FULGURATION URETHRAL PROLAPSE	\$419.07	010	1	5374	J1	\$5401.80
53400		URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	\$1317.36	090	2	5375	J1	\$7706.21
53405		URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	\$1668.88	090	2	5375	J1	\$7706.21
53410		URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	\$1874.22	090	2	5375	J1	\$7706.21
53415		URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	\$2175.26	090	2			
53420		URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	\$1623.03	090	1	5375	J1	\$7706.21
53425		URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	\$1804.95	090	2	5375	J1	\$7706.21
53430		URETHROPLASTY RCNSTJ FEMALE URETHRA	\$1641.08	090	2	5375	J1	\$7706.21
53431		URTP W/TUBULARIZATION POST URT&/LWR BLDR	\$2143.61	090	2	5375	J1	\$7706.21
53440		SLING OPERATION CORRJ MALE URINARY INCONTINENCE	\$1622.08	090	2	5377	J1	\$8180.59
53442		RMVL/REVJ SLING MALE URINARY INCONTINENCE	\$1136.53	090	2	5375	J1	\$7706.21
53444		INSERTION TANDEM CUFF	\$1517.81	090	2	5378	J1	\$10258.41
53445		INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	\$1898.09	090	2	5378	J1	\$10258.41
53446		REMLV INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	\$1232.04	090	2	5375	Q2	\$8627.64
53447		RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	\$1232.36	090	2	5378	J1	\$10258.41
53448		RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	\$2437.27	090	2			
53449		RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	\$1056.66	090	2	5376	J1	\$7217.88
53450		URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	\$596.63	090	1	5374	J1	\$5401.80
53451		PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ		BR 010	0	5377	J1	\$8180.59
53452		PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ		BR 010	0	5376	J1	\$7217.88
53453		PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA		BR 000	0	5374	J1	\$5401.80
53454		PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	\$138.54	000	0	5371	T	\$412.09
53460		URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	\$697.29	090	0	5374	J1	\$5401.80
53500		URETHROLOSS TRVG SEC OPN W/CSTO	\$1137.92	090	2	5374	J1	\$5401.80
53502		URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	\$945.85	090	1	5374	J1	\$5401.80
53505		URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	\$945.20	090	2	5375	J1	\$7706.21
53510		URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	\$1226.82	090	2	5375	J1	\$7706.21
53515		URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	\$1536.93	090	2	5375	J1	\$7706.21
53520		CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	\$815.08	090	1	5375	J1	\$7706.21
53600		DILAT URETHRAL STRIX DILATOR MALE 1ST	\$141.79	000	1	5371	T	\$412.09
53601		DILAT URETHRAL STRIX DILATOR MALE SBSQ	\$133.84	000	1	5734	Q1	\$212.99
53605		DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	\$122.36	000	1	5374	J1	\$5401.80
53620		DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	\$208.62	000	1	5372	J1	\$1136.96
53621		DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	\$195.66	000	1	5371	T	\$412.09
53660		DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	\$118.37	000	1	5721	S	\$260.45
53661		DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	\$118.47	000	1	5734	Q1	\$212.99
53665		DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	\$91.39	000	1	5373	J1	\$3183.90
53850		TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	\$4089.83	090	1	5374	J1	\$5401.80
53852		TRURL DSTRJ PRSTATE TISS RF THERMOTH	\$3929.85	090	1	5374	J1	\$5401.80
53854		TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	\$3216.93	090	1	5374	J1	\$5401.80
53855		INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	\$1255.96	000	0	5373	J1	\$3183.90

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
53860		TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	\$3365.69	090	0	5373	J1	\$3183.90	
53899		UNLISTED PROCEDURE URINARY SYSTEM		BR	YYY	0	5371	T	\$412.09
54000		SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	\$258.71	010	0	5374	J1	\$5401.80	
54001		SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	\$317.97	010	1	5373	J1	\$3183.90	
54015		I&D PENIS DEEP	\$487.00	010	0	5072	J1	\$2607.62	
54050		DSTRJ LESION PENIS SIMPLE CHEMICAL	\$172.05	010	1	5052	Q1	\$664.86	
54055		DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	\$165.84	010	1	5054	T	\$3040.68	
54056		DSTRJ LESION PENIS SIMPLE CRYOSURGERY	\$243.08	010	1	5051	Q1	\$333.81	
54057		DSTRJ LESION PENIS SIMPLE LASER	\$252.01	010	1	5054	T	\$3040.68	
54060		DSTRJ LESION PENIS SIMPLE SURG EXCISION	\$296.55	010	1	5054	T	\$3040.68	
54065		DSTRJ LESION PENIS EXTENSIVE	\$340.21	010	1	5054	T	\$3040.68	
54100		BIOPSY PENIS SEPARATE PROCEDURE	\$277.42	000	1	5072	J1	\$2607.62	
54105		BIOPSY PENIS DEEP STRUCTURES	\$463.29	010	1	5073	J1	\$4641.68	
54110		EXCISION OF PENILE PLAQUE	\$1201.96	090	2	5374	J1	\$5401.80	
54111		EXC PENILE PLAQUE GRAFT &5 CM LENGTH	\$1755.66	090	2	5375	J1	\$7706.21	
54112		EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	\$1945.47	090	2	5376	J1	\$7217.88	
54115		REMOVAL FOREIGN BODY DEEP PENILE TISSUE	\$842.11	090	2	5073	J1	\$4641.68	
54120		AMPUTATION PENIS PARTIAL	\$1227.40	090	2	5374	J1	\$5401.80	
54125		AMPUTATION PENIS COMPLETE	\$1591.31	090	2				
54130		AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	\$2299.56	090	2				
54135		AMPUTATION PENIS RADICAL W/LYMPH NODES	\$2902.94	090	2				
54150		CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	\$288.74	000	0	5373	J1	\$3183.90	
54160		CIRCUMCISION NEONATE	\$386.78	010	1	5372	J1	\$1136.96	
54161		CIRCUMCISION AGE >28 DAYS	\$340.21	010	1	5373	J1	\$3183.90	
54162		LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	\$499.62	010	1	5373	J1	\$3183.90	
54163		REPAIR INCOMPLETE CIRCUMCISION	\$417.88	010	1	5373	J1	\$3183.90	
54164		FRENULOTOMY PENIS	\$371.45	010	1	5373	J1	\$3183.90	
54200		INJECTION PEYRONIE DISEASE	\$167.75	010	1	5371	T	\$412.09	
54205		NJX PEYRONIE W/SURG EXPOS PLAQUE	\$838.93	090	2	5375	J1	\$7706.21	
54220		IRRIGATION CORPORA CAVERNOSA PRIAPISM	\$356.81	000	1	5371	T	\$412.09	
54230		INJECTION CORPORA CAVERNOSOGRAPY	\$146.76	000	1				
54231		DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	\$279.68	000	1	5371	T	\$412.09	
54235		NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	\$142.12	000	1	5371	T	\$412.09	
54240		PENILE PLETHYSMOGRAPHY	\$146.25	000	0	5722	S	\$523.36	
54240	26	PENILE PLETHYSMOGRAPHY	\$123.01	000	0				
54240	TC	PENILE PLETHYSMOGRAPHY	\$23.24	000	0				
54250		NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	\$234.11	000	0	5371	T	\$412.09	
54250	26	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	\$206.52	000	0				
54250	TC	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	\$27.59	000	0				
54300		PENIS STRAIGHTENING CHORDEE	\$1224.88	090	2	5374	J1	\$5401.80	
54304		PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	\$1446.29	090	2	5374	J1	\$5401.80	
54308		URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	\$1386.73	090	2	5375	J1	\$7706.21	
54312		URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	\$1582.89	090	2	5374	J1	\$5401.80	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
54316		URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	\$1902.34	090	2	5376	J1	\$7217.88
54318		URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	\$1261.03	090	2	5374	J1	\$5401.80
54322		1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	\$1494.93	090	2	5374	J1	\$5401.80
54324		1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	\$1764.05	090	2	5374	J1	\$5401.80
54326		1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	\$1800.98	090	2	5374	J1	\$5401.80
54328		1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	\$1807.54	090	2	5374	J1	\$5401.80
54332		1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	\$1948.03	090	2	5374	J1	\$5401.80
54336		1 STG PERINEAL HYPOSPADIAS RPR W/GRF&FLAP	\$2289.85	090	2	5374	J1	\$5401.80
54340		RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	\$1093.41	090	2	5374	J1	\$5401.80
54344		RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	\$1806.21	090	2	5376	J1	\$7217.88
54348		RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	\$1948.67	090	2	5375	J1	\$7706.21
54352		REVISION PRIOR HYPOSPADIAS REPAIR DSJ&EXC RCNSTJ	\$2921.17	090	2	5375	J1	\$7706.21
54360		PLASTIC RPR PENIS CORRECT ANGULATION	\$1108.76	090	2	5374	J1	\$5401.80
54380		PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	\$1298.65	090	2	5373	J1	\$3183.90
54385		PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	\$1584.98	090	2	5373	J1	\$3183.90
54390		PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	\$1926.09	090	2			
54400		INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	\$1138.81	090	1	5377	J1	\$8180.59
54401		INSJ PENILE PROSTHESIS INFLATABLE SELF-CONTAINED	\$1328.61	090	1	5378	J1	\$10258.41
54405		INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	\$1930.55	090	2	5378	J1	\$10258.41
54406		RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	\$1400.10	090	2	5374	Q2	\$5812.77
54408		RPR COMPONENT INFLATABLE PENILE PROSTHESIS	\$1513.90	090	2	5375	J1	\$7706.21
54410		RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	\$1651.88	090	2	5378	J1	\$10258.41
54411		RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	\$1967.74	090	2	5378	J1	\$10258.41
54415		RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	\$1018.85	090	2	5374	Q2	\$5812.77
54416		RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	\$1373.30	090	2	5378	J1	\$10258.41
54417		RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	\$1719.89	090	2	5377	J1	\$8180.59
54420		CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	\$1360.83	090	2	5374	J1	\$5401.80
54430		CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	\$1239.12	090	2			
54435		CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	\$609.61	090	1	5374	J1	\$5401.80
54437		REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	\$1298.09	090	2	5374	J1	\$5401.80
54438		REPLANTATION PENIS COMP AMPUTATION W/URETH REP	\$2553.02	090	2			
54440		PLASTIC OPERATION PENIS INJURY	\$1625.06	090	2	5374	J1	\$5401.80
54450		FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	\$125.38	000	1	5371	T	\$412.09
54500		BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	\$119.01	000	0	5073	J1	\$4641.68
54505		BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	\$400.87	010	0	5374	J1	\$5401.80
54512		EXC XTRPARENCHYMAL LESION TESTIS	\$1029.31	090	1	5374	J1	\$5401.80
54520		ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	\$640.28	090	1	5374	J1	\$5401.80
54522		ORCHIECTOMY PARTIAL	\$1126.10	090	2	5374	J1	\$5401.80
54530		ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	\$990.52	090	2	5341	J1	\$5160.59
54535		ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	\$1441.11	090	2	5374	J1	\$5401.80
54550		EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	\$956.21	090	2	5341	J1	\$5160.59
54560		EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	\$1331.70	090	2	5373	J1	\$3183.90
54600		RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	\$949.01	090	1	5374	J1	\$5401.80

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
54620		FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	\$496.80	010	1	5374	J1	\$5401.80	
54640		ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	\$1043.91	090	0	5341	J1	\$5160.59	
54650		ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	\$1660.77	090	2	5341	J1	\$5160.59	
54660		INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	\$612.45	090	0	5375	J1	\$7706.21	
54670		SUTURE/REPAIR TESTICULAR INJURY	\$797.60	090	0	5374	J1	\$5401.80	
54680		TRANSPLANTATION TESTIS TO THIGH	\$1508.01	090	2	5374	J1	\$5401.80	
54690		LAPAROSCOPY SURGICAL ORCHIECTOMY	\$1268.90	090	2	5361	J1	\$9103.19	
54692		LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	\$1446.53	090	1	5361	J1	\$9103.19	
54699		UNLISTED LAPAROSCOPY PROCEDURE TESTIS		BR	YYY	2	5361	J1	\$9103.19
54700		I&D EPIDIDYMIS TSTIS&SCROTAL SPACE	\$330.33	010	1	5373	J1	\$3183.90	
54800		BIOPSY EPIDIDYMIS NEEDLE	\$205.40	000	0	5072	J1	\$2607.62	
54830		EXCISION LOCAL LESION EPIDIDYMIS	\$727.03	090	0	5374	J1	\$5401.80	
54840		EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	\$759.21	090	1	5373	J1	\$3183.90	
54860		EPIDIDYMECTOMY UNILATERAL	\$816.37	090	1	5374	J1	\$5401.80	
54861		EPIDIDYMECTOMY BILATERAL	\$1138.81	090	0	5374	J1	\$5401.80	
54865		EXPLORATION EPIDIDYMIS W/WO BIOPSY	\$568.66	090	0	5374	J1	\$5401.80	
54900		EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	\$1561.99	090	0	5373	J1	\$3183.90	
54901		EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	\$2342.99	090	0	5374	J1	\$5401.80	
55000		PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	\$202.90	000	1	5071	T	\$1173.13	
55040		EXCISION HYDROCELE UNILATERAL	\$759.21	090	1	5341	J1	\$5160.59	
55041		EXCISION HYDROCELE BILATERAL	\$1138.81	090	1	5341	J1	\$5160.59	
55060		RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	\$740.63	090	0	5374	J1	\$5401.80	
55100		DRAINAGE SCROTAL WALL ABSCESS	\$341.34	010	1	5072	J1	\$2607.62	
55110		SCROTAL EXPLORATION	\$747.46	090	1	5374	J1	\$5401.80	
55120		REMOVAL FOREIGN BODY SCROTUM	\$511.93	090	0	5373	J1	\$3183.90	
55150		RESECTION SCROTUM	\$708.88	090	2	5374	J1	\$5401.80	
55175		SCROTOPLASTY SIMPLE	\$759.21	090	0	5374	J1	\$5401.80	
55180		SCROTOPLASTY COMPLICATED	\$1336.23	090	0	5375	J1	\$7706.21	
55200		VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	\$746.45	090	0	5374	J1	\$5401.80	
55250		VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	\$653.23	090	1	5373	J1	\$3183.90	
55300		VASOTOMY VASOGRAMS UNI/BI	\$325.66	000	0				
55400		VASOVASOSTOMY VASOVASORRHAPHY	\$1561.99	090	2	5374	J1	\$5401.80	
55500		EXC HYDROCELE SPRMATIC CORD UNI SPX	\$758.58	090	0	5374	J1	\$5401.80	
55520		EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	\$895.92	090	2	5374	J1	\$5401.80	
55530		EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	\$759.21	090	1	5374	J1	\$5401.80	
55535		EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	\$901.56	090	2	5342	J1	\$11030.30	
55540		EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	\$1086.21	090	1	5341	J1	\$5160.59	
55550		LAPS LIGATION SPERMATIC VEINS VARICOCELE	\$837.09	090	2	5361	J1	\$9103.19	
55559		UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD		BR	YYY	2	5361	J1	\$9103.19
55600		VESICULOTOMY	\$822.20	090	0	5373	J1	\$3183.90	
55605		VESICULOTOMY COMPLICATED	\$1004.47	090	0				
55650		VESICULECTOMY ANY APPROACH	\$1898.02	090	2				
55680		EXCISION MULLERIAN DUCT CYST	\$1898.02	090	0	5374	J1	\$5401.80	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
55700		PROSTATE NEEDLE BIOPSY ANY APPROACH	\$351.53	000	1	5373	J1	\$3183.90
55705		BIOPSY PROSTATE INCISIONAL ANY APPROACH	\$640.42	010	1	5374	J1	\$5401.80
55706		BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	\$656.22	010	2	5374	J1	\$5401.80
55720		PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	\$879.17	090	2	5374	J1	\$5401.80
55725		PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	\$1328.61	090	2	5374	J1	\$5401.80
55801		PROSTATECTOMY PERINEAL SUBTOTAL	\$2111.82	090	2			
55810		PROSTATECTOMY PERINEAL RADICAL	\$2513.21	090	2			
55812		PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	\$3067.03	090	2			
55815		PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	\$3380.72	090	2			
55821		PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	\$1619.79	090	2			
55831		PROSTATECTOMY RETROPUBIC SUBTOTAL	\$1743.03	090	2			
55840		PROSTATECTOMY RETROPUBIC WWO NERVE SPARING	\$2387.53	090	2			
55842		PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	\$2545.26	090	2			
55845		PROSTECT RETROPUB RAD WWO NRV SPAR & BI PLV LYM	\$3019.87	090	2			
55860		EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	\$1672.15	090	1	5375	J1	\$7706.21
55862		EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	\$2091.99	090	2			
55865		EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	\$2567.59	090	2			
55866		LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	\$2544.61	090	2	5362	J1	\$15625.72
55867		LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	\$2020.54	090	2	5362	J1	\$15625.72
55870		ELECTROEJACULATION	\$254.97	000	1	5413	T	\$1340.43
55873		CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	\$10823.74	090	1	5376	J1	\$7217.88
55874		TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	\$5517.14	000	1	5375	J1	\$7706.21
55875		TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	\$1252.36	090	0	5375	J1	\$7706.21
55876		PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	\$238.62	000	1	5613	S	\$2310.37
55880		TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	\$1874.87	090	1	5376	J1	\$7217.88
55899		UNLISTED PROCEDURE MALE GENITAL SYSTEM	BR	YYY	0	5371	T	\$412.09
55920		PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	\$750.52	000	0	5415	J1	\$7111.62
55970		INTERSEX SURG MALE FEMALE	BR	YYY	9	5415	J1	\$7111.62
55980		INTERSEX SURG FEMALE MALE	BR	YYY	9	5374	J1	\$5401.80
56405		I&D VULVA/PERINEAL ABSCESS	\$256.60	010	1	5412	T	\$534.91
56420		I&D OF BARTHOLINS GLAND ABSCESS	\$209.68	010	1	5411	T	\$332.26
56440		MARSUPIALIZATION BARTHOLINS GLAND CYST	\$384.05	010	1	5414	J1	\$5112.77
56441		LYSIS LABIAL ADHESIONS	\$229.61	010	0	5414	J1	\$5112.77
56442		HYMENOTOMY SIMPLE INCISION	\$75.89	000	0	5414	J1	\$5112.77
56501		DESTRUCTION LESIONS VULVA SIMPLE	\$199.28	010	1	5054	T	\$3040.68
56515		DESTRUCTION LESIONS VULVA EXTENSIVE	\$521.52	010	1	5054	T	\$3040.68
56605		BIOPSY VULVA/PERINEUM 1 LESION SPX	\$152.98	000	1	5413	T	\$1340.43
+		BIOPSY VULVA/PERINEUM EACH ADDL LESION	\$73.80	ZZZ	1			
56620		VULVECTOMY SIMPLE PARTIAL	\$1153.02	090	2	5414	J1	\$5112.77
56625		VULVECTOMY SIMPLE COMPLETE	\$1488.20	090	2	5414	J1	\$5112.77
56630		VULVECTOMY RADICAL PARTIAL	\$1869.65	090	2	5415	J1	\$7111.62
56631		VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	\$2301.90	090	2			
56632		VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	\$2789.75	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
56633		VULVECTOMY RADICAL COMPLETE	\$2390.19	090	2			
56634		VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	\$2511.82	090	2			
56637		VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	\$2941.47	090	2			
56640		VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	\$2963.05	090	2			
56700		PRTL HYMENECTOMY/REVJ HYMENAL RING	\$396.95	010	2	5414	J1	\$5112.77
56740		EXC BARTHOLINS GLAND/CYST	\$509.92	010	1	5414	J1	\$5112.77
56800		PLASTIC REPAIR INTROITUS	\$492.43	010	2	5414	J1	\$5112.77
56805		CLITOROPLASTY INTERSEX STATE	\$1766.14	090	2	5414	J1	\$5112.77
56810		PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	\$529.71	010	2	5414	J1	\$5112.77
56820		COLPOSCOPY VULVA	\$171.78	000	1	5411	T	\$332.26
56821		COLPOSCOPY VULVA W/BIOPSY	\$231.70	000	1	5412	T	\$534.91
57000		COLPOTOMY W/EXPLORATION	\$394.99	010	0	5414	J1	\$5112.77
57010		COLPOTOMY W/DRAINAGE PELVIC ABSCESS	\$851.97	090	0	5414	J1	\$5112.77
57020		COLPOCENTESIS SEPARATE PROCEDURE	\$149.70	000	0	5415	J1	\$7111.62
57022		I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	\$354.78	010	0	5073	J1	\$4641.68
57023		I&D VAGINAL HEMATOMA NON-OBSTETRICAL	\$535.41	010	0	5073	J1	\$4641.68
57061		DESTRUCTION VAGINAL LESIONS SIMPLE	\$173.78	010	1	5414	J1	\$5112.77
57065		DESTRUCTION VAGINAL LESIONS EXTENSIVE	\$449.68	010	1	5414	J1	\$5112.77
57100		BIOPSY VAGINAL MUCOSA SIMPLE	\$138.01	000	1	5413	T	\$1340.43
57105		BIOPSY VAGINAL MUCOSA EXTENSIVE	\$209.84	010	1	5414	J1	\$5112.77
57106		VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	\$1050.90	090	2	5414	J1	\$5112.77
57107		VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	\$2294.63	090	2	5414	J1	\$5112.77
57109		VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	\$2804.54	090	2	5414	J1	\$5112.77
57110		VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	\$1761.09	090	2			
57111		VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	\$2804.54	090	2			
57120		COLPOCLEISIS LE FORT TYPE	\$1180.95	090	2	5415	J1	\$7111.62
57130		EXCISION VAGINAL SEPTUM	\$451.24	010	2	5414	J1	\$5112.77
57135		EXCISION VAGINAL CYST/TUMOR	\$451.48	010	1	5414	J1	\$5112.77
57150		IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	\$91.70	000	1	5733	Q1	\$101.99
57155		INSERTION UTERINE TANDEM&VAGINAL OVOIDS	\$759.89	000	1	5415	J1	\$7111.62
57156		INSERTION VAGINAL RADIATION DEVICE	\$352.45	000	0	5412	T	\$534.91
57160		FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	\$114.55	000	1	5411	T	\$332.26
57170		DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	\$131.52	000	0	5411	T	\$332.26
57180		INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	\$218.28	010	1	5411	T	\$332.26
57200		COLPORRHAPHY SUTURE INJURY VAGINA	\$650.68	090	2	5414	J1	\$5112.77
57210		COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	\$771.01	090	2	5414	J1	\$5112.77
57220		PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	\$720.10	090	2	5415	J1	\$7111.62
57230		PLASTIC REPAIR URETHROCELE	\$819.40	090	2	5414	J1	\$5112.77
57240		ANTERIOR COLPORRHAPHY RPR CYSTOCELE W/CYSTO	\$1193.46	090	2	5415	J1	\$7111.62
57250		POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	\$1201.31	090	2	5415	J1	\$7111.62
57260		CMBND ANTERPOST COLPORRHAPHY W/CYSTO	\$1519.45	090	2	5415	J1	\$7111.62
57265		CMBND ANTERPOST COLPORRHAPHY W/CYSTO W/NTRCL RPR	\$1698.78	090	2	5415	J1	\$7111.62

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	57267		INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	\$482.96	ZZZ	2			
	57268		REPAIR ENTEROCELE VAGINAL APPROACH SPX	\$992.46	090	2	5415	J1	\$7111.62
	57270		REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	\$1584.52	090	2			
	57280		COLPOPEXY ABDOMINAL APPROACH	\$1878.80	090	2			
	57282		COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	\$1354.36	090	2	5416	J1	\$10421.16
	57283		COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	\$1360.87	090	2	5416	J1	\$10421.16
	57284		PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	\$1620.49	090	2	5415	J1	\$7111.62
	57285		PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	\$1067.43	090	2	5416	J1	\$10421.16
	57287		RMVL/REVJ SLING STRESS INCONTINENCE	\$1450.82	090	2	5414	Q2	\$5212.85
	57288		SLING OPERATION STRESS INCONTINENCE	\$1451.47	090	2	5415	J1	\$7111.62
	57289		PEREYRA PX W/ANTERIOR COLPORRHAPHY	\$1551.17	090	2	5416	J1	\$10421.16
	57291		CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	\$2172.90	090	2	5415	J1	\$7111.62
	57292		CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	\$2686.49	090	2	5415	J1	\$7111.62
	57295		REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	\$776.05	090	2	5414	J1	\$5112.77
	57296		REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	\$1495.12	090	2			
	57300		CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	\$1200.00	090	2	5414	J1	\$5112.77
	57305		CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	\$1907.24	090	2			
	57307		CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	\$2100.81	090	2			
	57308		CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	\$1295.45	090	2			
	57310		CLOSURE URETHROVAGINAL FISTULA	\$1392.19	090	2	5416	J1	\$10421.16
	57311		CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	\$840.43	090	2			
	57320		CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	\$1440.19	090	2	5415	J1	\$7111.62
	57330		CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	\$1632.21	090	2	5416	J1	\$10421.16
	57335		VAGINOPLASTY INTERSEX STATE	\$2296.33	090	2	5415	J1	\$7111.62
	57400		DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	\$252.43	000	0	5414	J1	\$5112.77
	57410		PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	\$204.39	000	1	5414	J1	\$5112.77
	57415		REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	\$221.86	010	0	5414	J1	\$5112.77
	57420		COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	\$257.65	000	1	5412	T	\$534.91
	57421		COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	\$338.69	000	1	5413	T	\$1340.43
	57423		PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	\$1479.08	090	2	5362	J1	\$15625.72
	57425		LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	\$1406.75	090	2	5362	J1	\$15625.72
	57426		REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	\$1697.00	090	2	5416	J1	\$10421.16
	57452		COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	\$247.85	000	1	5411	T	\$332.26
	57454		COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	\$330.17	000	1	5412	T	\$534.91
	57455		COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	\$316.51	000	1	5412	T	\$534.91
	57456		COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	\$296.89	000	1	5412	T	\$534.91
	57460		COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	\$522.67	000	1	5414	J1	\$5112.77
	57461		COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	\$553.07	000	1	5414	J1	\$5112.77
+	57465		COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	\$104.63	ZZZ	0			
	57500		BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	\$200.53	000	1	5413	T	\$1340.43
	57505		ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	\$185.89	010	1	5413	T	\$1340.43
	57510		CAUTERY CERVIX ELECTRO/THERMAL	\$208.48	010	1	5414	J1	\$5112.77
	57511		CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	\$232.35	010	1	5412	T	\$534.91

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
57513		CAUTERY CERVIX LASER ABLATION	\$337.57	010	1	5414	J1	\$5112.77
57520		CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	\$689.85	090	1	5414	J1	\$5112.77
57522		CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	\$593.46	090	1	5414	J1	\$5112.77
57530		TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	\$730.47	090	2	5415	J1	\$7111.62
57531		RAD TRACHELECTOMY W/BI PEL LMPHADEC	\$3059.51	090	2			
57540		EXCISION CERVICAL STUMP ABDOMINAL APPROACH	\$1543.97	090	2			
57545		EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	\$1626.37	090	2			
57550		EXCISION CERVICAL STUMP VAGINAL APPROACH	\$1152.15	090	2	5415	J1	\$7111.62
57555		EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	\$1440.19	090	2	5415	J1	\$7111.62
57556		EXC CRV STUMP VAG APPR W/RPR NTRCL	\$1440.19	090	2	5415	J1	\$7111.62
57558		DILATION & CURETTAGE CERVICAL STUMP	\$194.77	010	1	5414	J1	\$5112.77
57700		CERCLAGE UTERINE CERVIX NONOBSTETRICAL	\$912.12	090	0	5414	J1	\$5112.77
57720		TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	\$655.91	090	2	5414	J1	\$5112.77
57800		DILATION CERVICAL CANAL INSTRUMENTAL SPX	\$92.93	000	1	5414	J1	\$5112.77
58100		ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	\$172.57	000	1	5411	T	\$332.26
+		ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	\$79.02	ZZZ	0			
58120		DILATION & CURETTAGE DX&THER NONOBSTETRIC	\$581.24	010	1	5414	J1	\$5112.77
58140		MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	\$1798.48	090	2			
58145		MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	\$1110.41	090	2	5414	J1	\$5112.77
58146		MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	\$2131.73	090	2			
58150		TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	\$1965.78	090	2			
58152		TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	\$2410.92	090	2			
58180		SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	\$1864.41	090	2			
58200		TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	\$2610.56	090	2			
58210		RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	\$3531.98	090	2			
58240		PEL EXNTJ GYNECOLOGIC MAL	\$5609.09	090	2			
58260		VAGINAL HYSTERECTOMY UTERUS 250 GM/<	\$1824.24	090	2	5415	J1	\$7111.62
58262		VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	\$1920.25	090	2	5415	J1	\$7111.62
58263		VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	\$2112.28	090	2	5415	J1	\$7111.62
58267		VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	\$2112.28	090	2			
58270		VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	\$1920.25	090	2	5415	J1	\$7111.62
58275		VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	\$1933.14	090	2			
58280		VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	\$2067.80	090	2			
58285		VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	\$2757.05	090	2			
58290		VAGINAL HYSTERECTOMY UTERUS > 250 GM	\$2242.59	090	2	5416	J1	\$10421.16
58291		VAG HYST > 250 GM RMVL TUBE&/OVARY	\$2421.92	090	2	5415	J1	\$7111.62
58292		VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	\$2552.05	090	2	5416	J1	\$10421.16
58294		VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	\$2370.13	090	2	5415	J1	\$7111.62
58300		INSERTION INTRAUTERINE DEVICE IUD	\$162.64	XXX	9			
58301		REMOVAL INTRAUTERINE DEVICE IUD	\$151.61	000	0	5412	Q2	\$534.91
58321		ARTIFICIAL INSEMINATION INTRA-CERVICAL	\$143.30	000	0	5412	T	\$534.91
58322		ARTIFICIAL INSEMINATION INTRA-UTERINE	\$177.87	000	0	5411	T	\$332.26
58323		SPERM WASHING ARTIFICIAL INSEMINATION	\$33.29	000	0	5411	T	\$332.26

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
58340		CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	\$223.99	000	1				
58345		TRANSCERV FALLOPIAN TUBE CATH W/O HYSTOSALPING	\$564.36	010	2	5414	J1	\$5112.77	
58346		INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	\$930.60	090	1	5415	J1	\$7111.62	
58350		CHROMOTUBATION OVIDUCT W/MATERIALS	\$225.38	010	1	5415	J1	\$7111.62	
58353		ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	\$1789.41	010	1	5415	J1	\$7111.62	
58356		ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	\$3229.88	010	2	5415	J1	\$7111.62	
58400		UTERINE SUSPENSION W/O SHORTENING LIGAMENTS SPX	\$1161.75	090	2				
58410		UTERINE SUSP W/O SHORT LIGAMENTS W/SYMPATHECTOMY	\$1592.60	090	2				
58520		HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	\$1559.02	090	2				
58540		HYSTEROPLASTY RPR UTERINE ANOMALY	\$1790.06	090	2				
58541		LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	\$1338.49	090	2	5362	J1	\$15625.72	
58542		LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	\$1488.56	090	2	5362	J1	\$15625.72	
58543		LAPS SUPRACERVICAL HYSTERECTOMY >250	\$1513.59	090	2	5362	J1	\$15625.72	
58544		LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	\$1638.93	090	2	5362	J1	\$15625.72	
58545		LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	\$1458.96	090	2	5361	J1	\$9103.19	
58546		LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	\$1901.87	090	2	5362	J1	\$15625.72	
58548		LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	\$2825.69	090	2				
58550		LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	\$1722.08	090	2	5361	J1	\$9103.19	
58552		LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	\$1913.56	090	2	5362	J1	\$15625.72	
58553		LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	\$2181.09	090	2	5362	J1	\$15625.72	
58554		LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	\$2541.69	090	2	5362	J1	\$15625.72	
58555		HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	\$376.93	000	0	5414	J1	\$5112.77	
58558		HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/O D&C	\$547.13	000	1	5414	J1	\$5112.77	
58559		HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	\$549.32	000	1	5415	J1	\$7111.62	
58560		HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	\$603.59	000	2	5415	J1	\$7111.62	
58561		HYSTEROSCOPY REMOVAL LEIOMYOMATA	\$692.72	000	0	5415	J1	\$7111.62	
58562		HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	\$599.21	000	1	5414	J1	\$5112.77	
58563		HYSTEROSCOPY ENDOMETRIAL ABLATION	\$3380.28	000	0	5415	J1	\$7111.62	
58565		HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	\$3091.47	090	1	5415	J1	\$7111.62	
58570		LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	\$1464.84	090	2	5362	J1	\$15625.72	
58571		LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	\$1610.91	090	2	5362	J1	\$15625.72	
58572		LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	\$1824.78	090	2	5362	J1	\$15625.72	
58573		LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	\$2067.75	090	2	5362	J1	\$15625.72	
58575		LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	\$3751.72	090	2				
58578		UNLISTED LAPAROSCOPY PROCEDURE UTERUS		BR	YYY	2	5361	J1	\$9103.19
58579		UNLISTED HYSTEROSCOPY PROCEDURE UTERUS		BR	YYY	2	5411	T	\$332.26
58580		TRANSCERVICAL ABLATION UTERINE FIBROID RF	\$6026.65	010	1	5416	J1	\$10421.16	
58600		LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	\$960.13	090	2	5414	J1	\$5112.77	
58605		LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	\$720.10	090	2				
+	58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	\$316.06	ZZZ	2				
	58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	\$766.44	010	2	5414	J1	\$5112.77	
	58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	\$1327.52	090	2	5361	J1	\$9103.19	
	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	\$1272.14	010	2	5361	J1	\$9103.19	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
58662		LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	\$1383.11	090	2	5361	J1	\$9103.19	
58670		LAPAROSCOPY FULGURATION OVIDUCTS	\$960.13	090	1	5361	J1	\$9103.19	
58671		LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	\$960.13	090	1	5361	J1	\$9103.19	
58672		LAPAROSCOPY FIMBRIOPLASTY	\$1424.28	090	2	5361	J1	\$9103.19	
58673		LAPAROSCOPY SALPINGOSTOMY	\$1543.32	090	2	5362	J1	\$15625.72	
58674		LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	\$1583.21	090	2	5362	J1	\$15625.72	
58679		UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY		BR	YYY	2	5361	J1	\$9103.19
58700		SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	\$1453.28	090	2				
58720		SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	\$1475.97	090	2				
58740		LYSIS OF ADHESIONS SALPINX/OVARY	\$1755.20	090	2				
58750		TUBOTUBAL ANASTOMOSIS	\$2016.26	090	2				
58752		TUBOUTERINE IMPLANTATION	\$1770.24	090	2				
58760		FIMBRIOPLASTY	\$1632.21	090	2				
58770		SALPINGOSTOMY	\$1681.95	090	2	5414	J1	\$5112.77	
58800		DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	\$710.85	090	1	5414	J1	\$5112.77	
58805		DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	\$1152.15	090	2	5414	J1	\$5112.77	
58820		DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	\$664.41	090	2	5414	J1	\$5112.77	
58822		DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	\$1395.53	090	2				
58825		TRANSPOSITION OVARY	\$1385.73	090	2				
58900		BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	\$1008.13	090	2	5414	J1	\$5112.77	
58920		WEDGE RESCJ/BISCTJ OVARY UNI/BI	\$1394.88	090	2	5416	J1	\$10421.16	
58925		OVARIAN CYSTECTOMY UNI/BI	\$1496.89	090	2	5415	J1	\$7111.62	
58940		OOPHORECTOMY PARTIAL/TOTAL UNI/BI	\$1087.63	090	2				
58943		OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	\$2270.51	090	2				
58950		RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	\$2240.44	090	2				
58951		RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	\$2796.95	090	2				
58952		RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	\$3193.89	090	2				
58953		BSO W/OMENECTOMY TAH&RAD DEBULKING DISSECTION	\$3875.96	090	2				
58954		BSO W/OMENECTOMY TAH DEBULKING W/LMPHADECTOMY	\$4193.78	090	2				
58956		BSO W/TOT OMENECTOMY & HYSTERECTOMY MALIGNANC	\$2633.46	090	2				
58957		RESEJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	\$2311.65	090	2				
58958		RESECTION RECRT MAL W/OMENECTOMY PEL LMPHADEC	\$2559.88	090	2				
58960		LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	\$1968.26	090	2				
58970		FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	\$869.16	000	0	5413	T	\$1340.43	
58974		EMBRYO TRANSFER INTRAUTERINE	\$838.37	000	2	5413	T	\$1340.43	
58976		GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	\$948.17	000	2	5412	T	\$534.91	
58999		UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL		BR	YYY	1	5411	T	\$332.26
59000		AMNIOCENTESIS DIAGNOSIC	\$197.66	000	1	5413	T	\$1340.43	
59001		AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	\$343.32	000	1	5412	T	\$534.91	
59012		CORDOCENTESIS INTRAUTERINE	\$391.68	000	0	5412	T	\$534.91	
59015		CHORIONIC VILLUS SAMPLING	\$302.13	000	0	5413	T	\$1340.43	
59020		FETAL CONTRACTION STRESS TEST	\$122.53	000	0	5411	T	\$332.26	
59020	26	FETAL CONTRACTION STRESS TEST	\$71.21	000	0				

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
59020	TC	FETAL CONTRACTION STRESS TEST	\$51.32	000	0			
59025		FETAL NONSTRESS TEST	\$94.66	000	0	5411	T	\$332.26
59025	26	FETAL NONSTRESS TEST	\$54.93	000	0			
59025	TC	FETAL NONSTRESS TEST	\$39.73	000	0			
59030		FETAL SCALP BLOOD SAMPLING	\$180.26	000	0	5412	T	\$534.91
59050		FETAL MONITORING LABOR PHYS WRITTEN REPORT	\$136.69	XXX	0			
59051		FETAL MONITR LABOR PHYS WRTTN REPT INTERPJ ONLY	\$106.31	XXX	0			
59070		TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	\$615.36	000	2	5412	T	\$534.91
59072		FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	\$746.92	000	1	5412	T	\$534.91
59074		FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	\$585.63	000	2	5412	T	\$534.91
59076		FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	\$746.92	000	2	5412	T	\$534.91
59100		HYSTEROATOMY ABDOMINAL	\$1680.00	090	2	5415	J1	\$7111.62
59120		TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	\$1602.96	090	2			
59121		TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	\$1603.61	090	2			
59130		TX ECTOPIC PREGNANCY ABDL PREGNANCY	\$1846.10	090	0			
59136		TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	\$1798.60	090	2			
59140		TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	\$1259.02	090	2			
59150		LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	\$1544.63	090	2	5361	J1	\$9103.19
59151		LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	\$1618.74	090	2	5361	J1	\$9103.19
59160		CURETTAGE POSTPARTUM	\$497.78	010	0	5414	J1	\$5112.77
59200		INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	\$204.58	000	1	5412	T	\$534.91
59300		EPISIOTOMY/VAG RPR OTH/THN ATTENDING	\$286.37	000	0	5414	J1	\$5112.77
59320		CERCLAGE CERVIX PREGNANCY VAGINAL	\$295.21	000	0	5414	J1	\$5112.77
59325		CERCLAGE CERVIX PREGNANCY ABDOMINAL	\$468.07	000	0			
59350		HYSTERORRHAPHY RUPTURED UTERUS	\$847.78	000	2			
59400		OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	\$2685.16	MMM	1			
59409		VAGINAL DELIVERY ONLY	\$1286.40	MMM	0	5414	J1	\$5112.77
59410		VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	\$1531.42	MMM	1			
59412		EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	\$265.78	MMM	0	5414	J1	\$5112.77
59414		DELIVERY PLACENTA SEPARATE PROCEDURE	\$189.85	MMM	0	5414	J1	\$5112.77
59425		ANTEPARTUM CARE ONLY 4-6 VISITS	\$671.30	MMM	0			
59426		ANTEPARTUM CARE ONLY 7/> VISITS	\$1074.07	MMM	0			
59430		POSTPARTUM CARE ONLY SEPARATE PROCEDURE	\$245.03	MMM	1			
59510		OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	\$3137.35	MMM	1			
59514		CESAREAN DELIVERY ONLY	\$1754.54	MMM	2			
59515		CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	\$2143.99	MMM	1			
+ 59525		STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	\$929.92	ZZZ	2			
59610		ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	\$2940.31	MMM	0			
59612		VAGINAL DELIVERY AFTER CESAREAN DELIVERY	\$1751.94	MMM	0	5414	J1	\$5112.77
59614		VAGINAL DELIVERY & POSTPARTUM CARE VBAC	\$2021.47	MMM	0			
59618		ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	\$3552.88	MMM	0			
59620		CESAREAN DELIVERY ATTEMPTED VBAC	\$1814.05	MMM	2			
59622		CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	\$2622.35	MMM	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
59812		TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	\$580.35	090	1	5414	J1	\$5112.77
59820		TX MISSED ABORTION FIRST TRIMESTER SURGICAL	\$652.89	090	1	5414	J1	\$5112.77
59821		TX MISSED ABORTION SECOND TRIMESTER SURGICAL	\$725.44	090	0	5414	J1	\$5112.77
59830		TX SEPTIC ABORTION SURGICAL	\$725.44	090	0			
59840		INDUCED ABORTION DILATION AND CURETTAGE	\$491.77	010	0	5414	J1	\$5112.77
59841		INDUCED ABORTION DILATION & EVACUATION	\$563.88	010	0	5414	J1	\$5112.77
59850		INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	\$761.85	090	0			
59851		INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	\$843.56	090	0			
59852		INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	\$1158.85	090	0			
59855		INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	\$836.44	090	0			
59856		INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C & EVAC	\$977.57	090	0			
59857		INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	\$1196.07	090	0			
59866		MULTIFETAL PREGNANCY REDUCTION	\$463.54	000	2	5412	T	\$534.91
59870		UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	\$727.52	090	2	5414	J1	\$5112.77
59871		REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	\$260.25	000	0	5414	Q2	\$5212.85
59897		UNLISTED FETAL INVASIVE PX W/ULTRASOUND	BR	YYY	1	5411	T	\$332.26
59898		UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	BR	YYY	2	5361	J1	\$9103.19
59899		UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	BR	YYY	2	5411	T	\$332.26
60000		I&D THYROGLOSSAL DUCT CYST INFECTED	\$220.86	010	0	5163	J1	\$2500.63
60100		BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	\$194.94	000	1	5071	T	\$1173.13
60200		EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	\$1298.75	090	2	5361	J1	\$9103.19
60210		PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	\$1375.25	090	2	5361	J1	\$9103.19
60212		PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	\$1998.52	090	2	5361	J1	\$9103.19
60220		TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	\$1566.14	090	2	5361	J1	\$9103.19
60225		TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	\$1829.55	090	2	5361	J1	\$9103.19
60240		THYROIDECTOMY TOTAL/COMPLETE	\$2055.55	090	2	5361	J1	\$9103.19
60252		THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	\$2566.29	090	2	5165	J1	\$9286.03
60254		THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	\$3237.65	090	2			
60260		THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	\$2116.35	090	2	5165	J1	\$9286.03
60270		THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	\$2646.57	090	2			
60271		THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	\$2047.52	090	2	5165	J1	\$9286.03
60280		EXCISION THYROGLOSSAL DUCT CYST/SINUS	\$1174.60	090	2	5361	J1	\$9103.19
60281		EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	\$1174.60	090	2	5361	J1	\$9103.19
60300		ASPIRATION AND/OR INJECTION THYROID CYST	\$194.94	000	1	5071	T	\$1173.13
60500		PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	\$1890.41	090	2	5165	J1	\$9286.03
60502		PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	\$2528.82	090	2	5165	J1	\$9286.03
60505		PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	\$2722.39	090	2			
+		PARATHYROID AUTOTRANSPLANTATION ADD-ON	\$523.60	ZZZ	2			
60520		THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	\$2040.60	090	2	5165	J1	\$9286.03
60521		THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	\$2164.26	090	2			
60522		THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	\$2619.38	090	2			
60540		ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	\$2095.63	090	2			
60545		ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	\$2422.62	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
60600		EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	\$2623.64	090	2			
60605		EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	\$3128.24	090	2			
60650		LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	\$2308.11	090	2			
60659		UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM		BR	YYY	2	5361 J1	\$9103.19
60699		UNLISTED PROCEDURE ENDOCRINE SYSTEM		BR	YYY	2	5361 J1	\$9103.19
61000		SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	\$218.42	000	1	5442	T	\$1153.08
61001		SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	\$181.98	000	1	5442	T	\$1153.08
61020		VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	\$209.76	000	1	5443	T	\$1519.79
61026		VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	\$241.71	000	1	5442	T	\$1153.08
61050		CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	\$201.42	000	0	5441	T	\$493.85
61055		CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	\$330.33	000	1	5441	T	\$493.85
61070		PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	\$144.63	000	1	5442	T	\$1153.08
61105		TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	\$979.02	090	0			
⊖ 61107		TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	\$862.09	000	1			
61108		TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	\$1958.03	090	1			
61120		BURR HOLE VENTRICULAR PUNCTURE	\$1463.54	090	0			
61140		BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	\$2474.55	090	2			
61150		BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	\$2627.57	090	1			
61151		BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	\$2202.78	090	1			
61154		BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	\$2487.63	090	2			
61156		BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	\$2417.00	090	2			
61210		BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	\$709.01	000	1			
61215		INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	\$1003.16	090	1	5432	J1	\$8028.28
61250		BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	\$1693.74	090	2			
61253		BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	\$2054.51	090	2			
61304		CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	\$3192.59	090	2			
61305		CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	\$3899.50	090	2			
61312		CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	\$4021.14	090	2			
61313		CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	\$3855.04	090	2			
61314		CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	\$3625.61	090	2			
61315		CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	\$4080.56	090	2			
+ 61316		INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	\$143.30	ZZZ	1			
61320		CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL	\$3678.47	090	2			
61321		CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL	\$4129.04	090	2			
61322		CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY	\$3240.48	090	2			
61323		CRANIECT/CRANIOT W/WO DURAPLASTY W/LOBECTOMY	\$3411.76	090	2			
61330		DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	\$3488.83	090	2	5164	J1	\$5284.06
61333		EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	\$3916.51	090	2			
61340		SUBTEMPORAL CRANIAL DECOMPRESSION	\$2801.52	090	2			
61343		CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	\$4267.02	090	2			
61345		OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	\$2777.75	090	2			
61450		CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	\$3730.78	090	2			
61458		CRNEC SOPL EXPL/DCMPRN CRNL NRV	\$3915.20	090	2			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
61460		CRANIECTOMY SUBOCCIPITAL SECTION 1> CRANIAL NR	\$4094.38	090	2			
61500		CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	\$2900.49	090	2			
61501		CRANIECTOMY OSTEOMYELITIS	\$2819.92	090	2			
61510		CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	\$4276.83	090	2			
61512		CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	\$4958.25	090	2			
61514		CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	\$3722.28	090	2			
61516		CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	\$3635.31	090	2			
+		IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	\$143.30	ZZZ	1			
61518		CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	\$5377.43	090	2			
61519		CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	\$5699.18	090	2			
61520		CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	\$6499.37	090	2			
61521		CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	\$6150.40	090	2			
61522		CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	\$4252.63	090	2			
61524		CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	\$4051.22	090	2			
61526		CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	\$6495.03	090	1			
61530		CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	\$5958.79	090	1			
61531		SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	\$3222.76	090	2			
61533		CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	\$3101.91	090	2			
61534		CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	\$3264.19	090	2			
61535		CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	\$2336.50	090	2			
61536		CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	\$5004.02	090	2			
61537		CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	\$3052.15	090	2			
61538		CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	\$5160.97	090	2			
61539		CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	\$4586.15	090	2			
61540		CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	\$3052.10	090	2			
61541		CRANIOTOMY TRANSECTION CORPUS CALLOSUM	\$4713.30	090	2			
61543		CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	\$3899.61	090	2			
61544		CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	\$3688.93	090	2			
61545		CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	\$6267.48	090	2			
61546		CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	\$4482.83	090	2			
61548		HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	\$3182.48	090	2			
61550		CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	\$2331.99	090	2			
61552		CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	\$2897.65	090	2			
61556		CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	\$3324.68	090	2			
61557		CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	\$3282.18	090	2			
61558		XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	\$3660.81	090	2			
61559		XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	\$4662.67	090	2			
61563		EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	\$3855.04	090	2			
61564		EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	\$4675.75	090	2			
61566		CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	\$3108.47	090	2			
61567		CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	\$3547.68	090	2			
61570		CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	\$3695.36	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
61571		CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	\$3947.89	090	2			
61575		TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	\$3639.65	090	2			
61576		TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	\$5371.32	090	2			
61580		CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	\$4843.20	090	1			
61581		CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	\$5274.37	090	1			
61582		CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	\$5394.46	090	2			
61583		CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	\$5701.14	090	2			
61584		ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	\$5634.43	090	2			
61585		ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	\$6430.46	090	2			
61586		BICORONAL TRANSZYGMT&L/EFORT I W/O BONE GRFT	\$4549.57	090	2			
61590		INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	\$5873.86	090	2			
61591		INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&MOBI	\$5980.03	090	2			
61592		ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	\$6188.33	090	2			
61595		TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	\$4671.64	090	1			
61596		TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	\$4732.49	090	2			
61597		TRNSCONDRLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	\$5811.65	090	2			
61598		TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	\$5593.24	090	2			
61600		RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	\$4137.53	090	2			
61601		RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	\$4744.53	090	2			
61605		RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	\$4211.98	090	2			
61606		RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	\$5684.13	090	2			
61607		RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	\$5186.48	090	2			
61608		RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	\$6382.55	090	2			
+	61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	\$903.10	ZZZ	2			
	61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	\$6421.14	090	2			
	61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	\$5358.73	090	2			
	61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	\$6508.77	090	2			
	61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	\$2503.97	090	2			
	61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	\$2805.83	090	2			
	61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	\$1003.05	000	1	5193	J1	\$11686.43
	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	\$2219.50	000	1	5194	J1	\$14873.27
	61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	\$1714.66	000	1	5193	J1	\$11686.43
	61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	\$2052.74	XXX	2			
	61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	\$2248.85	XXX	2			
	61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	\$907.01	000	9			
+	61641	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	\$318.52	ZZZ	9			
+	61642	PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	\$637.04	ZZZ	9			
	61645	PERQ ART TRLUML M-THROMBEC &NFS INTRACRANIAL	\$1613.29	000	0			
	61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	\$1105.18	000	1			
+	61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	\$465.61	ZZZ	1			
	61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	\$4834.15	090	2			
	61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMLP	\$8091.33	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
61684		INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	\$5587.71	090	2			
61686		INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	\$8774.05	090	2			
61690		INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	\$5236.99	090	2			
61692		INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	\$7065.28	090	2			
61697		COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	\$6889.33	090	2			
61698		CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	\$6417.71	090	2			
61700		SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	\$6499.37	090	2			
61702		SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	\$5979.41	090	2			
61703		ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	\$1851.83	090	2			
61705		ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	\$5052.42	090	2			
61708		ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	\$4916.30	090	2			
61710		ARYSM VASC MALFRMJ IA EMBOLIZATION	\$4167.63	090	0			
61711		ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	\$4986.37	090	2			
61720		CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	\$2779.64	090	1	5432	J1	\$8028.28
61735		CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	\$3107.57	090	1			
61736		LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	\$1747.35	000	1			
61737		LITT LES ICR MLT TRAJECTORIES MLT/CPLX LESIONS	\$2081.52	000	0			
61750		STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	\$2743.32	090	1			
61751		STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	\$2729.68	090	1			
61760		STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	\$3089.26	090	1			
61770		STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	\$2469.76	090	1	5432	J1	\$8028.28
+	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	\$457.00	ZZZ	0			
+	61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	\$343.86	ZZZ	0			
+	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	\$448.65	ZZZ	0			
	61790	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	\$2255.93	090	1	5431	J1	\$3189.10
	61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	\$2779.64	090	0	5431	J1	\$3189.10
	61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	\$1635.94	090	2			
+	61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	\$328.59	ZZZ	2			
	61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	\$2183.92	090	2			
+	61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	\$454.26	ZZZ	2			
+	61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	\$230.12	ZZZ	2			
	61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	\$1955.80	090	2			
	61860	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	\$2287.57	090	2			
	61863	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	\$1979.60	090	2			
+	61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	\$537.32	ZZZ	2			
	61867	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	\$3106.44	090	2			
+	61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	\$849.85	ZZZ	2			
	61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	\$1109.57	090	2	5461	J1	\$5223.44
	61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	\$784.28	090	0	5464	J1	\$6601.96
	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	\$1393.65	090	0	5465	J1	\$9635.52
	61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	\$610.94	010	1	5463	J1	\$15317.75
	61889	INSERTION SKULL-MNTD CRANIAL NSTIM PG/RECEIVER	\$2454.94	090	0			
	61891	REVJ/RPLCMT SKULL-MNTD CRANIAL NSTIM PG/RECEIVER	\$1164.67	090	0	5464	J1	\$6601.96

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
61892		REMOVAL SKULL-MNTD CRANIAL NSTIM PG/RCVR W/CRNOP	\$1606.85	090	1	5113	J1	\$5084.56
62000		ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	\$2017.43	090	1	5164	J1	\$5284.06
62005		ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	\$2479.13	090	2			
62010		ELVTN DEPRS SKL FX W/RPR DURA&DBRDMT BRN	\$2996.40	090	2			
62100		CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	\$3064.41	090	2			
62115		RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	\$3282.83	090	2			
62117		RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ WWO GRAFT	\$3821.69	090	2			
62120		RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	\$3249.68	090	2			
62121		CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	\$3049.25	090	2			
62140		CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	\$2016.65	090	2			
62141		CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	\$2336.50	090	2			
62142		RMVL BONE FLAP/PROSTHETIC PLATE SKULL	\$1768.70	090	2			
62143		RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	\$2255.93	090	2			
62145		CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	\$2819.92	090	2			
62146		CRANIOPLASTY W/AUTOGRAFT <5 CM DIAMETER	\$2475.66	090	2			
62147		CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	\$2792.88	090	2			
+		62148 INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	\$195.39	ZZZ	1			
+		62160 NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	\$295.67	ZZZ	1			
62161		NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	\$2067.56	090	2			
62162		NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	\$2604.60	090	2			
62164		NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	\$2846.26	090	2			
62165		NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	\$2268.96	090	0			
62180		VENTRICULOCISTERNOSTOMY	\$3111.49	090	2			
62190		CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	\$1958.03	090	1			
62192		CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	\$1971.33	090	2			
62194		RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	\$923.21	010	0	5431	J1	\$3189.10
62200		VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	\$3328.66	090	2			
62201		VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	\$2360.77	090	1			
62220		CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	\$2251.74	090	2			
62223		CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	\$2349.64	090	2			
62225		RPLCMT/IRRIGATION VENTRICULAR CATHETER	\$1041.74	090	1	5432	J1	\$8028.28
62230		RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	\$1762.23	090	2	5432	J1	\$8028.28
62252		REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	\$142.44	XXX	0	5743	S	\$498.03
62252	26	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	\$88.29	XXX	0			
62252	TC	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	\$54.15	XXX	0			
62256		RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	\$1189.54	090	2			
62258		RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	\$2170.47	090	2			
62263		PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2> DAYS	\$1060.35	010	1	5443	T	\$1519.79
62264		PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	\$688.36	010	1	5443	T	\$1519.79
62267		PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	\$389.96	000	0	5071	T	\$1173.13
62268		PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	\$1232.71	000	1	5443	T	\$1519.79
62269		BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	\$1353.56	000	0	5072	J1	\$2607.62
62270		DIAGNOSTIC LUMBAR SPINAL PUNCTURE	\$246.54	000	1	5442	T	\$1153.08

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
62272		THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	\$278.63	000	1	5442	T	\$1153.08
62273		INJECTION EPIDURAL BLOOD/CLOT PATCH	\$277.55	000	1	5442	T	\$1153.08
62280		INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	\$533.37	010	1	5443	T	\$1519.79
62281		INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	\$464.96	010	1	5443	T	\$1519.79
62282		INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	\$569.95	010	1	5443	T	\$1519.79
62284		INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	\$362.54	000	1			
62287		DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR	\$1109.10	090	1	5431	J1	\$3189.10
62290		INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	\$564.56	000	1			
62291		INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	\$499.77	000	1			
62292		INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	\$822.66	090	0	5431	J1	\$3189.10
62294		NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	\$1087.44	090	1	5443	T	\$1519.79
62302		MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	\$491.38	000	1	5573	Q2	\$1335.04
62303		MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	\$499.79	000	1	5573	Q2	\$1335.04
62304		MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	\$488.79	000	1	5573	Q2	\$1335.04
62305		MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	\$532.16	000	1	5573	Q2	\$1335.04
62320		NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	\$318.52	000	1	5442	T	\$1153.08
62321		NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	\$510.80	000	1	5442	T	\$1153.08
62322		NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	\$262.84	000	1	5443	T	\$1519.79
62323		NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	\$502.38	000	1	5442	T	\$1153.08
62324		NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	\$266.08	000	1	5443	T	\$1519.79
62325		NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	\$485.55	000	1	5443	T	\$1519.79
62326		NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	\$266.73	000	1	5443	T	\$1519.79
62327		NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	\$508.57	000	1	5443	T	\$1519.79
62328		DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	\$439.93	000	1	5442	T	\$1153.08
62329		THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	\$547.53	000	1	5442	T	\$1153.08
62350		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	\$779.47	010	1	5432	J1	\$8028.28
62351		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	\$1715.82	090	2	5114	J1	\$8975.07
62355		RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	\$580.57	010	0	5431	Q2	\$3219.35
62360		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	\$415.53	010	0	5471	J1	\$8174.62
62361		IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	\$845.56	010	0	5471	J1	\$8174.62
62362		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	\$756.16	010	0	5471	J1	\$8174.62
62365		RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	\$586.54	010	0	5432	Q2	\$11107.20
62367		ELECT ANALYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	\$70.65	XXX	1	5743	S	\$498.03
62368		ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	\$102.07	XXX	1	5743	S	\$498.03
62369		ELECT ANALYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	\$179.33	XXX	1	5743	S	\$498.03
62370		ELEC ANALYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	\$179.33	XXX	1	5743	S	\$498.03
62380		NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	\$4318.69	090	2	5114	J1	\$8975.07
63001		LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	\$2819.92	090	2	5114	J1	\$8975.07
63003		LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	\$2819.92	090	2	5114	J1	\$8975.07
63005		LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	\$2658.78	090	2	5114	J1	\$8975.07
63011		LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	\$2497.64	090	2	5114	J1	\$8975.07
63012		LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	\$2497.64	090	2	5114	J1	\$8975.07
63015		LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	\$3222.76	090	2	5114	J1	\$8975.07

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
63016		LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	\$3222.76	090	2	5114	J1	\$8975.07
63017		LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	\$3222.76	090	2	5114	J1	\$8975.07
63020		LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	\$2578.22	090	2	5114	J1	\$8975.07
63030		LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	\$3197.80	090	2	5114	J1	\$8975.07
+	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	\$483.41	ZZZ	2			
	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	\$2819.92	090	2	5114	J1	\$8975.07
	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	\$2819.92	090	2	5114	J1	\$8975.07
+	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	\$909.91	ZZZ	2			
+	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	\$909.91	ZZZ	2			
	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	\$2819.92	090	2	5114	J1	\$8975.07
	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	\$2819.92	090	2	5114	J1	\$8975.07
	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	\$3730.76	090	2	5114	J1	\$8975.07
+	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	\$710.63	ZZZ	2			
	63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	\$2873.16	090	2			
	63051	LAMOPLASTY CERVICAL DCMRPN CORD 2/> SEG RCNSTJ	\$3312.10	090	2			
+	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	\$543.61	ZZZ	2			
+	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	\$372.76	ZZZ	2			
	63055	TRANSPEDICULAR DCMRPN SPINAL CORD 1 SEG THORACIC	\$3190.54	090	2	5114	J1	\$8975.07
	63056	TRANSPEDICULAR DCMRPN SPINAL CORD 1 SEG LUMBAR	\$2924.95	090	2	5114	J1	\$8975.07
+	63057	TRANSPEDICULAR DCMRPN 1 SEG EA THORACIC/LUMBAR	\$619.29	ZZZ	2			
	63064	COSTOVERTEBRAL DCMRPN SPINAL CORD THORACIC 1 SEG	\$3454.17	090	2	5114	J1	\$8975.07
+	63066	COSTOVERTEBRAL DCMRPN SPINE CORD THORACIC EA SEG	\$443.13	ZZZ	2			
	63075	DISSECTOMY ANT DCMRPN CORD CERVICAL 1 NTRSPC	\$2640.00	090	2	5114	J1	\$8975.07
+	63076	DISSECTOMY ANT DCMRPN CORD CERVICAL EA NTRSPC	\$604.27	ZZZ	2			
	63077	DISSECTOMY ANT DCMRPN CORD THORACIC 1 NTRSPC	\$2842.73	090	2			
+	63078	DISSECTOMY ANT DCMRPN CORD THORACIC EA NTRSPC	\$604.27	ZZZ	2			
	63081	VERTEBRAL CORPECTOMY ANT DCMRPN CERVICAL 1 SEG	\$3457.76	090	2			
+	63082	VERTEBRAL CORPECTOMY DCMRPN CERVICAL EA SEG	\$704.98	ZZZ	2			
	63085	VERTEBRAL CORPECTOMY DCMRPN CORD THORACIC 1 SEG	\$3806.71	090	2			
+	63086	VERTEBRAL CORPECTOMY DCMRPN CORD THORACIC EA SEG	\$726.67	ZZZ	2			
	63087	VCRPEC THORACOLMBR DCMRPN LWR THRC/LMBR 1 SEG	\$4662.01	090	2			
+	63088	VCRPEC THORACOLMBR DCMRPN LWR THRC/LMBR EA SEG	\$704.98	ZZZ	2			
	63090	VCRPEC TRANSPRTL/RPR DCMRPN THRC LMBR/SAC 1 SEG	\$3796.84	090	2			
+	63091	VCRPEC TRANSPRTL/RPR DCMRPN THRC LMBR/SAC EA SEG	\$563.99	ZZZ	2			
	63101	VERTEB CORPECT LAT XTRCAVITARY DCMRPN THRC 1 SEG	\$3222.96	090	2			
	63102	VERTEB CORPECT LAT XTRCAVITARY DCMRPN LMBR 1 SEG	\$3222.96	090	2			
+	63103	VCRPEC LAT XTRCAVITARY DCMRPN THRC/LMBR EA SEG	\$456.08	ZZZ	2			
	63170	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	\$3383.90	090	2			
	63172	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	\$2795.47	090	2			
	63173	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	\$3358.69	090	2			
	63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	\$2739.35	090	2			
	63190	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	\$2981.05	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
63191		LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	\$2981.05	090	2			
63197		LAM W/COROTOMY SCTJ SPINOTHALAMIC TRC 1STG THRC	\$3367.79	090	2			
63200		LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	\$3027.89	090	2			
63250		LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	\$5752.14	090	2			
63251		LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	\$5849.43	090	2			
63252		LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	\$5879.02	090	2			
63265		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	\$3292.68	090	2	5114	J1	\$8975.07
63266		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	\$3379.43	090	2	5114	J1	\$8975.07
63267		LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	\$2900.49	090	2	5114	J1	\$8975.07
63268		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	\$2900.49	090	2	5114	J1	\$8975.07
63270		LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	\$4041.41	090	2			
63271		LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	\$4026.37	090	2			
63272		LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	\$3640.54	090	2			
63273		LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	\$3635.31	090	2			
63275		LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	\$3545.04	090	2			
63276		LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	\$3524.45	090	2			
63277		LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	\$3073.86	090	2			
63278		LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	\$3154.78	090	2			
63280		LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	\$4119.89	090	2			
63281		LAM BX/EXC ISPI NEO IDRL XMED THORACIC	\$4077.38	090	2			
63282		LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	\$3849.15	090	2			
63283		LAM BX/EXC ISPI NEO IDRL SACRAL	\$3703.32	090	2			
63285		LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	\$5077.92	090	2			
63286		LAM BX/EXC ISPI NEO IDRL IMED THORACIC	\$5007.30	090	2			
63287		LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	\$5324.46	090	2			
63290		LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	\$5414.06	090	2			
+	63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	\$633.03	ZZZ	2			
	63300	VCRPEC LES 1 SGM XDRL CERVICAL	\$3625.61	090	2			
	63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	\$4351.82	090	2			
	63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	\$4300.03	090	2			
	63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	\$4497.87	090	2			
	63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	\$4565.88	090	2			
	63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	\$4856.89	090	2			
	63306	VERTEBRAL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	\$4772.53	090	2			
	63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	\$4675.75	090	2			
+	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	\$619.58	ZZZ	2			
	63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	\$2129.92	090	0	5431	J1	\$3189.10
	63610	STRCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	\$2248.90	000	0	5431	J1	\$3189.10
	63620	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	\$1786.18	090	2			
+	63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	\$377.78	ZZZ	2			
	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	\$1179.62	010	1	5462	J1	\$5417.79
	63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	\$1628.99	090	2	5464	J1	\$6601.96
	63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	\$1317.83	010	2	5431	Q2	\$3219.35

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
63662		RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	\$1649.91	090	2	5461	J1	\$5223.44
63663		REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	\$1757.69	010	2	5462	J1	\$5417.79
63664		REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	\$1716.62	090	2	5463	J1	\$15317.75
63685		INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRTJ&CONNJ	\$773.46	010	2	5465	J1	\$9635.52
63688		REVJ/RMVL IMPL SPI NPG/RCVR DTCH CONNJ ELTRD RA	\$655.73	010	1	5461	J1	\$5223.44
63700		REPAIR MENINGOCELE < 5 CM DIAMETER	\$2558.25	090	2			
63702		REPAIR MENINGOCELE > 5 CM DIAMETER	\$2795.64	090	2			
63704		REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	\$3250.14	090	2			
63706		REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	\$3605.88	090	2			
63707		RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	\$2578.22	090	2			
63709		RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	\$2578.22	090	2			
63710		DURAL GRAFT SPINAL	\$2497.64	090	2			
63740		CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	\$2545.44	090	2			
63741		CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	\$1762.23	090	2	5432	J1	\$8028.28
63744		RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	\$1357.60	090	2	5432	J1	\$8028.28
63746		RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	\$1193.46	090	0	5431	Q2	\$3219.35
64400		INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	\$221.41	000	1	5441	T	\$493.85
64405		INJECTION AA&/STRD GREATER OCCIPITAL NERVE	\$146.49	000	1	5441	T	\$493.85
64408		INJECTION AA&/STRD VAGUS NERVE	\$158.61	000	0	5441	T	\$493.85
64415		INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	\$219.08	000	1	5443	T	\$1519.79
64416		INJECTION AA&/STRD BRACH PLEX CONT NFS CATH IMG	\$224.75	000	1	5443	T	\$1519.79
64417		INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	\$245.82	000	1	5443	T	\$1519.79
64418		INJECTION AA&/STRD SUPRASCAPULAR NERVE	\$167.68	000	1	5442	T	\$1153.08
64420		INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	\$209.05	000	1	5442	T	\$1153.08
+	64421	INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	\$317.17	ZZZ	1	5443	T	\$1519.79
64425		INJECTION AA&/STRD ILIOINGUINAL IH NERVES	\$201.75	000	1	5442	T	\$1153.08
64430		INJECTION AA&/STRD PUDENDAL NERVE	\$190.98	000	1	5443	T	\$1519.79
64435		INJECTION AA&/STRD PARACERVICAL NERVE	\$170.11	000	1	5442	T	\$1153.08
64445		INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	\$234.20	000	1	5442	T	\$1153.08
64446		INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	\$208.10	000	1	5443	T	\$1519.79
64447		INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	\$156.33	000	1	5442	T	\$1153.08
64448		INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN	\$191.44	000	1	5443	T	\$1519.79
64449		INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	\$152.70	000	1	5443	T	\$1519.79
64450		INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	\$146.31	000	1	5442	T	\$1153.08
64451		INJECTION AA&/STRD NERVES NRVTG SI JOINT W/IMG	\$430.89	000	1	5442	T	\$1153.08
64454		INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	\$431.17	000	1	5442	T	\$1153.08
64455		NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	\$80.92	000	0	5441	T	\$493.85
64461		PVB THORACIC SINGLE INJECTION SITE W/IMG GID	\$260.25	000	1	5442	T	\$1153.08
+	64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	\$137.90	ZZZ	1			
64463		PVB THORACIC CONT CATHETER INFUSION W/IMG GID	\$410.04	000	1	5442	T	\$1153.08
64479		NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	\$516.63	000	1	5443	T	\$1519.79
+	64480	NJX AA&/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	\$242.94	ZZZ	1			
64483		NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	\$479.08	000	1	5443	T	\$1519.79

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	64484		NJX AA&STRD TFRML EPI LUMBAR/SACRAL EA ADDL	\$216.23	ZZZ	1			
	64486		TAP BLOCK UNILATERAL BY INJECTION(S)	\$216.23	000	1			
	64487		TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	\$371.18	000	1			
	64488		TAP BLOCK BILATERAL BY INJECTION(S)	\$266.73	000	1			
	64489		TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	\$574.76	000	1			
	64490		NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	\$374.84	000	2	5443	T	\$1519.79
+	64491		NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	\$188.54	ZZZ	2			
+	64492		NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	\$189.69	ZZZ	2			
	64493		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	\$341.36	000	2	5443	T	\$1519.79
+	64494		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	\$176.57	ZZZ	2			
+	64495		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	\$175.91	ZZZ	2			
	64505		INJECTION ANES AGENT SPHENOPALATINE GANGLION	\$168.99	000	1	5441	T	\$493.85
	64510		NJX ANES STELLATE GANGLION CRV SYMPATHETIC	\$255.06	000	1	5443	T	\$1519.79
	64517		INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	\$280.46	000	1	5443	T	\$1519.79
	64520		INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	\$346.75	000	1	5443	T	\$1519.79
	64530		INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	\$331.25	000	1	5443	T	\$1519.79
	64553		PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	\$479.60	010	0	5463	J1	\$15317.75
	64555		PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	\$441.06	010	1	5462	J1	\$5417.79
	64561		PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	\$1518.71	010	1	5462	J1	\$5417.79
	64566		POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	\$226.59	000	0	5441	T	\$493.85
	64568		OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	\$1180.21	090	0	5465	J1	\$9635.52
	64569		REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	\$1456.07	090	0	5463	J1	\$15317.75
	64570		REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	\$1267.82	090	0	5432	Q2	\$11107.20
	64575		OPEN IMPLANTATION NEA PERIPHERAL NERVE	\$613.74	090	1	5463	J1	\$15317.75
	64580		OPEN IMPLANTATION NEA NEUROMUSCULAR	\$614.71	090	2	5464	J1	\$6601.96
	64581		OPEN IMPLANTATION NEA SACRAL NERVE	\$1263.43	090	1	5462	J1	\$5417.79
	64582		OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	\$1626.92	090	0	5465	J1	\$9635.52
	64583		REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG&RESPIR SNR	\$1525.67	090	0	5463	J1	\$15317.75
	64584		REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG&RESPIR SNR	\$1285.67	090	0	5432	Q2	\$11107.20
	64585		REVJ/RMVL PERPH NEUROSTIMULATOR ELECTRODE ARRAY	\$508.83	010	1	5461	J1	\$5223.44
	64590		INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	\$550.76	010	1	5464	J1	\$6601.96
	64595		REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	\$544.07	010	1	5461	J1	\$5223.44
	64596		INSJ/RPLCMT PERQ ELTRD RA PN W/INT NSTIM 1ST RA		BR 010	1	5463	J1	\$15317.75
+	64597		INSJ/RPLCMT PERQ ELTRD RA PN INT NSTIM EA ADD RA		BR ZZZ	1			
	64598		REVISION/REMOVAL NSTIM ELTRD ARRAY PN INT NSTIM		BR 010	1	5461	J1	\$5223.44
	64600		DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	\$705.45	010	1	5443	T	\$1519.79
	64605		DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	\$869.19	010	0	5431	J1	\$3189.10
	64610		DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	\$977.65	010	1	5431	J1	\$3189.10
	64611		CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	\$230.48	010	0	5441	T	\$493.85
	64612		CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	\$263.54	010	1	5441	T	\$493.85
	64615		CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	\$300.17	010	1	5441	T	\$493.85
	64616		CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	\$268.13	010	1	5441	T	\$493.85
	64617		CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	\$315.28	010	1	5442	T	\$1153.08

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
64620		DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	\$405.45	010	1	5443	T	\$1519.79
64624		DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	\$754.87	010	0	5431	J1	\$3189.10
64625		RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	\$918.66	010	1	5431	J1	\$3189.10
64628		THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	\$807.33	010	1	5115	J1	\$11815.02
+	64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	\$378.73	ZZZ	1			
64630		DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	\$346.42	010	0	5443	T	\$1519.79
64632		DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	\$132.13	010	0	5441	T	\$493.85
64633		DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	\$851.33	010	1	5431	J1	\$3189.10
+	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	\$384.13	ZZZ	1			
64635		DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	\$849.54	010	1	5431	J1	\$3189.10
+	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	\$350.32	ZZZ	1			
64640		DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	\$396.26	010	1	5443	T	\$1519.79
64642		CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	\$295.58	000	1	5442	T	\$1153.08
+	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	\$181.80	ZZZ	1			
64644		CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	\$347.01	000	1	5442	T	\$1153.08
+	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	\$235.01	ZZZ	1			
64646		CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	\$308.01	000	1	5442	T	\$1153.08
64647		CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	\$353.13	000	1	5442	T	\$1153.08
64650		CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	\$157.63	000	0	5441	T	\$493.85
64653		CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	\$187.04	000	0	5441	T	\$493.85
64680		DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	\$516.90	010	1	5443	T	\$1519.79
64681		DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	\$714.93	010	1	5443	T	\$1519.79
64702		NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	\$672.83	090	1	5431	J1	\$3189.10
64704		NEUROPLASTY NERVE HAND/FOOT	\$644.55	090	2	5431	J1	\$3189.10
64708		NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	\$976.35	090	2	5431	J1	\$3189.10
64712		NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	\$1169.20	090	2	5431	J1	\$3189.10
64713		NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	\$1534.82	090	2	5431	J1	\$3189.10
64714		NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	\$1468.78	090	2	5431	J1	\$3189.10
64716		NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	\$1208.53	090	2	5431	J1	\$3189.10
64718		NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	\$1167.96	090	0	5431	J1	\$3189.10
64719		NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	\$792.58	090	1	5431	J1	\$3189.10
64721		NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	\$864.52	090	1	5431	J1	\$3189.10
64722		DECOMPRESSION UNSPECIFIED NERVE	\$805.69	090	2	5431	J1	\$3189.10
64726		DECOMPRESSION PLANTAR DIGITAL NERVE	\$518.58	090	1	5431	J1	\$3189.10
+	64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	\$344.42	ZZZ	1			
64732		TRANSECTION/AVULSION SUPRAORBITAL NERVE	\$883.49	090	2	5431	J1	\$3189.10
64734		TRANSECTION/AVULSION INFRAORBITAL NERVE	\$988.03	090	0	5431	J1	\$3189.10
64736		TRANSECTION/AVULSION MENTAL NERVE	\$979.02	090	2	5431	J1	\$3189.10
64738		TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	\$979.02	090	2	5431	J1	\$3189.10
64740		TRANSECTION/AVULSION LINGUAL NERVE	\$789.76	090	2	5431	J1	\$3189.10
64742		TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	\$979.02	090	2	5431	J1	\$3189.10
64744		TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	\$984.85	090	0	5431	J1	\$3189.10
64746		TRANSECTION/AVULSION PHRENIC NERVE	\$789.76	090	2	5431	J1	\$3189.10

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
64755		TRANSECTION/AVULSION VAGUS NERVES	\$2251.74	090	2			
64760		TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	\$1370.62	090	2			
64763		TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	\$947.69	090	2	5431	J1	\$3189.10
64766		TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	\$1245.60	090	2	5431	J1	\$3189.10
64771		TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	\$1133.60	090	2	5431	J1	\$3189.10
64772		TRANSECTION/AVULSION OTH SPINAL NRV XDRL	\$947.69	090	2	5431	J1	\$3189.10
64774		EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	\$631.81	090	1	5431	J1	\$3189.10
64776		EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	\$631.81	090	0	5431	J1	\$3189.10
+		EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	\$346.36	ZZZ	1			
64782		EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	\$882.18	090	1	5431	J1	\$3189.10
+		EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	\$413.04	ZZZ	1			
64784		EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	\$1411.22	090	0	5431	J1	\$3189.10
64786		EXCISION NEUROMA SCIATIC NERVE	\$1658.47	090	2	5432	J1	\$8028.28
+		IMPLANTATION NERVE END BONE/MUSCLE	\$507.59	ZZZ	0			
64788		EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	\$787.36	090	1	5431	J1	\$3189.10
64790		EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	\$1421.55	090	0	5431	J1	\$3189.10
64792		EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	\$1737.46	090	2	5432	J1	\$8028.28
64795		BIOPSY NERVE	\$368.17	000	1	5431	J1	\$3189.10
64802		SYMPATHECTOMY CERVICAL	\$1648.60	090	2	5431	J1	\$3189.10
64804		SYMPATHECTOMY CERVICOTHORACIC	\$2324.14	090	2	5431	J1	\$3189.10
64809		SYMPATHECTOMY THORACOLUMBAR	\$2153.83	090	2			
64818		SYMPATHECTOMY LUMBAR	\$1510.63	090	2			
64820		SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	\$1457.96	090	1	5431	J1	\$3189.10
64821		SYMPATHECTOMY RADIAL ARTERY	\$1339.94	090	1	5113	J1	\$5084.56
64822		SYMPATHECTOMY ULNAR ARTERY	\$1358.91	090	1	5113	J1	\$5084.56
64823		SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	\$1538.09	090	1	5113	J1	\$5084.56
64831		SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	\$1018.45	090	1	5431	J1	\$3189.10
+		SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	\$540.66	ZZZ	0			
64834		SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	\$1132.89	090	0	5432	J1	\$8028.28
64835		SUTURE 1 NERVE MEDIAN MOTOR THENAR	\$1299.88	090	2	5432	J1	\$8028.28
64836		SUTURE 1 NERVE ULNAR MOTOR	\$1559.83	090	2	5432	J1	\$8028.28
+		SUTURE EACH ADDITIONAL NERVE HAND/FOOT	\$697.25	ZZZ	2			
64840		SUTURE POSTERIOR TIBIAL NERVE	\$1559.83	090	2	5432	J1	\$8028.28
64856		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	\$1559.83	090	1	5432	J1	\$8028.28
64857		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	\$1618.76	090	2	5432	J1	\$8028.28
64858		SUTURE SCIATIC NERVE	\$1910.81	090	2	5431	J1	\$3189.10
+		SUTURE EACH ADDITIONAL PERIPHERAL NERVE	\$483.41	ZZZ	2			
64861		SUTURE BRACHIAL PLEXUS	\$1966.70	090	2	5431	J1	\$3189.10
64862		SUTURE LUMBAR PLEXUS	\$1993.79	090	2	5432	J1	\$8028.28
64864		SUTURE FACIAL NERVE EXTRACRANIAL	\$1559.83	090	2	5432	J1	\$8028.28
64865		SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	\$1748.57	090	2	5432	J1	\$8028.28
64866		ANASTOMOSIS FACIAL-SPINAL ACCESSORY	\$2412.86	090	2			
64868		ANASTOMOSIS FACIAL HYPOGLOSSAL	\$2376.79	090	2			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
+	64872		SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	\$221.41	ZZZ	2				
+	64874		SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	\$332.12	ZZZ	2				
+	64876		SUTURE NERVE REQ SHORTENING BONE EXTREMITY	\$376.14	ZZZ	2				
	64885		NERVE GRAFT HEAD/NECK <4 CM	\$2376.79	090	2	5432	J1	\$8028.28	
	64886		NERVE GRAFT HEAD/NECK >4 CM	\$2578.22	090	2	5432	J1	\$8028.28	
	64890		NERVE GRAFT 1 STRAND HAND/FOOT <4 CM	\$1819.83	090	2	5432	J1	\$8028.28	
	64891		NERVE GRAFT 1 STRAND HAND/FOOT >4 CM	\$2079.79	090	2	5432	J1	\$8028.28	
	64892		NERVE GRAFT 1 STRAND ARM/LEG <4 CM	\$1819.83	090	2	5432	J1	\$8028.28	
	64893		NERVE GRAFT 1 STRAND ARM/LEG >4 CM	\$2079.79	090	2	5432	J1	\$8028.28	
	64895		NERVE GRAFT MLT STRANDS HAND/FOOT <4 CM	\$2339.77	090	2	5432	J1	\$8028.28	
	64896		NERVE GRAFT MLT STRANDS HAND/FOOT >4 CM	\$2599.73	090	2	5432	J1	\$8028.28	
	64897		NERVE GRAFT MLT STRANDS ARM/LEG <4 CM	\$2339.77	090	2	5432	J1	\$8028.28	
	64898		NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	\$2599.73	090	2	5432	J1	\$8028.28	
+	64901		NERVE GRAFT EACH NERVE 1 STRAND	\$959.07	ZZZ	2				
+	64902		NERVE GRAFT EACH NERVE MULTIPLE STRANDS	\$1102.67	ZZZ	2				
	64905		NERVE PEDICLE TRANSFER FIRST STAGE	\$1404.88	090	2	5432	J1	\$8028.28	
	64907		NERVE PEDICLE TRANSFER SECOND STAGE	\$1959.54	090	2	5432	J1	\$8028.28	
	64910		NERVE REPAIR W/CONDUIT EACH NERVE	\$1071.07	090	2	5432	J1	\$8028.28	
	64911		NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	\$1311.77	090	2	5432	J1	\$8028.28	
	64912		NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	\$1723.16	090	2	5432	J1	\$8028.28	
+	64913		NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	\$331.47	ZZZ	2				
	64999		UNLISTED PROCEDURE NERVOUS SYSTEM		BR	YYY	0	5441	T	\$493.85
	65091		EVISCERATION OCULAR CONTENTS W/O IMPLANT	\$1232.18	090	0	5504	J1	\$6063.82	
	65093		EVISCERATION OCULAR CONTENTS W/IMPLANT	\$1390.50	090	1	5504	J1	\$6063.82	
	65101		ENUCLEATION OF EYE W/O IMPLANT	\$1540.22	090	1	5504	J1	\$6063.82	
	65103		ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	\$1673.29	090	1	5504	J1	\$6063.82	
	65105		ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	\$1838.64	090	2	5504	J1	\$6063.82	
	65110		EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	\$2464.33	090	2	5504	J1	\$6063.82	
	65112		EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	\$2772.37	090	2	5504	J1	\$6063.82	
	65114		EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	\$3036.29	090	2	5504	J1	\$6063.82	
	65125		MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	\$739.31	090	1	5503	J1	\$3830.89	
	65130		INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	\$1417.00	090	1	5504	J1	\$6063.82	
	65135		INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	\$1540.22	090	1	5504	J1	\$6063.82	
	65140		INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	\$1761.67	090	1	5504	J1	\$6063.82	
	65150		REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	\$1271.61	090	0	5504	J1	\$6063.82	
	65155		REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	\$1478.61	090	1	5504	J1	\$6063.82	
	65175		REMOVAL OCULAR IMPLANT	\$927.29	090	1	5504	J1	\$6063.82	
	65205		REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	\$63.02	000	1	5734	Q1	\$212.99	
	65210		RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	\$77.29	000	1	5735	Q1	\$664.35	
	65220		RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	\$87.86	000	1	5735	Q1	\$664.35	
	65222		RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	\$129.48	000	1	5734	Q1	\$212.99	
	65235		RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	\$1389.64	090	0	5491	J1	\$3473.73	
	65260		RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	\$1868.99	090	2	5491	J1	\$3473.73	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
65265		RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	\$2103.76	090	2	5491	J1	\$3473.73
65270		RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	\$396.29	010	0	5503	J1	\$3830.89
65272		RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	\$669.98	090	1	5503	J1	\$3830.89
65273		RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	\$616.09	090	1			
65275		RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	\$961.09	090	0	5504	J1	\$6063.82
65280		RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	\$1272.14	090	0	5493	J1	\$5615.72
65285		RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	\$1848.25	090	1	5493	J1	\$5615.72
65286		RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	\$1232.18	090	1	5491	J1	\$3473.73
65290		RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	\$933.37	090	1	5504	J1	\$6063.82
65400		EXCISION LESION CORNEA XCP PTERYGIUM	\$985.74	090	1	5502	T	\$1688.12
65410		BIOPSY CORNEA	\$408.41	000	0	5503	J1	\$3830.89
65420		EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	\$730.47	090	1	5503	J1	\$3830.89
65426		EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	\$913.06	090	1	5503	J1	\$3830.89
65430		CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	\$162.55	000	1	5735	Q1	\$664.35
65435		RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	\$114.08	000	1	5502	T	\$1688.12
65436		RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	\$495.72	090	1	5503	J1	\$3830.89
65450		DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	\$435.13	090	1	5501	T	\$485.73
65600		MULTIPLE PUNCTURES ANTERIOR CORNEA	\$739.31	090	1	5503	J1	\$3830.89
65710		KERATOPLASTY ANTERIOR LAMELLAR	\$2172.42	090	2	5493	J1	\$5615.72
65730		KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	\$2381.03	090	2	5492	J1	\$6136.64
65750		KERATOPLASTY PENETRAING APHAKIA	\$2421.28	090	2	5493	J1	\$5615.72
65755		KERATOPLASTY PENETRATING PSEUDOPHAKIA	\$2388.88	090	2	5492	J1	\$6136.64
65756		KERATOPLASTY ENDOTHELIAL	\$1664.43	090	2	5492	J1	\$6136.64
+	65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	\$472.15	ZZZ	0			
	65760	KERATOMILEUSIS	\$2140.50	XXX	9			
	65765	KERATOPHAKIA	\$2341.17	XXX	9			
	65767	EPIKERATOPLASTY	\$1938.87	XXX	9			
	65770	KERATOPROSTHESIS	\$2668.77	090	2	5494	J1	\$10337.51
	65771	RADIAL KERATOTOMY	\$1030.12	XXX	9			
	65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	\$1157.16	090	1	5502	T	\$1688.12
	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	\$1497.50	090	1	5503	J1	\$3830.89
	65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	\$2426.75	000	0	5502	Q2	\$1688.12
	65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	\$2244.54	000	0	5504	Q2	\$6446.76
	65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	\$1140.07	090	1	5504	J1	\$6063.82
	65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	\$1864.78	090	2	5493	J1	\$5615.72
	65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	\$1606.84	090	1	5504	J1	\$6063.82
	65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	\$4114.23	090	1	5492	J1	\$6136.64
	65800	PARACENTESIS ANT CHAMB EYE ASPIR AQUEOUS SPX	\$243.88	000	1	5491	J1	\$3473.73
	65810	PARACENTESIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	\$877.60	090	1	5491	J1	\$3473.73
	65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	\$1237.93	090	1	5491	J1	\$3473.73
	65820	GONIOTOMY	\$1293.78	090	0	5492	J1	\$6136.64
	65850	TRABECULOTOMY AB EXTERNO	\$1602.18	090	1	5491	J1	\$3473.73
	65855	TRABECULOPLASTY BY LASER SURGERY	\$680.68	010	1	5481	T	\$969.20

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
65860		SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	\$586.60	090	0	5481	T	\$969.20
65865		SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	\$908.34	090	1	5491	J1	\$3473.73
65870		SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	\$1130.03	090	1	5491	J1	\$3473.73
65875		SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	\$1204.58	090	1	5491	J1	\$3473.73
65880		SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	\$1266.05	090	1	5492	J1	\$6136.64
65900		RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	\$1601.82	090	2	5491	J1	\$3473.73
65920		RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	\$1527.45	090	1	5491	J1	\$3473.73
65930		RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	\$1219.61	090	1	5491	J1	\$3473.73
66020		INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	\$308.04	010	1	5491	J1	\$3473.73
66030		INJX ANTERIOR CHAMBER EYE MEDICATION SPX	\$332.70	010	1	5491	J1	\$3473.73
66130		EXCISION LESION SCLERA	\$991.50	090	0	5503	J1	\$3830.89
66150		FSTLJ SCLERA GLAUCOMA TREPIN W/IRIDECTOMY	\$1662.99	090	1	5492	J1	\$6136.64
66155		FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	\$1662.34	090	1	5492	J1	\$6136.64
66160		FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	\$1725.02	090	1	5491	J1	\$3473.73
66170		FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	\$1848.25	090	2	5491	J1	\$3473.73
66172		FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	\$2217.90	090	2	5491	J1	\$3473.73
66174		TRLUML DILAT AQUEOUS O/F CAN WO RETENTION DEV/ST	\$1718.96	090	2	5492	J1	\$6136.64
66175		TRLUML DILAT AQUEOUS O/F CAN W/RETENTION DEV/ST	\$1907.37	090	2	5493	J1	\$5615.72
66179		AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	\$2046.87	090	2	5493	J1	\$5615.72
66180		AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	\$1786.65	090	2	5492	J1	\$6136.64
66183		INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	\$1949.42	090	2	5492	J1	\$6136.64
66184		REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	\$1499.51	090	2	5491	J1	\$3473.73
66185		REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	\$1293.78	090	2	5491	J1	\$3473.73
66225		REPAIR SCLERAL STAPHYLOMA W/GRAFT	\$1797.00	090	1	5493	J1	\$5615.72
66250		REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	\$1098.19	090	1	5503	J1	\$3830.89
66500		IRIDOTOMY STAB INC SPX XCP TRANSFIXION	\$759.23	090	1	5491	J1	\$3473.73
66505		IRIDOTOMY STAB INC SPX TRANSFIXION	\$825.29	090	1	5491	J1	\$3473.73
66600		IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	\$1673.29	090	1	5492	J1	\$6136.64
66605		IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	\$2077.60	090	1	5491	J1	\$3473.73
66625		IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	\$826.73	090	1	5491	J1	\$3473.73
66630		IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	\$1072.48	090	1	5491	J1	\$3473.73
66635		IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	\$1082.94	090	1	5491	J1	\$3473.73
66680		REPAIR IRIS CILIARY BODY	\$1004.76	090	1	5491	J1	\$3473.73
66682		SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	\$1373.94	090	1	5491	J1	\$3473.73
66700		CILIARY BODY DESTRUCTION DIATHERMY	\$861.91	090	0	5491	J1	\$3473.73
66710		CILIARY BODY DSTRJ CYCLOPHOTOACOAG TRANSSCERAL	\$844.90	090	1	5503	J1	\$3830.89
66711		ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	\$957.39	090	1	5491	J1	\$3473.73
66720		CILIARY BODY DESTRUCTION CRYOTHERAPY	\$889.37	090	1	5503	J1	\$3830.89
66740		CILIARY BODY DESTRUCTION CYCLODIALYSIS	\$837.71	090	1	5503	J1	\$3830.89
66761		IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	\$763.73	010	1	5481	T	\$969.20
66762		IRIDOPLASTY PHOTOCOAGULATION 1> SESSIONS	\$739.31	090	1	5481	T	\$969.20
66770		DSTRJ CYST/LESION IRIS/CILIARY BODY	\$924.12	090	1	5481	T	\$969.20
66820		DISCISSION SECONDARY MEMBRANOUS CATARACT	\$677.70	090	1	5491	J1	\$3473.73

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
66821		POST-CATARACT LASER SURGERY	\$637.60	090	1	5481	T	\$969.20	
66825		REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	\$1380.03	090	0	5491	J1	\$3473.73	
66830		RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	\$1347.75	090	1	5491	J1	\$3473.73	
66840		RMVL LENS MATERIAL ASPIR TQ 1> STAGES	\$1332.35	090	1	5491	J1	\$3473.73	
66850		RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	\$1497.50	090	1	5491	J1	\$3473.73	
66852		RMVL LENS MATERIAL PARS PLANA WWO VITRECTOMY	\$1587.80	090	0	5492	J1	\$6136.64	
66920		RMVL LENS MATERIAL INTRACAPSULAR	\$1438.52	090	0	5491	J1	\$3473.73	
66930		REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	\$1646.99	090	0	5492	J1	\$6136.64	
66940		REMOVAL LENS MATERIAL EXTRACAPSULAR	\$1497.50	090	0	5491	J1	\$3473.73	
66982		XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	\$1409.91	090	1	5491	J1	\$3473.73	
66983		ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	\$1905.91	090	1	5491	J1	\$3473.73	
66984		XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	\$1905.91	090	1	5491	J1	\$3473.73	
66985		INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	\$1479.31	090	1	5491	J1	\$3473.73	
66986		EXCHANGE INTRAOCULAR LENS	\$1709.42	090	1	5491	J1	\$3473.73	
66987		XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	\$2320.93	090	0	5492	J1	\$6136.64	
66988		XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	\$2075.40	090	0	5492	J1	\$6136.64	
66989		XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	\$1618.53	090	1	5493	J1	\$5615.72	
+		USE OPHTHALMIC ENDOSCOPE	\$156.33	ZZZ	1				
66991		XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	\$1291.55	090	1	5493	J1	\$5615.72	
66999		UNLISTED PROCEDURE ANTERIOR SEGMENT EYE		BR	YYY	0	5491	J1	\$3473.73
67005		RMVL VITREOUS ANT APPR PARTIAL REMOVAL	\$1225.23	090	1	5491	J1	\$3473.73	
67010		RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	\$1701.71	090	1	5491	J1	\$3473.73	
67015		ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	\$1153.57	090	1	5491	J1	\$3473.73	
67025		INJ SUBSTITUTE PARS PLANA/LIMBL WWO ASPIR SPX	\$1355.39	090	1	5491	J1	\$3473.73	
67027		IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	\$1141.46	090	2	5495	J1	\$24296.07	
67028		INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	\$607.02	000	1	5694	S	\$564.69	
67030		DISCISSION VITREOUS STRANS PARS PLANA APPROACH	\$1145.59	090	1	5491	J1	\$3473.73	
67031		SEVERING VITREOUS STRANS LASER 1> STAGES	\$840.10	090	1	5481	T	\$969.20	
67036		VITRECTOMY MECHANICAL PARS PLANA	\$2673.04	090	2	5492	J1	\$6136.64	
67039		VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	\$2443.93	090	2	5492	J1	\$6136.64	
67040		VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	\$2596.67	090	2	5492	J1	\$6136.64	
67041		VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	\$1871.65	090	2	5492	J1	\$6136.64	
67042		VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	\$2147.39	090	2	5492	J1	\$6136.64	
67043		VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	\$2250.55	090	2	5492	J1	\$6136.64	
67101		RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	\$1701.71	010	1	5491	J1	\$3473.73	
67105		RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	\$1531.54	010	1	5481	T	\$969.20	
67107		REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	\$2151.96	090	2	5492	J1	\$6136.64	
67108		RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	\$2790.80	090	2	5492	J1	\$6136.64	
67110		RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	\$1427.65	090	1	5491	J1	\$3473.73	
67113		RPR COMPLEX RETINA DETACH VITRECT & MEMBRANE PEEL	\$2463.16	090	2	5493	J1	\$5615.72	
67115		RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	\$941.69	090	1	5492	J1	\$6136.64	
67120		RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	\$1108.95	090	1	5491	J1	\$3473.73	
67121		RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	\$1478.61	090	2	5491	J1	\$3473.73	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
67141		PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	\$882.83	010	1	5501	T	\$485.73	
67145		PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	\$916.48	010	1	5481	T	\$969.20	
67208		DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	\$1144.42	090	1	5501	T	\$485.73	
67210		DSTRJ LOCLZD LESION RETINA 1/> SESS PC	\$993.11	090	1	5481	T	\$969.20	
67218		DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	\$2416.02	090	1	5504	J1	\$6063.82	
67220		DSTRJ LESION CHOROID PC 1/> SESS	\$1237.63	090	1	5481	T	\$969.20	
67221		DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	\$453.73	000	1	5481	T	\$969.20	
+		DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	\$55.68	ZZZ	1				
67227		DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	\$1021.03	010	1	5504	J1	\$6063.82	
67228		TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	\$1093.27	010	1	5481	T	\$969.20	
67229		EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	\$1616.60	090	1	5481	T	\$969.20	
67250		SCLERAL REINFORCEMENT SPX W/O GRAFT	\$1714.20	090	1	5503	J1	\$3830.89	
67255		SCLERAL REINFORCEMENT SPX W/GRAFT	\$1633.64	090	2	5492	J1	\$6136.64	
67299		UNLISTED PROCEDURE POSTERIOR SEGMENT		BR	YYY	0	5491	J1	\$3473.73
67311		STRABISMUS RECESSIION/RESCJ 1 HRZNTL MUSC	\$1145.59	090	1	5503	J1	\$3830.89	
67312		STRABISMUS RECESSIION/RESCJ 2 HRZNTL MUSC	\$1374.71	090	1	5504	J1	\$6063.82	
67314		STRABISMUS RECESSIION/RESCJ 1 VER MUSC	\$1147.92	090	1	5503	J1	\$3830.89	
67316		STRABISMUS RECESSIION/RESCJ 2/MORE VER MUSC	\$1451.08	090	0	5503	J1	\$3830.89	
67318		STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	\$1323.29	090	1	5503	J1	\$3830.89	
+		TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	\$1293.30	ZZZ	1				
+		STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	\$1021.03	ZZZ	1				
+		STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	\$1361.36	ZZZ	1				
+		STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSIION	\$1021.03	ZZZ	1				
+		PLACEMENT ADJUSTABLE SUTURE STRABISMUS	\$329.45	ZZZ	1				
+		STRABISMUS EXPL&/RPR DETACHED EXTROOCULAR MUSC	\$1293.30	ZZZ	2				
67343		RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	\$1269.97	090	1	5503	J1	\$3830.89	
67345		CHEMODENERVATION EXTRAOCULAR MUSCLE	\$369.64	010	1	5501	T	\$485.73	
67346		BIOPSY EXTRAOCULAR MUSCLE	\$289.05	000	0	5504	J1	\$6063.82	
67399		UNLISTED PROCEDURE EXTRAOCULAR MUSCLE		BR	YYY	2	5501	T	\$485.73
67400		ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	\$1725.02	090	1	5504	J1	\$6063.82	
67405		ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	\$1673.29	090	1	5503	J1	\$3830.89	
67412		ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	\$1878.21	090	1	5503	J1	\$3830.89	
67413		ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	\$1855.91	090	2	5503	J1	\$3830.89	
67414		ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	\$2587.56	090	2	5504	J1	\$6063.82	
67415		FINE NEEDLE ASPIRATION ORBITAL CONTENTS	\$238.24	000	0	5503	J1	\$3830.89	
67420		ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	\$2833.99	090	2	5504	J1	\$6063.82	
67430		ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	\$2587.56	090	2	5504	J1	\$6063.82	
67440		ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	\$2464.33	090	2	5504	J1	\$6063.82	
67445		ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	\$2710.76	090	2	5504	J1	\$6063.82	
67450		ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	\$2464.33	090	2	5504	J1	\$6063.82	
67500		RETROBULBAR INJECTION MEDICATION SPX	\$145.18	000	1	5501	T	\$485.73	
67505		RETROBULBAR INJECTION ALCOHOL	\$134.78	000	1	5501	T	\$485.73	
67515		INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	\$122.94	000	1	5501	T	\$485.73	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
67516		SUPRACHOROIDAL SPACE NJX PHARMACOLOGIC AGENT	\$231.77	000	0	5694	T	\$564.69	
67550		ORBITAL IMPLANT INSERTION	\$1478.61	090	1	5504	J1	\$6063.82	
67560		ORBITAL IMPLANT REMOVAL/REVISION	\$1350.31	090	0	5504	J1	\$6063.82	
67570		OPTIC NERVE DECOMPRESSION	\$1613.98	090	2	5504	J1	\$6063.82	
67599		UNLISTED PROCEDURE ORBIT		BR	YYY	2	5501	T	\$485.73
67700		BLEPHAROTOMY DRAINAGE ABSCESS EYELID	\$404.31	010	1	5501	T	\$485.73	
67710		SEVERING TARSORRHAPHY	\$349.06	010	1	5502	T	\$1688.12	
67715		CANTHOTOMY SEPARATE PROCEDURE	\$361.57	010	1	5503	J1	\$3830.89	
67800		EXCISION CHALAZION SINGLE	\$174.46	010	1	5501	T	\$485.73	
67801		EXCISION CHALAZION MULTIPLE SAME LID	\$224.76	010	1	5502	T	\$1688.12	
67805		EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	\$277.43	010	1	5501	T	\$485.73	
67808		EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	\$453.33	090	1	5503	J1	\$3830.89	
67810		INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	\$278.88	000	1	5501	T	\$485.73	
67820		CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	\$62.08	000	1	5734	Q1	\$212.99	
67825		CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	\$178.27	010	1	5501	T	\$485.73	
67830		CORRECTION TRICHIASIS INCISION LID MARGIN	\$400.25	010	1	5502	T	\$1688.12	
67835		CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	\$992.85	090	0	5503	J1	\$3830.89	
67840		EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	\$418.17	010	1	5502	T	\$1688.12	
67850		DESTRUCTION LESION LID MARGIN < 1 CM	\$294.68	010	1	5502	T	\$1688.12	
67875		TEMPORARY CLOSURE EYELIDS SUTURE	\$260.06	000	1	5502	T	\$1688.12	
67880		CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPHY	\$609.24	090	1	5503	J1	\$3830.89	
67882		CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	\$800.91	090	1	5503	J1	\$3830.89	
67900		REPAIR BROW PTOSIS	\$884.17	090	1	5503	J1	\$3830.89	
67901		RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	\$1537.44	090	1	5503	J1	\$3830.89	
67902		RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	\$1375.91	090	1	5504	J1	\$6063.82	
67903		RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADMVNT INTERNAL	\$1298.34	090	1	5503	J1	\$3830.89	
67904		RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADMVNT XTRNL	\$1428.17	090	1	5503	J1	\$3830.89	
67906		RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	\$1221.96	090	1	5504	J1	\$6063.82	
67908		RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	\$1044.36	090	1	5503	J1	\$3830.89	
67909		REDUCTION OVERCORRECTION PTOSIS	\$1059.40	090	1	5503	J1	\$3830.89	
67911		CORRECTION LID RETRACTION	\$1374.71	090	1	5503	J1	\$3830.89	
67912		CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	\$1360.25	090	1	5503	J1	\$3830.89	
67914		REPAIR ECTROPION SUTURE	\$567.05	090	1	5503	J1	\$3830.89	
67915		REPAIR ECTROPION THERMOCAUTERIZATION	\$516.91	090	1	5503	J1	\$3830.89	
67916		REPAIR ECTROPION EXCISION TARSAL WEDGE	\$1108.95	090	1	5503	J1	\$3830.89	
67917		REPAIR ECTROPION EXTENSIVE	\$1206.75	090	1	5503	J1	\$3830.89	
67921		REPAIR ENTROPION SUTURE	\$541.19	090	1	5503	J1	\$3830.89	
67922		REPAIR ENTROPION THERMOCAUTERIZATION	\$505.36	090	1	5503	J1	\$3830.89	
67923		REPAIR ENTROPION EXCISION TARSAL WEDGE	\$1108.95	090	1	5503	J1	\$3830.89	
67924		REPAIR ENTROPION EXTENSIVE	\$1255.96	090	1	5503	J1	\$3830.89	
67930		SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	\$571.04	010	1	5503	J1	\$3830.89	
67935		SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	\$985.74	090	1	5503	J1	\$3830.89	
67938		REMOVAL EMBEDDED FOREIGN BODY EYELID	\$369.08	010	1	5501	T	\$485.73	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
67950		CANTHOPLASTY	\$1128.06	090	1	5503	J1	\$3830.89	
67961		EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	\$1139.42	090	0	5503	J1	\$3830.89	
67966		EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	\$1492.32	090	1	5503	J1	\$3830.89	
67971		RCNSTJ EYELID FULL THICKNESS <TWO-THIRDS 1 STG	\$1379.61	090	1	5503	J1	\$3830.89	
67973		RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	\$1774.52	090	2	5503	J1	\$3830.89	
67974		RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	\$1769.99	090	2	5504	J1	\$6063.82	
67975		RCNSTJ EYELID FULL THICKNESS SECOND STAGE	\$985.74	090	1	5503	J1	\$3830.89	
67999		UNLISTED PROCEDURE EYELIDS		BR	YYY	0	5501	T	\$485.73
68020		INCISION CONJUNCTIVA DRAINAGE OF CYST	\$164.68	010	1	5502	T	\$1688.12	
68040		EXPRESSION CONJUNCTIVAL FOLLICLES	\$92.52	000	1	5501	T	\$485.73	
68100		BIOPSY CONJUNCTIVA	\$257.16	000	1	5503	J1	\$3830.89	
68110		EXCISION LESION CONJUNCTIVA <1 CM	\$328.58	010	1	5503	J1	\$3830.89	
68115		EXCISION LESION CONJUNCTIVA > 1 CM	\$465.01	010	1	5503	J1	\$3830.89	
68130		EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	\$782.63	090	1	5503	J1	\$3830.89	
68135		DESTRUCTION LESION CONJUNCTIVA	\$246.44	010	1	5503	J1	\$3830.89	
68200		SUBCONJUNCTIVAL INJECTION	\$79.78	000	1	5735	Q1	\$664.35	
68320		CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	\$1434.76	090	1	5503	J1	\$3830.89	
68325		CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	\$1250.41	090	1	5504	J1	\$6063.82	
68326		CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	\$1224.25	090	1	5504	J1	\$6063.82	
68328		CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	\$1352.42	090	0	5503	J1	\$3830.89	
68330		RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	\$1201.31	090	0	5491	J1	\$3473.73	
68335		RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	\$1226.85	090	1	5504	J1	\$6063.82	
68340		RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	\$732.58	090	0	5503	J1	\$3830.89	
68360		CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	\$762.38	090	1	5504	J1	\$6063.82	
68362		CONJUNCTIVAL FLAP TOTAL	\$1235.97	090	1	5503	J1	\$3830.89	
68371		HARVESTING CONJUNCTIVAL ALLOGRAPHY LIVING DONOR	\$579.03	010	1	5503	J1	\$3830.89	
68399		UNLISTED PROCEDURE CONJUNCTIVA		BR	YYY	0	5501	T	\$485.73
68400		INCISION DRAINAGE LACRIMAL GLAND	\$419.28	010	1	5502	T	\$1688.12	
68420		INCISION DRAINAGE LACRIMAL SAC	\$472.86	010	1	5503	J1	\$3830.89	
68440		SNIP INCISION LACRIMAL PUNCTUM	\$169.38	010	1	5501	T	\$485.73	
68500		EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	\$1540.22	090	1	5504	J1	\$6063.82	
68505		EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	\$1478.61	090	1	5504	J1	\$6063.82	
68510		BIOPSY LACRIMAL GLAND	\$677.46	000	0	5503	J1	\$3830.89	
68520		EXCISION LACRIMAL SAC	\$1414.49	090	0	5504	J1	\$6063.82	
68525		BIOPSY LACRIMAL SAC	\$393.98	000	1	5503	J1	\$3830.89	
68530		RMVL FB/DACRYOLITH LACRIMAL PASSAGES	\$839.03	010	1	5501	T	\$485.73	
68540		EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	\$1848.25	090	1	5503	J1	\$3830.89	
68550		EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	\$2094.70	090	1	5504	J1	\$6063.82	
68700		PLASTIC REPAIR CANALICULI	\$1145.31	090	1	5503	J1	\$3830.89	
68705		CORRECTION EVERTED PUNCTUM CAUTERY	\$350.33	010	1	5501	T	\$485.73	
68720		DACRYOCSTORHINOSTOMY	\$1551.83	090	2	5504	J1	\$6063.82	
68745		CONJUNCTIVORHINOSTOMY W/O TUBE	\$1559.02	090	2	5504	J1	\$6063.82	
68750		CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	\$1650.57	090	2	5504	J1	\$6063.82	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Surgery**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
68760		CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	\$296.37	010	1	5501	T	\$485.73	
68761		CLSR LACRIMAL PUNCTUM PLUG EACH	\$212.45	010	0	5501	T	\$485.73	
68770		CLOSURE LACRIMAL FISTULA SPX	\$924.12	090	0	5503	J1	\$3830.89	
68801		DILATION LACRIMAL PUNCTUM W/WO IRRIGATION	\$164.51	010	1	5735	Q1	\$664.35	
68810		PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	\$309.97	010	1	5501	T	\$485.73	
68811		PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	\$296.24	010	1	5503	J1	\$3830.89	
68815		PROBE NASOLACRIMAL DUCT W/WO IRRIG INSJ TUBE/STNT	\$638.42	010	1	5503	J1	\$3830.89	
68816		PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	\$898.30	010	1	5503	J1	\$3830.89	
68840		PROBE LACRIMAL CANALICULI W/WO IRRIGATION	\$168.89	010	1	5501	T	\$485.73	
68841		INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	\$72.59	000	1	5503	Q1	\$3896.34	
68850		INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPHY	\$96.80	000	1				
68899		UNLISTED PROCEDURE LACRIMAL SYSTEM		BR	YYY	0	5501	T	\$485.73
69000		DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	\$253.45	010	1	5071	T	\$1173.13	
69005		DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMLPX	\$429.23	010	1	5072	J1	\$2607.62	
69020		DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	\$316.39	010	1	5071	T	\$1173.13	
69090		EAR PIERCING	\$73.64	XXX	9				
69100		BIOPSY EXTERNAL EAR	\$146.50	000	1	5161	T	\$407.28	
69105		BIOPSY EXTERNAL AUDITORY CANAL	\$184.39	000	1	5163	J1	\$2500.63	
69110		EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	\$870.72	090	1	5073	J1	\$4641.68	
69120		EXCISION EXTERNAL EAR COMPLETE AMPUTATION	\$758.11	090	1	5165	J1	\$9286.03	
69140		EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	\$1408.90	090	0	5165	J1	\$9286.03	
69145		EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	\$489.71	090	1	5073	J1	\$4641.68	
69150		RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	\$1837.70	090	1	5165	J1	\$9286.03	
69155		RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	\$2879.07	090	2				
69200		RMVL FB XTRNL AUDITORY CANAL W/O ANES	\$155.64	000	1	5734	Q1	\$212.99	
69205		RMVL FB XTRNL AUDITORY CANAL ANES	\$186.45	010	1	5072	J1	\$2607.62	
69209		REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	\$28.78	000	1	5733	Q1	\$101.99	
69210		REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	\$74.28	000	1	5733	Q1	\$101.99	
69220		DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	\$152.25	000	1	5051	Q1	\$333.81	
69222		DEBRIDEMENT MASTOIDECTOMY CAVITY CMLPX	\$303.60	010	1	5162	T	\$917.40	
69300		OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	\$1268.01	YYY	0	5164	J1	\$5284.06	
69310		RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	\$2177.85	090	1	5165	J1	\$9286.03	
69320		RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	\$2450.26	090	2	5165	J1	\$9286.03	
69399		UNLISTED PROCEDURE EXTERNAL EAR		BR	YYY	0	5161	T	\$407.28
69420		MYRINGOTOMY ASPIR&EUSTACHIAN TUBE NFLTJ	\$260.44	010	1	5161	T	\$407.28	
69421		MYRINGOTOMY ASPIR&EUSTACHIAN TUBE NFLTJ ANES	\$294.28	010	1	5164	J1	\$5284.06	
69424		VENTILATING TUBE RMVL REQUIRING GENERAL ANES	\$175.59	000	1	5164	Q2	\$5368.34	
69433		TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	\$290.25	010	1	5162	T	\$917.40	
69436		TYMPANOSTOMY GENERAL ANESTHESIA	\$313.34	010	1	5163	J1	\$2500.63	
69440		MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	\$1355.66	090	1	5164	J1	\$5284.06	
69450		TYMPANOLYSIS TRANSCANAL	\$1074.04	090	0	5164	J1	\$5284.06	
69501		TRANSMASTOID ANTROTOMY	\$1389.32	090	1	5165	J1	\$9286.03	
69502		MASTOIDECTOMY COMPLETE	\$1837.70	090	0	5165	J1	\$9286.03	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Surgery

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
69505		MASTOIDECTOMY MODIFIED RADICAL	\$2394.73	090	0	5165	J1	\$9286.03
69511		MASTOIDECTOMY RADICAL	\$2451.06	090	0	5165	J1	\$9286.03
69530		PETROUS APICECTOMY RADICAL MASTOIDECTOMY	\$3260.95	090	2	5165	J1	\$9286.03
69535		RESCJ TEMPORAL BONE EXTERNAL APPROACH	\$4107.08	090	1			
69540		EXCISION AURAL POLYP	\$284.37	010	1	5163	J1	\$2500.63
69550		EXCISION AURAL GLOMUS TUMOR TRANSCANAL	\$2072.97	090	2	5165	J1	\$9286.03
69552		EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	\$3087.45	090	2	5165	J1	\$9286.03
69554		EXCISION AURAL GLOMUS TUMOR EXTENDED	\$4920.89	090	2			
69601		REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	\$1898.96	090	0	5165	J1	\$9286.03
69602		REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	\$2126.71	090	0	5165	J1	\$9286.03
69603		REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	\$2502.85	090	0	5165	J1	\$9286.03
69604		REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	\$2172.03	090	1	5165	J1	\$9286.03
69610		TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	\$583.32	010	1	5163	J1	\$2500.63
69620		MYRINGOPLASTY	\$1449.53	090	1	5164	J1	\$5284.06
69631		TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	\$1784.51	090	1	5165	J1	\$9286.03
69632		TYMNOPLSTY W/O MSTDC 1ST/REVJ W/OSSICLE RECNSTJ	\$2111.17	090	1	5165	J1	\$9286.03
69633		TYMPANOPLASTY W/O MASTOIDEK 1ST/REVJ PROSTH TORP	\$2056.79	090	1	5165	J1	\$9286.03
69635		TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	\$2496.78	090	1	5165	J1	\$9286.03
69636		TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	\$2743.68	090	0	5165	J1	\$9286.03
69637		TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	\$2732.68	090	0	5165	J1	\$9286.03
69641		TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	\$2126.22	090	1	5165	J1	\$9286.03
69642		TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	\$2611.61	090	1	5165	J1	\$9286.03
69643		TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	\$2386.32	090	1	5165	J1	\$9286.03
69644		TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	\$2932.72	090	1	5165	J1	\$9286.03
69645		TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	\$2877.69	090	1	5165	J1	\$9286.03
69646		TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	\$3061.55	090	0	5165	J1	\$9286.03
69650		STAPES MOBILIZATION	\$1571.24	090	1	5164	J1	\$5284.06
69660		STAPEDECTOMY/STAPEDOTOMY	\$1804.95	090	1	5165	J1	\$9286.03
69661		STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	\$2350.71	090	0	5165	J1	\$9286.03
69662		REVISION STAPEDECTOMY/STAPEDOTOMY	\$2258.13	090	1	5165	J1	\$9286.03
69666		REPAIR OVAL WINDOW FISTULA	\$1580.95	090	0	5164	J1	\$5284.06
69667		REPAIR ROUND WINDOW FISTULA	\$1586.13	090	0	5164	J1	\$5284.06
69670		MASTOID OBLITERATION SEPARATE PROCEDURE	\$1843.80	090	2	5165	J1	\$9286.03
69676		TYMPANIC NEURECTOMY	\$1631.45	090	1	5164	J1	\$5284.06
69700		CLOSURE POSTAURICULAR FISTULA MASTOID SPX	\$1039.21	090	1	5163	J1	\$2500.63
69705		SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	\$5214.81	000	0	5165	J1	\$9286.03
69706		SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	\$5387.02	000	0	5165	J1	\$9286.03
69710		IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	\$828.96	XXX	9			
69711		RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	\$1275.86	090	2	5164	J1	\$5284.06
69714		IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	\$1354.78	090	1	5115	J1	\$11815.02
69716		IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	\$1175.80	090	1	5115	J1	\$11815.02
69717		RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	\$1453.32	090	1	5114	J1	\$8975.07
69719		RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	\$1175.80	090	1	5115	J1	\$11815.02

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Surgery**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
69720		DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	\$2296.98		090	0	5165	J1		\$9286.03
69725		DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	\$3635.80		090	2	5165	J1		\$9286.03
69726		REMOVAL ENTIRE OI IMPLT SKL PERQ ATTACHMENT ESP	\$800.44		090	1	5113	J1		\$5084.56
69727		REMOVAL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP<100	\$915.53		090	1	5113	J1		\$5084.56
69728		RMVL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP>=100	\$1175.03		090	1	5113	J1		\$5084.56
69729		IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	\$1311.63		090	1	5115	J1		\$11815.02
69730		RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	\$1360.19		090	1	5115	J1		\$11815.02
69740		SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	\$2278.10		090	2	5165	J1		\$9286.03
69745		SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	\$2809.65		090	2	5165	J1		\$9286.03
69799		UNLISTED PROCEDURE MIDDLE EAR		BR	YYY	0	5161	T		\$407.28
69801		LABYRINTHOTOMY TRANSCANAL	\$1594.67		000	0	5163	J1		\$2500.63
69805		ENDOLYMPHATIC SAC W/O SHUNT	\$2006.94		090	2	5165	J1		\$9286.03
69806		ENDOLYMPHATIC SAC SHUNT	\$2202.16		090	1	5165	J1		\$9286.03
69905		LABYRINTHECTOMY TRANSCANAL	\$1794.59		090	1	5165	J1		\$9286.03
69910		LABYRINTHECTOMY W/MASTOIDECTOMY	\$2126.22		090	0	5165	J1		\$9286.03
69915		VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	\$2976.71		090	2	5164	J1		\$5284.06
69930		COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	\$2543.88		090	0	5166	J1		\$12647.97
69949		UNLISTED PROCEDURE INNER EAR		BR	YYY	0	5161	T		\$407.28
69950		VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	\$3392.38		090	2				
69955		TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	\$3823.54		090	2	5165	J1		\$9286.03
69960		DECOMPRESSION INTERNAL AUDITORY CANAL	\$3662.12		090	2	5165	J1		\$9286.03
69970		REMOVAL TUMOR TEMPORAL BONE	\$4133.00		090	2	5165	J1		\$9286.03
69979		UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA		BR	YYY	0	5161	T		\$407.28
+	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	\$418.53		ZZZ	2				
	G0260	INJ FOR SACROILIAC JT ANESTH	\$0.00		XXX	9	5442	T		\$1153.08

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## RADIOLOGY GROUND RULES

### General Information and Instructions

1. **PHOTOGRAPHIC MEDIA AND/OR IMAGING:** The use of digital or photographic media and/or imaging is not reported separately but is considered to be a component of the basic procedure and shall not merit any additional payment.
2. **PROCEDURE CODES:** The listed PROF MAR for radiology procedures apply only when these services are performed by or under the supervision of a physician. The five-digit CPT code is used to identify the radiology service which can be billed in multiple ways on the CMS-1500 claim form:
  - a. **NO MODIFIER:** The MAR is based on the total (global) radiology service including the professional service and the technical component of providing that service.
  - b. **MODIFIER 26:** The MAR is based on the professional component, which includes examination of the patient, performance and/or supervision of the procedure, interpretation and written report of the examination and consultation with the referring physician(s).
  - c. **MODIFIER TC** indicates that only the technical component is included on the bill. The technical component includes personnel, materials, space, equipment and other allocated facility overhead normally included in providing the service.
3. **SUPERVISION AND INTERPRETATION ONLY:** A code designated as "Supervision and Interpretation only" is used to indicate radiological services provided by a radiologist and staff, in conjunction with services provided by another physician (i.e., injection, insertion of catheter). In this instance, a physician other than the radiologist should bill using the appropriate procedure code and the radiologist should bill using the appropriate "Supervision and Interpretation" only code. If the radiologist and staff provide both portions of the service, report both the Supervision and Interpretation code and the appropriate procedure code.
4. **COMPLETE PROCEDURES:** Procedures designated as a "complete" procedure are used to denote radiological services which are performed by the radiologist and staff only. If other physicians provide some part of the procedure, see Ground Rule 3, above.
5. **SEPARATE OR INDEPENDENT PROCEDURES:** Certain of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate charge. When such a procedure is carried out as a separate procedure not immediately related to other services, the MAR listed for the procedure is applicable.
6. **SERVICES OR PROCEDURES LISTED IN OTHER SECTIONS:** Services or procedures provided by a radiologist may be listed in another section of this Schedule (i.e., consultation listed in Evaluation and Management). The radiologist should use these procedure codes following the guidelines appropriate to that section.
7. **NECESSITY OF SERVICES OR PROCEDURES:** When a patient is referred to radiologists or other physicians for services covered in the Radiology section, they shall evaluate the patient's problem and determine the service(s) or procedure(s) that are medically necessary. Such evaluations and necessary consultation with the referring physician(s) is an integral part of the professional component MAR and do not merit any additional reimbursement.

## Radiology

8. REPRODUCTIONS: When an insurance carrier or self-insured employer requests x-rays, photographs or other images and satisfactory reproductions thereof are furnished in lieu of the original, the fee shall be Fifteen Dollars (\$15.00). If the x-ray, other photograph or image is provided on a CD/DVD or other electronic media, the fee shall be Twenty Dollars (\$20.00) per CD/DVD or other electronic media. Reproductions are not returnable to the physician. The bill for copying should accompany the reproduction. (The use of photographic media and/or imaging is not reported separately but is considered to be a component of the basic procedure.)

In cases where the patient transfers from one physician to another the former treating physician will promptly forward all x-rays or other photographs and images or copies of such to the new treating physician.

9. RADIOPHARMACEUTICALS AND RADIONUCLIDE MATERIALS: The MAR for procedures listed in these Radiology rate tables do not include costs for radiopharmaceutical or other radionuclide materials.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
70010		MYELOGRAPHY POST FOSSA RS&I	\$118.52		XXX	0	5572	Q2	\$641.24
70010	26	MYELOGRAPHY POST FOSSA RS&I	\$81.20		XXX	0			
70010	TC	MYELOGRAPHY POST FOSSA RS&I	\$37.32		XXX	0			
70015		CISTERNOGRAPHY POSITIVE CONTRAST RS&I	\$214.12		XXX	0	5573	Q2	\$1335.04
70015	26	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	\$79.28		XXX	0			
70015	TC	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	\$134.84		XXX	0			
70030		RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	\$48.51		XXX	0	5521	Q1	\$151.52
70030	26	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	\$16.99		XXX	0			
70030	TC	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	\$31.52		XXX	0			
70100		RADIOLOGIC EXAMINATION MANDIBLE PRTL <4 VIEWS	\$48.42		XXX	0	5521	Q1	\$151.52
70100	26	RADIOLOGIC EXAMINATION MANDIBLE PRTL <4 VIEWS	\$15.93		XXX	0			
70100	TC	RADIOLOGIC EXAMINATION MANDIBLE PRTL <4 VIEWS	\$32.49		XXX	0			
70110		RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	\$61.28		XXX	0	5522	Q1	\$183.31
70110	26	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	\$22.29		XXX	0			
70110	TC	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	\$38.99		XXX	0			
70120		RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	\$45.17		XXX	0	5522	Q1	\$183.31
70120	26	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	\$15.93		XXX	0			
70120	TC	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	\$29.24		XXX	0			
70130		RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	\$72.46		XXX	0	5522	Q1	\$183.31
70130	26	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	\$31.84		XXX	0			
70130	TC	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	\$40.62		XXX	0			
70134		RADEX INTERNAL AUDITORY MEATI COMPLETE	\$64.40		XXX	0	5524	Q1	\$919.85
70134	26	RADEX INTERNAL AUDITORY MEATI COMPLETE	\$28.66		XXX	0			
70134	TC	RADEX INTERNAL AUDITORY MEATI COMPLETE	\$35.74		XXX	0			
70140		RADEX FACIAL BONES < 3 VIEWS	\$45.17		XXX	0	5521	Q1	\$151.52
70140	26	RADEX FACIAL BONES < 3 VIEWS	\$15.93		XXX	0			
70140	TC	RADEX FACIAL BONES < 3 VIEWS	\$29.24		XXX	0			
70150		RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	\$64.54		XXX	0	5522	Q1	\$183.31
70150	26	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	\$22.29		XXX	0			
70150	TC	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	\$42.25		XXX	0			
70160		RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	\$48.42		XXX	0	5521	Q1	\$151.52
70160	26	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	\$15.93		XXX	0			
70160	TC	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	\$32.49		XXX	0			
70170		DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	\$69.34		XXX	0	5523	Q2	\$408.57
70170	26	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	\$25.47		XXX	0			
70170	TC	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	\$43.87		XXX	0			
70190		RADEX OPTIC FORAMINA	\$48.42		XXX	0	5521	Q1	\$151.52
70190	26	RADEX OPTIC FORAMINA	\$15.93		XXX	0			
70190	TC	RADEX OPTIC FORAMINA	\$32.49		XXX	0			
70200		RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	\$64.54		XXX	0	5522	Q1	\$183.31
70200	26	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	\$22.29		XXX	0			
70200	TC	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	\$42.25		XXX	0			
70210		RADEX SINUSES PARANASAL <3 VIEWS	\$48.42		XXX	0	5521	Q1	\$151.52

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
70210	26	RADEX SINUSES PARANASAL <3 VIEWS	\$15.93		XXX	0			
70210	TC	RADEX SINUSES PARANASAL <3 VIEWS	\$32.49		XXX	0			
70220		RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	\$59.66		XXX	0	5521	Q1	\$151.52
70220	26	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	\$21.36		XXX	0			
70220	TC	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	\$38.30		XXX	0			
70240		RADIOLOGIC EXAMINATION SELLA TURCICA	\$38.67		XXX	0	5521	Q1	\$151.52
70240	26	RADIOLOGIC EXAMINATION SELLA TURCICA	\$15.93		XXX	0			
70240	TC	RADIOLOGIC EXAMINATION SELLA TURCICA	\$22.74		XXX	0			
70250		RADIOLOGIC EXAMINATION SKULL 4< VIEWS	\$49.95		XXX	0	5522	Q1	\$183.31
70250	26	RADIOLOGIC EXAMINATION SKULL 4< VIEWS	\$17.92		XXX	0			
70250	TC	RADIOLOGIC EXAMINATION SKULL 4< VIEWS	\$32.03		XXX	0			
70260		RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	\$80.58		XXX	0	5522	Q1	\$183.31
70260	26	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	\$27.56		XXX	0			
70260	TC	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	\$53.02		XXX	0			
70300		RADIOLOGIC EXAMINATION TEETH 1 VIEW	\$22.55		XXX	0	5521	Q1	\$151.52
70300	26	RADIOLOGIC EXAMINATION TEETH 1 VIEW	\$9.55		XXX	0			
70300	TC	RADIOLOGIC EXAMINATION TEETH 1 VIEW	\$13.00		XXX	0			
70310		RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	\$38.38		XXX	0	5523	Q1	\$408.57
70310	26	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	\$14.24		XXX	0			
70310	TC	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	\$24.14		XXX	0			
70320		RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	\$58.07		XXX	0	5523	Q1	\$408.57
70320	26	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	\$20.70		XXX	0			
70320	TC	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	\$37.37		XXX	0			
70328		RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	\$41.92		XXX	0	5521	Q1	\$151.52
70328	26	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	\$15.93		XXX	0			
70328	TC	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	\$25.99		XXX	0			
70330		RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	\$64.54		XXX	0	5521	Q1	\$151.52
70330	26	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	\$22.29		XXX	0			
70330	TC	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	\$42.25		XXX	0			
70332		TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	\$151.68		XXX	0	5523	Q2	\$408.57
70332	26	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	\$50.95		XXX	0			
70332	TC	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	\$100.73		XXX	0			
70336		MRI TEMPOROMANDIBULAR JOINT	\$561.58		XXX	0	5523	Q3	\$408.57
70336	26	MRI TEMPOROMANDIBULAR JOINT	\$142.63		XXX	0			
70336	TC	MRI TEMPOROMANDIBULAR JOINT	\$418.94		XXX	0			
70350		CEPHALOGRAM ORTHODONTIC	\$34.45		XXX	0	5521	Q1	\$151.52
70350	26	CEPHALOGRAM ORTHODONTIC	\$15.93		XXX	0			
70350	TC	CEPHALOGRAM ORTHODONTIC	\$18.52		XXX	0			
70355		ORTHOPANTOGRAM	\$37.90		XXX	0	5521	Q1	\$151.52
70355	26	ORTHOPANTOGRAM	\$18.54		XXX	0			
70355	TC	ORTHOPANTOGRAM	\$19.36		XXX	0			
70360		RADIOLOGIC EXAMINATION NECK SOFT TISSUE	\$38.67		XXX	0	5521	Q1	\$151.52
70360	26	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	\$15.93		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
70360	TC	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	\$22.74		XXX	0			
70370		RADEX PHARYNX/LARX W/FLUOR&MAGNIFICATION TQ	\$93.65		XXX	0	5521	Q1	\$151.52
70370	26	RADEX PHARYNX/LARX W/FLUOR&MAGNIFICATION TQ	\$28.66		XXX	0			
70370	TC	RADEX PHARYNX/LARX W/FLUOR&MAGNIFICATION TQ	\$64.99		XXX	0			
70371		CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	\$175.50		XXX	0	5523	Q1	\$408.57
70371	26	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	\$78.02		XXX	0			
70371	TC	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	\$97.48		XXX	0			
70380		RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	\$48.42		XXX	0	5521	Q1	\$151.52
70380	26	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	\$15.93		XXX	0			
70380	TC	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	\$32.49		XXX	0			
70390		SIALOGRAPHY RS&I	\$119.49		XXX	0	5523	Q2	\$408.57
70390	26	SIALOGRAPHY RS&I	\$36.52		XXX	0			
70390	TC	SIALOGRAPHY RS&I	\$82.97		XXX	0			
70450		CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$224.63		XXX	0	5522	Q3	\$183.31
70450	26	CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$82.00		XXX	0			
70450	TC	CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$142.63		XXX	0			
70460		CT HEAD/BRAIN W/CONTRAST MATERIAL	\$314.21		XXX	0	5571	Q3	\$306.36
70460	26	CT HEAD/BRAIN W/CONTRAST MATERIAL	\$103.49		XXX	0			
70460	TC	CT HEAD/BRAIN W/CONTRAST MATERIAL	\$210.72		XXX	0			
70470		CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	\$367.95		XXX	0	5571	Q3	\$306.36
70470	26	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	\$117.82		XXX	0			
70470	TC	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	\$250.13		XXX	0			
70480		CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	\$336.95		XXX	0	5522	Q3	\$183.31
70480	26	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	\$119.42		XXX	0			
70480	TC	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	\$217.53		XXX	0			
70481		CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	\$383.11		XXX	0	5571	Q3	\$306.36
70481	26	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	\$109.56		XXX	0			
70481	TC	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	\$273.55		XXX	0			
70482		CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	\$447.19		XXX	0	5571	Q3	\$306.36
70482	26	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	\$122.65		XXX	0			
70482	TC	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	\$324.54		XXX	0			
70486		CT MAXILLOFACIAL W/O CONTRAST MATERIAL	\$271.49		XXX	0	5522	Q3	\$183.31
70486	26	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	\$82.69		XXX	0			
70486	TC	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	\$188.80		XXX	0			
70487		CT MAXILLOFACIAL W/CONTRAST MATERIAL	\$322.48		XXX	0	5571	Q3	\$306.36
70487	26	CT MAXILLOFACIAL W/CONTRAST MATERIAL	\$108.87		XXX	0			
70487	TC	CT MAXILLOFACIAL W/CONTRAST MATERIAL	\$213.61		XXX	0			
70488		CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	\$390.69		XXX	0	5571	Q3	\$306.36
70488	26	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	\$122.65		XXX	0			
70488	TC	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	\$268.04		XXX	0			
70490		CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	\$317.65		XXX	0	5522	Q3	\$183.31
70490	26	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	\$119.42		XXX	0			
70490	TC	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	\$198.23		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
70491		CT SOFT TISSUE NECK W/CONTRAST MATERIAL	\$390.69		XXX	0	5571	Q3	\$306.36
70491	26	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	\$127.37		XXX	0			
70491	TC	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	\$263.32		XXX	0			
70492		CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	\$468.55		XXX	0	5571	Q3	\$306.36
70492	26	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	\$135.34		XXX	0			
70492	TC	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	\$333.21		XXX	0			
70496		CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	\$584.94		XXX	0	5571	Q3	\$306.36
70496	26	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	\$132.61		XXX	0			
70496	TC	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	\$452.33		XXX	0			
70498		CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	\$584.32		XXX	0	5571	Q3	\$306.36
70498	26	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	\$131.86		XXX	0			
70498	TC	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	\$452.46		XXX	0			
70540		MRI ORBIT FACE & /NECK W/O CONTRAST	\$480.96		XXX	0	5523	Q3	\$408.57
70540	26	MRI ORBIT FACE & /NECK W/O CONTRAST	\$130.23		XXX	0			
70540	TC	MRI ORBIT FACE & /NECK W/O CONTRAST	\$350.73		XXX	0			
70542		MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	\$570.53		XXX	0	5572	Q3	\$641.24
70542	26	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	\$156.41		XXX	0			
70542	TC	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	\$414.12		XXX	0			
70543		MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	\$720.06		XXX	0	5572	Q3	\$641.24
70543	26	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	\$207.40		XXX	0			
70543	TC	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	\$512.65		XXX	0			
70544		MRA HEAD W/O CONTRST MATERIAL	\$458.22		XXX	0	5523	Q3	\$408.57
70544	26	MRA HEAD W/O CONTRST MATERIAL	\$115.76		XXX	0			
70544	TC	MRA HEAD W/O CONTRST MATERIAL	\$342.46		XXX	0			
70545		MRA HEAD W/CONTRAST MATERIAL	\$483.02		XXX	0	5572	Q3	\$641.24
70545	26	MRA HEAD W/CONTRAST MATERIAL	\$115.76		XXX	0			
70545	TC	MRA HEAD W/CONTRAST MATERIAL	\$367.26		XXX	0			
70546		MRA HEAD W/O & W/CONTRAST MATERIAL	\$701.45		XXX	0	5572	Q3	\$641.24
70546	26	MRA HEAD W/O & W/CONTRAST MATERIAL	\$143.32		XXX	0			
70546	TC	MRA HEAD W/O & W/CONTRAST MATERIAL	\$558.13		XXX	0			
70547		MRA NECK W/O CONTRST MATERIAL	\$458.91		XXX	0	5523	Q3	\$408.57
70547	26	MRA NECK W/O CONTRST MATERIAL	\$115.76		XXX	0			
70547	TC	MRA NECK W/O CONTRST MATERIAL	\$343.15		XXX	0			
70548		MRA NECK W/CONTRAST MATERIAL	\$522.99		XXX	0	5572	Q3	\$641.24
70548	26	MRA NECK W/CONTRAST MATERIAL	\$145.39		XXX	0			
70548	TC	MRA NECK W/CONTRAST MATERIAL	\$377.60		XXX	0			
70549		MRA NECK W/O & W/CONTRAST MATERIAL	\$734.53		XXX	0	5572	Q3	\$641.24
70549	26	MRA NECK W/O & W/CONTRAST MATERIAL	\$173.64		XXX	0			
70549	TC	MRA NECK W/O & W/CONTRAST MATERIAL	\$560.89		XXX	0			
70551		MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	\$416.88		XXX	0	5523	Q3	\$408.57
70551	26	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	\$143.32		XXX	0			
70551	TC	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	\$273.55		XXX	0			
70552		MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	\$574.67		XXX	0	5572	Q3	\$641.24

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
70552	26	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	\$172.26		XXX	0			
70552	TC	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	\$402.41		XXX	0			
70553		MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	\$676.65		XXX	0	5572	Q3	\$641.24
70553	26	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	\$221.19		XXX	0			
70553	TC	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	\$455.46		XXX	0			
70554		MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	\$716.03		XXX	0	5523	Q3	\$408.57
70554	26	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	\$127.24		XXX	0			
70554	TC	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	\$588.79		XXX	0			
70555		MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	\$1418.86		XXX	0	5523	S	\$408.57
70555	26	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	\$241.19		XXX	0			
70555	TC	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	\$1177.67		XXX	0			
70557		MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	\$901.44		XXX	0	5524	S	\$919.85
70557	26	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	\$170.32		XXX	0			
70557	TC	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	\$731.12		XXX	0			
70558		MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	\$1003.43		XXX	0	5571	S	\$306.36
70558	26	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	\$191.07		XXX	0			
70558	TC	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	\$812.36		XXX	0			
70559		MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	\$1132.43		XXX	0	5571	S	\$306.36
70559	26	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	\$238.83		XXX	0			
70559	TC	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	\$893.60		XXX	0			
71045		RADIOLOGIC EXAM CHEST SINGLE VIEW	\$53.06		XXX	0	5521	Q3	\$151.52
71045	26	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$17.23		XXX	0			
71045	TC	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$35.83		XXX	0			
71046		RADIOLOGIC EXAM CHEST 2 VIEWS	\$69.59		XXX	0	5521	Q3	\$151.52
71046	26	RADIOLOGIC EXAM CHEST 2 VIEWS	\$21.36		XXX	0			
71046	TC	RADIOLOGIC EXAM CHEST 2 VIEWS	\$48.23		XXX	0			
71047		RADIOLOGIC EXAM CHEST 3 VIEWS	\$87.51		XXX	0	5521	Q1	\$151.52
71047	26	RADIOLOGIC EXAM CHEST 3 VIEWS	\$26.87		XXX	0			
71047	TC	RADIOLOGIC EXAM CHEST 3 VIEWS	\$60.64		XXX	0			
71048		RADIOLOGIC EXAM CHEST 4+ VIEWS	\$94.40		XXX	0	5522	Q1	\$183.31
71048	26	RADIOLOGIC EXAM CHEST 4+ VIEWS	\$29.63		XXX	0			
71048	TC	RADIOLOGIC EXAM CHEST 4+ VIEWS	\$64.77		XXX	0			
71100		RADEX RIBS UNILATERAL 2 VIEWS	\$56.38		XXX	0	5521	Q1	\$151.52
71100	26	RADEX RIBS UNILATERAL 2 VIEWS	\$21.36		XXX	0			
71100	TC	RADEX RIBS UNILATERAL 2 VIEWS	\$35.02		XXX	0			
71101		RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	\$64.44		XXX	0	5522	Q1	\$183.31
71101	26	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	\$26.18		XXX	0			
71101	TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	\$38.26		XXX	0			
71110		RADEX RIBS BILATERAL 3 VIEWS	\$69.31		XXX	0	5522	Q1	\$183.31
71110	26	RADEX RIBS BILATERAL 3 VIEWS	\$27.07		XXX	0			
71110	TC	RADEX RIBS BILATERAL 3 VIEWS	\$42.24		XXX	0			
71111		RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	\$77.36		XXX	0	5522	Q1	\$183.31
71111	26	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	\$30.25		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
71111	TC	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	\$47.11	XXX	0				
71120		RADEX STERNUM MINIMUM 2 VIEWS	\$48.42	XXX	0	5521	Q1		\$151.52
71120	26	RADEX STERNUM MINIMUM 2 VIEWS	\$15.93	XXX	0				
71120	TC	RADEX STERNUM MINIMUM 2 VIEWS	\$32.49	XXX	0				
71130		RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	\$51.60	XXX	0	5521	Q1		\$151.52
71130	26	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	\$19.11	XXX	0				
71130	TC	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	\$32.49	XXX	0				
71250		DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	\$281.82	XXX	0	5522	Q3		\$183.31
71250	26	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	\$104.74	XXX	0				
71250	TC	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	\$177.09	XXX	0				
71260		DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	\$354.17	XXX	0	5571	Q3		\$306.36
71260	26	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	\$113.00	XXX	0				
71260	TC	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	\$241.17	XXX	0				
71270		DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	\$416.19	XXX	0	5571	Q3		\$306.36
71270	26	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	\$120.58	XXX	0				
71270	TC	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	\$295.60	XXX	0				
71271		COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	\$291.47	XXX	0	5522	S		\$183.31
71271	26	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	\$104.74	XXX	0				
71271	TC	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	\$186.73	XXX	0				
71275		CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	\$596.72	XXX	0	5571	Q3		\$306.36
71275	26	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	\$150.27	XXX	0				
71275	TC	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	\$446.45	XXX	0				
71550		MRI CHEST W/O CONTRAST MATERIAL	\$718.68	XXX	0	5523	Q3		\$408.57
71550	26	MRI CHEST W/O CONTRAST MATERIAL	\$141.26	XXX	0				
71550	TC	MRI CHEST W/O CONTRAST MATERIAL	\$577.42	XXX	0				
71551		MRI CHEST W/CONTRAST MATERIAL	\$794.48	XXX	0	5573	Q3		\$1335.04
71551	26	MRI CHEST W/CONTRAST MATERIAL	\$167.44	XXX	0				
71551	TC	MRI CHEST W/CONTRAST MATERIAL	\$627.04	XXX	0				
71552		MRI CHEST W/O & W/CONTRAST MATERIAL	\$1002.57	XXX	0	5572	Q3		\$641.24
71552	26	MRI CHEST W/O & W/CONTRAST MATERIAL	\$218.43	XXX	0				
71552	TC	MRI CHEST W/O & W/CONTRAST MATERIAL	\$784.14	XXX	0				
71555		MRA CHEST W/O & W/CONTRAST MATERIAL	\$709.72	XXX	0				
71555	26	MRA CHEST W/O & W/CONTRAST MATERIAL	\$172.95	XXX	0				
71555	TC	MRA CHEST W/O & W/CONTRAST MATERIAL	\$536.77	XXX	0				
72020		RADEX SPINE 1 VIEW SPECIFY LEVEL	\$35.42	XXX	0	5521	Q1		\$151.52
72020	26	RADEX SPINE 1 VIEW SPECIFY LEVEL	\$15.85	XXX	0				
72020	TC	RADEX SPINE 1 VIEW SPECIFY LEVEL	\$19.57	XXX	0				
72040		RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$48.42	XXX	0	5521	Q1		\$151.52
72040	26	RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$15.93	XXX	0				
72040	TC	RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$32.49	XXX	0				
72050		RADEX SPINE CERVICAL 4 OR 5 VIEWS	\$77.44	XXX	0	5522	Q1		\$183.31

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
72050	26	RADEX SPINE CERVICAL 4 OR 5 VIEWS	\$26.18		XXX	0			
72050	TC	RADEX SPINE CERVICAL 4 OR 5 VIEWS	\$51.26		XXX	0			
72052		RADEX SPINE CERVICAL 6 OR MORE VIEWS	\$96.83		XXX	0	5522	Q1	\$183.31
72052	26	RADEX SPINE CERVICAL 6 OR MORE VIEWS	\$29.63		XXX	0			
72052	TC	RADEX SPINE CERVICAL 6 OR MORE VIEWS	\$67.20		XXX	0			
72070		RADEX SPINE THORACIC 2 VIEWS	\$53.19		XXX	0	5522	Q1	\$183.31
72070	26	RADEX SPINE THORACIC 2 VIEWS	\$19.98		XXX	0			
72070	TC	RADEX SPINE THORACIC 2 VIEWS	\$33.21		XXX	0			
72072		RADEX SPINE THORACIC 3 VIEWS	\$62.91		XXX	0	5522	Q1	\$183.31
72072	26	RADEX SPINE THORACIC 3 VIEWS	\$22.05		XXX	0			
72072	TC	RADEX SPINE THORACIC 3 VIEWS	\$40.86		XXX	0			
72074		RADEX SPINE THORACIC MINIMUM 4 VIEWS	\$67.85		XXX	0	5522	Q1	\$183.31
72074	26	RADEX SPINE THORACIC MINIMUM 4 VIEWS	\$19.11		XXX	0			
72074	TC	RADEX SPINE THORACIC MINIMUM 4 VIEWS	\$48.74		XXX	0			
72080		RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	\$56.38		XXX	0	5521	Q1	\$151.52
72080	26	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	\$20.67		XXX	0			
72080	TC	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	\$35.71		XXX	0			
72081		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	\$88.20		XXX	0	5521	Q1	\$151.52
72081	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	\$25.49		XXX	0			
72081	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	\$62.70		XXX	0			
72082		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	\$145.39		XXX	0	5522	Q1	\$183.31
72082	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	\$31.01		XXX	0			
72082	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	\$114.38		XXX	0			
72083		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	\$163.99		XXX	0	5522	S	\$183.31
72083	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	\$35.14		XXX	0			
72083	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	\$128.85		XXX	0			
72084		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	\$203.96		XXX	0	5522	S	\$183.31
72084	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	\$40.65		XXX	0			
72084	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	\$163.31		XXX	0			
72100		RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$53.19		XXX	0	5522	Q1	\$183.31
72100	26	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$20.70		XXX	0			
72100	TC	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$32.49		XXX	0			
72110		RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	\$72.52		XXX	0	5522	Q1	\$183.31
72110	26	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	\$25.49		XXX	0			
72110	TC	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	\$47.03		XXX	0			
72114		RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN 6	\$87.08		XXX	0	5522	Q1	\$183.31
72114	26	RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN 6	\$29.63		XXX	0			
72114	TC	RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN 6	\$57.45		XXX	0			
72120		RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	\$61.32		XXX	0	5522	Q1	\$183.31
72120	26	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	\$20.70		XXX	0			
72120	TC	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	\$40.62		XXX	0			
72125		CT CERVICAL SPINE W/O CONTRAST MATERIAL	\$275.62		XXX	0	5522	Q3	\$183.31
72125	26	CT CERVICAL SPINE W/O CONTRAST MATERIAL	\$96.47		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
72125	TC	CT CERVICAL SPINE W/O CONTRAST MATERIAL	\$179.15		XXX	0			
72126		CT CERVICAL SPINE W/CONTRAST MATERIAL	\$357.62		XXX	0	5572	Q3	\$641.24
72126	26	CT CERVICAL SPINE W/CONTRAST MATERIAL	\$111.46		XXX	0			
72126	TC	CT CERVICAL SPINE W/CONTRAST MATERIAL	\$246.16		XXX	0			
72127		CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	\$418.94		XXX	0	5571	Q3	\$306.36
72127	26	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	\$114.64		XXX	0			
72127	TC	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	\$304.30		XXX	0			
72128		CT THORACIC SPINE W/O CONTRAST MATERIAL	\$274.93		XXX	0	5522	Q3	\$183.31
72128	26	CT THORACIC SPINE W/O CONTRAST MATERIAL	\$96.47		XXX	0			
72128	TC	CT THORACIC SPINE W/O CONTRAST MATERIAL	\$178.46		XXX	0			
72129		CT THORACIC SPINE W/CONTRAST MATERIAL	\$360.37		XXX	0	5571	Q3	\$306.36
72129	26	CT THORACIC SPINE W/CONTRAST MATERIAL	\$111.46		XXX	0			
72129	TC	CT THORACIC SPINE W/CONTRAST MATERIAL	\$248.91		XXX	0			
72130		CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	\$421.70		XXX	0	5571	Q3	\$306.36
72130	26	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	\$114.64		XXX	0			
72130	TC	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	\$307.06		XXX	0			
72131		CT LUMBAR SPINE W/O CONTRAST MATERIAL	\$273.55		XXX	0	5522	Q3	\$183.31
72131	26	CT LUMBAR SPINE W/O CONTRAST MATERIAL	\$96.47		XXX	0			
72131	TC	CT LUMBAR SPINE W/O CONTRAST MATERIAL	\$177.09		XXX	0			
72132		CT LUMBAR SPINE W/CONTRAST MATERIAL	\$358.31		XXX	0	5572	Q3	\$641.24
72132	26	CT LUMBAR SPINE W/CONTRAST MATERIAL	\$111.46		XXX	0			
72132	TC	CT LUMBAR SPINE W/CONTRAST MATERIAL	\$246.85		XXX	0			
72133		CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	\$419.63		XXX	0	5571	Q3	\$306.36
72133	26	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	\$114.64		XXX	0			
72133	TC	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	\$304.99		XXX	0			
72141		MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	\$405.16		XXX	0	5523	Q3	\$408.57
72141	26	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	\$143.32		XXX	0			
72141	TC	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	\$261.84		XXX	0			
72142		MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	\$585.69		XXX	0	5572	Q3	\$641.24
72142	26	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	\$173.64		XXX	0			
72142	TC	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	\$412.05		XXX	0			
72146		MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	\$404.47		XXX	0	5523	Q3	\$408.57
72146	26	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	\$143.32		XXX	0			
72146	TC	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	\$261.15		XXX	0			
72147		MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	\$580.18		XXX	0	5572	Q3	\$641.24
72147	26	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	\$172.26		XXX	0			
72147	TC	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	\$407.92		XXX	0			
72148		MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	\$406.54		XXX	0	5523	Q3	\$408.57
72148	26	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	\$144.01		XXX	0			
72148	TC	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	\$262.53		XXX	0			
72149		MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	\$575.36		XXX	0	5572	Q3	\$641.24
72149	26	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	\$172.95		XXX	0			
72149	TC	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	\$402.41		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
72156		MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	\$680.09		XXX	0	5572	Q3	\$641.24
72156	26	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	\$221.87		XXX	0			
72156	TC	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	\$458.22		XXX	0			
72157		MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	\$681.47		XXX	0	5572	Q3	\$641.24
72157	26	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	\$221.87		XXX	0			
72157	TC	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	\$459.60		XXX	0			
72158		MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	\$678.72		XXX	0	5572	Q3	\$641.24
72158	26	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	\$221.87		XXX	0			
72158	TC	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	\$456.84		XXX	0			
72159		MRA SPINAL CANAL W/WO CONTRAST MATERIAL	\$734.53		XXX	0			
72159	26	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	\$174.33		XXX	0			
72159	TC	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	\$560.20		XXX	9			
72170		RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	\$48.42		XXX	0	5522	Q1	\$183.31
72170	26	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	\$15.93		XXX	0			
72170	TC	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	\$32.49		XXX	0			
72190		RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	\$58.07		XXX	0	5522	Q1	\$183.31
72190	26	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	\$20.70		XXX	0			
72190	TC	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	\$37.37		XXX	0			
72191		CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	\$624.54		XXX	0	5571	Q3	\$306.36
72191	26	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	\$148.34		XXX	0			
72191	TC	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	\$476.20		XXX	0			
72192		CT PELVIS W/O CONTRAST MATERIAL	\$281.82		XXX	0	5522	Q3	\$183.31
72192	26	CT PELVIS W/O CONTRAST MATERIAL	\$95.53		XXX	0			
72192	TC	CT PELVIS W/O CONTRAST MATERIAL	\$186.29		XXX	0			
72193		CT PELVIS W/CONTRAST MATERIAL	\$460.93		XXX	0	5571	Q3	\$306.36
72193	26	CT PELVIS W/CONTRAST MATERIAL	\$103.49		XXX	0			
72193	TC	CT PELVIS W/CONTRAST MATERIAL	\$357.44		XXX	0			
72194		CT PELVIS W/O & W/CONTRAST MATERIAL	\$536.08		XXX	0	5571	Q3	\$306.36
72194	26	CT PELVIS W/O & W/CONTRAST MATERIAL	\$111.46		XXX	0			
72194	TC	CT PELVIS W/O & W/CONTRAST MATERIAL	\$424.62		XXX	0			
72195		MRI PELVIS W/O CONTRAST MATERIAL	\$487.16		XXX	0	5523	Q3	\$408.57
72195	26	MRI PELVIS W/O CONTRAST MATERIAL	\$141.94		XXX	0			
72195	TC	MRI PELVIS W/O CONTRAST MATERIAL	\$345.21		XXX	0			
72196		MRI PELVIS W/CONTRAST MATERIAL	\$570.53		XXX	0	5572	Q3	\$641.24
72196	26	MRI PELVIS W/CONTRAST MATERIAL	\$166.75		XXX	0			
72196	TC	MRI PELVIS W/CONTRAST MATERIAL	\$403.78		XXX	0			
72197		MRI PELVIS W/O & W/CONTRAST MATERIAL	\$715.92		XXX	0	5572	Q3	\$641.24
72197	26	MRI PELVIS W/O & W/CONTRAST MATERIAL	\$212.23		XXX	0			
72197	TC	MRI PELVIS W/O & W/CONTRAST MATERIAL	\$503.70		XXX	0			
72198		MRA PELVIS W/WO CONTRAST MATERIAL	\$718.68		XXX	0			
72198	26	MRA PELVIS W/WO CONTRAST MATERIAL	\$172.26		XXX	0			
72198	TC	MRA PELVIS W/WO CONTRAST MATERIAL	\$546.42		XXX	0			
72200		RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	\$48.32		XXX	0	5522	Q1	\$183.31

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
72200	26	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	\$16.54		XXX	0			
72200	TC	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	\$31.78		XXX	0			
72202		RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	\$51.54		XXX	0	5522	Q1	\$183.31
72202	26	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	\$22.05		XXX	0			
72202	TC	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	\$29.49		XXX	0			
72220		RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	\$48.32		XXX	0	5521	Q1	\$151.52
72220	26	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	\$17.23		XXX	0			
72220	TC	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	\$31.09		XXX	0			
72240		MYELOGRAPHY CERVICAL RS&I	\$231.52		XXX	0	5573	Q2	\$1335.04
72240	26	MYELOGRAPHY CERVICAL RS&I	\$71.65		XXX	0			
72240	TC	MYELOGRAPHY CERVICAL RS&I	\$159.87		XXX	0			
72255		MYELOGRAPHY THORACIC RS&I	\$222.56		XXX	0	5573	Q2	\$1335.04
72255	26	MYELOGRAPHY THORACIC RS&I	\$66.87		XXX	0			
72255	TC	MYELOGRAPHY THORACIC RS&I	\$155.69		XXX	0			
72265		MYELOGRAPHY LUMBOSACRAL RS&I	\$223.96		XXX	0	5573	Q2	\$1335.04
72265	26	MYELOGRAPHY LUMBOSACRAL RS&I	\$66.87		XXX	0			
72265	TC	MYELOGRAPHY LUMBOSACRAL RS&I	\$157.09		XXX	0			
72270		MYELOGRAPHY 2/MORE REGIONS RS&I	\$315.59		XXX	0	5573	Q2	\$1335.04
72270	26	MYELOGRAPHY 2/MORE REGIONS RS&I	\$95.53		XXX	0			
72270	TC	MYELOGRAPHY 2/MORE REGIONS RS&I	\$220.06		XXX	0			
72285		DISKOGRAPY CERVICAL/THORACIC RS&I	\$272.86		XXX	0	5431	Q2	\$3219.35
72285	26	DISKOGRAPY CERVICAL/THORACIC RS&I	\$71.65		XXX	0			
72285	TC	DISKOGRAPY CERVICAL/THORACIC RS&I	\$201.21		XXX	0			
72295		DISKOGRAPY LUMBAR RS&I	\$230.14		XXX	0	5431	Q2	\$3219.35
72295	26	DISKOGRAPY LUMBAR RS&I	\$71.65		XXX	0			
72295	TC	DISKOGRAPY LUMBAR RS&I	\$158.49		XXX	0			
73000		RADEX CLAVICLE COMPLETE	\$38.70		XXX	0	5521	Q1	\$151.52
73000	26	RADEX CLAVICLE COMPLETE	\$14.33		XXX	0			
73000	TC	RADEX CLAVICLE COMPLETE	\$24.37		XXX	0			
73010		RADEX SCAPULA COMPLETE	\$43.54		XXX	0	5522	Q1	\$183.31
73010	26	RADEX SCAPULA COMPLETE	\$15.93		XXX	0			
73010	TC	RADEX SCAPULA COMPLETE	\$27.61		XXX	0			
73020		RADEX SHOULDER 1 VIEW	\$35.48		XXX	0	5521	Q1	\$151.52
73020	26	RADEX SHOULDER 1 VIEW	\$12.74		XXX	0			
73020	TC	RADEX SHOULDER 1 VIEW	\$22.74		XXX	0			
73030		RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	\$43.52		XXX	0	5521	Q1	\$151.52
73030	26	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	\$17.52		XXX	0			
73030	TC	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	\$26.00		XXX	0			
73040		RADEX SHOULDER ARTHROGRAPHY RS&I	\$153.21		XXX	0	5572	Q2	\$641.24
73040	26	RADEX SHOULDER ARTHROGRAPHY RS&I	\$54.44		XXX	0			
73040	TC	RADEX SHOULDER ARTHROGRAPHY RS&I	\$98.77		XXX	0			
73050		RADEX A-C JOINTS BI W/O WEIGHTED DISTRCJ	\$48.42		XXX	0	5521	Q1	\$151.52
73050	26	RADEX A-C JOINTS BI W/O WEIGHTED DISTRCJ	\$15.93		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
73050	TC	RADEX A-C JOINTS BI W/WO WEIGHTED DISTR CJ	\$32.49		XXX	0			
73060		RADEX HUMERUS MINIMUM 2 VIEWS	\$45.17		XXX	0	5521	Q1	\$151.52
73060	26	RADEX HUMERUS MINIMUM 2 VIEWS	\$15.85		XXX	0			
73060	TC	RADEX HUMERUS MINIMUM 2 VIEWS	\$29.32		XXX	0			
73070		RADEX ELBOW 2 VIEWS	\$41.99		XXX	0	5521	Q1	\$151.52
73070	26	RADEX ELBOW 2 VIEWS	\$12.74		XXX	0			
73070	TC	RADEX ELBOW 2 VIEWS	\$29.25		XXX	0			
73080		RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	\$43.54		XXX	0	5521	Q1	\$151.52
73080	26	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	\$15.93		XXX	0			
73080	TC	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	\$27.61		XXX	0			
73085		RADEX ELBOW ARTHROGRAPHY RS&I	\$153.21		XXX	0	5572	Q2	\$641.24
73085	26	RADEX ELBOW ARTHROGRAPHY RS&I	\$52.37		XXX	0			
73085	TC	RADEX ELBOW ARTHROGRAPHY RS&I	\$100.84		XXX	0			
73090		RADEX FOREARM 2 VIEWS	\$40.30		XXX	0	5521	Q1	\$151.52
73090	26	RADEX FOREARM 2 VIEWS	\$15.85		XXX	0			
73090	TC	RADEX FOREARM 2 VIEWS	\$24.45		XXX	0			
73092		RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	\$40.30		XXX	0	5522	Q1	\$183.31
73092	26	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	\$15.85		XXX	0			
73092	TC	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	\$24.45		XXX	0			
73100		RADEX WRIST 2 VIEWS	\$40.30		XXX	0	5521	Q1	\$151.52
73100	26	RADEX WRIST 2 VIEWS	\$15.93		XXX	0			
73100	TC	RADEX WRIST 2 VIEWS	\$24.37		XXX	0			
73110		RADEX WRIST COMPLETE MINIMUM 3 VIEWS	\$43.52		XXX	0	5521	Q1	\$151.52
73110	26	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	\$17.23		XXX	0			
73110	TC	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	\$26.29		XXX	0			
73115		RADEX WRIST ARTHROGRAPHY RS&I	\$127.31		XXX	0	5572	Q2	\$641.24
73115	26	RADEX WRIST ARTHROGRAPHY RS&I	\$50.95		XXX	0			
73115	TC	RADEX WRIST ARTHROGRAPHY RS&I	\$76.36		XXX	0			
73120		RADEX HAND 2 VIEWS	\$35.48		XXX	0	5522	Q1	\$183.31
73120	26	RADEX HAND 2 VIEWS	\$12.74		XXX	0			
73120	TC	RADEX HAND 2 VIEWS	\$22.74		XXX	0			
73130		RADEX HAND MINIMUM 3 VIEWS	\$45.17		XXX	0	5521	Q1	\$151.52
73130	26	RADEX HAND MINIMUM 3 VIEWS	\$15.93		XXX	0			
73130	TC	RADEX HAND MINIMUM 3 VIEWS	\$29.24		XXX	0			
73140		RADEX FINGR MINIMUM 2 VIEWS	\$33.87		XXX	0	5521	Q1	\$151.52
73140	26	RADEX FINGR MINIMUM 2 VIEWS	\$12.74		XXX	0			
73140	TC	RADEX FINGR MINIMUM 2 VIEWS	\$21.13		XXX	0			
73200		CT UPPER EXTREMITY W/O CONTRAST MATERIAL	\$341.77		XXX	0	5522	Q3	\$183.31
73200	26	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	\$95.53		XXX	0			
73200	TC	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	\$246.24		XXX	0			
73201		CT UPPER EXTREMITY W/CONTRAST MATERIAL	\$420.31		XXX	0	5572	Q3	\$641.24
73201	26	CT UPPER EXTREMITY W/CONTRAST MATERIAL	\$103.49		XXX	0			
73201	TC	CT UPPER EXTREMITY W/CONTRAST MATERIAL	\$316.82		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
73202		CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	\$509.51		XXX	0	5571	Q3	\$306.36
73202	26	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	\$111.46		XXX	0			
73202	TC	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	\$398.05		XXX	0			
73206		CT ANGIOGRAPHY UPPER EXTREMITY	\$583.81		XXX	0	5571	Q3	\$306.36
73206	26	CT ANGIOGRAPHY UPPER EXTREMITY	\$148.60		XXX	0			
73206	TC	CT ANGIOGRAPHY UPPER EXTREMITY	\$435.21		XXX	0			
73218		MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	\$645.64		XXX	0	5523	Q3	\$408.57
73218	26	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	\$131.61		XXX	0			
73218	TC	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	\$514.03		XXX	0			
73219		MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	\$704.90		XXX	0	5572	Q3	\$641.24
73219	26	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	\$157.10		XXX	0			
73219	TC	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	\$547.80		XXX	0			
73220		MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	\$871.65		XXX	0	5572	Q3	\$641.24
73220	26	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	\$182.61		XXX	0			
73220	TC	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	\$689.04		XXX	0			
73221		MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	\$431.35		XXX	0	5523	Q3	\$408.57
73221	26	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	\$131.61		XXX	0			
73221	TC	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	\$299.74		XXX	0			
73222		MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	\$666.31		XXX	0	5573	Q3	\$1335.04
73222	26	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	\$157.79		XXX	0			
73222	TC	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	\$508.52		XXX	0			
73223		MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	\$823.42		XXX	0	5572	Q3	\$641.24
73223	26	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	\$208.78		XXX	0			
73223	TC	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	\$614.63		XXX	0			
73225		MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	\$727.64		XXX	0			
73225	26	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	\$167.44		XXX	0			
73225	TC	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	\$560.20		XXX	9			
73501		RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	\$68.22		XXX	0	5521	Q1	\$151.52
73501	26	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	\$18.60		XXX	0			
73501	TC	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	\$49.61		XXX	0			
73502		RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$98.53		XXX	0	5521	Q1	\$151.52
73502	26	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$22.05		XXX	0			
73502	TC	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$76.48		XXX	0			
73503		RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	\$124.03		XXX	0	5522	Q1	\$183.31
73503	26	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	\$26.87		XXX	0			
73503	TC	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	\$97.16		XXX	0			
73521		RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	\$85.44		XXX	0	5522	Q1	\$183.31
73521	26	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	\$22.05		XXX	0			
73521	TC	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	\$63.39		XXX	0			
73522		RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$111.63		XXX	0	5522	Q1	\$183.31
73522	26	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$28.94		XXX	0			
73522	TC	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$82.69		XXX	0			
73523		RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	\$128.16		XXX	0	5522	S	\$183.31

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
73523	26	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	\$31.01		XXX	0			
73523	TC	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	\$97.16		XXX	0			
73525		RADEX HIP ARTHROGRAPHY RS&I	\$153.21		XXX	0	5572	Q2	\$641.24
73525	26	RADEX HIP ARTHROGRAPHY RS&I	\$55.72		XXX	0			
73525	TC	RADEX HIP ARTHROGRAPHY RS&I	\$97.49		XXX	0			
73551		RADIOLOGIC EXAMINATION FEMUR 1 VIEW	\$60.64		XXX	0	5521	Q1	\$151.52
73551	26	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	\$16.54		XXX	0			
73551	TC	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	\$44.10		XXX	0			
73552		RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$73.73		XXX	0	5521	Q1	\$151.52
73552	26	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$17.92		XXX	0			
73552	TC	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$55.81		XXX	0			
73560		RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	\$40.33		XXX	0	5521	Q1	\$151.52
73560	26	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	\$14.33		XXX	0			
73560	TC	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	\$26.00		XXX	0			
73562		RADIOLOGIC EXAMINATION KNEE 3 VIEWS	\$45.17		XXX	0	5521	Q1	\$151.52
73562	26	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	\$15.93		XXX	0			
73562	TC	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	\$29.24		XXX	0			
73564		RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	\$48.36		XXX	0	5522	Q1	\$183.31
73564	26	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	\$19.11		XXX	0			
73564	TC	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	\$29.25		XXX	0			
73565		RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	\$40.33		XXX	0	5521	Q1	\$151.52
73565	26	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	\$14.33		XXX	0			
73565	TC	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	\$26.00		XXX	0			
73580		RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	\$177.64		XXX	0	5572	Q2	\$641.24
73580	26	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	\$52.54		XXX	0			
73580	TC	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	\$125.10		XXX	0			
73590		RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	\$40.36		XXX	0	5521	Q1	\$151.52
73590	26	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	\$12.74		XXX	0			
73590	TC	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	\$27.62		XXX	0			
73592		RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	\$37.11		XXX	0	5521	Q1	\$151.52
73592	26	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	\$12.74		XXX	0			
73592	TC	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	\$24.37		XXX	0			
73600		RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	\$37.11		XXX	0	5521	Q1	\$151.52
73600	26	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	\$12.74		XXX	0			
73600	TC	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	\$24.37		XXX	0			
73610		RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	\$45.17		XXX	0	5521	Q1	\$151.52
73610	26	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	\$15.93		XXX	0			
73610	TC	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	\$29.24		XXX	0			
73615		RADEX ANKLE ARTHROGRAPHY RS&I	\$153.21		XXX	0	5572	Q2	\$641.24
73615	26	RADEX ANKLE ARTHROGRAPHY RS&I	\$55.72		XXX	0			
73615	TC	RADEX ANKLE ARTHROGRAPHY RS&I	\$97.49		XXX	0			
73620		RADIOLOGIC EXAMINATION FOOT 2 VIEWS	\$37.08		XXX	0	5521	Q1	\$151.52
73620	26	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	\$14.33		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
73620	TC	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	\$22.75		XXX	0			
73630		RADEX FOOT COMPLETE MINIMUM 3 VIEWS	\$43.52		XXX	0	5521	Q1	\$151.52
73630	26	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	\$16.54		XXX	0			
73630	TC	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	\$26.98		XXX	0			
73650		RADEX CALCANEUS MINIMUM 2 VIEWS	\$37.11		XXX	0	5521	Q1	\$151.52
73650	26	RADEX CALCANEUS MINIMUM 2 VIEWS	\$12.74		XXX	0			
73650	TC	RADEX CALCANEUS MINIMUM 2 VIEWS	\$24.37		XXX	0			
73660		RADEX TOE MINIMUM 2 VIEWS	\$32.26		XXX	0	5521	Q1	\$151.52
73660	26	RADEX TOE MINIMUM 2 VIEWS	\$11.14		XXX	0			
73660	TC	RADEX TOE MINIMUM 2 VIEWS	\$21.12		XXX	0			
73700		CT LOWER EXTREMITY W/O CONTRAST MATERIAL	\$274.24		XXX	0	5522	Q3	\$183.31
73700	26	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	\$95.53		XXX	0			
73700	TC	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	\$178.71		XXX	0			
73701		CT LOWER EXTREMITY W/CONTRAST MATERIAL	\$353.48		XXX	0	5571	Q3	\$306.36
73701	26	CT LOWER EXTREMITY W/CONTRAST MATERIAL	\$103.49		XXX	0			
73701	TC	CT LOWER EXTREMITY W/CONTRAST MATERIAL	\$249.99		XXX	0			
73702		CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	\$414.12		XXX	0	5571	Q3	\$306.36
73702	26	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	\$111.46		XXX	0			
73702	TC	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	\$302.66		XXX	0			
73706		CT ANGIOGRAPHY LOWER EXTREMITY	\$595.96		XXX	0	5571	Q3	\$306.36
73706	26	CT ANGIOGRAPHY LOWER EXTREMITY	\$151.70		XXX	0			
73706	TC	CT ANGIOGRAPHY LOWER EXTREMITY	\$444.26		XXX	0			
73718		MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	\$474.76		XXX	0	5523	Q3	\$408.57
73718	26	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	\$130.23		XXX	0			
73718	TC	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	\$344.53		XXX	0			
73719		MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	\$559.51		XXX	0	5572	Q3	\$641.24
73719	26	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	\$156.41		XXX	0			
73719	TC	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	\$403.09		XXX	0			
73720		MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	\$716.61		XXX	0	5572	Q3	\$641.24
73720	26	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	\$182.47		XXX	0			
73720	TC	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	\$534.14		XXX	0			
73721		MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	\$430.66		XXX	0	5523	Q3	\$408.57
73721	26	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	\$131.61		XXX	0			
73721	TC	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	\$299.05		XXX	0			
73722		MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	\$667.00		XXX	0	5573	Q3	\$1335.04
73722	26	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	\$157.10		XXX	0			
73722	TC	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	\$509.90		XXX	0			
73723		MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	\$819.97		XXX	0	5572	Q3	\$641.24
73723	26	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	\$208.09		XXX	0			
73723	TC	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	\$611.88		XXX	0			
73725		MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	\$713.86		XXX	0			
73725	26	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	\$173.64		XXX	0			
73725	TC	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	\$540.22		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
74018		RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$62.70		XXX	0	5521	Q1	\$151.52
74018	26	RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$17.92		XXX	0			
74018	TC	RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$44.79		XXX	0			
74019		RADIOLOGIC EXAM ABDOMEN 2 VIEWS	\$75.80		XXX	0	5522	Q1	\$183.31
74019	26	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	\$22.05		XXX	0			
74019	TC	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	\$53.75		XXX	0			
74021		RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	\$88.89		XXX	0	5522	Q1	\$183.31
74021	26	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	\$26.18		XXX	0			
74021	TC	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	\$62.70		XXX	0			
74022		RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	\$72.50		XXX	0	5522	Q1	\$183.31
74022	26	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	\$30.25		XXX	0			
74022	TC	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	\$42.25		XXX	0			
74150		CT ABDOMEN W/O CONTRAST MATERIAL	\$289.40		XXX	0	5522	Q3	\$183.31
74150	26	CT ABDOMEN W/O CONTRAST MATERIAL	\$111.46		XXX	0			
74150	TC	CT ABDOMEN W/O CONTRAST MATERIAL	\$177.94		XXX	0			
74160		CT ABDOMEN W/CONTRAST MATERIAL	\$481.76		XXX	0	5571	Q3	\$306.36
74160	26	CT ABDOMEN W/CONTRAST MATERIAL	\$117.82		XXX	0			
74160	TC	CT ABDOMEN W/CONTRAST MATERIAL	\$363.94		XXX	0			
74170		CT ABDOMEN W/O & W/CONTRAST MATERIAL	\$556.06		XXX	0	5571	Q3	\$306.36
74170	26	CT ABDOMEN W/O & W/CONTRAST MATERIAL	\$127.37		XXX	0			
74170	TC	CT ABDOMEN W/O & W/CONTRAST MATERIAL	\$428.69		XXX	0			
74174		CT ANGIO ABD&PLVIS CNTRST MTRL W/O CNTRST IMG	\$806.88		XXX	0	5572	S	\$641.24
74174	26	CT ANGIO ABD&PLVIS CNTRST MTRL W/O CNTRST IMG	\$211.54		XXX	0			
74174	TC	CT ANGIO ABD&PLVIS CNTRST MTRL W/O CNTRST IMG	\$595.34		XXX	0			
74175		CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	\$638.66		XXX	0	5571	Q3	\$306.36
74175	26	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	\$151.70		XXX	0			
74175	TC	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	\$486.96		XXX	0			
74176		CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	\$387.94		XXX	9	5523	Q3	\$408.57
74176	26	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	\$168.13		XXX	9			
74176	TC	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	\$219.81		XXX	9			
74177		CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	\$643.57		XXX	9	5572	Q3	\$641.24
74177	26	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	\$175.71		XXX	9			
74177	TC	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	\$467.87		XXX	9			
74178		CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	\$722.13		XXX	9	5572	Q3	\$641.24
74178	26	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	\$193.62		XXX	9			
74178	TC	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	\$528.50		XXX	9			
74181		MRI ABDOMEN W/O CONTRAST MATERIAL	\$416.19		XXX	0	5523	Q3	\$408.57
74181	26	MRI ABDOMEN W/O CONTRAST MATERIAL	\$141.26		XXX	0			
74181	TC	MRI ABDOMEN W/O CONTRAST MATERIAL	\$274.93		XXX	0			
74182		MRI ABDOMEN W/CONTRAST MATERIAL	\$642.88		XXX	0	5572	Q3	\$641.24
74182	26	MRI ABDOMEN W/CONTRAST MATERIAL	\$166.75		XXX	0			
74182	TC	MRI ABDOMEN W/CONTRAST MATERIAL	\$476.13		XXX	0			
74183		MRI ABDOMEN W/O & W/CONTRAST MATERIAL	\$718.68		XXX	0	5572	Q3	\$641.24

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
74183	26	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	\$212.23		XXX	0			
74183	TC	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	\$506.45		XXX	0			
74185		MRA ABDOMEN W/WO CONTRAST MATERIAL	\$715.92		XXX	0			
74185	26	MRA ABDOMEN W/WO CONTRAST MATERIAL	\$172.26		XXX	0			
74185	TC	MRA ABDOMEN W/WO CONTRAST MATERIAL	\$543.66		XXX	0			
74190		PERITONEOGRAM RS&I	\$233.70		XXX	0	5524	Q2	\$919.85
74190	26	PERITONEOGRAM RS&I	\$44.79		XXX	0			
74190	TC	PERITONEOGRAM RS&I	\$188.91		XXX	0			
74210		RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	\$88.67		XXX	0	5571	Q1	\$306.36
74210	26	RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	\$32.42		XXX	0			
74210	TC	RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	\$56.25		XXX	0			
74220		RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	\$100.04		XXX	0	5571	Q1	\$306.36
74220	26	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	\$39.61		XXX	0			
74220	TC	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	\$60.43		XXX	0			
74221		RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	\$226.70		XXX	0	5571	Q1	\$306.36
74221	26	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	\$67.53		XXX	0			
74221	TC	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	\$159.17		XXX	0			
74230		RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	\$112.72		XXX	0	5571	Q1	\$306.36
74230	26	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	\$49.36		XXX	0			
74230	TC	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	\$63.36		XXX	0			
74235		RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	\$231.81		XXX	0			
74235	26	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	\$105.08		XXX	0			
74235	TC	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	\$126.73		XXX	0			
74240		RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	\$131.93		XXX	0	5571	Q1	\$306.36
74240	26	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	\$63.22		XXX	0			
74240	TC	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	\$68.71		XXX	0			
74246		RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	\$143.52		XXX	0	5571	Q1	\$306.36
74246	26	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	\$59.83		XXX	0			
74246	TC	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	\$83.69		XXX	0			
+	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	\$170.20		ZZZ	0			
+	74248	26 RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	\$67.53		ZZZ	0			
+	74248	TC RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	\$102.67		ZZZ	0			
74250		RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	\$110.07		XXX	0	5571	Q1	\$306.36
74250	26	RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	\$36.33		XXX	0			
74250	TC	RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	\$73.74		XXX	0			
74251		RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	\$194.36		XXX	0	5571	Q1	\$306.36
74251	26	RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	\$55.12		XXX	0			
74251	TC	RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	\$139.24		XXX	0			
74261		CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	\$879.23		XXX	0	5522	Q3	\$183.31
74261	26	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	\$231.52		XXX	0			
74261	TC	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	\$647.71		XXX	0			
74262		CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	\$989.48		XXX	0	5571	Q3	\$306.36
74262	26	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	\$241.86		XXX	0			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Radiology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OPMAR
74262	TC	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	\$747.62	XXX	0			
74263		CT COLONOGRPHY SCREENING IMAGE POSTPROCESSING	\$1393.26	XXX	9			
74263	26	CT COLONOGRPHY SCREENING IMAGE POSTPROCESSING	\$221.19	XXX	9			
74263	TC	CT COLONOGRPHY SCREENING IMAGE POSTPROCESSING	\$1172.08	XXX	9			
74270		RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	\$145.27	XXX	0	5571	Q1	\$306.36
74270	26	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	\$60.08	XXX	0			
74270	TC	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	\$85.19	XXX	0			
74280		RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	\$199.98	XXX	0	5571	Q1	\$306.36
74280	26	RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	\$61.58	XXX	0			
74280	TC	RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	\$138.40	XXX	0			
74283		THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTR CJ	\$231.40	XXX	0	5571	S	\$306.36
74283	26	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTR CJ	\$130.01	XXX	0			
74283	TC	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTR CJ	\$101.39	XXX	0			
74290		CHOLECYSTOGRAPHY ORAL CONTRST	\$66.67	XXX	0	5571	Q1	\$306.36
74290	26	CHOLECYSTOGRAPHY ORAL CONTRST	\$20.60	XXX	0			
74290	TC	CHOLECYSTOGRAPHY ORAL CONTRST	\$46.07	XXX	0			
74300		CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	\$90.02	XXX	0			
74300	26	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	\$26.87	XXX	0			
74300	TC	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	\$63.15	XXX	0			
+	74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	\$46.78	ZZZ	0			
+	74301	26	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	\$18.71	ZZZ	0		
+	74301	TC	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	\$28.07	ZZZ	0		
74328		ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	\$214.79	XXX	0			
74328	26	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	\$46.86	XXX	0			
74328	TC	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	\$167.93	XXX	0			
74329		ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	\$214.79	XXX	0			
74329	26	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	\$47.54	XXX	0			
74329	TC	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	\$167.25	XXX	0			
74330		CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	\$214.79	XXX	0			
74330	26	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	\$55.12	XXX	0			
74330	TC	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	\$159.67	XXX	0			
74340		INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	\$177.64	XXX	0			
74340	26	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	\$51.68	XXX	0			
74340	TC	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	\$125.96	XXX	0			
74355		PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	\$191.95	XXX	0			
74355	26	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	\$68.47	XXX	0			
74355	TC	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	\$123.48	XXX	0			
74360		INTRALUMINAL DILATION STRICTURES&/OBSTR CJ RS&I	\$198.83	XXX	0			
74360	26	INTRALUMINAL DILATION STRICTURES&/OBSTR CJ RS&I	\$49.36	XXX	0			
74360	TC	INTRALUMINAL DILATION STRICTURES&/OBSTR CJ RS&I	\$149.47	XXX	0			
74363		PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	\$506.13	XXX	0			
74363	26	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	\$84.06	XXX	0			
74363	TC	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	\$422.07	XXX	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
74400		UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	\$126.74	XXX	0	5571	S		\$306.36
74400	26	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	\$44.91	XXX	0				
74400	TC	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	\$81.83	XXX	0				
74410		UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	\$135.50	XXX	0	5571	S		\$306.36
74410	26	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	\$46.86	XXX	0				
74410	TC	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	\$88.64	XXX	0				
74415		UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	\$150.36	XXX	0	5571	S		\$306.36
74415	26	UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	\$46.86	XXX	0				
74415	TC	UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	\$103.50	XXX	0				
74420		UROGRAPHY RETROGRADE WITH/WO KUB	\$153.70	XXX	0	5572	S		\$641.24
74420	26	UROGRAPHY RETROGRADE WITH/WO KUB	\$31.84	XXX	0				
74420	TC	UROGRAPHY RETROGRADE WITH/WO KUB	\$121.86	XXX	0				
74425		ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	\$96.83	XXX	0	5572	Q2		\$641.24
74425	26	ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	\$31.84	XXX	0				
74425	TC	ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	\$64.99	XXX	0				
74430		CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	\$83.42	XXX	0	5572	Q2		\$641.24
74430	26	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	\$24.39	XXX	0				
74430	TC	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	\$59.03	XXX	0				
74440		VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	\$91.83	XXX	0	5523	Q2		\$408.57
74440	26	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	\$29.98	XXX	0				
74440	TC	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	\$61.85	XXX	0				
74445		CORPORA CAVERNOSOGRAPY RS&I	\$160.36	XXX	0	5522	Q2		\$183.31
74445	26	CORPORA CAVERNOSOGRAPY RS&I	\$103.49	XXX	0				
74445	TC	CORPORA CAVERNOSOGRAPY RS&I	\$56.87	XXX	0				
74450		URETHROCYSTOGRAPHY RETROGRADE RS&I	\$100.08	XXX	0	5523	Q2		\$408.57
74450	26	URETHROCYSTOGRAPHY RETROGRADE RS&I	\$31.70	XXX	0				
74450	TC	URETHROCYSTOGRAPHY RETROGRADE RS&I	\$68.38	XXX	0				
74455		URETHROCYSTOGRAPHY VOIDING RS&I	\$109.77	XXX	0	5523	Q2		\$408.57
74455	26	URETHROCYSTOGRAPHY VOIDING RS&I	\$31.70	XXX	0				
74455	TC	URETHROCYSTOGRAPHY VOIDING RS&I	\$78.07	XXX	0				
74470		RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	\$107.81	XXX	0	5524	Q2		\$919.85
74470	26	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	\$50.30	XXX	0				
74470	TC	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	\$57.51	XXX	0				
74485		DILATION URETERS/URETHRA RS&I	\$198.80	XXX	0	5373	Q2		\$3396.16
74485	26	DILATION URETERS/URETHRA RS&I	\$50.95	XXX	0				
74485	TC	DILATION URETERS/URETHRA RS&I	\$147.85	XXX	0				
74712		FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	\$868.20	XXX	0	5523	S		\$408.57
74712	26	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	\$290.78	XXX	0				
74712	TC	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	\$577.42	XXX	0				
+	74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	\$421.70	ZZZ	0				
+	74713	26 FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	\$179.15	ZZZ	0				
+	74713	TC FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	\$242.55	ZZZ	0				
74740		HYSTEROSALPINGOGRAPHY RS&I	\$96.83	XXX	0	5523	Q2		\$408.57

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
74740	26	HYSTEROSALPINGOGRAPHY RS&I	\$31.84	XXX	0				
74740	TC	HYSTEROSALPINGOGRAPHY RS&I	\$64.99	XXX	0				
74742		TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	\$210.04	XXX	0				
74742	26	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	\$57.32	XXX	0				
74742	TC	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	\$152.72	XXX	0				
74775		PERINEOGRAM	\$128.18	XXX	0	5523	S		\$408.57
74775	26	PERINEOGRAM	\$56.88	XXX	0				
74775	TC	PERINEOGRAM	\$71.30	XXX	0				
75557		CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	\$591.21	XXX	0	5523	Q3		\$408.57
75557	26	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	\$159.23	XXX	0				
75557	TC	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	\$431.98	XXX	0				
75559		CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	\$596.40	XXX	0	5524	Q3		\$919.85
75559	26	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	\$202.55	XXX	0				
75559	TC	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	\$393.85	XXX	0				
75561		CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	\$772.43	XXX	0	5572	Q3		\$641.24
75561	26	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	\$191.07	XXX	0				
75561	TC	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	\$581.36	XXX	0				
75563		CARDIAC MRI W/WO CONTRAST W/STRESS	\$819.09	XXX	0	5573	Q3		\$1335.04
75563	26	CARDIAC MRI W/WO CONTRAST W/STRESS	\$209.02	XXX	0				
75563	TC	CARDIAC MRI W/WO CONTRAST W/STRESS	\$610.07	XXX	0				
+	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	\$96.47	ZZZ	0				
+	75565	26	CARDIAC MRI FOR VELOCITY FLOW MAPPING	\$24.12	ZZZ	0			
+	75565	TC	CARDIAC MRI FOR VELOCITY FLOW MAPPING	\$72.35	ZZZ	0			
75571		CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	\$211.54	XXX	0	5521	Q1		\$151.52
75571	26	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	\$55.81	XXX	0				
75571	TC	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	\$155.73	XXX	0				
75572		CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	\$482.34	XXX	0	5571	S		\$306.36
75572	26	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	\$167.44	XXX	0				
75572	TC	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	\$314.90	XXX	0				
75573		CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	\$643.57	XXX	0	5571	S		\$306.36
75573	26	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	\$244.61	XXX	0				
75573	TC	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	\$398.96	XXX	0				
75574		CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	\$682.16	XXX	0	5571	S		\$306.36
75574	26	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	\$230.14	XXX	0				
75574	TC	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	\$452.02	XXX	0				
75580		N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	\$1868.71	XXX	0	5724	S		\$1743.32
75600		AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	\$376.91	XXX	0	5183	Q2		\$5314.77
75600	26	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	\$39.83	XXX	0				
75600	TC	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	\$337.08	XXX	0				
75605		AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	\$249.44	XXX	0	5184	Q2		\$9162.86
75605	26	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	\$65.60	XXX	0				
75605	TC	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	\$183.84	XXX	0				
75625		AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	\$261.15	XXX	0	5183	Q2		\$5314.77

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
75625	26	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	\$79.61		XXX	0			
75625	TC	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	\$181.54		XXX	0			
75630		AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	\$323.85		XXX	0	5183	Q2	\$5314.77
75630	26	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	\$190.18		XXX	0			
75630	TC	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	\$133.68		XXX	0			
75635		CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	\$793.50		XXX	0	5571	Q2	\$306.36
75635	26	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	\$151.70		XXX	0			
75635	TC	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	\$641.80		XXX	0			
75705		ANGIOGRAPHY SPINAL SELECTIVE RS&I	\$517.48		XXX	0	5184	Q2	\$9162.86
75705	26	ANGIOGRAPHY SPINAL SELECTIVE RS&I	\$124.69		XXX	0			
75705	TC	ANGIOGRAPHY SPINAL SELECTIVE RS&I	\$392.79		XXX	0			
75710		ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	\$310.07		XXX	0	5183	Q2	\$5314.77
75710	26	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	\$65.55		XXX	0			
75710	TC	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	\$244.52		XXX	0			
75716		ANGIOGRAPHY EXTREMITY BILATERAL RS&I	\$336.26		XXX	0	5183	Q2	\$5314.77
75716	26	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	\$74.47		XXX	0			
75716	TC	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	\$261.79		XXX	0			
75726		ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	\$350.73		XXX	0	5184	Q2	\$9162.86
75726	26	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	\$119.42		XXX	0			
75726	TC	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	\$231.31		XXX	0			
75731		ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	\$316.96		XXX	0	5183	J1	\$4418.17
75731	26	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	\$79.61		XXX	0			
75731	TC	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	\$237.35		XXX	0			
75733		ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	\$356.24		XXX	0	5183	Q2	\$5314.77
75733	26	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	\$119.42		XXX	0			
75733	TC	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	\$236.82		XXX	0			
75736		ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	\$296.29		XXX	0	5184	Q2	\$9162.86
75736	26	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	\$79.61		XXX	0			
75736	TC	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	\$216.68		XXX	0			
75741		ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	\$268.04		XXX	0	5183	Q2	\$5314.77
75741	26	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	\$101.90		XXX	0			
75741	TC	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	\$166.14		XXX	0			
75743		ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	\$304.56		XXX	0	5183	Q2	\$5314.77
75743	26	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	\$114.64		XXX	0			
75743	TC	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	\$189.92		XXX	0			
75746		ANRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	\$278.38		XXX	0	5183	J1	\$4418.17
75746	26	ANRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	\$79.61		XXX	0			
75746	TC	ANRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	\$198.77		XXX	0			
75756		ANGIOGRAPHY INTERNAL MAMMARY RS&I	\$341.08		XXX	0	5183	Q2	\$5314.77
75756	26	ANGIOGRAPHY INTERNAL MAMMARY RS&I	\$79.61		XXX	0			
75756	TC	ANGIOGRAPHY INTERNAL MAMMARY RS&I	\$261.47		XXX	0			
+	75774	ANRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	\$199.14		ZZZ	0			
+	75774	26 ANRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	\$36.63		ZZZ	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

	CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
+	75774	TC	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	\$162.51		ZZZ	0			
	75801		LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	\$298.54		XXX	0	5181	Q2	\$1047.46
	75801	26	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	\$82.41		XXX	0			
	75801	TC	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	\$216.13		XXX	0			
	75803		LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	\$325.50		XXX	0	5182	J1	\$2217.48
	75803	26	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	\$80.15		XXX	0			
	75803	TC	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	\$245.35		XXX	0			
	75805		LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	\$326.15		XXX	0	5183	J1	\$4418.17
	75805	26	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	\$78.55		XXX	0			
	75805	TC	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	\$247.60		XXX	0			
	75807		LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	\$323.20		XXX	0	5183	Q2	\$5314.77
	75807	26	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	\$85.98		XXX	0			
	75807	TC	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	\$237.22		XXX	0			
	75809		SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	\$112.98		XXX	0	5522	Q2	\$183.31
	75809	26	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	\$31.81		XXX	0			
	75809	TC	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	\$81.17		XXX	0			
	75810		SPLENOPORTOGRAPHY RS&I	\$569.66		XXX	0	5183	J1	\$4418.17
	75810	26	SPLENOPORTOGRAPHY RS&I	\$66.74		XXX	0			
	75810	TC	SPLENOPORTOGRAPHY RS&I	\$502.92		XXX	0			
	75820		VENOGRAPHY EXTREMITY UNILATERAL RS&I	\$137.12		XXX	0	5182	Q2	\$2670.38
	75820	26	VENOGRAPHY EXTREMITY UNILATERAL RS&I	\$41.25		XXX	0			
	75820	TC	VENOGRAPHY EXTREMITY UNILATERAL RS&I	\$95.87		XXX	0			
	75822		VENOGRAPHY EXTREMITY BILATERAL RS&I	\$199.96		XXX	0	5182	J1	\$2217.48
	75822	26	VENOGRAPHY EXTREMITY BILATERAL RS&I	\$60.23		XXX	0			
	75822	TC	VENOGRAPHY EXTREMITY BILATERAL RS&I	\$139.73		XXX	0			
	75825		VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	\$235.66		XXX	0	5183	Q2	\$5314.77
	75825	26	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	\$64.80		XXX	0			
	75825	TC	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	\$170.86		XXX	0			
	75827		VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	\$245.30		XXX	0	5182	Q2	\$2670.38
	75827	26	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	\$64.63		XXX	0			
	75827	TC	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	\$180.67		XXX	0			
	75831		VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	\$246.68		XXX	0	5183	Q2	\$5314.77
	75831	26	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	\$64.80		XXX	0			
	75831	TC	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	\$181.88		XXX	0			
	75833		VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	\$305.94		XXX	0	5183	Q2	\$5314.77
	75833	26	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	\$95.53		XXX	0			
	75833	TC	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	\$210.41		XXX	0			
	75840		VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	\$265.28		XXX	0	5183	Q2	\$5314.77
	75840	26	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	\$65.17		XXX	0			
	75840	TC	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	\$200.11		XXX	0			
	75842		VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	\$327.99		XXX	0	5184	Q2	\$9162.86
	75842	26	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	\$95.53		XXX	0			
	75842	TC	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	\$232.46		XXX	0			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
75860		VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	\$259.08	XXX	0	5183	Q2		\$5314.77
75860	26	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	\$65.22	XXX	0				
75860	TC	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	\$193.86	XXX	0				
75870		VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	\$321.10	XXX	0	5183	J1		\$4418.17
75870	26	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	\$65.22	XXX	0				
75870	TC	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	\$255.88	XXX	0				
75872		VENOGRAPHY EPIDURAL RS&I	\$265.28	XXX	0	5181	Q2		\$1047.46
75872	26	VENOGRAPHY EPIDURAL RS&I	\$66.79	XXX	0				
75872	TC	VENOGRAPHY EPIDURAL RS&I	\$198.49	XXX	0				
75880		VENOGRAPHY ORBITAL RS&I	\$219.69	XXX	0	5181	Q2		\$1047.46
75880	26	VENOGRAPHY ORBITAL RS&I	\$46.33	XXX	0				
75880	TC	VENOGRAPHY ORBITAL RS&I	\$173.36	XXX	0				
75885		PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	\$281.82	XXX	0	5183	Q2		\$5314.77
75885	26	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	\$95.53	XXX	0				
75885	TC	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	\$186.29	XXX	0				
75887		PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	\$283.89	XXX	0	5183	J1		\$4418.17
75887	26	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	\$95.53	XXX	0				
75887	TC	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	\$188.36	XXX	0				
75889		HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	\$254.95	XXX	0	5183	Q2		\$5314.77
75889	26	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	\$64.47	XXX	0				
75889	TC	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	\$190.48	XXX	0				
75891		HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	\$256.33	XXX	0	5183	Q2		\$5314.77
75891	26	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	\$64.47	XXX	0				
75891	TC	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	\$191.86	XXX	0				
75893		VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	\$217.05	XXX	0	5184	Q2		\$9162.86
75893	26	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	\$51.68	XXX	0				
75893	TC	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	\$165.37	XXX	0				
75894		TRANSCATHETER EMBOLIZATION ANY METH RS&I	\$1045.98	XXX	0				
75894	26	TRANSCATHETER EMBOLIZATION ANY METH RS&I	\$82.41	XXX	0				
75894	TC	TRANSCATHETER EMBOLIZATION ANY METH RS&I	\$963.57	XXX	0				
75898		ANRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	\$200.00	XXX	0	5183	J1		\$4418.17
75898	26	ANRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	\$151.26	XXX	0				
75898	TC	ANRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	\$48.74	XXX	0				
75901		MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	\$203.93	XXX	0				
75901	26	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	\$45.48	XXX	0				
75901	TC	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	\$158.45	XXX	0				
75902		MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	\$156.81	XXX	0				
75902	26	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	\$36.52	XXX	0				
75902	TC	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	\$120.29	XXX	0				
75956		EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	\$1684.85	XXX	0				
75956	26	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	\$673.94	XXX	0				
75956	TC	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	\$1010.91	XXX	0				
75957		EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	\$1607.67	XXX	0				

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
75957	26	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	\$578.84		XXX	0			
75957	TC	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	\$1028.83		XXX	0			
75958		PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	\$1055.01		XXX	0			
75958	26	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	\$379.69		XXX	0			
75958	TC	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	\$675.32		XXX	0			
75959		PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	\$962.67		XXX	0			
75959	26	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	\$336.97		XXX	0			
75959	TC	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	\$625.70		XXX	0			
75970		TRANSCATHETER BIOPSY RS&I	\$526.63		XXX	0			
75970	26	TRANSCATHETER BIOPSY RS&I	\$65.93		XXX	0			
75970	TC	TRANSCATHETER BIOPSY RS&I	\$460.70		XXX	0			
75984		CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	\$157.93		XXX	0			
75984	26	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	\$63.69		XXX	0			
75984	TC	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	\$94.24		XXX	0			
75989		RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	\$230.14		XXX	0			
75989	26	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	\$112.32		XXX	0			
75989	TC	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	\$117.83		XXX	0			
76000		FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	\$88.20		XXX	0	5523	S	\$408.57
76000	26	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	\$9.43		XXX	0			
76000	TC	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	\$78.77		XXX	0			
76010		RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	\$40.30		XXX	0	5521	Q1	\$151.52
76010	26	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	\$15.93		XXX	0			
76010	TC	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	\$24.37		XXX	0			
76080		RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	\$102.94		XXX	0	5524	Q2	\$919.85
76080	26	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	\$50.30		XXX	0			
76080	TC	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	\$52.64		XXX	0			
76098		RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	\$32.24		XXX	0	5524	Q2	\$919.85
76098	26	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	\$12.74		XXX	0			
76098	TC	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	\$19.50		XXX	0			
76100		RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	\$117.03		XXX	0	5522	Q1	\$183.31
76100	26	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	\$44.87		XXX	0			
76100	TC	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	\$72.16		XXX	0			
76120		CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	\$86.71		XXX	0	5522	Q1	\$183.31
76120	26	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	\$32.62		XXX	0			
76120	TC	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	\$54.09		XXX	0			
+	76125	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	\$64.50		ZZZ	0			
+	76125	26 CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	\$23.88		ZZZ	0			
+	76125	TC CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	\$40.62		ZZZ	0			
76140		CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	\$39.81		XXX	9			
76140	26	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	\$39.81						
76140	TC	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	\$0.00						
76145		MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT	\$1874.22		XXX	0	5723	S	\$893.69
76376		3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	\$51.68		XXX	0			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
76376	26	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	\$12.66		XXX	0			
76376	TC	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	\$39.02		XXX	0			
76377		3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	\$161.24		XXX	0			
76377	26	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	\$49.25		XXX	0			
76377	TC	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	\$111.99		XXX	0			
76380		CT LIMITED/LOCALIZED FOLLOW UP STUDY	\$263.27		XXX	0	5521	Q1	\$151.52
76380	26	CT LIMITED/LOCALIZED FOLLOW UP STUDY	\$76.42		XXX	0			
76380	TC	CT LIMITED/LOCALIZED FOLLOW UP STUDY	\$186.85		XXX	0			
76390		MRI SPECTROSCOPY	\$809.76		XXX	0	5521	S	\$151.52
76390	26	MRI SPECTROSCOPY	\$127.37		XXX	0			
76390	TC	MRI SPECTROSCOPY	\$682.39		XXX	0			
76391		MAGNETIC RESONANCE ELASTOGRAPHY	\$427.21		XXX	0	5523	Q3	\$408.57
76391	26	MAGNETIC RESONANCE ELASTOGRAPHY	\$106.80		XXX	0			
76391	TC	MAGNETIC RESONANCE ELASTOGRAPHY	\$320.41		XXX	0			
76496		UNLISTED FLUOROSCOPIC PROCEDURE		BR	XXX	0	5521	Q1	\$151.52
76496	26	UNLISTED FLUOROSCOPIC PROCEDURE		BR	XXX	0			
76496	TC	UNLISTED FLUOROSCOPIC PROCEDURE		BR	XXX	0			
76497		UNLISTED COMPUTED TOMOGRAPHY PROCEDURE		BR	XXX	0	5521	Q1	\$151.52
76497	26	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE		BR	XXX	0			
76497	TC	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE		BR	XXX	0			
76498		UNLISTED MAGNETIC RESONANCE PROCEDURE		BR	XXX	0	5521	S	\$151.52
76498	26	UNLISTED MAGNETIC RESONANCE PROCEDURE		BR	XXX	0			
76498	TC	UNLISTED MAGNETIC RESONANCE PROCEDURE		BR	XXX	0			
76499		UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE		BR	XXX	0	5521	Q1	\$151.52
76499	26	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE		BR	XXX	0			
76499	TC	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE		BR	XXX	0			
76506		ECHOENCEPHALOGRAPHY REAL TIME IMAGING	\$125.50		XXX	0	5522	Q1	\$183.31
76506	26	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	\$60.51		XXX	0			
76506	TC	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	\$64.99		XXX	0			
76510		OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	\$141.94		XXX	0	5734	Q1	\$212.99
76510	26	OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	\$79.24		XXX	0			
76510	TC	OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	\$62.70		XXX	0			
76511		OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	\$117.83		XXX	0	5522	Q1	\$183.31
76511	26	OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	\$59.16		XXX	0			
76511	TC	OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	\$58.67		XXX	0			
76512		OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	\$99.22		XXX	0	5522	Q1	\$183.31
76512	26	OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	\$60.51		XXX	0			
76512	TC	OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	\$38.71		XXX	0			
76513		DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	\$133.62		XXX	0	5522	Q1	\$183.31
76513	26	DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	\$60.51		XXX	0			
76513	TC	DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	\$73.11		XXX	0			
76514		OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	\$13.85		XXX	0	5731	Q1	\$49.65
76514	26	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	\$10.41		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
76514	TC	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	\$3.44		XXX	0			
76516		OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	\$96.47		XXX	0	5522	Q1	\$183.31
76516	26	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	\$45.48		XXX	0			
76516	TC	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	\$50.99		XXX	0			
76519		OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	\$109.44		XXX	0	5522	Q1	\$183.31
76519	26	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	\$50.95		XXX	0			
76519	TC	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	\$58.49		XXX	0			
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$120.71		XXX	0	5521	Q1	\$151.52
76529	26	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$55.72		XXX	0			
76529	TC	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$64.99		XXX	0			
76536		US SOFT TISSUE HEAD & NECK REAL TIME IMG DDCM	\$123.31		XXX	0	5522	Q1	\$183.31
76536	26	US SOFT TISSUE HEAD & NECK REAL TIME IMG DDCM	\$44.02		XXX	0			
76536	TC	US SOFT TISSUE HEAD & NECK REAL TIME IMG DDCM	\$79.29		XXX	0			
76604		US CHEST REAL TIME W/IMAGE DOCUMENTATION	\$112.76		XXX	0	5522	Q1	\$183.31
76604	26	US CHEST REAL TIME W/IMAGE DOCUMENTATION	\$47.77		XXX	0			
76604	TC	US CHEST REAL TIME W/IMAGE DOCUMENTATION	\$64.99		XXX	0			
76641		US BREAST UNI REAL TIME WITH IMAGE COMPLETE	\$212.23		XXX	0	5522	Q1	\$183.31
76641	26	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	\$70.97		XXX	0			
76641	TC	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	\$141.26		XXX	0			
76642		US BREAST UNI REAL TIME WITH IMAGE LIMITED	\$175.71		XXX	0	5521	Q1	\$151.52
76642	26	US BREAST UNI REAL TIME WITH IMAGE LIMITED	\$66.15		XXX	0			
76642	TC	US BREAST UNI REAL TIME WITH IMAGE LIMITED	\$109.56		XXX	0			
76700		US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	\$165.78		XXX	0	5522	Q3	\$183.31
76700	26	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	\$74.08		XXX	0			
76700	TC	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	\$91.70		XXX	0			
76705		US ABDOMINAL REAL TIME W/IMAGE LIMITED	\$123.96		XXX	0	5522	Q3	\$183.31
76705	26	US ABDOMINAL REAL TIME W/IMAGE LIMITED	\$53.49		XXX	0			
76705	TC	US ABDOMINAL REAL TIME W/IMAGE LIMITED	\$70.47		XXX	0			
76706		US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	\$220.50		XXX	0	5522	S	\$183.31
76706	26	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	\$53.06		XXX	0			
76706	TC	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	\$167.44		XXX	0			
76770		US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	\$161.05		XXX	0	5522	Q3	\$183.31
76770	26	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	\$70.06		XXX	0			
76770	TC	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	\$90.99		XXX	0			
76775		US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	\$123.34		XXX	0	5522	Q1	\$183.31
76775	26	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	\$50.09		XXX	0			
76775	TC	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	\$73.25		XXX	0			
76776		US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	\$149.87		XXX	0	5522	Q3	\$183.31
76776	26	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	\$47.04		XXX	0			
76776	TC	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	\$102.83		XXX	0			
76800		ULTRASOUND SPINAL CANAL & CONTENTS	\$180.28		XXX	0	5522	Q1	\$183.31
76800	26	ULTRASOUND SPINAL CANAL & CONTENTS	\$82.80		XXX	0			
76800	TC	ULTRASOUND SPINAL CANAL & CONTENTS	\$97.48		XXX	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
76801		US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	\$155.32	XXX	0	5522	S		\$183.31
76801	26	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	\$60.25	XXX	0				
76801	TC	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	\$95.07	XXX	0				
+	76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	\$112.76	ZZZ	0				
+	76802	26 US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	\$47.77	ZZZ	0				
+	76802	TC US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	\$64.99	ZZZ	0				
76805		US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	\$185.06	XXX	0	5522	S		\$183.31
76805	26	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	\$87.57	XXX	0				
76805	TC	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	\$97.49	XXX	0				
+	76810	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	\$180.53	ZZZ	0				
+	76810	26 US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	\$95.09	ZZZ	0				
+	76810	TC US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	\$85.44	ZZZ	0				
76811		US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	\$290.18	XXX	0	5523	S		\$408.57
76811	26	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	\$111.46	XXX	0				
76811	TC	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	\$178.72	XXX	0				
+	76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	\$193.15	ZZZ	0				
+	76812	26 US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	\$103.79	ZZZ	0				
+	76812	TC US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	\$89.36	ZZZ	0				
76813		US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	\$153.06	XXX	0	5522	Q1		\$183.31
76813	26	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	\$71.98	XXX	0				
76813	TC	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	\$81.08	XXX	0				
+	76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	\$101.18	XXX	0				
+	76814	26 US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	\$60.34	XXX	0				
+	76814	TC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	\$40.84	XXX	0				
76815		US PREGNANT UTERUS LIMITED 1/> FETUSES	\$125.59	XXX	0	5522	Q1		\$183.31
76815	26	US PREGNANT UTERUS LIMITED 1/> FETUSES	\$55.72	XXX	0				
76815	TC	US PREGNANT UTERUS LIMITED 1/> FETUSES	\$69.87	XXX	0				
76816		US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	\$114.55	XXX	0	5522	Q1		\$183.31
76816	26	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	\$54.03	XXX	0				
76816	TC	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	\$60.52	XXX	0				
76817		US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	\$140.47	XXX	0	5522	Q1		\$183.31
76817	26	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	\$42.99	XXX	0				
76817	TC	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	\$97.48	XXX	0				
76818		FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	\$151.26	XXX	0	5522	S		\$183.31
76818	26	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	\$71.65	XXX	0				
76818	TC	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	\$79.61	XXX	0				
76819		FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	\$144.83	XXX	0	5522	S		\$183.31
76819	26	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	\$68.47	XXX	0				
76819	TC	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	\$76.36	XXX	0				
76820		DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$92.33	XXX	0	5522	Q1		\$183.31
76820	26	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$35.02	XXX	0				
76820	TC	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$57.31	XXX	0				
76821		DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	\$132.25	XXX	0	5522	Q1		\$183.31

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
76821	26	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	\$47.77		XXX	0			
76821	TC	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	\$84.48		XXX	0			
76825		ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	\$211.09		XXX	0	5524	S	\$919.85
76825	26	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	\$90.48		XXX	0			
76825	TC	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	\$120.61		XXX	0			
76826		ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	\$140.02		XXX	0	5523	S	\$408.57
76826	26	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	\$65.28		XXX	0			
76826	TC	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	\$74.74		XXX	0			
76827		DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	\$144.70		XXX	0	5522	Q1	\$183.31
76827	26	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	\$56.50		XXX	0			
76827	TC	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	\$88.20		XXX	0			
76828		DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	\$100.60		XXX	0	5522	Q1	\$183.31
76828	26	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	\$53.75		XXX	0			
76828	TC	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	\$46.86		XXX	0			
76830		US TRANSVAGINAL	\$161.07		XXX	0	5522	S	\$183.31
76830	26	US TRANSVAGINAL	\$66.84		XXX	0			
76830	TC	US TRANSVAGINAL	\$94.23		XXX	0			
76831		SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	\$161.07		XXX	0	5523	Q3	\$408.57
76831	26	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	\$68.47		XXX	0			
76831	TC	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	\$92.60		XXX	0			
76856		US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	\$144.93		XXX	0	5522	Q3	\$183.31
76856	26	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	\$62.65		XXX	0			
76856	TC	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	\$82.28		XXX	0			
76857		US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	\$101.98		XXX	0	5522	Q3	\$183.31
76857	26	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	\$34.32		XXX	0			
76857	TC	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	\$67.66		XXX	0			
76870		US SCROTUM & CONTENTS	\$133.37		XXX	0	5522	Q1	\$183.31
76870	26	US SCROTUM & CONTENTS	\$50.03		XXX	0			
76870	TC	US SCROTUM & CONTENTS	\$83.34		XXX	0			
76872		US TRANSRECTAL	\$215.35		XXX	0	5522	S	\$183.31
76872	26	US TRANSRECTAL	\$66.15		XXX	0			
76872	TC	US TRANSRECTAL	\$149.20		XXX	0			
76873		US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	\$241.10		XXX	0	5522	S	\$183.31
76873	26	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	\$127.37		XXX	0			
76873	TC	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	\$113.73		XXX	0			
76881		US COMPL JOINT R-T W/IMAGE DOCUMENTATION	\$110.94		XXX	0	5522	S	\$183.31
76881	26	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	\$88.20		XXX	0			
76881	TC	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	\$22.74		XXX	0			
76882		US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	\$130.92		XXX	0	5522	Q1	\$183.31
76882	26	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	\$66.84		XXX	0			
76882	TC	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	\$64.08		XXX	0			
76883		US NRV&ACC STRUX 1 XTR COMPRE W/IMG PR EXTREMITY	\$147.46		XXX	0	5522	Q1	\$183.31
76885		US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	\$165.89		XXX	0	5521	Q1	\$151.52

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
76885	26	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	\$71.65		XXX	0			
76885	TC	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	\$94.24		XXX	0			
76886		US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	\$144.93		XXX	0	5521	Q1	\$151.52
76886	26	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	\$59.95		XXX	0			
76886	TC	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	\$84.98		XXX	0			
76932		US ENDOMYOCARDIAL BIOPSY RS&I	\$139.99		YYY	0			
76932	26	US ENDOMYOCARDIAL BIOPSY RS&I	\$66.87		XXX	0			
76932	TC	US ENDOMYOCARDIAL BIOPSY RS&I	\$73.12		YYY	0			
76936		US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	\$377.45		XXX	0	5722	S	\$523.36
76936	26	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	\$120.44		XXX	0			
76936	TC	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	\$257.01		XXX	0			
+	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	\$36.63		ZZZ	0			
+	76937	26 US VASC ACCESS SITS VSL PATENCY NDL ENTRY	\$17.10		ZZZ	0			
+	76937	TC US VASC ACCESS SITS VSL PATENCY NDL ENTRY	\$19.53		ZZZ	0			
76940		US &MNTR PARENCHYMAL TISSUE ABLATION	\$184.92		YYY	0			
76940	26	US &MNTR PARENCHYMAL TISSUE ABLATION	\$120.60		XXX	0			
76940	TC	US &MNTR PARENCHYMAL TISSUE ABLATION	\$64.32		YYY	0			
76941		US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	\$155.69		XXX	0			
76941	26	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	\$80.00		XXX	0			
76941	TC	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	\$75.69		XXX	0			
76942		US GUIDANCE NEEDLE PLACEMENT IMG S&I	\$119.89		XXX	0			
76942	26	US GUIDANCE NEEDLE PLACEMENT IMG S&I	\$42.32		XXX	0			
76942	TC	US GUIDANCE NEEDLE PLACEMENT IMG S&I	\$77.57		XXX	0			
76945		US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	\$132.03		XXX	0			
76945	26	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	\$58.92		XXX	0			
76945	TC	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	\$73.11		XXX	0			
76946		US GUIDANCE AMNIOCENTESIS IMG S&I	\$68.91		XXX	0			
76946	26	US GUIDANCE AMNIOCENTESIS IMG S&I	\$37.21		XXX	0			
76946	TC	US GUIDANCE AMNIOCENTESIS IMG S&I	\$31.70		XXX	0			
76948		US GUIDANCE ASPIRATION OVA IMG S&I	\$106.55		XXX	0			
76948	26	US GUIDANCE ASPIRATION OVA IMG S&I	\$33.43		XXX	0			
76948	TC	US GUIDANCE ASPIRATION OVA IMG S&I	\$73.12		XXX	0			
76965		US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	\$195.00		XXX	0			
76965	26	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	\$124.19		XXX	0			
76965	TC	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	\$70.81		XXX	0			
76975		GI ENDOSCOPIC US S&I	\$206.08		XXX	0	5523	Q2	\$408.57
76975	26	GI ENDOSCOPIC US S&I	\$82.69		XXX	0			
76975	TC	GI ENDOSCOPIC US S&I	\$123.39		XXX	0			
76977		US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	\$15.16		XXX	0	5522	S	\$183.31
76977	26	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	\$5.51		XXX	0			
76977	TC	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	\$9.65		XXX	0			
76978		ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	\$458.22		XXX	0	5571	S	\$306.36
76978	26	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	\$157.10		XXX	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
76978	TC	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	\$301.12		XXX	0			
+	76979	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	\$294.91		ZZZ	0			
+	76979	26 ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	\$82.00		ZZZ	0			
+	76979	TC ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	\$212.92		ZZZ	0			
76981		ULTRASOUND ELASTOGRAPHY PARENCHYMA	\$215.67		XXX	0	5522	Q3	\$183.31
76981	26	ULTRASOUND ELASTOGRAPHY PARENCHYMA	\$57.88		XXX	0			
76981	TC	ULTRASOUND ELASTOGRAPHY PARENCHYMA	\$157.79		XXX	0			
76982		ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	\$192.93		XXX	0	5522	Q3	\$183.31
76982	26	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	\$57.88		XXX	0			
76982	TC	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	\$135.05		XXX	0			
+	76983	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	\$127.47		ZZZ	0			
+	76983	26 ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	\$50.99		ZZZ	0			
+	76983	TC ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	\$76.48		ZZZ	0			
76984		DX INTRAOPERATIVE THORACIC AORTA ULTRASOUND	\$147.47		XXX	0			
76984	26	DX INTRAOPERATIVE THORACIC AORTA ULTRASOUND	\$63.39		XXX	0			
76984	TC	DX INTRAOPERATIVE THORACIC AORTA ULTRASOUND	\$84.08		XXX	0			
76987		DX NTRAOP EPICAR CAR US CHD PLMT&MNP TRNSDCR I&R	\$449.98		XXX	0			
76987	26	DX NTRAOP EPICAR CAR US CHD PLMT&MNP TRNSDCR I&R	\$193.62		XXX	0			
76987	TC	DX NTRAOP EPICAR CAR US CHD PLMT&MNP TRNSDCR I&R	\$256.36		XXX	0			
76988		DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	\$286.67		XXX	0			
76988	26	DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	\$123.34		XXX	0			
76988	TC	DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	\$163.33		XXX	0			
76989		DX INTRAOP EPICAR CARDIAC US CHD I&R ONLY	\$168.14		XXX	0			
76989	26	DX INTRAOP EPICAR CARDIAC US CHD I&R ONLY	\$72.35		XXX	0			
76989	TC	DX INTRAOP EPICAR CARDIAC US CHD I&R ONLY	\$95.79		XXX	0			
76998		ULTRASONIC GUIDANCE INTRAOPERATIVE	\$205.54		XXX	0			
76998	26	ULTRASONIC GUIDANCE INTRAOPERATIVE	\$66.91		XXX	0			
76998	TC	ULTRASONIC GUIDANCE INTRAOPERATIVE	\$138.63		XXX	0			
76999		UNLISTED US PROCEDURE		BR	XXX	0	5521	Q1	\$151.52
76999	26	UNLISTED US PROCEDURE		BR	XXX	0			
76999	TC	UNLISTED US PROCEDURE		BR	XXX	0			
+	77001	FLURO CENTRAL VENOUS ACCESS DEV PLACEMENT	\$102.88		ZZZ	0			
+	77001	26 FLURO CENTRAL VENOUS ACCESS DEV PLACEMENT	\$20.95		ZZZ	0			
+	77001	TC FLURO CENTRAL VENOUS ACCESS DEV PLACEMENT	\$81.93		ZZZ	0			
+	77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	\$88.11		ZZZ	0			
+	77002	26 FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	\$32.47		ZZZ	0			
+	77002	TC FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	\$55.64		ZZZ	0			
+	77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	\$85.60		ZZZ	0			
+	77003	26 FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	\$34.78		ZZZ	0			
+	77003	TC FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	\$50.82		ZZZ	0			
77011		CT GUIDANCE STEREOTACTIC LOCALIZATION	\$457.53		XXX	9			
77011	26	CT GUIDANCE STEREOTACTIC LOCALIZATION	\$66.64		XXX	9			
77011	TC	CT GUIDANCE STEREOTACTIC LOCALIZATION	\$390.89		XXX	9			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
77012		CT GUIDANCE NEEDLE PLACEMENT	\$287.33		XXX	9			
77012	26	CT GUIDANCE NEEDLE PLACEMENT	\$70.38		XXX	9			
77012	TC	CT GUIDANCE NEEDLE PLACEMENT	\$216.95		XXX	9			
77013		CT GUIDANCE &MONITORING VISC TISS ABLATION	\$703.86		XXX	0			
77013	26	CT GUIDANCE &MONITORING VISC TISS ABLATION	\$223.76		XXX	0			
77013	TC	CT GUIDANCE &MONITORING VISC TISS ABLATION	\$480.10		XXX	0			
77014		CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	\$204.28		XXX	9			
77014	26	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	\$53.75		XXX	9			
77014	TC	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	\$150.53		XXX	9			
77021		MRI GUIDANCE NEEDLE PLACEMENT RS&I	\$566.62		XXX	9			
77021	26	MRI GUIDANCE NEEDLE PLACEMENT RS&I	\$92.26		XXX	9			
77021	TC	MRI GUIDANCE NEEDLE PLACEMENT RS&I	\$474.36		XXX	9			
77022		MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	\$860.92		XXX	0			
77022	26	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	\$234.63		XXX	9			
77022	TC	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	\$626.29		XXX	0			
77046		MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	\$452.02		XXX	0	5523	Q3	\$408.57
77046	26	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	\$139.88		XXX	0			
77046	TC	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	\$312.14		XXX	0			
77047		MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	\$465.11		XXX	0	5523	Q3	\$408.57
77047	26	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	\$154.35		XXX	0			
77047	TC	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	\$310.76		XXX	0			
77048		MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	\$713.86		XXX	0			
77048	26	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	\$203.27		XXX	0			
77048	TC	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	\$510.59		XXX	0			
77049		MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	\$728.33		XXX	0			
77049	26	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	\$222.56		XXX	0			
77049	TC	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	\$505.76		XXX	0			
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	\$111.63		XXX	9	5523	Q2	\$408.57
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	\$22.01		XXX	9			
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	\$89.62		XXX	9			
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	\$143.32		XXX	9	5523	Q2	\$408.57
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	\$27.42		XXX	9			
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	\$115.90		XXX	9			
77061		DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	\$130.24		XXX	9			
77061	26	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL		BR	XXX	9			
77061	TC	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	\$131.24		XXX	9			
77062		DIGITAL BREAST TOMOSYNTHESIS BILATERAL	\$130.24		XXX	9			
77062	26	DIGITAL BREAST TOMOSYNTHESIS BILATERAL		BR	XXX	9			
77062	TC	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	\$131.24		XXX	9			
+	77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	\$107.49		ZZZ	9			
+	77063	26 SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	\$57.88		ZZZ	9			
+	77063	TC SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	\$49.61		ZZZ	9			
	77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	\$259.08		XXX	0			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
77065	26	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	\$78.55		XXX	0			
77065	TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	\$180.53		XXX	0			
77066		DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	\$327.99		XXX	0			
77066	26	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	\$96.47		XXX	0			
77066	TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	\$231.52		XXX	0			
77067		SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$264.60		XXX	0			
77067	26	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$73.73		XXX	0			
77067	TC	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$190.87		XXX	0			
77071		MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	\$40.42		XXX	0	5521	Q1	\$151.52
77071	26	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	\$24.25						
77071	TC	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	\$16.17						
77072		BONE AGE STUDIES	\$27.28		XXX	0	5522	Q1	\$183.31
77072	26	BONE AGE STUDIES	\$11.47		XXX	0			
77072	TC	BONE AGE STUDIES	\$15.81		XXX	0			
77073		BONE LENGTH STUDIES	\$48.91		XXX	0	5522	Q1	\$183.31
77073	26	BONE LENGTH STUDIES	\$16.42		XXX	0			
77073	TC	BONE LENGTH STUDIES	\$32.49		XXX	0			
77074		RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	\$77.19		XXX	0	5522	Q1	\$183.31
77074	26	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	\$28.38		XXX	0			
77074	TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	\$48.81		XXX	0			
77075		RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	\$107.73		XXX	0	5522	Q1	\$183.31
77075	26	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	\$34.50		XXX	0			
77075	TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	\$73.23		XXX	0			
77076		RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	\$93.86		XXX	0	5522	Q1	\$183.31
77076	26	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	\$37.57		XXX	0			
77076	TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	\$56.29		XXX	0			
77077		JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	\$62.72		XXX	0	5522	Q1	\$183.31
77077	26	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	\$19.09		XXX	0			
77077	TC	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	\$43.63		XXX	0			
77078		CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	\$163.86		XXX	0	5521	S	\$151.52
77078	26	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	\$14.94		XXX	0			
77078	TC	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	\$148.92		XXX	0			
77080		DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	\$80.62		XXX	0	5522	S	\$183.31
77080	26	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	\$13.35		XXX	0			
77080	TC	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	\$67.27		XXX	0			
77081		DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	\$46.43		XXX	0	5521	S	\$151.52
77081	26	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	\$13.93		XXX	0			
77081	TC	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	\$32.50		XXX	0			
77084		BONE MARROW BLOOD SUPPLY	\$622.42		XXX	0	5523	S	\$408.57
77084	26	BONE MARROW BLOOD SUPPLY	\$97.36		XXX	0			
77084	TC	BONE MARROW BLOOD SUPPLY	\$525.06		XXX	0			
77085		DXA BONE DENSITY STUDY AXIAL SKELETON	\$110.25		XXX	0	5522	Q1	\$183.31
77085	26	DXA BONE DENSITY STUDY AXIAL SKELETON	\$28.94		XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
77085	TC	DXA BONE DENSITY STUDY AXIAL SKELETON	\$81.31		XXX	0			
77086		VERTEBRAL FRACTURE ASSESSMENT VIA DXA	\$69.59		XXX	0	5521	Q1	\$151.52
77086	26	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	\$16.54		XXX	0			
77086	TC	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	\$53.06		XXX	0			
77089		TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	\$83.38		XXX	0			
77090		TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	\$5.51		XXX	0	5521	S	\$151.52
77091		TBS TECHNICAL CALCULATION ONLY	\$57.88		XXX	0	5521	S	\$151.52
77092		TBS INTERPRETATION & REPORT FX RISK BY OTHER QHP	\$19.98		XXX	0			
77261		THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	\$145.39		XXX	0			
77261	26	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	\$145.39						
77261	TC	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	\$0.00						
77262		THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	\$200.78		XXX	0			
77262	26	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	\$200.78						
77262	TC	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	\$0.00						
77263		THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	\$286.60		XXX	0			
77263	26	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	\$286.60						
77263	TC	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	\$0.00						
77280		THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	\$214.20		XXX	0	5611	S	\$226.24
77280	26	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	\$63.85		XXX	0			
77280	TC	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	\$150.35		XXX	0			
77285		THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	\$349.17		XXX	0	5612	S	\$616.09
77285	26	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	\$93.17		XXX	0			
77285	TC	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	\$256.00		XXX	0			
77290		THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	\$486.25		XXX	0	5612	S	\$616.09
77290	26	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	\$85.47		XXX	0			
77290	TC	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	\$400.78		XXX	0			
+	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	\$844.09		ZZZ	0			
+	77293	26 RESPIRATORY MOTION MANAGEMENT SIMULATION	\$215.67		ZZZ	0			
+	77293	TC RESPIRATORY MOTION MANAGEMENT SIMULATION	\$628.41		ZZZ	0			
77295		3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	\$993.61		XXX	0	5613	S	\$2310.37
77295	26	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	\$318.45		XXX	0			
77295	TC	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	\$675.16		XXX	0			
77299		UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	BR		XXX	0	5611	S	\$226.24
77299	26	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	BR		XXX	0			
77299	TC	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	BR		XXX	0			
77300		BASIC RADIATION DOSIMETRY CALCULATION	\$112.59		XXX	0	5611	S	\$226.24
77300	26	BASIC RADIATION DOSIMETRY CALCULATION	\$55.72		XXX	0			
77300	TC	BASIC RADIATION DOSIMETRY CALCULATION	\$56.87		XXX	0			
77301		NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	\$2140.58		XXX	0	5613	S	\$2310.37
77301	26	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	\$437.69		XXX	0			
77301	TC	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	\$1702.89		XXX	0			
77306		TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	\$306.63		XXX	0	5612	S	\$616.09
77306	26	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	\$150.90		XXX	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
77306	TC	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	\$155.73		XXX	0			
77307		TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	\$593.96		XXX	0	5612	S	\$616.09
77307	26	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	\$312.14		XXX	0			
77307	TC	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	\$281.82		XXX	0			
77316		BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	\$509.21		XXX	0	5612	S	\$616.09
77316	26	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	\$150.90		XXX	0			
77316	TC	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	\$358.31		XXX	0			
77317		BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	\$669.76		XXX	0	5612	S	\$616.09
77317	26	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	\$197.76		XXX	0			
77317	TC	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	\$472.00		XXX	0			
77318		BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	\$949.51		XXX	0	5612	S	\$616.09
77318	26	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	\$311.45		XXX	0			
77318	TC	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	\$638.06		XXX	0			
77321		SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	\$195.00		XXX	0	5612	S	\$616.09
77321	26	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	\$84.39		XXX	0			
77321	TC	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	\$110.61		XXX	0			
77331		SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	\$99.14		XXX	0	5611	S	\$226.24
77331	26	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	\$78.02		XXX	0			
77331	TC	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	\$21.12		XXX	0			
77332		TX DEVICES DESIGN & CONSTRUCTION SIMPLE	\$81.31		XXX	0	5611	S	\$226.24
77332	26	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	\$48.92		XXX	0			
77332	TC	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	\$32.39		XXX	0			
77333		TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	\$152.82		XXX	0	5611	S	\$226.24
77333	26	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	\$74.83		XXX	0			
77333	TC	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	\$77.99		XXX	0			
77334		TX DEVICES DESIGN & CONSTRUCTION COMPLEX	\$249.52		XXX	0	5612	S	\$616.09
77334	26	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	\$113.05		XXX	0			
77334	TC	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	\$136.47		XXX	0			
77336		CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	\$138.10		XXX	0	5611	S	\$226.24
77338		MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	\$968.81		XXX	0	5612	S	\$616.09
77338	26	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	\$462.35		XXX	0			
77338	TC	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	\$506.45		XXX	0			
77370		SPEC MEDICAL RADJ PHYSICS CONSLTJ	\$154.35		XXX	0	5611	S	\$226.24
77371		RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	\$1374.00		XXX	0	5627	J1	\$12945.42
77372		RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	\$1029.87		XXX	0	5627	J1	\$12945.42
77373		STEREOTACTIC BODY RADIATION DELIVERY	\$1907.27		XXX	0	5626	S	\$2975.21
77385		INTENSITY MODULATED RADIATION TX DLVR SIMPLE	\$1284.57		XXX	0	5623	S	\$981.52
77386		INTENSITY MODULATED RADIATION TX DLVR COMPLEX	\$1438.84		XXX	0	5623	S	\$981.52
77387		GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	\$188.81		XXX	0			
77399		UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC		BR	XXX	0	5611	S	\$226.24
77399	26	UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC		BR	XXX	0			
77399	TC	UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC		BR	XXX	0			
77401		RADIATION TX DELIVERY SUPERFICIAL&ORTHO VOLTA	\$86.13		XXX	0	5621	S	\$199.94

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
77402		RADIATION TREATMENT DELIVERY 1 MEV >= SIMPLE	\$131.54		XXX	0	5621	S	\$199.94
77407		RADIATION TX DELIVERY 1 MEV >= INTERMEDIATE	\$206.20		XXX	0	5622	S	\$448.11
77412		RADIATION TREATMENT DELIVERY 1 MEV >= COMPLEX	\$199.76		XXX	0	5622	S	\$448.11
77417		THERAPEUTIC RADIOLOGY PORT IMAGES(S)	\$23.98		XXX	0			
77423		HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	\$215.97		XXX	0	5623	S	\$981.52
77423	26	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	\$24.53						
77423	TC	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	\$191.44						
77424		INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION		BR	XXX	9	5627	J1	\$12945.42
77425		INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS		BR	XXX	9	5627	J1	\$12945.42
★		77427 RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	\$392.76		XXX	9			
★	26	77427 RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	\$392.76						
★	TC	77427 RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	\$0.00						
77431		RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	\$172.18		XXX	0			
77431	26	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	\$172.18						
77431	TC	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	\$0.00						
77432		STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	\$741.34		XXX	0			
77432	26	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	\$741.34						
77432	TC	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	\$0.00						
77435		STEREOTACTIC BODY RADIATION MANAGEMENT	\$842.38		XXX	0			
77469		INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	\$656.67		XXX	0			
77470		SPECIAL TREATMENT PROCEDURE	\$293.54		XXX	0	5623	S	\$981.52
77470	26	SPECIAL TREATMENT PROCEDURE	\$118.17		XXX	0			
77470	TC	SPECIAL TREATMENT PROCEDURE	\$175.37		XXX	0			
77499		UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT		BR	XXX	0			
77499	26	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT		BR	XXX	0			
77499	TC	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT		BR	XXX	0			
77520		PROTON TX DELIVERY SIMPLE W/O COMPENSATION	\$2569.15		XXX	0	5623	S	\$981.52
77522		PROTON TX DELIVERY SIMPLE W/COMPENSATION	\$2999.53		XXX	0	5625	S	\$2365.34
77523		PROTON TX DELIVERY INTERMEDIATE	\$2922.21		XXX	0	5625	S	\$2365.34
77525		PROTON TX DELIVERY COMPLEX	\$3659.95		XXX	0	5625	S	\$2365.34
77600		HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	\$367.79		XXX	0	5622	S	\$448.11
77600	26	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	\$85.47		XXX	0			
77600	TC	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	\$282.32		XXX	0			
77605		HYPERTHERMIA EXTERNAL GENERATED DEEP	\$653.60		XXX	0	5624	S	\$1195.48
77605	26	HYPERTHERMIA EXTERNAL GENERATED DEEP	\$112.00		XXX	0			
77605	TC	HYPERTHERMIA EXTERNAL GENERATED DEEP	\$541.60		XXX	0			
77610		HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	\$608.24		XXX	0	5623	S	\$981.52
77610	26	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	\$83.35		XXX	0			
77610	TC	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	\$524.89		XXX	0			
77615		HYPERTHERMIA INTERSTITIAL PROBE 5/> APPLICATORS	\$859.60		XXX	0	5623	S	\$981.52
77615	26	HYPERTHERMIA INTERSTITIAL PROBE 5/> APPLICATORS	\$114.23		XXX	0			
77615	TC	HYPERTHERMIA INTERSTITIAL PROBE 5/> APPLICATORS	\$745.37		XXX	0			
77620		HYPERTHERMIA INTRACAVITARY PROBES	\$385.02		XXX	0	5623	S	\$981.52

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
77620	26	HYPERTHERMIA INTRACAVITARY PROBES	\$86.12		XXX	0			
77620	TC	HYPERTHERMIA INTRACAVITARY PROBES	\$298.90		XXX	0			
77750		NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	\$474.19		090	0	5622	S	\$448.11
77750	26	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	\$385.64		090	0			
77750	TC	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	\$88.55		090	0			
77761		INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	\$431.85		090	0	5623	S	\$981.52
77761	26	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	\$275.55		090	0			
77761	TC	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	\$156.30		090	0			
77762		INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	\$623.89		090	0	5623	S	\$981.52
77762	26	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	\$438.08		090	0			
77762	TC	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	\$185.81		090	0			
77763		INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	\$895.22		090	0	5624	S	\$1195.48
77763	26	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	\$656.20		090	0			
77763	TC	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	\$239.02		090	0			
77767		HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	\$516.79		XXX	0	5622	S	\$448.11
77767	26	HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	\$113.00		XXX	0			
77767	TC	HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	\$403.78		XXX	0			
77768		HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	\$757.27		XXX	0	5622	S	\$448.11
77768	26	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	\$150.90		XXX	0			
77768	TC	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	\$606.37		XXX	0			
77770		HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	\$720.06		XXX	0	5624	S	\$1195.48
77770	26	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	\$210.16		XXX	0			
77770	TC	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	\$509.90		XXX	0			
77771		HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	\$1252.01		XXX	0	5624	S	\$1195.48
77771	26	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	\$409.30		XXX	0			
77771	TC	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	\$842.71		XXX	0			
77772		HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	\$1869.40		XXX	0	5624	S	\$1195.48
77772	26	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	\$578.11		XXX	0			
77772	TC	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	\$1291.28		XXX	0			
77778		INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	\$1150.95		000	0	5624	S	\$1195.48
77778	26	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	\$902.08		000	0			
77778	TC	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	\$248.87		000	0			
77789		SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	\$117.47		000	0	5621	S	\$199.94
77789	26	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	\$71.82		000	0			
77789	TC	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	\$45.65		000	0			
77790		SUPERVISION HANDLING LOADING RADIATION SOURCE	\$37.21		XXX	0			
77790	26	SUPERVISION HANDLING LOADING RADIATION SOURCE	\$19.28						
77790	TC	SUPERVISION HANDLING LOADING RADIATION SOURCE	\$17.93						
77799		UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR		XXX	0	5621	S	\$199.94
77799	26	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR		XXX	0			
77799	TC	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR		XXX	0			
78012		THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	\$167.44		XXX	0	5591	S	\$687.70
78012	26	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	\$17.92		XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78012	TC	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	\$149.52		XXX	0			
78013		THYROID IMAGING WITH VASCULAR FLOW	\$354.17		XXX	0	5591	S	\$687.70
78013	26	THYROID IMAGING WITH VASCULAR FLOW	\$35.14		XXX	0			
78013	TC	THYROID IMAGING WITH VASCULAR FLOW	\$319.03		XXX	0			
78014		THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	\$449.95		XXX	0	5591	S	\$687.70
78014	26	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	\$46.86		XXX	0			
78014	TC	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	\$403.09		XXX	0			
78015		THYROID CARCINOMA METASTASES IMG LMTD AREA	\$199.32		XXX	0	5591	S	\$687.70
78015	26	THYROID CARCINOMA METASTASES IMG LMTD AREA	\$37.39		XXX	0			
78015	TC	THYROID CARCINOMA METASTASES IMG LMTD AREA	\$161.93		XXX	0			
78016		THYROID CARCINOMA METASTASES IMG ADDL STUDY	\$301.42		XXX	0	5591	S	\$687.70
78016	26	THYROID CARCINOMA METASTASES IMG ADDL STUDY	\$45.72		XXX	0			
78016	TC	THYROID CARCINOMA METASTASES IMG ADDL STUDY	\$255.70		XXX	0			
78018		THYROID CARCINOMA METASTASES IMG WHOLE BODY	\$357.39		XXX	0	5592	S	\$901.23
78018	26	THYROID CARCINOMA METASTASES IMG WHOLE BODY	\$78.55		XXX	0			
78018	TC	THYROID CARCINOMA METASTASES IMG WHOLE BODY	\$278.84		XXX	0			
+	78020	THYROID CARCINOMA METASTASES UPTAKE	\$94.37		ZZZ	0			
+	78020	26 THYROID CARCINOMA METASTASES UPTAKE	\$36.79		ZZZ	0			
+	78020	TC THYROID CARCINOMA METASTASES UPTAKE	\$57.58		ZZZ	0			
78070		PARATHYROID PLANAR IMAGING	\$226.50		XXX	0	5591	S	\$687.70
78070	26	PARATHYROID PLANAR IMAGING	\$63.69		XXX	0			
78070	TC	PARATHYROID PLANAR IMAGING	\$162.81		XXX	0			
78071		PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	\$662.18		XXX	0	5591	S	\$687.70
78071	26	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	\$113.69		XXX	0			
78071	TC	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	\$548.48		XXX	0			
78072		PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	\$821.35		XXX	0	5592	S	\$901.23
78072	26	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	\$148.84		XXX	0			
78072	TC	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	\$672.51		XXX	0			
78075		ADRENAL IMAGING CORTEX & MEDULLA	\$393.32		XXX	0	5593	S	\$2367.63
78075	26	ADRENAL IMAGING CORTEX & MEDULLA	\$41.34		XXX	0			
78075	TC	ADRENAL IMAGING CORTEX & MEDULLA	\$351.98		XXX	0			
78099		UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE		BR	XXX	0	5591	S	\$687.70
78099	26	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE		BR	XXX	0			
78099	TC	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE		BR	XXX	0			
78102		BONE MARROW IMAGING LIMITED AREA	\$156.89		XXX	0	5591	S	\$687.70
78102	26	BONE MARROW IMAGING LIMITED AREA	\$30.74		XXX	0			
78102	TC	BONE MARROW IMAGING LIMITED AREA	\$126.15		XXX	0			
78103		BONE MARROW IMAGING MULTIPLE AREAS	\$225.61		XXX	0	5591	S	\$687.70
78103	26	BONE MARROW IMAGING MULTIPLE AREAS	\$56.55		XXX	0			
78103	TC	BONE MARROW IMAGING MULTIPLE AREAS	\$169.06		XXX	0			
78104		BONE MARROW IMAGING WHOLE BODY	\$272.53		XXX	0	5591	S	\$687.70
78104	26	BONE MARROW IMAGING WHOLE BODY	\$74.42		XXX	0			
78104	TC	BONE MARROW IMAGING WHOLE BODY	\$198.11		XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78110		PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	\$74.57	XXX	0	5593	S		\$2367.63
78110	26	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	\$10.60	XXX	0				
78110	TC	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	\$63.97	XXX	0				
78111		PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	\$142.55	XXX	0	5593	S		\$2367.63
78111	26	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	\$17.92	XXX	0				
78111	TC	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	\$124.63	XXX	0				
78120		RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	\$101.94	XXX	0	5591	S		\$687.70
78120	26	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	\$19.29	XXX	0				
78120	TC	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	\$82.65	XXX	0				
78121		RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	\$159.17	XXX	0	5592	S		\$901.23
78121	26	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	\$26.18	XXX	0				
78121	TC	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	\$132.99	XXX	0				
78122		WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	\$202.58	XXX	0	5592	S		\$901.23
78122	26	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	\$39.81	XXX	0				
78122	TC	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	\$162.77	XXX	0				
78130		RED CELL SURVIVAL STUDY	\$193.83	XXX	0	5591	S		\$687.70
78130	26	RED CELL SURVIVAL STUDY	\$49.61	XXX	0				
78130	TC	RED CELL SURVIVAL STUDY	\$144.22	XXX	0				
78140		LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	\$226.01	XXX	0	5591	S		\$687.70
78140	26	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	\$49.61	XXX	0				
78140	TC	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	\$176.40	XXX	0				
78185		SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	\$180.55	XXX	0	5591	S		\$687.70
78185	26	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	\$22.40	XXX	0				
78185	TC	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	\$158.15	XXX	0				
78191		PLATELET SURVIVAL STUDY	\$256.33	XXX	0	5591	S		\$687.70
78191	26	PLATELET SURVIVAL STUDY	\$49.61	XXX	0				
78191	TC	PLATELET SURVIVAL STUDY	\$206.72	XXX	0				
78195		LYMPHATICS & LYMPH NODES IMAGING	\$321.82	XXX	0	5592	S		\$901.23
78195	26	LYMPHATICS & LYMPH NODES IMAGING	\$67.19	XXX	0				
78195	TC	LYMPHATICS & LYMPH NODES IMAGING	\$254.63	XXX	0				
78199		UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	XXX	0	5591	S		\$687.70
78199	26	UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	XXX	0				
78199	TC	UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	XXX	0				
78201		LIVER IMAGING STATIC ONLY	\$167.05	XXX	0	5592	S		\$901.23
78201	26	LIVER IMAGING STATIC ONLY	\$24.06	XXX	0				
78201	TC	LIVER IMAGING STATIC ONLY	\$142.99	XXX	0				
78202		LIVER IMAGING W/VASCULAR FLOW	\$192.77	XXX	0	5592	S		\$901.23
78202	26	LIVER IMAGING W/VASCULAR FLOW	\$28.01	XXX	0				
78202	TC	LIVER IMAGING W/VASCULAR FLOW	\$164.76	XXX	0				
78215		LIVER & SPLEEN IMAGING STATIC ONLY	\$190.76	XXX	0	5591	S		\$687.70
78215	26	LIVER & SPLEEN IMAGING STATIC ONLY	\$39.40	XXX	0				
78215	TC	LIVER & SPLEEN IMAGING STATIC ONLY	\$151.36	XXX	0				
78216		LIVER & SPLEEN IMAGING W/VASCULAR FLOW	\$218.23	XXX	0	5591	S		\$687.70

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Radiology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OPMAR
78216	26	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	\$52.37	XXX	0			
78216	TC	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	\$165.86	XXX	0			
78226		HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	\$613.26	XXX	0	5591	S	\$687.70
78226	26	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	\$70.97	XXX	0			
78226	TC	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	\$542.28	XXX	0			
78227		HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ	\$822.73	XXX	0	5592	S	\$901.23
78227	26	HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ	\$85.44	XXX	0			
78227	TC	HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ	\$737.28	XXX	0			
78230		SALIVARY GLAND IMAGING	\$152.31	XXX	0	5591	S	\$687.70
78230	26	SALIVARY GLAND IMAGING	\$24.83	XXX	0			
78230	TC	SALIVARY GLAND IMAGING	\$127.48	XXX	0			
78231		SALIVARY GLAND IMAGING SERIAL IMAGES	\$198.87	XXX	0	5591	S	\$687.70
78231	26	SALIVARY GLAND IMAGING SERIAL IMAGES	\$42.03	XXX	0			
78231	TC	SALIVARY GLAND IMAGING SERIAL IMAGES	\$156.84	XXX	0			
78232		SALIVARY GLAND FUNCTION STUDY	\$210.16	XXX	0	5591	S	\$687.70
78232	26	SALIVARY GLAND FUNCTION STUDY	\$37.90	XXX	0			
78232	TC	SALIVARY GLAND FUNCTION STUDY	\$172.26	XXX	0			
78258		ESOPHAGEAL MOTILITY	\$212.80	XXX	0	5591	S	\$687.70
78258	26	ESOPHAGEAL MOTILITY	\$41.70	XXX	0			
78258	TC	ESOPHAGEAL MOTILITY	\$171.10	XXX	0			
78261		GASTRIC MUCOSA IMAGING	\$267.76	XXX	0	5591	S	\$687.70
78261	26	GASTRIC MUCOSA IMAGING	\$55.81	XXX	0			
78261	TC	GASTRIC MUCOSA IMAGING	\$211.95	XXX	0			
78262		GASTROESOPHAGEAL REFLUX STUDY	\$271.12	XXX	0	5591	S	\$687.70
78262	26	GASTROESOPHAGEAL REFLUX STUDY	\$65.46	XXX	0			
78262	TC	GASTROESOPHAGEAL REFLUX STUDY	\$205.66	XXX	0			
78264		GASTRIC EMPTYING IMAGING STUDY	\$274.32	XXX	0	5591	S	\$687.70
78264	26	GASTRIC EMPTYING IMAGING STUDY	\$51.78	XXX	0			
78264	TC	GASTRIC EMPTYING IMAGING STUDY	\$222.54	XXX	0			
78265		GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	\$742.11	XXX	0	5591	S	\$687.70
78265	26	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	\$92.33	XXX	0			
78265	TC	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	\$649.78	XXX	0			
78266		GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	\$844.09	XXX	0	5592	S	\$901.23
78266	26	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	\$99.22	XXX	0			
78266	TC	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	\$744.86	XXX	0			
78267		UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	\$16.72	XXX	9			
78267	26	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	\$4.95					
78267	TC	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	\$11.77					
78268		UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	\$161.50	XXX	9			
78268	26	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	\$47.77					
78268	TC	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	\$113.73					
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$331.17	XXX	0	5591	S	\$687.70
78278	26	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$90.66	XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78278	TC	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$240.51		XXX	0			
78282		GASTROINTESTINAL PROTEIN LOSS	\$120.88		XXX	0	5591	S	\$687.70
78282	26	GASTROINTESTINAL PROTEIN LOSS	\$31.01		XXX	0			
78282	TC	GASTROINTESTINAL PROTEIN LOSS	\$89.87		XXX	0			
78290		INTESTINE IMAGING	\$274.38		XXX	0	5591	S	\$687.70
78290	26	INTESTINE IMAGING	\$38.15		XXX	0			
78290	TC	INTESTINE IMAGING	\$236.23		XXX	0			
78291		PERITONEAL-VEIN SHUNT PATENCY TEST	\$234.54		XXX	0	5591	S	\$687.70
78291	26	PERITONEAL-VEIN SHUNT PATENCY TEST	\$49.17		XXX	0			
78291	TC	PERITONEAL-VEIN SHUNT PATENCY TEST	\$185.37		XXX	0			
78299		UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE		BR	XXX	0	5591	S	\$687.70
78299	26	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE		BR	XXX	0			
78299	TC	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE		BR	XXX	0			
78300		BONE & JOINT IMAGING LIMITED AREA	\$192.24		XXX	0	5591	S	\$687.70
78300	26	BONE & JOINT IMAGING LIMITED AREA	\$57.69		XXX	0			
78300	TC	BONE & JOINT IMAGING LIMITED AREA	\$134.55		XXX	0			
78305		BONE & JOINT IMAGING MULTIPLE AREAS	\$257.27		XXX	0	5591	S	\$687.70
78305	26	BONE & JOINT IMAGING MULTIPLE AREAS	\$73.62		XXX	0			
78305	TC	BONE & JOINT IMAGING MULTIPLE AREAS	\$183.65		XXX	0			
78306		BONE & JOINT IMAGING WHOLE BODY	\$284.41		XXX	0	5591	S	\$687.70
78306	26	BONE & JOINT IMAGING WHOLE BODY	\$74.17		XXX	0			
78306	TC	BONE & JOINT IMAGING WHOLE BODY	\$210.24		XXX	0			
78315		BONE & JOINT IMAGING 3 PHASE STUDY	\$320.17		XXX	0	5591	S	\$687.70
78315	26	BONE & JOINT IMAGING 3 PHASE STUDY	\$81.86		XXX	0			
78315	TC	BONE & JOINT IMAGING 3 PHASE STUDY	\$238.31		XXX	0			
78350		BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	\$56.78		XXX	9			
78350	26	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	\$19.78		XXX	9			
78350	TC	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	\$37.00		XXX	9			
78351		BONE DENSITY 1/> SITES DUAL PHOTON ABSORPTIOMETRY	\$30.32		XXX	9			
78351	26	BONE DENSITY 1/> SITES DUAL PHOTON ABSORPTIOMETRY	\$22.29						
78351	TC	BONE DENSITY 1/> SITES DUAL PHOTON ABSORPTIOMETRY	\$8.03						
78399		UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE		BR	XXX	0	5591	S	\$687.70
78399	26	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE		BR	XXX	0			
78399	TC	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE		BR	XXX	0			
78414		CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	\$404.55		XXX	0	5592	S	\$901.23
78414	26	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	\$42.72		XXX	0			
78414	TC	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	\$361.83		XXX	0			
78428		CARDIAC SHUNT DETECTION	\$191.64		XXX	0	5591	S	\$687.70
78428	26	CARDIAC SHUNT DETECTION	\$45.11		XXX	0			
78428	TC	CARDIAC SHUNT DETECTION	\$146.53		XXX	0			
78429		MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	\$2770.25		XXX	0	5594	S	\$2608.55
78429	26	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	\$159.86		XXX	0			
78429	TC	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	\$2610.39		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78430		MYOCDR IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	\$927.15		XXX	0	5594	S	\$2608.55
78430	26	MYOCDR IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	\$152.28		XXX	0			
78430	TC	MYOCDR IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	\$774.87		XXX	0			
78431		MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	\$2604.80		XXX	0	1522	S	\$3938.38
78431	26	MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	\$177.78		XXX	0			
78431	TC	MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	\$2427.02		XXX	0			
78432		MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER		BR	XXX	0	1520	S	\$3238.38
78432	26	MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER		BR	XXX	0			
78432	TC	MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER		BR	XXX	0			
78433		MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	\$4591.08		XXX	0	1521	S	\$3413.38
78433	26	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	\$208.09		XXX	0			
78433	TC	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	\$4382.99		XXX	0			
+	78434	AQMBF PET REST AND PHARMACOLOGIC STRESS	\$199.71		ZZZ	0			
+	78434	26 AQMBF PET REST AND PHARMACOLOGIC STRESS	\$58.57		ZZZ	0			
+	78434	TC AQMBF PET REST AND PHARMACOLOGIC STRESS	\$141.14		ZZZ	0			
78445		NONCARDIAC VASCULAR FLOW IMAGING	\$159.79		XXX	0	5591	S	\$687.70
78445	26	NONCARDIAC VASCULAR FLOW IMAGING	\$27.19		XXX	0			
78445	TC	NONCARDIAC VASCULAR FLOW IMAGING	\$132.60		XXX	0			
78451		MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	\$647.02		XXX	0	5593	S	\$2367.63
78451	26	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	\$130.23		XXX	0			
78451	TC	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	\$516.79		XXX	0			
78452		MYOCARDIAL SPECT MULTIPLE STUDIES	\$895.08		XXX	0	5593	S	\$2367.63
78452	26	MYOCARDIAL SPECT MULTIPLE STUDIES	\$153.66		XXX	0			
78452	TC	MYOCARDIAL SPECT MULTIPLE STUDIES	\$741.42		XXX	0			
78453		MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	\$550.55		XXX	0	5593	S	\$2367.63
78453	26	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	\$92.33		XXX	0			
78453	TC	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	\$458.22		XXX	0			
78454		MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	\$822.73		XXX	0	5593	S	\$2367.63
78454	26	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	\$128.85		XXX	0			
78454	TC	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	\$693.87		XXX	0			
78456		ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	\$266.72		XXX	9	5593	S	\$2367.63
78456	26	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	\$58.73		XXX	9			
78456	TC	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	\$207.99		XXX	9			
78457		VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	\$200.31		XXX	0	5592	S	\$901.23
78457	26	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	\$58.12		XXX	0			
78457	TC	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	\$142.19		XXX	0			
78458		VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	\$272.95		XXX	0	5591	S	\$687.70
78458	26	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	\$79.61		XXX	0			
78458	TC	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	\$193.34		XXX	0			
78459		MYOCDR IMG PET METAB EVAL SINGLE STUDY	\$1817.93		XXX	0	5593	S	\$2367.63
78459	26	MYOCDR IMG PET METAB EVAL SINGLE STUDY	\$87.70		XXX	0			
78459	TC	MYOCDR IMG PET METAB EVAL SINGLE STUDY	\$1730.23		XXX	0			
78466		MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	\$192.11		XXX	0	5591	S	\$687.70

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78466	26	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	\$55.56		XXX	0			
78466	TC	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	\$136.55		XXX	0			
78468		MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	\$252.46		XXX	0	5592	S	\$901.23
78468	26	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	\$74.17		XXX	0			
78468	TC	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	\$178.29		XXX	0			
78469		MYOCDR INFARCT AVID PLNR TOMOG SPECT W/VO QUANTJ	\$328.15		XXX	0	5592	S	\$901.23
78469	26	MYOCDR INFARCT AVID PLNR TOMOG SPECT W/VO QUANTJ	\$81.20		XXX	0			
78469	TC	MYOCDR INFARCT AVID PLNR TOMOG SPECT W/VO QUANTJ	\$246.95		XXX	0			
78472		CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	\$345.90		XXX	0	5591	S	\$687.70
78472	26	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	\$87.57		XXX	0			
78472	TC	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	\$258.33		XXX	0			
78473		CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	\$553.32		XXX	0	5591	S	\$687.70
78473	26	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	\$114.64		XXX	0			
78473	TC	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	\$438.68		XXX	0			
78481		CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	\$332.91		XXX	0	5592	S	\$901.23
78481	26	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	\$87.57		XXX	0			
78481	TC	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	\$245.34		XXX	0			
78483		CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	\$458.91		XXX	0	5592	S	\$901.23
78483	26	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	\$114.64		XXX	0			
78483	TC	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	\$344.27		XXX	0			
78491		MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS	\$2125.55		XXX	0	5594	S	\$2608.55
78491	26	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS	\$101.22		XXX	0			
78491	TC	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS	\$2024.33		XXX	0			
78492		MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	\$2561.58		XXX	0	5594	S	\$2608.55
78492	26	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	\$121.98		XXX	0			
78492	TC	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	\$2439.60		XXX	0			
78494		CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	\$375.48		XXX	0	5591	S	\$687.70
78494	26	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	\$82.13		XXX	0			
78494	TC	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	\$293.35		XXX	0			
+	78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	\$86.82		ZZZ	0			
+	78496	26	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	\$39.81		ZZZ	0		
+	78496	TC	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	\$47.01		ZZZ	0		
78499		UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR		XXX	0	5591	S	\$687.70
78499	26	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR		XXX	0			
78499	TC	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR		XXX	0			
78579		PULMONARY VENTILATION IMAGING	\$356.24		XXX	0	5591	S	\$687.70
78579	26	PULMONARY VENTILATION IMAGING	\$46.17		XXX	0			
78579	TC	PULMONARY VENTILATION IMAGING	\$310.07		XXX	0			
78580		PULMONARY PERFUSION IMAGING PARTICULATE	\$238.61		XXX	0	5591	S	\$687.70
78580	26	PULMONARY PERFUSION IMAGING PARTICULATE	\$70.28		XXX	0			
78580	TC	PULMONARY PERFUSION IMAGING PARTICULATE	\$168.33		XXX	0			
78582		PULMONARY VENTILATION & PERFUSION IMAGING	\$627.04		XXX	0	5592	S	\$901.23
78582	26	PULMONARY VENTILATION & PERFUSION IMAGING	\$101.29		XXX	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78582	TC	PULMONARY VENTILATION & PERFUSION IMAGING	\$525.75		XXX	0			
78597		QUANT DIFFERENTIAL PULM PERFUSION W/O IMAGING	\$379.67		XXX	0	5591	S	\$687.70
78597	26	QUANT DIFFERENTIAL PULM PERFUSION W/O IMAGING	\$68.22		XXX	0			
78597	TC	QUANT DIFFERENTIAL PULM PERFUSION W/O IMAGING	\$311.45		XXX	0			
78598		QUANT DIFF PULM PRFUSION & VENTLAJ W/O IMAGIN	\$569.16		XXX	0	5592	S	\$901.23
78598	26	QUANT DIFF PULM PRFUSION & VENTLAJ W/O IMAGIN	\$78.55		XXX	0			
78598	TC	QUANT DIFF PULM PRFUSION & VENTLAJ W/O IMAGIN	\$490.60		XXX	0			
78599		UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE		BR	XXX	0	5591	S	\$687.70
78599	26	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE		BR	XXX	0			
78599	TC	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE		BR	XXX	0			
78600		BRAIN IMAGING <4 STATIC VIEWS	\$194.96		XXX	0	5591	S	\$687.70
78600	26	BRAIN IMAGING <4 STATIC VIEWS	\$42.03		XXX	0			
78600	TC	BRAIN IMAGING <4 STATIC VIEWS	\$152.93		XXX	0			
78601		BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	\$214.28		XXX	0	5591	S	\$687.70
78601	26	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	\$43.19		XXX	0			
78601	TC	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	\$171.09		XXX	0			
78605		BRAIN IMAGING MINIMUM 4 STATIC VIEWS	\$214.28		XXX	0	5592	S	\$901.23
78605	26	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	\$49.45		XXX	0			
78605	TC	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	\$164.83		XXX	0			
78606		BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	\$291.56		XXX	0	5592	S	\$901.23
78606	26	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	\$35.79		XXX	0			
78606	TC	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	\$255.77		XXX	0			
78608		BRAIN IMAGING PET METABOLIC EVALUATION	\$1816.74		XXX	0	5594	S	\$2608.55
78608	26	BRAIN IMAGING PET METABOLIC EVALUATION	\$86.51		XXX	0			
78608	TC	BRAIN IMAGING PET METABOLIC EVALUATION	\$1730.23		XXX	0			
78609		BRAIN IMAGING PET PERFUSION EVALUATION	\$145.39		XXX	9			
78609	26	BRAIN IMAGING PET PERFUSION EVALUATION	\$103.47		XXX	9			
78609	TC	BRAIN IMAGING PET PERFUSION EVALUATION	\$41.92		XXX	9			
78610		BRAIN IMAGING VASCULAR FLOW ONLY	\$168.31		XXX	0	5592	S	\$901.23
78610	26	BRAIN IMAGING VASCULAR FLOW ONLY	\$17.28		XXX	0			
78610	TC	BRAIN IMAGING VASCULAR FLOW ONLY	\$151.03		XXX	0			
78630		CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	\$314.86		XXX	0	5592	S	\$901.23
78630	26	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	\$43.42		XXX	0			
78630	TC	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	\$271.44		XXX	0			
78635		CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	\$281.53		XXX	0	5592	S	\$901.23
78635	26	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	\$34.28		XXX	0			
78635	TC	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	\$247.25		XXX	0			
78645		CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	\$235.55		XXX	0	5592	S	\$901.23
78645	26	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	\$53.75		XXX	0			
78645	TC	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	\$181.80		XXX	0			
78650		CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	\$301.67		XXX	0	5593	S	\$2367.63
78650	26	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	\$34.19		XXX	0			
78650	TC	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	\$267.48		XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78660		RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$158.54	XXX	0	5591	S		\$687.70
78660	26	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$29.56	XXX	0				
78660	TC	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$128.98	XXX	0				
78699		UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	XXX	0	5591	S		\$687.70
78699	26	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	XXX	0				
78699	TC	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	XXX	0				
78700		KIDNEY IMAGING MORPHOLOGY	\$190.90	XXX	0	5591	S		\$687.70
78700	26	KIDNEY IMAGING MORPHOLOGY	\$41.21	XXX	0				
78700	TC	KIDNEY IMAGING MORPHOLOGY	\$149.69	XXX	0				
78701		KIDNEY IMAGING MORPHOLOGY W/VASCULAR FLOW	\$226.12	XXX	0	5591	S		\$687.70
78701	26	KIDNEY IMAGING MORPHOLOGY W/VASCULAR FLOW	\$46.15	XXX	0				
78701	TC	KIDNEY IMAGING MORPHOLOGY W/VASCULAR FLOW	\$179.97	XXX	0				
78707		KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	\$298.85	XXX	0	5592	S		\$901.23
78707	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	\$84.39	XXX	0				
78707	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	\$214.46	XXX	0				
78708		KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	\$325.92	XXX	0	5592	S		\$901.23
78708	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	\$111.46	XXX	0				
78708	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	\$214.46	XXX	0				
78709		KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	\$404.20	XXX	0	5592	S		\$901.23
78709	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	\$132.30	XXX	0				
78709	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	\$271.90	XXX	0				
78725		KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	\$121.20	XXX	0	5591	S		\$687.70
78725	26	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	\$31.84	XXX	0				
78725	TC	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	\$89.36	XXX	0				
+	78730	URINARY BLADDER RESIDUAL STUDY	\$101.61	ZZZ	0				
+	78730	26 URINARY BLADDER RESIDUAL STUDY	\$15.16	ZZZ	0				
+	78730	TC URINARY BLADDER RESIDUAL STUDY	\$86.45	ZZZ	0				
78740		URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	\$198.18	XXX	0	5591	S		\$687.70
78740	26	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	\$32.18	XXX	0				
78740	TC	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	\$166.00	XXX	0				
78761		TESTICULAR IMAGING WITH VASCULAR FLOW	\$223.96	XXX	0	5591	S		\$687.70
78761	26	TESTICULAR IMAGING WITH VASCULAR FLOW	\$64.07	XXX	0				
78761	TC	TESTICULAR IMAGING WITH VASCULAR FLOW	\$159.89	XXX	0				
78799		UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	XXX	0	5591	S		\$687.70
78799	26	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	XXX	0				
78799	TC	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	XXX	0				
78800		RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	\$224.61	XXX	0	5591	S		\$687.70
78800	26	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	\$60.51	XXX	0				
78800	TC	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	\$164.10	XXX	0				
78801		RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	\$280.13	XXX	0	5591	S		\$687.70
78801	26	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	\$68.91	XXX	0				
78801	TC	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	\$211.22	XXX	0				
78802		RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	\$351.52	XXX	0	5593	S		\$2367.63

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Radiology

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
78802	26	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	\$75.11		XXX	0			
78802	TC	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	\$276.41		XXX	0			
78803		RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	\$429.60		XXX	0	5593	S	\$2367.63
78803	26	RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	\$101.98		XXX	0			
78803	TC	RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	\$327.62		XXX	0			
78804		RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	\$545.73		XXX	0	5593	S	\$2367.63
78804	26	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	\$59.88		XXX	0			
78804	TC	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	\$485.85		XXX	0			
78808		NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	\$51.79		XXX	0	5591	Q1	\$687.70
78811		PET IMAGING LIMITED AREA CHEST HEAD/NECK	\$3338.37		XXX	0	5593	S	\$2367.63
78811	26	PET IMAGING LIMITED AREA CHEST HEAD/NECK	\$88.93		XXX	0			
78811	TC	PET IMAGING LIMITED AREA CHEST HEAD/NECK	\$3249.44		XXX	0			
78812		PET IMAGING SKULL BASE TO MID-THIGH	\$3360.27		XXX	0	5594	S	\$2608.55
78812	26	PET IMAGING SKULL BASE TO MID-THIGH	\$110.83		XXX	0			
78812	TC	PET IMAGING SKULL BASE TO MID-THIGH	\$3249.44		XXX	0			
78813		PET IMAGING WHOLE BODY	\$3364.45		XXX	0	5594	S	\$2608.55
78813	26	PET IMAGING WHOLE BODY	\$115.01		XXX	0			
78813	TC	PET IMAGING WHOLE BODY	\$3249.44		XXX	0			
78814		PET IMAGING CT FOR ATTENUATION LIMITED AREA	\$3375.80		XXX	0	5594	S	\$2608.55
78814	26	PET IMAGING CT FOR ATTENUATION LIMITED AREA	\$126.36		XXX	0			
78814	TC	PET IMAGING CT FOR ATTENUATION LIMITED AREA	\$3249.44		XXX	0			
78815		PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	\$3389.28		XXX	0	5594	S	\$2608.55
78815	26	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	\$139.84		XXX	0			
78815	TC	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	\$3249.44		XXX	0			
78816		PET IMAGING FOR CT ATTENUATION WHOLE BODY	\$3392.65		XXX	0	5594	S	\$2608.55
78816	26	PET IMAGING FOR CT ATTENUATION WHOLE BODY	\$143.21		XXX	0			
78816	TC	PET IMAGING FOR CT ATTENUATION WHOLE BODY	\$3249.44		XXX	0			
78830		RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	\$899.21		XXX	0	5593	S	\$2367.63
78830	26	RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	\$136.43		XXX	0			
78830	TC	RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	\$762.78		XXX	0			
78831		RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	\$1345.03		XXX	0	5593	S	\$2367.63
78831	26	RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	\$172.26		XXX	0			
78831	TC	RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	\$1172.77		XXX	0			
78832		RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	\$1699.20		XXX	0	5594	S	\$2608.55
78832	26	RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	\$195.69		XXX	0			
78832	TC	RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	\$1503.51		XXX	0			
+	78835	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	\$183.98		ZZZ	0			
+	78835	26 RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	\$42.72		ZZZ	0			
+	78835	TC RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	\$141.26		ZZZ	0			
78999		UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE		BR	XXX	0	5591	S	\$687.70
78999	26	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE		BR	XXX	0			
78999	TC	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE		BR	XXX	0			
79005		RP THERAPY ORAL ADMINISTRATION	\$252.68		XXX	0	5661	S	\$414.82

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Radiology**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OPMAR
79005	26	RP THERAPY ORAL ADMINISTRATION	\$117.82		XXX	0			
79005	TC	RP THERAPY ORAL ADMINISTRATION	\$134.86		XXX	0			
79101		RP THERAPY INTRAVENOUS ADMINISTRATION	\$263.83		XXX	0	5661	S	\$414.82
79101	26	RP THERAPY INTRAVENOUS ADMINISTRATION	\$128.97		XXX	0			
79101	TC	RP THERAPY INTRAVENOUS ADMINISTRATION	\$134.86		XXX	0			
79200		RP THERAPY INTRACAVITARY ADMINISTRATION	\$268.73		XXX	0	5661	S	\$414.82
79200	26	RP THERAPY INTRACAVITARY ADMINISTRATION	\$159.86		XXX	0			
79200	TC	RP THERAPY INTRACAVITARY ADMINISTRATION	\$108.87		XXX	0			
79300		RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	\$519.91		XXX	0	5661	S	\$414.82
79300	26	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	\$128.85		XXX	0			
79300	TC	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	\$391.06		XXX	0			
79403		RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	\$308.10		XXX	0	5661	S	\$414.82
79403	26	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	\$138.45		XXX	0			
79403	TC	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	\$169.65		XXX	0			
79440		RP THERAPY INTRA-ARTICULAR ADMINISTRATION	\$241.86		XXX	0	5661	S	\$414.82
79440	26	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	\$159.86		XXX	0			
79440	TC	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	\$82.00		XXX	0			
79445		RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	\$295.70		XXX	0	5661	S	\$414.82
79445	26	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	\$159.22		XXX	0			
79445	TC	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	\$136.48		XXX	0			
79999		RP THERAPY UNLISTED PROCEDURE		BR	XXX	0	5661	S	\$414.82
79999	26	RP THERAPY UNLISTED PROCEDURE		BR	XXX	0			
79999	TC	RP THERAPY UNLISTED PROCEDURE		BR	XXX	0			



**This page was intentionally left blank.**

## LABORATORY AND PATHOLOGY GROUND RULES

### General Information and Instructions

1. **COVERED SERVICES:** Services or procedures under this section must be performed by a registered/licensed pathologist or laboratory. MAR values in this section include recording of the specimen, performance of the test, and reporting of the result.

technical component includes the charges for personnel, materials, space, equipment and other facility overhead normally included in providing the service.
2. **CHARGE FOR OBTAINING AND HANDLING SPECIMEN:** The treating physician may charge twenty percent (20%) of the code allowable, not to exceed Ten Dollars (\$10.00), for obtaining and handling a specimen. Billing should be identified by using CPT 99000, Handling and/or conveyance of specimen for transfer from the office to a laboratory.
3. **PROCEDURE CODES:** The five-digit CPT code is used to represent the pathology service which can be billed in multiple ways:
  - a. MAR is based on the total (global) pathology service including the professional service and the technical component of providing that service.
  - b. PC MAR is used when Modifier 26 is added to the five-digit CPT code to indicate that only professional component is included on the bill. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure or lab test, interpretation and/or written report concerning the examination or lab test and consultation with referring physicians. It does not include the cost of personnel, materials, space, equipment or other facilities.

TC MAR is used when Modifier TC is added to the five-digit CPT code to indicate that only the technical component is included on the bill. The
4. **DRUG TESTING:** Current coding for drug testing relies on a structure of "screening" (also known as "presumptive" testing), followed by quantitative or "definitive" testing that identifies the specific drug and quantity. Presumptive testing indicates the presence or absence of a drug or drug classes. Results are commonly reported as "positive" or "negative" and do not indicate the level of drug present. Definitive drug testing is most often used to evaluate presumptive drug test results and identify specific drugs and concentrations of drugs and their associated metabolites.

A definitive drug test is reimbursable if:

  - a. A definitive concentration of a drug must be identified to guide treatment, or
  - b. A specific drug in a large family of drugs (e.g., benzodiazepines, barbiturates, and opiates) must be identified to guide treatment, or
  - c. A false result must be ruled out for a presumptive drug test that is inconsistent with a member's self-report, presentation, medical history or current prescriptions, or
  - d. A specific substance or metabolite that is inadequately detected by presumptive drug testing (direct-to-definitive testing) must be identified.

CPT codes 80305, 80306 and 80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of

## Laboratory and Pathology

service. Each code also includes all sample validation procedures performed. Definitive drug screening should be reported using HCPCS Level II codes G0480-G0483, which are distinguished by the number of drug classes being tested, and G0659 that distinguishes between structural isomers. The AMA has developed CPT 80320-80377 for definitive drug testing; however, these codes are not reimbursable under this fee schedule.

5. REPORT OF FINDINGS: No bill for services or procedures included in this section shall be considered properly rendered unless it is accompanied by a report that includes the findings and the interpretation of such findings.

6. SERVICES OR PROCEDURES LISTED IN OTHER SECTIONS: For the values of services common to all physicians, see the appropriate section of the schedule. Particular reference should be made to the Introduction and Ground Rules preceding the Medicine Section.
7. INDICES OR RATIOS: Tests which produce an index or ratio based on mathematical calculations from two or more other results may not be billed as a separate independent test, e.g., A/G ratio, free thyroxin index.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
80047		BASIC METABOLIC PANEL CALCIUM IONIZED	\$19.73	XXX	9			
80048		BASIC METABOLIC PANEL CALCIUM TOTAL	\$15.35	XXX	9			
80050		GENERAL HEALTH PANEL	\$66.45	XXX	9			
80051		ELECTROLYTE PANEL	\$12.01	XXX	9			
80053		COMPREHENSIVE METABOLIC PANEL	\$19.50	XXX	9			
80055		OBSTETRIC PANEL	\$79.55	XXX	9			
80061		LIPID PANEL	\$22.93	XXX	9			
80069		RENAL FUNCTION PANEL	\$17.42	XXX	9			
80074		ACUTE HEPATITIS PANEL	\$81.57	XXX	9			
80076		HEPATIC FUNCTION PANEL	\$13.99	XXX	9			
80081		OBSTETRIC PANEL	\$124.56	XXX	9			
80143		DRUG ASSAY ACETAMINOPHEN	\$31.02	XXX	9			
80145		DRUG ASSAY ADALIMUMAB	\$64.19	XXX	9			
80150		DRUG SCREEN QUANTITATIVE AMIKACIN	\$33.72	XXX	9			
80151		DRUG ASSAY AMIODARONE	\$31.02	XXX	9			
80155		DRUG ASSAY CAFFEINE	\$64.19	XXX	9			
80156		DRUG ASSAY CARBAMAZEPINE TOTAL	\$29.18	XXX	9			
80157		DRUG ASSAY CARBAMAZEPINE FREE	\$22.69	XXX	9			
80158		DRUG ASSAY CYCLOSPORINE	\$30.91	XXX	9			
80159		DRUG ASSAY CLOZAPINE	\$33.53	XXX	9			
80161		DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	\$31.02	XXX	9			
80162		DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	\$27.35	XXX	9			
80163		DRUG SCREEN QUANTITATIVE DIGOXIN FREE	\$22.10	XXX	9			
80164		DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	\$36.46	XXX	9			
80165		DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	\$22.53	XXX	9			
80167		DRUG ASSAY FELBAMATE	\$31.02	XXX	9			
80168		DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	\$36.40	XXX	9			
80169		DRUG ASSAY EVEROLIMUS	\$22.85	XXX	9			
80170		DRUG SCREEN QUANTITATIVE GENTAMICIN	\$37.36	XXX	9			
80171		DRUG SCREEN QUANTITATIVE GABAPENTIN	\$36.06	XXX	9			
80173		DRUG SCREEN QUANTITATIVE HALOPRIDOL	\$27.34	XXX	9			
80175		DRUG SCREEN QUANTITATIVE LAMOTRIGINE	\$22.04	XXX	9			
80176		DRUG SCREEN QUANTITATIVE LIDOCAINE	\$29.18	XXX	9			
80177		DRUG SCREEN QUANTITATIVE LEVETIRACETAM	\$22.04	XXX	9			
80178		DRUG SCREEN QUANTITATIVE LITHIUM	\$14.56	XXX	9			
80179		DRUG ASSAY SALICYLATE	\$31.02	XXX	9			
80180		DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	\$30.03	XXX	9			
80181		DRUG ASSAY FLECAINIDE	\$31.02	XXX	9			
80183		DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	\$22.04	XXX	9			
80184		DRUG SCREEN QUANTITATIVE PHENOBARBITAL	\$28.27	XXX	9			
80185		DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	\$30.10	XXX	9			
80186		DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	\$31.92	XXX	9			
80187		DRUG ASSAY POSACONAZOLE	\$45.11	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
80188		DRUG SCREEN QUANTITATIVE PRIMIDONE	\$29.18	XXX	9			
80189		DRUG ASSAY ITRACONAZOLE	\$45.11	XXX	9			
80190		DRUG SCREEN QUANTITATIVE PROCAINAMIDE	\$63.24	XXX	9			
80192		DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	\$37.31	XXX	9			
80193		DRUG ASSAY LEFLUNOMIDE	\$64.19	XXX	9			
80194		DRUG SCREEN QUANTITATIVE QUINIDINE	\$27.35	XXX	9			
80195		DRUG SCREEN QUANTITATIVE SIROLIMUS	\$22.85	XXX	9			
80197		DRUG SCREEN QUANTITATIVE TACROLIMUS	\$28.25	XXX	9			
80198		DRUG SCREEN QUANTITATIVE THEOPHYLLINE	\$24.22	XXX	9			
80199		DRUG SCREEN QUANTITATIVE TIAGABINE	\$45.11	XXX	9			
80200		DRUG SCREEN QUANTITATIVE TOBRAMYCIN	\$35.54	XXX	9			
80201		DRUG SCREEN QUANTITATIVE TOPIRAMATE	\$27.34	XXX	9			
80202		DRUG SCREEN QUANTITATIVE VANCOMYCIN	\$35.54	XXX	9			
80203		DRUG SCREEN QUANTITATIVE ZONISAMIDE	\$22.04	XXX	9			
80204		DRUG ASSAY METHOTREXATE	\$64.19	XXX	9			
80210		DRUG ASSAY RUFINAMIDE	\$45.11	XXX	9			
80220		DRUG ASSAY HYDROXYCHLOROQUINE	\$31.02	XXX	9			
80230		DRUG ASSAY INFLIXIMAB	\$64.19	XXX	9			
80235		DRUG ASSAY LACOSAMIDE	\$45.11	XXX	9			
80280		DRUG ASSAY VEDOLIZUMAB	\$64.19	XXX	9			
80285		DRUG ASSAY VORICONAZOLE	\$45.11	XXX	9			
80299		QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	\$30.32	XXX	9			
80305		DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	\$20.97	XXX	9			
80306		DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	\$28.52	XXX	9			
80307		DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	\$103.40	XXX	9			
80320		DRUG SCREEN QUANTITATIVE ALCOHOLS	See Rules	XXX	9			
80321		DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	See Rules	XXX	9			
80322		DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	See Rules	XXX	9			
80323		ALKALOIDS NOT OTHERWISE SPECIFIED	See Rules	XXX	9			
80324		DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	See Rules	XXX	9			
80325		DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	See Rules	XXX	9			
80326		DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	See Rules	XXX	9			
80327		DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	See Rules	XXX	9			
80328		DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	See Rules	XXX	9			
80329		DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	See Rules	XXX	9			
80330		DRUG SCREEN ANALGESICS NON-OPIOID 3-5	See Rules	XXX	9			
80331		DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	See Rules	XXX	9			
80332		ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	See Rules	XXX	9			
80333		ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	See Rules	XXX	9			
80334		ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	See Rules	XXX	9			
80335		ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	See Rules	XXX	9			
80336		ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	See Rules	XXX	9			
80337		ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	See Rules	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
80338		ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	See Rules	XXX	9			
80339		ANTIPILEPTICS NOT OTHERWISE SPECIFIED 1-3	See Rules	XXX	9			
80340		ANTIPILEPTICS NOT OTHERWISE SPECIFIED 4-6	See Rules	XXX	9			
80341		ANTIPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	See Rules	XXX	9			
80342		ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	See Rules	XXX	9			
80343		ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	See Rules	XXX	9			
80344		ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	See Rules	XXX	9			
80345		DRUG SCREENING BARBITURATES	See Rules	XXX	9			
80346		DRUG SCREENING BENZODIAZEPINES 1-12	See Rules	XXX	9			
80347		DRUG SCREENING BENZODIAZEPINES 13 OR MORE	See Rules	XXX	9			
80348		DRUG SCREENING BUPRENORPHINE	See Rules	XXX	9			
80349		DRUG SCREENING CANNABINOIDS NATURAL	See Rules	XXX	9			
80350		DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	See Rules	XXX	9			
80351		DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	See Rules	XXX	9			
80352		DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	See Rules	XXX	9			
80353		DRUG SCREENING COCAINE	See Rules	XXX	9			
80354		DRUG SCREENING FENTANYL	See Rules	XXX	9			
80355		DRUG SCREENING GABAPENTIN NON-BLOOD	See Rules	XXX	9			
80356		DRUG SCREENING HEROIN METABOLITE	See Rules	XXX	9			
80357		DRUG SCREENING KETAMINE AND NORKETAMINE	See Rules	XXX	9			
80358		DRUG SCREENING METHADONE	See Rules	XXX	9			
80359		DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	See Rules	XXX	9			
80360		DRUG SCREENING METHYLPHENIDATE	See Rules	XXX	9			
80361		DRUG SCREENING OPIATES 1 OR MORE	See Rules	XXX	9			
80362		DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	See Rules	XXX	9			
80363		DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	See Rules	XXX	9			
80364		DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	See Rules	XXX	9			
80365		DRUG SCREENING OXYCODONE	See Rules	XXX	9			
80366		DRUG SCREENING PREGABALIN	See Rules	XXX	9			
80367		DRUG SCREENING PROPOXYPHENE	See Rules	XXX	9			
80368		DRUG SCREENING SEDATIVE HYPNOTICS	See Rules	XXX	9			
80369		DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	See Rules	XXX	9			
80370		DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	See Rules	XXX	9			
80371		DRUG SCREENING STIMULANTS SYNTHETIC	See Rules	XXX	9			
80372		DRUG SCREENING TAPENTADOL	See Rules	XXX	9			
80373		DRUG SCREENING TRAMADOL	See Rules	XXX	9			
80374		DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	See Rules	XXX	9			
80375		DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	See Rules	XXX	9			
80376		DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	See Rules	XXX	9			
80377		DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	See Rules	XXX	9			
80400		ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	\$55.87	XXX	9			
80402		ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	\$148.93	XXX	9			
80406		ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	\$134.03	XXX	9			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL	\$214.94	XXX	9			
80410		CALCITONIN STIMULATION PANEL	\$137.65	XXX	9			
80412		CORTICOTROPIC RELEASING HORM STIMJ PANEL	\$929.49	XXX	9			
80414		CHORNC GONAD STIMJ PANEL TESTOSTERONE RESPONSE	\$88.44	XXX	9			
80415		CHORNC GONAD STIMJ PNL TOTAL ESTRADIOL RESPONSE	\$95.72	XXX	9			
80416		RENAL VEIN RENIN STIMULATION PANEL	\$348.32	XXX	9			
80417		PERIPHERAL VEIN RENIN STIMULATION PANEL	\$207.41	XXX	9			
80418		COMBINED RAPID ANT PITUITARY EVALUATION PANEL	\$992.45	XXX	9			
80420		DEXMETHASONE SUPPRESSION PANEL 48 HR	\$187.91	XXX	9			
80422		GLUCOSE TOLERANCE PANEL INSULINOMA	\$76.66	XXX	9			
80424		GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	\$86.49	XXX	9			
80426		GONADOTROPIN RELEASING HORMONE STIMJ PANEL	\$254.18	XXX	9			
80428		GROWTH HORMONE STIMULATION PANEL	\$110.99	XXX	9			
80430		GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	\$181.10	XXX	9			
80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	\$275.57	XXX	9			
80434		INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	\$280.93	XXX	9			
80435		INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	\$176.40	XXX	9			
80436		METYRAPONE PANEL	\$151.69	XXX	9			
80438		THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	\$86.33	XXX	9			
80439		THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	\$144.75	XXX	9			
80503		PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	\$44.34	XXX	0	5671	Q1	\$90.35
80504		PATHOLOGY CLINICAL CONSULTATION MOD MDM 21-40MIN	\$88.68	XXX	0	5672	Q1	\$284.80
80505		PATHOLOGY CLINICAL CONSULTATION HI MDM 41-60 MIN	\$160.67	XXX	0	5672	Q1	\$284.80
+		PATHOLOGY CLINICAL CONSLTJ PROLNG SVC EA ADDL 30	\$71.83	ZZZ	0			
81000		URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCP	\$7.93	XXX	9			
81001		URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	\$7.93	XXX	9			
81002		URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	\$5.96	XXX	9			
81003		URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	\$4.01	XXX	9			
81005		URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	\$4.01	XXX	9			
81007		URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	\$7.30	XXX	9			
81015		URINALYSIS MICROSCOPIC ONLY	\$5.67	XXX	9			
81020		URINALYSIS 2/3 GLASS TEST	\$9.08	XXX	9			
81025		URINE PREGNANCY TEST VISUAL COLOR CMPSRN METHS	\$14.01	XXX	9			
81050		VOLUME MEASUREMENT TIMED COLLECTION EACH	\$34.06	XXX	9			
81099		UNLISTED URINALYSIS PROCEDURE		BR	XXX			
81105		HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			
81106		HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			
81107		HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			
81108		HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			
81109		HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			
81110		HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			
81111		HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			
81112		HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	\$203.38	XXX	9			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
81120		IDH1 COMMON VARIANTS	\$321.57	XXX	9			
81121		IDH2 COMMON VARIANTS	\$492.20	XXX	9			
81161		DMD DUPLICATION/DELETION ANALYSIS	\$464.26	XXX	9			
81162		BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	\$3036.62	XXX	9			
81163		BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$1099.76	XXX	9			
81164		BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	\$972.17	XXX	9			
81165		BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$664.74	XXX	9			
81166		BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	\$501.45	XXX	9			
81167		BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	\$470.71	XXX	9			
81168		CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL&QUAN	\$344.97	XXX	9			
81170		ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	\$499.20	XXX	9			
81171		AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81172		AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	\$457.31	XXX	9			
81173		AR GENE ANALYSIS FULL GENE SEQUENCE	\$501.45	XXX	9			
81174		AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$308.18	XXX	9			
81175		ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	\$1125.71	XXX	9			
81176		ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	\$402.52	XXX	9			
81177		ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81178		ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81179		ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81180		ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81181		ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81182		ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	\$227.96	XXX	9			
81183		ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	\$227.96	XXX	9			
81184		CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	\$227.96	XXX	9			
81185		CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	\$1408.20	XXX	9			
81186		CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$308.18	XXX	9			
81187		CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81188		CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81189		CSTB GENE ANALYSIS FULL GENE SEQUENCE	\$457.31	XXX	9			
81190		CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$308.18	XXX	9			
81191		NTRK1 TRANSLOCATION ANALYSIS	\$344.97	XXX	9			
81192		NTRK2 TRANSLOCATION ANALYSIS	\$344.97	XXX	9			
81193		NTRK3 TRANSLOCATION ANALYSIS	\$344.97	XXX	9			
81194		NTRK TRANSLOCATION ANALYSIS	\$862.42	XXX	9			
81200		ASPA GENE ANALYSIS COMMON VARIANTS	\$78.63	XXX	9			
81201		APC GENE ANALYSIS FULL GENE SEQUENCE	\$1297.92	XXX	9			
81202		APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$465.93	XXX	9			
81203		APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	\$332.81	XXX	9			
81204		AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	\$227.96	XXX	9			
81205		BCKDHB GENE ANALYSIS COMMON VARIANTS	\$158.06	XXX	9			
81206		BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	\$272.83	XXX	9			
81207		BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	\$241.01	XXX	9			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
81208		BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	\$357.13	XXX	9			
81209		BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	\$65.42	XXX	9			
81210		BRAF GENE ANALYSIS V600 VARIANT(S)	\$291.86	XXX	9			
81212		BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DEL	\$732.16	XXX	9			
81215		BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$624.42	XXX	9			
81216		BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$308.04	XXX	9			
81217		BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$624.42	XXX	9			
81218		CEBPA GENE ANALYSIS FULL GENE SEQUENCE	\$402.52	XXX	9			
81219		CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	\$202.39	XXX	9			
81220		CFTR GENE ANALYSIS COMMON VARIANTS	\$926.19	XXX	9			
81221		CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$161.78	XXX	9			
81222		CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	\$723.97	XXX	9			
81223		CFTR GENE ANALYSIS FULL GENE SEQUENCE	\$830.34	XXX	9			
81224		CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	\$280.80	XXX	9			
81225		CYP2C19 GENE ANALYSIS COMMON VARIANTS	\$484.83	XXX	9			
81226		CYP2D6 GENE ANALYSIS COMMON VARIANTS	\$750.32	XXX	9			
81227		CYP2C9 GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81228		CYTOG ALYS CHROML ABNOR COPY NUMBER VRNT CGH	\$1497.61	XXX	9			
81229		CYTOG ALYS CHROML ABNOR CPY NUMBER&SNP VRNT CGH	\$1930.25	XXX	9			
81230		CYP3A4 GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81231		CYP3A5 GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81232		DPYD GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81233		BTK GENE ANALYSIS COMMON VARIANTS	\$291.86	XXX	9			
81234		DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81235		EGFR GENE ANALYSIS COMMON VARIANTS	\$540.10	XXX	9			
81236		EZH2 GENE ANALYSIS FULL GENE SEQUENCE	\$470.71	XXX	9			
81237		EZH2 GENE ANALYSIS COMMON VARIANTS	\$291.86	XXX	9			
81238		F9 FULL GENE SEQUENCE	\$998.40	XXX	9			
81239		DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	\$457.31	XXX	9			
81240		F2 GENE ANALYSIS 20210G >A VARIANT	\$109.31	XXX	9			
81241		F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	\$122.09	XXX	9			
81242		FANCC GENE ANALYSIS COMMON VARIANT	\$60.94	XXX	9			
81243		FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	\$94.92	XXX	9			
81244		FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	\$74.70	XXX	9			
81245		FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	\$275.41	XXX	9			
81246		FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	\$138.12	XXX	9			
81247		G6PD GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81248		G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$624.42	XXX	9			
81249		G6PD GENE ANALYSIS FULL GENE SEQUENCE	\$998.40	XXX	9			
81250		G6PC GENE ANALYSIS COMMON VARIANTS	\$97.33	XXX	9			
81251		GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	\$78.63	XXX	9			
81252		GJB2 GENE ANALYSIS FULL GENE SEQUENCE	\$168.27	XXX	9			
81253		GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$102.37	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
81254		GJB6 GENE ANALYSIS COMMON VARIANTS	\$58.25	XXX	9			
81255		HEXA GENE ANALYSIS COMMON VARIANTS	\$85.61	XXX	9			
81256		HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	\$108.76	XXX	9			
81257		HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	\$170.16	XXX	9			
81258		HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$624.42	XXX	9			
81259		HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	\$998.40	XXX	9			
81260		IKBKAP GENE ANALYSIS COMMON VARIANTS	\$65.42	XXX	9			
81261		IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	\$329.46	XXX	9			
81262		IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	\$114.07	XXX	9			
81263		IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	\$490.08	XXX	9			
81264		IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	\$287.42	XXX	9			
81265		COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	\$387.83	XXX	9			
+		COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	\$507.21	XXX	9			
81267		CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	\$345.21	XXX	9			
81268		CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	\$433.96	XXX	9			
81269		HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	\$336.80	XXX	9			
81270		JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	\$152.53	XXX	9			
81271		HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81272		KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	\$548.31	XXX	9			
81273		KIT GENE ANALYSIS D816 VARIANT(S)	\$207.79	XXX	9			
81274		HTT GENE ANALYSIS CHARACTERIZATION ALLELES	\$457.31	XXX	9			
81275		KRAS GENE ANALYSIS VARIANTS IN EXON 2	\$321.57	XXX	9			
81276		KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	\$321.57	XXX	9			
81277		CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	\$1930.25	XXX	9			
81278		IGH@/BCL2 TLCJ ALYS MBR & MCR BP QUAL/QUAN	\$344.97	XXX	9			
81279		JAK2 TARGETED SEQUENCE ANALYSIS	\$308.18	XXX	9			
81283		IFNL3 GENE ANALYSIS RS12979860 VARIANT	\$122.09	XXX	9			
81284		FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81285		FXN GENE ANALYSIS CHARACTERIZATION ALLELES	\$457.31	XXX	9			
81286		FXN GENE ANALYSIS FULL GENE SEQUENCE	\$457.31	XXX	9			
81287		MGMT GENE PROMOTER METHYLATION ANALYSIS	\$207.41	XXX	9			
81288		MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	\$320.02	XXX	9			
81289		FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$308.18	XXX	9			
81290		MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	\$65.42	XXX	9			
81291		MTHFR GENE ANALYSIS COMMON VARIANTS	\$108.72	XXX	9			
81292		MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$1123.87	XXX	9			
81293		MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$550.79	XXX	9			
81294		MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	\$336.80	XXX	9			
81295		MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$635.15	XXX	9			
81296		MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$561.99	XXX	9			
81297		MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	\$354.94	XXX	9			
81298		MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$1068.05	XXX	9			
81299		MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$512.51	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
81300		MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	\$396.03	XXX	9			
81301		MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	\$580.01	XXX	9			
81302		MECP2 GENE ANALYSIS FULL SEQUENCE	\$878.38	XXX	9			
81303		MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$199.68	XXX	9			
81304		MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	\$249.60	XXX	9			
81305		MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	\$291.86	XXX	9			
81306		NUDT15 GENE ANALYSIS COMMON VARIANTS	\$484.83	XXX	9			
81307		PALB2 GENE ANALYSIS FULL GENE SEQUENCE	\$496.50	XXX	9			
81308		PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$501.45	XXX	9			
81309		PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	\$457.31	XXX	9			
81310		NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	\$410.21	XXX	9			
81311		NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	\$492.20	XXX	9			
81312		PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	\$227.96	XXX	9			
81313		PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	\$424.40	XXX	9			
81314		PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	\$548.31	XXX	9			
81315		PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	\$344.97	XXX	9			
81316		PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	\$344.97	XXX	9			
81317		PMS2 GENE ANALYSIS FULL SEQUENCE	\$1125.71	XXX	9			
81318		PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	\$550.79	XXX	9			
81319		PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	\$338.62	XXX	9			
81320		PLCG2 GENE ANALYSIS COMMON VARIANTS	\$484.83	XXX	9			
81321		PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$998.40	XXX	9			
81322		PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$77.54	XXX	9			
81323		PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	\$499.20	XXX	9			
81324		PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	\$1261.92	XXX	9			
81325		PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	\$1280.59	XXX	9			
81326		PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$77.54	XXX	9			
81327		SEPT9 GENE PROMOTER METHYLATION ANALYSIS	\$319.50	XXX	9			
81328		SLCO1B1 GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81329		SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	\$227.96	XXX	9			
81330		SMPD1 GENE ANALYSIS COMMON VARIANTS	\$78.21	XXX	9			
81331		SNRPN/UBE3A METHYLATION ANALYSIS	\$84.99	XXX	9			
81332		SERPINA1 GENE ANALYSIS COMMON VARIANTS	\$72.63	XXX	9			
81333		TGFBI GENE ANALYSIS COMMON VARIANTS	\$227.96	XXX	9			
81334		RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	\$548.31	XXX	9			
81335		TPMT GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81336		SMN1 GENE ANALYSIS FULL GENE SEQUENCE	\$501.45	XXX	9			
81337		SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	\$308.18	XXX	9			
81338		MPL GENE ANALYSIS COMMON VARIANTS	\$250.15	XXX	9			
81339		MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	\$308.18	XXX	9			
81340		TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	\$347.64	XXX	9			
81341		TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	\$82.52	XXX	9			
81342		TRG@ GENE REARRANGEMENT ANALYSIS	\$335.30	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
81343		PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	\$227.96	XXX	9			
81344		TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	\$227.96	XXX	9			
81345		TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	\$308.18	XXX	9			
81346		TYMS GENE ANALYSIS COMMON VARIANTS	\$290.88	XXX	9			
81347		SF3B1 GENE ANALYSIS COMMON VARIANTS	\$321.57	XXX	9			
81348		SRSF2 GENE ANALYSIS COMMON VARIANTS	\$291.86	XXX	9			
81349		CYTOG ALYS CHROMOML ABNOR LOW-PASS SEQ ALYS	\$1986.68	XXX	9			
81350		UGT1A1 GENE ANALYSIS COMMON VARIANTS	\$389.38	XXX	9			
81351		TP53 GENE ANALYSIS FULL GENE SEQUENCE	\$1068.05	XXX	9			
81352		TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	\$548.31	XXX	9			
81353		TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	\$512.51	XXX	9			
81355		VKORC1 GENE ANALYSIS COMMON VARIANT(S)	\$146.76	XXX	9			
81357		U2AF1 GENE ANALYSIS COMMON VARIANTS	\$321.57	XXX	9			
81360		ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	\$321.57	XXX	9			
81361		HBB COMMON VARIANTS	\$290.88	XXX	9			
81362		HBB KNOWN FAMILIAL VARIANTS	\$624.42	XXX	9			
81363		HBB DUPLICATION/DELETION VARIANTS	\$336.80	XXX	9			
81364		HBB FULL GENE SEQUENCE	\$540.10	XXX	9			
81370		HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	\$669.13	XXX	9			
81371		HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	\$673.12	XXX	9			
81372		HLA CLASS I TYPING LOW RESOLUTION COMPLETE	\$671.57	XXX	9			
81373		HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	\$212.05	XXX	9			
81374		HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	\$123.68	XXX	9			
81375		HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	\$367.31	XXX	9			
81376		HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	\$203.38	XXX	9			
81377		HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	\$157.65	XXX	9			
81378		HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	\$575.04	XXX	9			
81379		HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	\$558.07	XXX	9			
81380		HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	\$294.94	XXX	9			
81381		HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	\$282.71	XXX	9			
81382		HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	\$205.81	XXX	9			
81383		HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	\$181.59	XXX	9			
81400		MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	\$106.43	XXX	9			
81401		MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	\$227.96	XXX	9			
81402		MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	\$250.15	XXX	9			
81403		MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	\$308.18	XXX	9			
81404		MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	\$457.31	XXX	9			
81405		MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	\$501.45	XXX	9			
81406		MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	\$470.71	XXX	9			
81407		MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	\$1408.20	XXX	9			
81408		MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	\$3328.02	XXX	9			
81410		AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	\$838.66	XXX	9			
81411		AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	\$2246.73	XXX	9			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	81412		ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	\$4074.42	XXX	9			
	81413		CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	\$973.28	XXX	9			
	81414		CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	\$973.28	XXX	9			
	81415		EXOME SEQUENCE ANALYSIS	\$7953.96	XXX	9			
+	81416		EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	\$19968.10	XXX	9			
	81417		EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	\$532.49	XXX	9			
	81418		RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	\$1570.64	XXX	9			
	81419		EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	\$4074.42	XXX	9			
	81420		FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	\$1263.06	XXX	9			
	81422		FETAL CHROMOSOMAL MICRODELTA GENOMIC SEQ ANALYS	\$1263.06	XXX	9			
	81425		GENOME SEQUENCE ANALYSIS	\$8371.96	XXX	9			
+	81426		GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	\$4509.38	XXX	9			
	81427		GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	\$3889.86	XXX	9			
	81430		HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	\$2704.01	XXX	9			
	81431		HEARING LOSS DUP/DEL ANALYSIS	\$1130.81	XXX	9			
	81432		HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	\$1129.94	XXX	9			
	81433		HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	\$730.38	XXX	9			
	81434		HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	\$994.93	XXX	9			
	81435		HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	\$973.28	XXX	9			
	81436		HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	\$973.28	XXX	9			
	81437		HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	\$730.38	XXX	9			
	81438		HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	\$730.38	XXX	9			
	81439		HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	\$973.28	XXX	9			
	81440		NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	\$5531.16	XXX	9			
	81441		IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	\$4193.54	XXX	9			
	81442		NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	\$3566.97	XXX	9			
	81443		GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	\$4074.42	XXX	9			
	81445		SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	\$994.93	XXX	9			
	81448		HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	\$973.28	XXX	9			
	81449		SOLID ORGAN NEOPLASM GSAP 5-50 RNA ANALYSIS	\$1024.01	XXX	9			
	81450		HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	\$1263.87	XXX	9			
	81451		HEMATOLYMPHOID NEO/DO GSAP 5-50 RNA ANALYSIS	\$1300.81	XXX	9			
	81455		SO/HEMATOLYMPHOID NEO/DO 51/>GSAP DNA/DNA&RNA	\$4858.24	XXX	9			
	81456		SO/HEMATOLYMPHOID NEO/DO 51/>RNA ANALYSIS	\$5000.27	XXX	9			
	81457		SO NEO GSAP DNA ALYS MICROSATELLITE INSTABILITY		BR	XXX			9
	81458		SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS		BR	XXX			9
	81459		SO NEO GSAP DNA ALYS/DNA&RNA CPY NMBR MCRSTL INS		BR	XXX			9
	81460		WHOLE MITOCHONDRIAL GENOME	\$2141.58	XXX	9			
	81462		SO NEO GSAP CLL FR DNA/DNA&RNA CPY NMBR&REARGMT		BR	XXX			9
	81463		SO NEO GSAP CLL FR DNA ALYS CPY NMBR&MCRSTL INS		BR	XXX			9
	81464		SO NEO GSAP CL FR DNA/DNA&RNA CPY NMBR MCRST INS		BR	XXX			9
	81465		WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	\$1557.51	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
81470		X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	\$1520.90	XXX	9			
81471		X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	\$1520.90	XXX	9			
81479		UNLISTED MOLECULAR PATHOLOGY PROCEDURE		BR	XXX	9		
81490		AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	\$1398.85	XXX	9			
81493		COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	\$1747.21	XXX	9			
81500		ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	\$433.48	XXX	9			
81503		ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	\$1492.61	XXX	9			
81504		ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	\$865.28	XXX	9			
81506		ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	\$114.69	XXX	9			
81507		FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	\$1322.88	XXX	9			
81508		FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	\$90.35	XXX	9			
81509		FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	\$2475.00	XXX	9			
81510		FETAL CONGENITAL ABNOR ASSAY THREE ANAL	\$92.42	XXX	9			
81511		FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	\$255.42	XXX	9			
81512		FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	\$115.69	XXX	9			
81513		NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	\$237.34	XXX	9			
81514		NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	\$437.61	XXX	9			
81517		LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	\$301.75	XXX	9			
81518		ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	\$6444.70	XXX	9			
81519		ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	\$6444.70	XXX	9			
81520		ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	\$4177.01	XXX	9			
81521		ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	\$6444.70	XXX	9			
81522		ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	\$6444.70	XXX	9			
81523		ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31	\$6444.70	XXX	9			
81525		ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	\$5185.05	XXX	9			
81528		ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	\$846.77	XXX	9			
81529		ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	\$11969.21	XXX	9			
81535		ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	\$964.23	XXX	9			
+	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	\$295.46	XXX	9			
81538		ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	\$4777.37	XXX	9			
81539		ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	\$1264.65	XXX	9			
81540		ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	\$6240.04	XXX	9			
81541		ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	\$6444.70	XXX	9			
81542		ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	\$6444.70	XXX	9			
81546		ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	\$5990.42	XXX	9			
81551		ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	\$3377.94	XXX	9			
81552		ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	\$12939.33	XXX	9			
81554		PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	\$9152.04	XXX	9			
81560		TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	\$1097.35	XXX	9			
81595		CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	\$5391.39	XXX	9			
81596		NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	\$120.12	XXX	9			
81599		UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS		BR	XXX	9		
82009		KETONE BODIES SERUM QUALITATIVE	\$8.45	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
82010		KETONE BODIES SERUM QUANTITATIVE	\$19.73	XXX	9			
82013		ASSAY OF ACETYLCHOLINESTERASE	\$21.61	XXX	9			
82016		ACYLCARNITINES QUALITATIVE EACH SPECIMEN	\$28.24	XXX	9			
82017		ACYLCARNITINES QUANTITATIVE EACH SPECIMEN	\$28.07	XXX	9			
82024		ADRENOCORTICOTROPIC HORMONE ACTH	\$66.14	XXX	9			
82030		ADENOSINE 5-MONOPHOSPHATE CYCLIC	\$44.19	XXX	9			
82040		ALBUMIN SERUM PLASMA/WHOLE BLOOD	\$9.40	XXX	9			
82042		OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	\$12.95	XXX	9			
82043		URINE ALBUMIN QUANTITATIVE	\$12.21	XXX	9			
82044		URINE ALBUMIN SEMIQUANTITATIVE	\$10.36	XXX	9			
82045		ALBUMIN ISCHEMIA MODIFIED	\$56.47	XXX	9			
82075		ASSAY OF ALCOHOL (ETHANOL) BREATH	\$49.73	XXX	9			
82077		ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	\$28.73	XXX	9			
82085		ASSAY OF ALDOLASE	\$21.61	XXX	9			
82088		ASSAY OF ALDOSTERONE	\$77.97	XXX	9			
82103		ALPHA-1-ANTITRYPSIN TOTAL	\$23.02	XXX	9			
82104		ALPHA-1-ANTITRYPSIN PHENOTYPE	\$24.76	XXX	9			
82105		ALPHA-FETOPROTEIN SERUM	\$28.72	XXX	9			
82106		ALPHA-FETOPROTEIN AMNIOTIC FLUID	\$29.12	XXX	9			
82107		AFP-L3 FRACTION ISOFORM & TOTAL AFP WRATIO	\$107.18	XXX	9			
82108		ASSAY OF ALUMINUM	\$43.64	XXX	9			
82120		AMINES VAGINAL FLUID QUALITATIVE	\$9.97	XXX	9			
82127		AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	\$28.17	XXX	9			
82128		AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	\$28.17	XXX	9			
82131		AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	\$49.87	XXX	9			
82135		AMINOLEVULINIC ACID DELTA	\$35.69	XXX	9			
82136		AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	\$33.59	XXX	9			
82139		AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	\$32.84	XXX	9			
82140		ASSAY OF AMMONIA	\$34.76	XXX	9			
82143		AMNIOTIC FLU SCAN	\$24.43	XXX	9			
82150		ASSAY OF AMYLASE	\$14.09	XXX	9			
82154		ANDROSTANEDIOL GLUCURONIDE	\$51.62	XXX	9			
82157		ANDROSTENEDIONE	\$50.15	XXX	9			
82160		ANDROSTERONE	\$56.34	XXX	9			
82163		ANGIOTENSIN II	\$36.66	XXX	9			
82164		ANGIOTENSIN I-CONVERTING ENZYME	\$27.23	XXX	9			
82166		ASSAY OF ANTI-MULLERIAN HORMONE	\$66.14	XXX	9			
82172		APOLIPOPROTEIN EACH	\$36.12	XXX	9			
82175		ASSAY OF ARSENIC	\$41.32	XXX	9			
82180		ASSAY OF ASCORBIC ACID BLOOD	\$22.54	XXX	9			
82190		ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	\$27.23	XXX	9			
82232		BETA-2 MICROGLOBULIN	\$37.56	XXX	9			
82239		BILE ACIDS TOTAL	\$29.32	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
82240		BILE ACIDS CHOLYLGLYCINE	\$45.52	XXX	9			
82247		BILIRUBIN TOTAL	\$9.40	XXX	9			
82248		BILIRUBIN DIRECT	\$9.40	XXX	9			
82252		BILIRUBIN FECES QUALITATIVE	\$9.40	XXX	9			
82261		BIOTINIDASE EACH SPECIMEN	\$32.85	XXX	9			
82270		BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	\$7.29	XXX	9			
82271		BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	\$7.50	XXX	9			
82272		BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	\$7.04	XXX	9			
82274		BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	\$26.49	XXX	9			
82286		BRADYKININ	\$11.45	XXX	9			
82300		CADMIUM	\$41.32	XXX	9			
82306		25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$67.60	XXX	9			
82308		CALCITONIN	\$53.56	XXX	9			
82310		CALCIUM TOTAL	\$9.40	XXX	9			
82330		CALCIUM IONIZED	\$31.96	XXX	9			
82331		CALCIUM AFTER CALCIUM INFUSION TEST	\$22.20	XXX	9			
82340		CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	\$11.27	XXX	9			
82355		CALCULUS QUALITATIVE ANALYSIS	\$26.29	XXX	9			
82360		CALCULUS QUANTITATIVE CHEMICAL	\$26.29	XXX	9			
82365		CALCULUS INFRARED SPECTROSCOPY	\$26.31	XXX	9			
82370		CALCULUS XRAY DIFFRACTION	\$21.44	XXX	9			
82373		CARBOHYDRATE DEFICIENT TRANSFERRIN	\$30.05	XXX	9			
82374		CARBON DIOXIDE BICARBONATE	\$8.45	XXX	9			
82375		CARBOXYHEMOGLOBIN QUANTITATIVE	\$29.12	XXX	9			
82376		CARBOXYHEMOGLOBIN QUALITATIVE	\$18.22	XXX	9			
82378		CARCINOEMBRYONIC ANTIGEN CEA	\$32.47	XXX	9			
82379		CARNITINE QUANTITATIVE EACH SPECIMEN	\$32.85	XXX	9			
82380		CAROTENE	\$18.78	XXX	9			
82382		CATECHOLAMINES TOTAL URINE	\$45.43	XXX	9			
82383		CATECHOLAMINES BLOOD	\$53.56	XXX	9			
82384		CATECHOLAMINES FRACTIONATED	\$53.56	XXX	9			
82387		CATHEPSIN-D	\$34.25	XXX	9			
82390		CERULOPLASMIN	\$21.61	XXX	9			
82397		CHEMILUMINESCENT ASSAY	\$24.18	XXX	9			
82415		CHLORAMPHENICOL	\$24.43	XXX	9			
82435		CHLORIDE BLD	\$7.88	XXX	9			
82436		CHLORIDE URINE	\$12.21	XXX	9			
82438		CHLORIDE OTHER SOURCE	\$11.27	XXX	9			
82441		CHLORINATED HYDROCARBONS SCREEN	\$14.09	XXX	9			
82465		CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	\$7.52	XXX	9			
82480		CHOLINESTERASE SERUM	\$20.67	XXX	9			
82482		CHOLINESTERASE RBC	\$24.43	XXX	9			
82485		CHONDROITIN B SULFATE QUANTITATIVE	\$35.37	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
82495		ASSAY OF CHROMIUM	\$41.30	XXX	9			
82507		ASSAY OF CITRATE	\$47.92	XXX	9			
82523		COLLAGEN CROSS LINKS ANY METHOD	\$37.51	XXX	9			
82525		ASSAY OF COPPER	\$29.12	XXX	9			
82528		CORTICOSTERONE	\$38.57	XXX	9			
82530		CORTISOL FREE	\$32.87	XXX	9			
82533		CORTISOL TOTAL	\$30.08	XXX	9			
82540		ASSAY OF CREATINE	\$8.45	XXX	9			
82542		COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	\$41.26	XXX	9			
82550		CREATINE KINASE TOTAL	\$14.11	XXX	9			
82552		CREATINE KINASE ISOENZYMES	\$28.18	XXX	9			
82553		CREATINE KINASE MB FRACTION ONLY	\$19.78	XXX	9			
82554		CREATINE KINASE ISOFORMS	\$20.33	XXX	9			
82565		CREATININE BLOOD	\$11.30	XXX	9			
82570		CREATININE OTHER SOURCE	\$11.29	XXX	9			
82575		CREATININE CLEARANCE	\$22.54	XXX	9			
82585		ASSAY OF CRYOFIBRN	\$23.53	XXX	9			
82595		CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	\$15.03	XXX	9			
82600		ASSAY OF CYANIDE	\$34.76	XXX	9			
82607		CYANOCOBALAMIN VITAMIN B-12	\$35.70	XXX	9			
82608		CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	\$34.75	XXX	9			
82610		CYSTATIN C	\$30.82	XXX	9			
82615		CSTINE&HOMOCSTINE URINE QUALITATIVE	\$16.36	XXX	9			
82626		DEHYDROEPIANDROSTERONE	\$51.64	XXX	9			
82627		DEHYDROEPIANDROSTERONE-SULFATE	\$38.07	XXX	9			
82633		DESOXYCORTICOSTERONE 11-	\$69.53	XXX	9			
82634		DEOXYCORTISOL 11-	\$69.53	XXX	9			
82638		ASSAY OF DIBUCAINE NUMBER	\$20.98	XXX	9			
82642		DIHYDROTTESTOSTERONE (DHT)	\$48.72	XXX	9			
82652		1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	\$76.10	XXX	9			
82653		ELASTASE PANCREATIC FECAL QUANTITATIVE	\$38.23	XXX	9			
82656		ELASTASE PANCREATIC FECAL QUAL/SEMI-QUANTITATIVE	\$19.18	XXX	9			
82657		NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	\$37.97	XXX	9			
82658		NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	\$65.18	XXX	9			
82664		ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	\$77.22	XXX	9			
82668		ASSAY OF ERYTHROPOIETIN	\$39.45	XXX	9			
82670		ASSAY OF TOTAL ESTRADIOL	\$52.61	XXX	9			
82671		ASSAY OF ESTROGENS FRACTIONATED	\$55.32	XXX	9			
82672		ASSAY OF ESTROGENS TOTAL	\$49.82	XXX	9			
82677		ASSAY OF ESTRIBL	\$45.06	XXX	9			
82679		ASSAY OF ESTRONE	\$59.18	XXX	9			
82681		ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	\$46.50	XXX	9			
82693		ASSAY OF ETHYLENE GLYCOL	\$25.52	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
82696		ASSAY OF ETIOCHOLANOLONE	\$49.76	XXX	9			
82705		FAT/LIPIDS FECES QUALITATIVE	\$12.20	XXX	9			
82710		FAT/LIPIDS FECES QUANTITATIVE	\$36.64	XXX	9			
82715		FAT DIFFIAL FECES QUANTITATIVE	\$38.23	XXX	9			
82725		FATTY ACIDS NONESTERIFIED	\$31.23	XXX	9			
82726		VERY LONG CHAIN FATTY ACIDS	\$35.69	XXX	9			
82728		ASSAY OF FERRITIN	\$23.34	XXX	9			
82731		FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	\$107.18	XXX	9			
82735		ASSAY OF FLUORIDE	\$31.75	XXX	9			
82746		ASSAY OF FOLIC ACID SERUM	\$33.80	XXX	9			
82747		ASSAY OF FOLIC ACID RBC	\$30.23	XXX	9			
82757		ASSAY OF FRUCTOSE SEMEN	\$31.01	XXX	9			
82759		ASSAY OF GALACTOKINASE RBC	\$36.79	XXX	9			
82760		ASSAY OF GALACTOSE	\$23.48	XXX	9			
82775		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	\$40.39	XXX	9			
82776		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	\$19.54	XXX	9			
82777		GALECTIN-3	\$73.63	XXX	9			
82784		ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	\$15.93	XXX	9			
82785		ASSAY OF GAMMAGLOBULIN IGE	\$28.19	XXX	9			
82787		GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	\$41.23	XXX	9			
82800		GASES BLOOD PH ONLY	\$19.73	XXX	9			
82803		BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	\$46.04	XXX	9			
82805		GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	\$86.13	XXX	9			
82810		GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	\$24.43	XXX	9			
82820		HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	\$22.20	XXX	9			
82930		GASTRIC ACID ANALYSIS W/PH EACH SPECIMEN	\$11.17	XXX	9			
82938		GASTRIN AFTER SECRETIN STIMULATION	\$41.30	XXX	9			
82941		ASSAY OF GASTRIN	\$40.37	XXX	9			
82943		ASSAY OF GLUCAGON	\$32.87	XXX	9			
82945		GLUCOSE BODY FLUID OTHER THAN BLOOD	\$7.51	XXX	9			
82946		GLUCOSE TOLERANCE TEST	\$30.43	XXX	9			
82947		GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	\$9.40	XXX	9			
82948		GLUCOSE BLOOD REAGENT STRIP	\$8.38	XXX	9			
82950		GLUCOSE POST GLUCOSE DOSE	\$10.32	XXX	9			
82951		GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	\$22.04	XXX	9			
+	82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	\$9.40	XXX	9			
82955		GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	\$22.56	XXX	9			
82960		GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	\$12.21	XXX	9			
82962		GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	\$5.62	XXX	9			
82963		ASSAY OF GLUCOSIDASE BETA	\$46.95	XXX	9			
82965		ASSAY OF GLUTAMATE DEHYDROGENASE	\$21.88	XXX	9			
82977		ASSAY OF GLUTAMYLTRASE GAMMA	\$14.11	XXX	9			
82978		ASSAY OF GLUTATHIONE	\$26.46	XXX	9			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
82979		ASSAY OF GLUTATHIONE REDUCTASE RBC	\$16.17	XXX	9			
82985		ASSAY OF GLYCATED PROTEIN	\$35.70	XXX	9			
83001		GONADOTROPIN FOLLICLE STIMULATING HORMONE	\$34.76	XXX	9			
83002		GONADOTROPIN LUTEINIZING HORMONE	\$36.64	XXX	9			
83003		ASSAY OF GROWTH HORMONE HUMAN	\$31.02	XXX	9			
83006		GROWTH STIMULATION EXPRESSED GENE 2	\$125.80	XXX	9			
83009		HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	\$112.09	XXX	9			
83010		ASSAY OF HAPTOGLOBIN QUANTITATIVE	\$23.48	XXX	9			
83012		ASSAY OF HAPTOGLOBIN PHENOTYPES	\$44.75	XXX	9			
83013		HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	\$115.36	XXX	9			
83014		HPYLORI DRUG ADMINISTRATION	\$16.89	XXX	9			
83015		HEAVY METAL QUALITATIVE ANY ANALYTES	\$44.15	XXX	9			
83018		HEAVY METAL QUANTITATIVE EACH NES	\$48.87	XXX	9			
83020		HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	\$34.88	XXX	9			
83020	26	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	\$29.19	XXX	0			
83020	TC	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	\$5.69					
83021		HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	\$33.80	XXX	9			
83026		HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	\$8.78	XXX	9			
83030		HEMOGLOBIN F FETAL CHEMICAL	\$18.39	XXX	9			
83033		HEMOGLOBIN F FETAL QUALITATIVE	\$13.70	XXX	9			
83036		HEMOGLOBIN GLYCOSYLATED A1C	\$16.63	XXX	9			
83037		HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	\$16.63	XXX	9			
83045		HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	\$11.27	XXX	9			
83050		HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	\$16.89	XXX	9			
83051		HEMOGLOBIN PLASMA	\$16.89	XXX	9			
83060		HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	\$19.73	XXX	9			
83065		HEMOGLOBIN THERMOLABILE	\$15.96	XXX	9			
83068		HEMOGLOBIN UNSTABLE SCREEN	\$17.87	XXX	9			
83069		HEMOGLOBIN URINE	\$9.40	XXX	9			
83070		ASSAY OF HEMOSIDERIN QUALITATIVE	\$11.27	XXX	9			
83080		ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	\$32.90	XXX	9			
83088		ASSAY OF HISTAMINE	\$51.67	XXX	9			
83090		ASSAY OF HOMOCYSTEINE	\$32.85	XXX	9			
83150		ASSAY OF HOMO VANILLIC ACID	\$42.25	XXX	9			
83491		ASSAY OF HYDROXYCORTICOSTEROIDS 17	\$31.96	XXX	9			
83497		ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	\$30.06	XXX	9			
83498		ASSAY OF HYDROXYPROGESTERONE 17-D	\$53.51	XXX	9			
83500		ASSAY OF FREE HYDROXYPROLINE	\$58.22	XXX	9			
83505		ASSAY OF TOTAL HYDROXYPROLINE	\$65.79	XXX	9			
83516		IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	\$23.48	XXX	9			
83518		IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	\$18.77	XXX	9			
83519		IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	\$30.61	XXX	9			
83520		IMMUNOASSAY ANALYTE QUANTITATIVE NOS	\$28.73	XXX	9			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
83521		IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	\$28.73	XXX	9			
83525		ASSAY OF INSULIN TOTAL	\$26.31	XXX	9			
83527		ASSAY OF INSULIN FREE	\$30.06	XXX	9			
83528		ASSAY OF INTRINSIC FACTOR	\$37.56	XXX	9			
83529		ASSAY OF INTERLEUKIN-6 (IL-6)	\$28.73	XXX	9			
83540		ASSAY OF IRON	\$15.05	XXX	9			
83550		IRON BINDING CAPACITY	\$17.87	XXX	9			
83570		ISOCITRIC DEHYDROGENASE	\$20.67	XXX	9			
83582		ASSAY OF KETOGENIC STEROIDS FRACTIONATION	\$29.14	XXX	9			
83586		ASSAY OF KETOSTEROIDS 17- TOTAL	\$32.85	XXX	9			
83593		KETOSTEROIDS 17- FRACTIONATION	\$51.67	XXX	9			
83605		ASSAY OF LACTATE	\$19.82	XXX	9			
83615		LACTATE DEHYDROGENASE LDH	\$14.09	XXX	9			
83625		LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	\$21.90	XXX	9			
83630		LACTOFERRIN FECAL QUALITATIVE	\$25.54	XXX	9			
83631		LACTOFERRIN FECAL QUANTITATIVE	\$32.66	XXX	9			
83632		LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$36.62	XXX	9			
83633		LACTOSE URINE QUALITATIVE	\$18.72	XXX	9			
83655		ASSAY OF LEAD	\$26.31	XXX	9			
83661		FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	\$36.60	XXX	9			
83662		FETAL LUNG MATURITY FOAM STABILITY TEST	\$32.39	XXX	9			
83663		FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	\$31.47	XXX	9			
83664		FETAL LUNG MATURITY LAMELLAR BODY DENSITY	\$32.15	XXX	9			
83670		LEUCINE AMINOPEPTIDASE LAP	\$16.80	XXX	9			
83690		ASSAY OF LIPASE	\$15.96	XXX	9			
83695		LIPOPROTEIN (A)	\$23.83	XXX	9			
83698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	\$77.06	XXX	9			
83700		LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	\$18.73	XXX	9			
83701		LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	\$56.34	XXX	9			
83704		LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	\$56.89	XXX	9			
83718		LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	\$16.92	XXX	9			
83719		LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	\$36.62	XXX	9			
83721		LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	\$17.98	XXX	9			
83722		DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	\$56.89	XXX	9			
83727		LUTEINIZING RELEASING FACTOR	\$37.56	XXX	9			
83735		ASSAY OF MAGNESIUM	\$13.14	XXX	9			
83775		ASSAY OF MALATE DEHYDROGENASE	\$15.03	XXX	9			
83785		ASSAY OF MANGANESE	\$50.74	XXX	9			
83789		MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	\$41.29	XXX	9			
83825		ASSAY OF MERCURY QUANTITATIVE	\$29.12	XXX	9			
83835		METANEPHRINES	\$35.70	XXX	9			
83857		METHEMALBUMIN	\$23.48	XXX	9			
83861		MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	\$37.41	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
83864		MUCOPOLYSACCHARIDES ACID QUANTITATIVE	\$47.42	XXX	9			
83872		MUCIN SYNOVIAL FLUID ROPES TEST	\$11.27	XXX	9			
83873		MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	\$46.94	XXX	9			
83874		MYOGLOBIN	\$22.54	XXX	9			
83876		MYELOPEROXIDASE MPO	\$30.21	XXX	9			
83880		NATRIURETIC PEPTIDE	\$65.33	XXX	9			
83883		ASSAY OF NEPHELOMETRY EACH ANALYTE NES	\$22.63	XXX	9			
83885		ASSAY OF NICKEL	\$41.98	XXX	9			
83915		ASSAY OF NUCLEOTIDASE 5'-	\$24.63	XXX	9			
83916		OLIGOCLONAL IMMUNE	\$46.91	XXX	9			
83918		ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	\$40.42	XXX	9			
83919		ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	\$33.44	XXX	9			
83921		ORGANIC ACID 1 QUANTITATIVE	\$36.33	XXX	9			
83930		ASSAY OF OSMOLALITY BLOOD	\$14.07	XXX	9			
83935		ASSAY OF OSMOLALITY URINE	\$14.07	XXX	9			
83937		ASSAY OF OSTEOCALCIN	\$51.12	XXX	9			
83945		ASSAY OF OXALATE	\$25.50	XXX	9			
83950		ONCOPROTEIN HER-2/NEU	\$107.18	XXX	9			
83951		ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	\$107.18	XXX	9			
83970		ASSAY OF PARATHORMONE	\$74.75	XXX	9			
83986		PH BODY FLUID NOT ELSEWHERE SPECIFIED	\$7.03	XXX	9			
83987		PH EXHALED BREATH CONDENSATE	\$26.40	XXX	9			
83992		ASSAY OF PHENCYCLIDINE	\$55.29	XXX	9			
83993		ASSAY OF CALPROTECTIN FECAL	\$33.62	XXX	9			
84030		ASSAY OF PHENYLALANINE BLOOD	\$9.42	XXX	9			
84035		ASSAY OF PHENYLKETONES QUALITATIVE	\$9.68	XXX	9			
84060		ASSAY OF PHOSPHATASE ACID TOTAL	\$29.02	XXX	9			
84066		ASSAY OF PHOSPHATASE ACID PROSTATIC	\$16.54	XXX	9			
84075		ASSAY OF PHOSPHATASE ALKALINE	\$9.68	XXX	9			
84078		ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	\$15.85	XXX	9			
84080		ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	\$29.04	XXX	9			
84081		PHOSPHATIDYLGLYCEROL	\$36.93	XXX	9			
84085		PHOSPHOGLUCONATE 6-DEHYD RBC	\$15.71	XXX	9			
84087		ASSAY OF PHOSPHOHEXOSE ISOMERASE	\$21.11	XXX	9			
84100		ASSAY OF PHOSPHORUS INORGANIC	\$8.79	XXX	9			
84105		ASSAY OF PHOSPHORUS INORGANIC URINE	\$9.90	XXX	9			
84106		PORPHOBILINOGEN URINE QUALITATIVE	\$9.69	XXX	9			
84110		ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	\$17.61	XXX	9			
84112		EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	\$163.25	XXX	9			
84119		PORPHYRINS URINE QUALITATIVE	\$22.23	XXX	9			
84120		PORPHYRINS URINE QUANTITATION & FRACTIONATION	\$30.81	XXX	9			
84126		PORPHYRINS FECES QUANTITATIVE	\$66.98	XXX	9			
84132		POTASSIUM SERUM PLASMA/WHOLE BLOOD	\$8.79	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
84133		POTASSIUM URINE	\$8.79	XXX	9			
84134		PREALBUMIN	\$24.99	XXX	9			
84135		PREGNANEDIOL	\$46.61	XXX	9			
84138		PREGNANETRIOL	\$45.74	XXX	9			
84140		PREGNENOLONE	\$35.40	XXX	9			
84143		17-HYDROXYPREGNENOLONE	\$50.12	XXX	9			
84144		ASSAY OF PROGESTERONE	\$35.73	XXX	9			
84145		PROCALCITONIN (PCT)	\$46.62	XXX	9			
84146		ASSAY OF PROLACTIN	\$43.10	XXX	9			
84150		ASSAY OF PROSTAGLNDIN EACH	\$69.51	XXX	9			
84152		ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	\$33.42	XXX	9			
84153		ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	\$32.12	XXX	9			
84154		ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	\$32.12	XXX	9			
84155		PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	\$9.67	XXX	9			
84156		PROTEIN TOTAL XCPT REFRACTOMETRY URINE	\$9.67	XXX	9			
84157		PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	\$9.67	XXX	9			
84160		PROTEIN TOTAL REFRACTOMETRY ANY SRC	\$9.67	XXX	9			
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	\$28.17	XXX	9			
84165		PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	\$31.34	XXX	9			
84165	26	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	\$28.71	XXX	0			
84165	TC	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	\$2.63					
84166		PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	\$47.62	XXX	9			
84166	26	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	\$29.65	XXX	0			
84166	TC	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	\$17.97					
84181		PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	\$29.31	XXX	9			
84181	26	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	\$24.43	XXX	0			
84181	TC	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	\$4.88					
84182		PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	\$48.61	XXX	9			
84182	26	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	\$25.45	XXX	0			
84182	TC	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	\$23.16					
84202		PROTOPORPHYRIN RBC QUANTITATIVE	\$31.66	XXX	9			
84203		PROTOPORPHYRIN RBC SCREEN	\$16.68	XXX	9			
84206		ASSAY OF PROINSULIN	\$44.41	XXX	9			
84207		ASSAY OF PYRIDOXAL PHOSPHATE	\$48.13	XXX	9			
84210		ASSAY OF PYRUVATE	\$24.70	XXX	9			
84220		ASSAY OF PYRUVATE KINASE	\$21.11	XXX	9			
84228		ASSAY OF QUININE	\$25.52	XXX	9			
84233		ASSAY OF RECEPTOR ASSAY ESTROGEN	\$146.23	XXX	9			
84234		ASSAY OF RECEPTOR ASSAY PROGESTERONE	\$111.12	XXX	9			
84235		RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	\$118.53	XXX	9			
84238		RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	\$77.39	XXX	9			
84244		ASSAY OF RENIN	\$41.33	XXX	9			
84252		ASSAY OF RIBOFLAVIN-VITAMIN B-2	\$37.84	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
84255		ASSAY OF SELENIUM	\$47.52	XXX	9			
84260		ASSAY OF SEROTONIN	\$53.06	XXX	9			
84270		ASSAY OF SEX HORMONE BINDING GLOBULIN	\$37.22	XXX	9			
84275		ASSAY OF SIALIC ACID	\$29.93	XXX	9			
84285		ASSAY OF SILICA	\$48.41	XXX	9			
84295		SODIUM SERUM PLASMA OR WHOLE BLOOD	\$8.24	XXX	9			
84300		ASSAY OF URINE SODIUM	\$8.67	XXX	9			
84302		ASSAY OF SODIUM OTHER SOURCE	\$10.56	XXX	9			
84305		ASSAY OF SOMATOMEDIN	\$36.41	XXX	9			
84307		ASSAY OF SOMATOSTATIN	\$31.31	XXX	9			
84311		SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	\$13.48	XXX	9			
84315		SPECIFIC GRAVITY EXCEPT URINE	\$5.62	XXX	9			
84375		SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	\$54.65	XXX	9			
84376		SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	\$9.42	XXX	9			
84377		SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	\$9.42	XXX	9			
84378		SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	\$21.11	XXX	9			
84379		SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	\$21.11	XXX	9			
84392		ASSAY OF SULFATE URINE	\$9.40	XXX	9			
84402		ASSAY OF TESTOSTERONE FREE	\$57.20	XXX	9			
84403		ASSAY OF TESTOSTERONE TOTAL	\$52.79	XXX	9			
84410		ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	\$85.33	XXX	9			
84425		ASSAY OF THIAMINE-VITAMIN B-1	\$43.99	XXX	9			
84430		ASSAY OF THIOCYANATE	\$24.63	XXX	9			
84431		THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	\$50.97	XXX	9			
84432		ASSAY OF THYROGLOBULIN	\$27.51	XXX	9			
84433		ASSAY THIOPURINE S-METHYLTRANSFERASE	\$37.97	XXX	9			
84436		ASSAY OF THYROXINE TOTAL	\$11.77	XXX	9			
84437		ASSAY OF THYROXINE REQUIRING ELUTION	\$11.08	XXX	9			
84439		ASSAY OF FREE THYROXINE	\$15.45	XXX	9			
84442		ASSAY OF THYROXINE BINDING GLOBULIN	\$25.31	XXX	9			
84443		ASSAY OF THYROID STIMULATING HORMONE TSH	\$28.77	XXX	9			
84445		THYROID STIMULATING IMMUNE GLOBULINS TSI	\$87.11	XXX	9			
84446		ASSAY OF TOCOPHEROL ALPHA VITAMIN E	\$28.15	XXX	9			
84449		ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	\$30.83	XXX	9			
84450		TRANSFERASE ASPARTATE AMINO AST SGOT	\$8.87	XXX	9			
84460		TRANSFERASE ALANINE AMINO ALT SGPT	\$10.56	XXX	9			
84466		ASSAY OF L7383TRANSFERRIN	\$21.85	XXX	9			
84478		ASSAY OF TRIGLYCERIDES	\$9.83	XXX	9			
84479		THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	\$12.30	XXX	9			
84480		ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	\$24.29	XXX	9			
84481		ASSAY OF TRIIODOTHYRONINE T3 FREE	\$37.82	XXX	9			
84482		TRIIODOTHYRONINE T3 REVERSE	\$36.93	XXX	9			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
84484		ASSAY OF TROPONIN QUANTITATIVE	\$21.36	XXX	9			
84485		ASSAY OF TRYPSIN DUODENAL FLUID	\$12.48	XXX	9			
84488		ASSAY OF TRYPSIN FECES QUALITATIVE	\$12.50	XXX	9			
84490		TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	\$16.52	XXX	9			
84510		ASSAY OF TYROSINE	\$21.99	XXX	9			
84512		ASSAY OF TROPONIN QUALITATIVE	\$17.19	XXX	9			
84520		ASSAY OF UREA NITROGEN QUANTITATIVE	\$9.68	XXX	9			
84525		ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	\$8.54	XXX	9			
84540		ASSAY OF UREA NITROGEN URINE	\$10.56	XXX	9			
84545		UREA NITROGEN CLEARANCE	\$14.96	XXX	9			
84550		ASSAY OF BLOOD/URIC ACID	\$9.67	XXX	9			
84560		ASSAY OF URIC ACID OTHER SOURCE	\$9.68	XXX	9			
84577		ASSAY OF UROBILINOGEN FECES QUANTITATIVE	\$28.77	XXX	9			
84578		ASSAY OF UROBILINOGEN URINE QUALITATIVE	\$7.54	XXX	9			
84580		UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	\$16.36	XXX	9			
84583		ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	\$10.36	XXX	9			
84585		ASSAY OF VANILLYLMANDELIC ACID URINE	\$29.04	XXX	9			
84586		ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	\$60.51	XXX	9			
84588		ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	\$58.13	XXX	9			
84590		ASSAY OF VITAMIN A	\$26.38	XXX	9			
84591		ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	\$28.39	XXX	9			
84597		ASSAY OF VITAMIN K	\$29.93	XXX	9			
84600		ASSAY OF VOLATILES	\$35.20	XXX	9			
84620		XYLOSE ABSORPTION TEST BLOOD & URINE	\$23.77	XXX	9			
84630		ASSAY OF ZINC	\$21.99	XXX	9			
84681		ASSAY OF C-PEPTIDE	\$42.21	XXX	9			
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	\$32.54	XXX	9			
84703		GONADOTROPIN CHORIONIC QUALITATIVE	\$30.80	XXX	9			
84704		GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	\$26.19	XXX	9			
84830		OVULATION TEST VISUAL COLOR COMPARISON HLH	\$21.13	XXX	9			
84999		UNLISTED CHEMISTRY PROCEDURE		BR	XXX			9
85002		BLEEDING TIME TEST	\$8.25	XXX	9			
85004		BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	\$91.25	XXX	9			
85007		BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	\$6.51	XXX	9			
85008		BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	\$5.87	XXX	9			
85009		BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	\$8.68	XXX	9			
85013		BLOOD COUNT SPUN MICROHEMATOCRIT	\$7.85	XXX	9			
85014		BLOOD COUNT HEMATOCRIT	\$4.30	XXX	9			
85018		BLOOD COUNT HEMOGLOBIN	\$5.36	XXX	9			
85025		BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	\$18.27	XXX	9			
85027		BLOOD COUNT COMPLETE AUTOMATED	\$16.43	XXX	9			
85032		BLOOD COUNT MANUAL CELL COUNT EACH	\$9.14	XXX	9			
85041		BLOOD COUNT RED BLOOD CELL AUTOMATED	\$6.38	XXX	9			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
85044		BLOOD COUNT RETICULOCYTE MANUAL	\$8.23	XXX	9			
85045		BLOOD COUNT RETICULOCYTE AUTOMATED	\$6.83	XXX	9			
85046		BLOOD COUNT RETICULOCYTES AUTO 1> CELL MEAS	\$10.96	XXX	9			
85048		BLOOD COUNT LEUKOCYTE WBC AUTOMATED	\$7.50	XXX	9			
85049		BLOOD COUNT PLATELET AUTOMATED	\$9.14	XXX	9			
85055		RETICULATED PLATELET ASSAY	\$59.27	XXX	9			
85060		BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	\$39.91	XXX	0			
85097		BONE MARROW SMEAR INTERPRETATION	\$115.74	XXX	0	5674	Q2	\$1433.76
85130		CHROMOGENIC SUBSTRATE ASSAY	\$20.36	XXX	9			
85170		BLOOD CLOT RETRACTION	\$15.02	XXX	9			
85175		CLOT LYSIS TIME WHOLE BLOOD DILUTION	\$15.02	XXX	9			
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	\$25.58	XXX	9			
85220		CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	\$39.26	XXX	9			
85230		CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	\$39.27	XXX	9			
85240		CLOTTING FACTOR VIII AHG 1 STAGE	\$40.18	XXX	9			
85244		CLOTTING FACTOR VIII RELATED ANTIGEN	\$41.09	XXX	9			
85245		CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	\$45.64	XXX	9			
85246		CLOTTING FACTOR VIII VW FACTOR ANTIGEN	\$45.64	XXX	9			
85247		CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	\$45.64	XXX	9			
85250		CLOTTING FACTOR IX PTC/CHRISTMAS	\$41.11	XXX	9			
85260		CLOTTING FACTOR X STUART-PROWER	\$41.11	XXX	9			
85270		CLOTTING FACTOR XI PTA	\$41.11	XXX	9			
85280		CLOTTING FACTOR XII HAGEMAN	\$41.11	XXX	9			
85290		CLOTTING FACTOR XIII FIBRIN STABILIZING	\$37.46	XXX	9			
85291		CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	\$17.34	XXX	9			
85292		CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	\$42.89	XXX	9			
85293		CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	\$42.89	XXX	9			
85300		CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	\$24.65	XXX	9			
85301		CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	\$24.65	XXX	9			
85302		CLOTTING INHIBITORS PROTEIN C ANTIGEN	\$27.39	XXX	9			
85303		CLOTTING INHIBITORS PROTEIN C ACTIVITY	\$23.70	XXX	9			
85305		CLOTTING INHIBITORS PROTEIN S TOTAL	\$19.88	XXX	9			
85306		CLOTTING INHIBITORS PROTEIN S FREE	\$26.24	XXX	9			
85307		ACTIVATED PROTEIN C APC RESISTANCE ASSAY	\$29.21	XXX	9			
85335		FACTOR INHIBITOR TEST	\$22.04	XXX	9			
85337		THROMBOMODULIN	\$28.73	XXX	9			
85345		COAGULATION TIME LEE AND WHITE	\$10.05	XXX	9			
85347		COAGULATION TIME ACTIVATED	\$7.33	XXX	9			
85348		COAGULATION TIME OTHER METHODS	\$8.23	XXX	9			
85360		EUGLOBULIN LYSIS	\$14.40	XXX	9			
85362		FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	\$15.50	XXX	9			
85366		FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	\$23.56	XXX	9			
85370		FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	\$21.29	XXX	9			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
85378		FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	\$16.17	XXX	9			
85379		FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	\$17.43	XXX	9			
85380		FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	\$91.25	XXX	9			
85384		FIBRINOGEN ACTIVITY	\$16.65	XXX	9			
85385		FIBRINOGEN ANTIGEN	\$24.06	XXX	9			
85390		FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	\$26.51	XXX	9			
85390	26	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	\$26.51	XXX	0			
85390	TC	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	\$0.00					
85396		COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	\$32.50	XXX	0			
85397		COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	\$51.35	XXX	9			
85400		FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	\$13.20	XXX	9			
85410		FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	\$13.20	XXX	9			
85415		FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	\$29.44	XXX	9			
85420		FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	\$14.63	XXX	9			
85421		FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	\$32.89	XXX	9			
85441		HEINZ BODIES DIRECT	\$7.19	XXX	9			
85445		HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	\$13.69	XXX	9			
85460		HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	\$13.24	XXX	9			
85461		HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	\$15.58	XXX	9			
85475		HEMOLYSIN ACID	\$15.19	XXX	9			
85520		HEPARIN ASSAY	\$22.42	XXX	9			
85525		HEPARIN NEUTRALIZATION	\$20.28	XXX	9			
85530		HEPARIN-PROTAMINE TOLERANCE TST	\$32.89	XXX	9			
85536		IRON STAIN PERIPHERAL BLOOD	\$11.87	XXX	9			
85540		WBC ALKALINE PHOSPHATASE COUNT	\$19.19	XXX	9			
85547		MECHANICAL FRAGILITY RBC	\$20.11	XXX	9			
85549		MURAMIDASE	\$38.34	XXX	9			
85555		OSMOTIC FRAGILITY RBC UNINCUBATED	\$14.62	XXX	9			
85557		OSMOTIC FRAGILITY RBC INCUBATED	\$28.32	XXX	9			
85576		PLATELET AGGREGATION IN VITRO EACH AGENT	\$41.45	XXX	9			
85576	26	PLATELET AGGREGATION IN VITRO EACH AGENT	\$29.65	XXX	0			
85576	TC	PLATELET AGGREGATION IN VITRO EACH AGENT	\$11.80					
85597		PHOSPHOLIPID NEUTRALIZATION PLATELET	\$30.79	XXX	9			
85598		PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	\$30.79	XXX	9			
85610		PROTHROMBIN TIME	\$7.35	XXX	9			
85611		PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	\$6.75	XXX	9			
85612		RUSSELL VIPER VENON TIME UNDILUTED	\$29.11	XXX	9			
85613		RUSSELL VIPER VENOM TIME DILUTED	\$16.41	XXX	9			
85635		REPTILASE TEST	\$22.82	XXX	9			
85651		SEDIMENTATION RATE RBC NON-AUTOMATED	\$7.33	XXX	9			
85652		SEDIMENTATION RATE RBC AUTOMATED	\$8.60	XXX	9			
85660		SICKLING RBC REDUCTION	\$9.44	XXX	9			
85670		THROMBIN TIME PLASMA	\$12.91	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
85675		THROMBIN TIME TITER	\$11.73	XXX	9			
85705		THROMBOPLASTIN INHIBITION TISSUE	\$16.03	XXX	9			
85730		THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	\$10.29	XXX	9			
85732		THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	\$14.62	XXX	9			
85810		VISCOSITY	\$19.99	XXX	9			
85999		UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	BR	XXX	9			
86000		AGGLUTININS FEBRILE EACH ANTIGEN	\$18.59	XXX	9			
86001		ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	\$13.39	XXX	9			
86003		ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	\$16.41	XXX	9			
86005		ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	\$13.65	XXX	9			
86008		ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	\$29.83	XXX	9			
86015		ACTIN SMOOTH MUSCLE ANTIBODY EACH	\$19.18	XXX	9			
86021		ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	\$41.60	XXX	9			
86022		ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	\$57.97	XXX	9			
86023		ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	\$28.42	XXX	9			
86036		ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	\$20.05	XXX	9			
86037		ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	\$20.05	XXX	9			
86038		ANTINUCLEAR ANTIBODIES ANA	\$22.97	XXX	9			
86039		ANTINUCLEAR ANTIBODIES ANA TITER	\$19.68	XXX	9			
86041		ACETYLCHOLINE RECEPTOR BINDING ANTIBODY	\$31.51	XXX	9			
86042		ACETYLCHOLINE RECEPTOR BLOCKING ANTIBODY	\$31.51	XXX	9			
86043		ACETYLCHOLINE RECEPTOR MODULATING ANTIBODY	\$20.64	XXX	9			
86051		AQUAPORIN-4 ANTIBODY ELISA	\$19.18	XXX	9			
86052		AQUAPORIN-4 ANTIBODY CELL-BASED IMFLUOR ASSAY EA	\$20.05	XXX	9			
86053		AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	\$20.05	XXX	9			
86060		ANTISTREPTOLYSIN O TITER	\$13.15	XXX	9			
86063		ANTISTREPTOLYSIN O SCREEN	\$21.89	XXX	9			
86077		BLD BANK PHYS SVCS DIFFC CROSS MATCH&EVAL REP	\$90.08	XXX	0	5731	Q1	\$49.65
86078		BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPR	\$90.08	XXX	0	5672	Q1	\$284.80
86079		BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPR	\$90.08	XXX	0	5671	Q1	\$90.35
86140		C-REACTIVE PROTEIN	\$14.22	XXX	9			
86141		C-REACTIVE PROTEIN HIGH SENSITIVITY	\$109.31	XXX	9			
86146		BETA 2 GLYCOPROTEIN I ANTIBODY EACH	\$57.97	XXX	9			
86147		CARDIOLIPIN ANTIBODY EACH IG CLASS	\$63.37	XXX	9			
86148		ANTI-PHOSPHATIDYLSERINE ANTIBODY	\$60.11	XXX	9			
86152		CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	\$417.30	XXX	9			
86153		CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	\$51.83					
86153	26	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	\$51.83	XXX	0			
86153	TC	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	\$0.00					
86155		CHEMOTAXIS ASSAY SPECIFY METHOD	\$27.39	XXX	9			
86156		COLD AGGLUTININ SCREEN	\$13.62	XXX	9			
86157		COLD AGGLUTININ TITER	\$13.80	XXX	9			
86160		COMPLEMENT ANTIGEN EACH COMPONENT	\$21.92	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
86161		COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	\$21.92	XXX	9			
86162		COMPLEMENT TOTAL HEMOLYTIC	\$54.67	XXX	9			
86171		COMPLEMENT FIXATION TESTS EACH ANTIGEN	\$26.27	XXX	9			
86200		CYCLIC CITRULLINATED PEPTIDE ANTIBODY	\$21.55	XXX	9			
86215		DEOXYRIBONUCLEASE ANTIBODY	\$36.09	XXX	9			
86225		DNA ANTIBODY NATIVE/DOUBLE STRANDED	\$36.11	XXX	9			
86226		DNA ANTIBODY SINGLE STRANDED	\$25.15	XXX	9			
86231		ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	\$20.12	XXX	9			
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	\$32.83	XXX	9			
86255		FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	\$36.71	XXX	9			
86255	26	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	\$29.19	XXX	0			
86255	TC	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	\$7.52					
86256		FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	\$36.71	XXX	9			
86256	26	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	\$29.19	XXX	0			
86256	TC	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	\$7.52					
86258		GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	\$19.18	XXX	9			
86277		GROWTH HORMONE HUMAN ANTIBODY	\$41.54	XXX	9			
86280		HEMAGGLUTINATION INHIBITION TEST HAI	\$15.35	XXX	9			
86294		IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	\$218.65	XXX	9			
86300		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	\$47.03	XXX	9			
86301		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	\$47.03	XXX	9			
86304		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	\$47.03	XXX	9			
86305		HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	\$35.64	XXX	9			
86308		HETEROPHILE ANTIBODIES SCREEN	\$8.87	XXX	9			
86309		HETEROPHILE ANTIBODIES TITER	\$12.04	XXX	9			
86310		HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	\$19.68	XXX	9			
86316		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	\$37.22	XXX	9			
86317		IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	\$30.63	XXX	9			
86318		IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	\$30.11	XXX	9			
86320		IMMUNOELECTROPHORESIS SERUM	\$51.24	XXX	9			
86320	26	IMMUNOELECTROPHORESIS SERUM	\$29.65	XXX	0			
86320	TC	IMMUNOELECTROPHORESIS SERUM	\$21.59					
86325		IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	\$49.21	XXX	9			
86325	26	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	\$29.55	XXX	0			
86325	TC	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	\$19.66					
86327		IMMUNOELECTROPHORESIS CROSSED	\$62.36	XXX	9			
86327	26	IMMUNOELECTROPHORESIS CROSSED	\$35.45	XXX	0			
86327	TC	IMMUNOELECTROPHORESIS CROSSED	\$26.91					
86328		IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	\$75.35	XXX	9			
86329		IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	\$37.20	XXX	9			
86331		IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	\$32.83	XXX	9			
86332		IMMUNE COMPLEX ASSAY	\$54.67	XXX	9			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
86334		IMMUNOFIXJ ELECTROPHORESIS SERUM	\$64.58	XXX	9			
86334	26	IMMUNOFIXJ ELECTROPHORESIS SERUM	\$29.65	XXX	0			
86334	TC	IMMUNOFIXJ ELECTROPHORESIS SERUM	\$34.93					
86335		IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	\$50.27	XXX	9			
86335	26	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	\$29.65	XXX	0			
86335	TC	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	\$20.62					
86336		INHIBIN A	\$109.31	XXX	9			
86337		INSULIN ANTIBODIES	\$54.67	XXX	9			
86340		INTRINSIC FACTOR ANTIBODIES	\$39.38	XXX	9			
86341		ISLET CELL ANTIBODY	\$40.37	XXX	9			
86343		LEUKOCYTE HISTAMINE RELEASE TEST LHR	\$32.81	XXX	9			
86344		LEUKOCYTE PHAGOCYTOSIS	\$21.86	XXX	9			
86352		CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	\$232.68	XXX	9			
86353		LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	\$101.77	XXX	9			
86355		B CELLS TOTAL COUNT	\$62.79	XXX	9			
86356		MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	\$45.86	XXX	9			
86357		NATURAL KILLER CELLS TOTAL COUNT	\$62.79	XXX	9			
86359		T CELLS TOTAL COUNT	\$76.55	XXX	9			
86360		T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	\$98.42	XXX	9			
86361		T CELLS ABSOLUTE CD4 COUNT	\$65.62	XXX	9			
86362		MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	\$20.05	XXX	9			
86363		MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	\$20.05	XXX	9			
86364		TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	\$19.18	XXX	9			
86366		MUSCLE-SPECIFIC KINASE ANTIBODY	\$31.51	XXX	9			
86367		STEM CELLS TOTAL COUNT	\$70.79	XXX	9			
86376		MICROSOMAL ANTIBODIES EACH	\$35.01	XXX	9			
86381		MITOCHONDRIAL ANTIBODY EACH	\$42.35	XXX	9			
86382		NEUTRALIZATION TEST VIRAL	\$45.95	XXX	9			
86384		NITROBLUE TETRAZOLIUM DYE TEST NTD	\$25.15	XXX	9			
86386		NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	\$36.25	XXX	9			
86403		PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	\$20.84	XXX	9			
86406		PARTICLE AGGLUTINATION TITER EACH ANTIBODY	\$21.92	XXX	9			
86408		NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	\$72.15	XXX	9			
86409		NEUTRALIZING ANTIBODY SARS-COV-2 TITER	\$116.90	XXX	9			
86413		SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	\$137.63	XXX	9			
86430		RHEUMATOID FACTOR QUALITATIVE	\$13.12	XXX	9			
86431		RHEUMATOID FACTOR QUANTITATIVE	\$17.48	XXX	9			
86480		TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	\$103.14	XXX	9			
86481		TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	\$166.40	XXX	9			
86485		SKIN TEST CANDIDA	\$28.18	XXX	0	5731	Q1	\$49.65
86486		SKIN TEST UNLISTED ANTIGEN EACH	BR	XXX	0	5731	Q1	\$49.65
86490		SKIN TEST COCCIDIOIDOMYCOSIS	\$31.00	XXX	0	5733	Q1	\$101.99
86510		SKIN TEST HISTOPLASMOSIS	\$13.11	XXX	0	5732	Q1	\$66.87

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
86580		SKIN TEST TUBERCULOSIS INTRADERMAL	\$17.67	XXX	0	5731	Q1	\$49.65
86590		STREPTOKINASE ANTIBODY	\$21.68	XXX	9			
86592		SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	\$8.77	XXX	9			
86593		SYPHILIS TEST QUANTITATIVE	\$10.94	XXX	9			
86596		VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	\$25.05	XXX	9			
86602		ANTIBODY ACTINOMYCES	\$17.51	XXX	9			
86603		ANTIBODY ADENOVIRUS	\$22.04	XXX	9			
86606		ANTIBODY ASPERGILLUS	\$25.78	XXX	9			
86609		ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	\$22.06	XXX	9			
86611		ANTIBODY BARTONELLA	\$22.97	XXX	9			
86612		ANTIBODY BLASTOMYCES	\$22.09	XXX	9			
86615		ANTIBODY BORDETELLA	\$22.59	XXX	9			
86617		ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	\$29.53	XXX	9			
86618		ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	\$29.17	XXX	9			
86619		ANTIBODY BORRELIA RELAPSING FEVER	\$22.92	XXX	9			
86622		ANTIBODY BRUCELLA	\$16.41	XXX	9			
86625		ANTIBODY CAMPYLOBACTER	\$22.47	XXX	9			
86628		ANTIBODY CANDIDA	\$20.78	XXX	9			
86631		ANTIBODY CHLAMYDIA	\$20.78	XXX	9			
86632		ANTIBODY CHLAMYDIA IGM	\$21.72	XXX	9			
86635		ANTIBODY COCCIDIODES	\$19.64	XXX	9			
86638		ANTIBODY COXIELLA BURNETII Q FEVER	\$20.78	XXX	9			
86641		ANTIBODY CRYPTOCOCCUS	\$24.68	XXX	9			
86644		ANTIBODY CYTOMEGALOVIRUS CMV	\$24.65	XXX	9			
86645		ANTIBODY CYTOMEGALOVIRUS CMV IGM	\$28.86	XXX	9			
86648		ANTIBODY DIPHTHERIA	\$26.05	XXX	9			
86651		ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	\$22.59	XXX	9			
86652		ANTIBODY ENCEPHALITIS EASTERN EQUINE	\$22.59	XXX	9			
86653		ANTIBODY ENCEPHALITIS ST. LOUIS	\$22.59	XXX	9			
86654		ANTIBODY ENCEPHALITIS WESTRN EQUINE	\$22.59	XXX	9			
86658		ANTIBODY ENTEROVIRUS	\$22.32	XXX	9			
86663		ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	\$22.47	XXX	9			
86664		ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	\$26.24	XXX	9			
86665		ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	\$31.07	XXX	9			
86666		ANTIBODY EHRlichia	\$22.97	XXX	9			
86668		ANTIBODY FRANCISELLA TULARENSIS	\$23.56	XXX	9			
86671		ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	\$20.98	XXX	9			
86674		ANTIBODY GIARDIA LAMBLIA	\$25.21	XXX	9			
86677		ANTIBODY HELICOBACTER PYLORI	\$28.86	XXX	9			
86682		ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	\$22.28	XXX	9			
86684		ANTIBODY HAEMOPHILUS INFLUENZA	\$27.13	XXX	9			
86687		ANTIBODY HTLV-I	\$15.57	XXX	9			
86688		ANTIBODY HTLV-II	\$23.98	XXX	9			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
86689		ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	\$33.14	XXX	9			
86692		ANTIBODY HEP DELTA AGENT	\$29.39	XXX	9			
86694		ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	\$24.65	XXX	9			
86695		ANTIBODY HERPES SMPLX TYPE 1	\$22.59	XXX	9			
86696		ANTIBODY HERPES SMPLX TYPE 2	\$43.75	XXX	9			
86698		ANTIBODY HISTOPLASMA	\$23.62	XXX	9			
86701		ANTIBODY HIV-1	\$15.23	XXX	9			
86702		ANTIBODY HIV-2	\$23.16	XXX	9			
86703		ANTIBODY HIV-1&HIV-2 SINGLE RESULT	\$23.48	XXX	9			
86704		HEPATITIS B CORE ANTIBODY HBCAB TOTAL	\$32.81	XXX	9			
86705		HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	\$35.01	XXX	9			
86706		HEPATITIS B SURF ANTIBODY HBSAB	\$25.15	XXX	9			
86707		HEPATITIS BE ANTIBODY HBEAB	\$27.34	XXX	9			
86708		HEPATITIS A ANTIBODY HAAB	\$31.73	XXX	9			
86709		HEPATITIS ANTIBODY HAAB IGM ANTIBODY	\$29.53	XXX	9			
86710		ANTIBODY INFLUENZA VIRUS	\$23.21	XXX	9			
86711		ANTIBODY JOHN CUNNINGHAM VIRUS	\$28.11	XXX	9			
86713		ANTIBODY LEGIONELLA	\$26.20	XXX	9			
86717		ANTIBODY LEISHMANIA	\$20.98	XXX	9			
86720		ANTIBODY LEPTOSPIRA	\$26.96	XXX	9			
86723		ANTIBODY LISTERIA MONOCYTOGENES	\$22.59	XXX	9			
86727		ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	\$22.04	XXX	9			
86732		ANTIBODY MUCORMYCOSIS	\$25.69	XXX	9			
86735		ANTIBODY MUMPS	\$22.35	XXX	9			
86738		ANTIBODY MYCOPLSM	\$22.68	XXX	9			
86741		ANTIBODY NEISSERIA MENINGITIDIS	\$22.59	XXX	9			
86744		ANTIBODY NOCARDIA	\$26.79	XXX	9			
86747		ANTIBODY PARVOVIRUS	\$25.74	XXX	9			
86750		ANTIBODY PLASMODIUM MALARIA	\$22.59	XXX	9			
86753		ANTIBODY PROTOZOA NES	\$21.22	XXX	9			
86756		ANTIBODY RESPIRATORY SYNCTIAL VIRUS	\$26.44	XXX	9			
86757		ANTIBODY RICKETTSIA	\$43.75	XXX	9			
86759		ANTIBODY ROTAVIRUS	\$30.34	XXX	9			
86762		ANTIBODY RUBELLA	\$24.65	XXX	9			
86765		ANTIBODY RUBEOLA	\$22.06	XXX	9			
86768		ANTIBODY SALMONELLA	\$22.59	XXX	9			
86769		ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	\$70.10	XXX	9			
86771		ANTIBODY SHIGELLA	\$40.02	XXX	9			
86774		ANTIBODY TETANUS	\$25.35	XXX	9			
86777		ANTIBODY TOXOPLASMA	\$24.65	XXX	9			
86778		ANTIBODY TOXOPLASMA IGM	\$24.68	XXX	9			
86780		ANTIBODY TREPONEMA PALLIDUM	\$22.68	XXX	9			
86784		ANTIBODY TRICHINELLA	\$21.86	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
86787		ANTIBODY VARICELLA-ZOSTER	\$22.06	XXX	9			
86788		ANTIBODY WEST NILE VIRUS IGM	\$28.04	XXX	9			
86789		ANTIBODY WEST NILE VIRUS	\$23.95	XXX	9			
86790		ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	\$22.06	XXX	9			
86793		ANTIBODY YERSINIA	\$22.59	XXX	9			
86794		ZIKA VIRUS IGM ANTIBODY	\$28.04	XXX	9			
86800		THYROGLOBULIN ANTIBODY	\$27.34	XXX	9			
86803		HEPATITIS C ANTIBODY	\$25.15	XXX	9			
86804		HEPATITIS C ANTIBODY CONFIRMATORY TEST	\$27.34	XXX	9			
86805		LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	\$175.68	XXX	9			
86806		LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	\$86.40	XXX	9			
86807		SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	\$130.88	XXX	9			
86808		SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	\$52.53	XXX	9			
86812		HLA TYPING A/B/C SINGLE ANTIGEN	\$131.32	XXX	9			
86813		HLA TYPING A/B/C MULTIPLE ANTIGENS	\$100.67	XXX	9			
86816		HLA TYPING DR/DQ SINGLE ANTIGEN	\$63.47	XXX	9			
86817		HLA TYPING DR/DQ MULTIPLE ANTIGENS	\$176.62	XXX	9			
86821		HLA TYPING LYMPHOCYTE CULTURE MIXED	\$121.47	XXX	9			
86825		HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	\$182.19	XXX	9			
+ 86826		HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	\$60.79	XXX	9			
86828		ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	\$106.81	XXX	9			
86829		ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	\$106.81	XXX	9			
86830		ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	\$158.95	XXX	9			
86831		ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	\$136.25	XXX	9			
86832		ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	\$538.73	XXX	9			
86833		ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	\$542.14	XXX	9			
86834		ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	\$594.98	XXX	9			
86835		ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	\$537.41	XXX	9			
86849		UNLISTED IMMUNOLOGY		BR	XXX			
86850		ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	\$16.26	XXX	9	5671	Q1	\$90.35
86860		ANTIBODY ELUTION RBC EACH ELUTION	\$79.37	XXX	9	5672	Q1	\$284.80
86870		ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	\$30.97	XXX	9	5673	Q2	\$599.34
86880		ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	\$10.83	XXX	9	5733	Q1	\$101.99
86885		ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	\$12.65	XXX	9	5672	Q1	\$284.80
86886		ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	\$11.74	XXX	9	5672	Q1	\$284.80
86890		AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	\$116.57	XXX	9	5672	Q1	\$284.80
86891		AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	\$160.82	XXX	9	5674	Q1	\$1433.76
86900		BLOOD TYPING SEROLOGIC ABO	\$9.03	XXX	9	5734	Q1	\$212.99
86901		BLOOD TYPING SEROLOGIC RH (D)	\$9.92	XXX	9	5732	Q1	\$66.87
86902		BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	\$10.57	XXX	9	5673	Q1	\$599.34
86904		BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	\$27.19	XXX	9	5733	Q1	\$101.99
86905		BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	\$7.23	XXX	9	5673	Q1	\$599.34
86906		BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	\$12.97	XXX	9	5732	Q1	\$66.87

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
86910		BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	\$110.64	XXX	9			
86911		BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	\$26.18	XXX	9			
86920		COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	\$36.88	XXX	9	5672	Q1	\$284.80
86921		COMPATIBILITY EACH UNIT INCUBATION	\$34.87	XXX	9	5672	Q1	\$284.80
86922		COMPATIBILITY EACH UNIT ANTIGLOBULIN	\$42.61	XXX	9	5672	Q1	\$284.80
86923		COMPATIBILITY EACH UNIT ELECTRONIC	\$26.98	XXX	9	5672	Q1	\$284.80
86927		FRESH FROZEN PLASMA THAWING EACH UNIT	\$25.97	XXX	9	5672	S	\$284.80
86930		FROZEN BLOOD EACH UNIT FREEZING	\$203.83	XXX	9	5672	Q1	\$284.80
86931		FROZEN BLOOD EACH UNIT THAWING	\$203.83	XXX	9	5672	Q1	\$284.80
86932		FROZEN BLOOD EACH UNIT FREEZING & THAWING	\$211.08	XXX	9	5732	Q1	\$66.87
86940		HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	\$15.35	XXX	9			
86941		HEMOLYSINS&AGGLUTININS INCUBATED	\$25.28	XXX	9			
86945		IRRADIATION BLOOD PRODUCT EACH UNIT	\$61.99	XXX	9	5732	Q1	\$66.87
86950		LEUKOCYTE TRANSFUSION	\$117.93	XXX	9	5672	Q1	\$284.80
86960		VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	\$25.76	XXX	9	5672	Q1	\$284.80
86965		POOLING PLATELETS/OTHER BLOOD PRODUCTS	\$46.50	XXX	9	5672	Q1	\$284.80
86970		PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	\$73.65	XXX	9	5733	Q1	\$101.99
86971		PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	\$36.85	XXX	9	5672	Q1	\$284.80
86972		PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	\$36.82	XXX	9	5672	Q1	\$284.80
86975		PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	\$71.33	XXX	9	5735	Q1	\$664.35
86976		PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	\$94.94	XXX	9	5731	Q1	\$49.65
86977		PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	\$71.33	XXX	9	5672	Q1	\$284.80
86978		PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	\$111.72	XXX	9	5733	Q1	\$101.99
86985		SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	\$58.08	XXX	9	5672	Q1	\$284.80
86999		UNLISTED TRANSFUSION MEDICINE PROCEDURE	BR	XXX	9	5731	Q1	\$49.65
87003		ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	\$34.88	XXX	9			
87015		CONCENTRATION INFECTIOUS AGENTS	\$14.14	XXX	9			
87040		CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	\$17.67	XXX	9			
87045		CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	\$19.81	XXX	9			
87046		CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	\$15.71	XXX	9			
87070		CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	\$14.76	XXX	9			
87071		CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	\$16.46	XXX	9			
87073		CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	\$16.07	XXX	9			
87075		CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	\$16.22	XXX	9			
87076		CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	\$21.68	XXX	9			
87077		CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	\$14.14	XXX	9			
87081		CUL PRSMPTV PTHGNC ORGANISM SCR N W/COLONY ESTIMJ	\$11.35	XXX	9			
87084		CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	\$37.90	XXX	9			
87086		CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	\$13.82	XXX	9			
87088		CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	\$16.01	XXX	9			
87101		CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	\$17.92	XXX	9			
87102		CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	\$17.92	XXX	9			
87103		CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	\$34.05	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
87106		CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	\$22.64	XXX	9			
87107		CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	\$19.81	XXX	9			
87109		CULTURE MYCOPLASMA ANY SOURCE	\$26.36	XXX	9			
87110		CULTURE CHLAMYDIA ANY SOURCE	\$33.57	XXX	9			
87116		CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	\$22.64	XXX	9			
87118		CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	\$25.02	XXX	9			
87140		CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	\$21.69	XXX	9			
87143		CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	\$29.23	XXX	9			
87147		CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	\$23.59	XXX	9			
87149		CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	\$39.60	XXX	9			
87150		CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	\$60.10	XXX	9			
87152		CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	\$12.88	XXX	9			
87153		CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	\$197.57	XXX	9			
87154		CULTURE TYPING ID BLD PTHGN&RESIST TYPING 6+TRGT	\$362.86	XXX	9			
87158		CULTURE TYPING OTHER METHODS	\$12.88	XXX	9			
87164		DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	\$31.91	XXX	9			
87164	26	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	\$27.71	XXX	0			
87164	TC	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	\$4.20					
87166		DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	\$21.69	XXX	9			
87168		MACROSCOPIC EXAMINATION ARTHROPOD	\$8.49	XXX	9			
87169		MACROSCOPIC EXAMINATION PARASITE	\$8.49	XXX	9			
87172		PINWORM EXAMINATION	\$8.49	XXX	9			
87176		HOMOGENIZATION TISSUE CULTURE	\$14.14	XXX	9			
87177		OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	\$16.01	XXX	9			
87181		SUSCEPTIBLTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	\$13.30	XXX	9			
87184		SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	\$12.81	XXX	9			
87185		SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	\$11.10	XXX	9			
87186		SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	\$14.81	XXX	9			
+	87187	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	\$32.82	XXX	9			
87188		SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	\$16.04	XXX	9			
87190		SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	\$12.17	XXX	9			
87197		SERUM BACTERICIDAL TITER	\$25.72	XXX	9			
87205		SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	\$9.44	XXX	9			
87206		SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	\$13.24	XXX	9			
87207		SMR PRIM SRC SPEC STAIN BODIES/PARASITS	\$22.97	XXX	9			
87207	26	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	\$22.97	XXX	0			
87207	TC	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	\$0.00					
87209		SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	\$29.92	XXX	9			
87210		SMR PRIM SRC WET MOUNT NFCT AGT	\$9.68	XXX	9			
87220		TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	\$10.37	XXX	9			
87230		TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	\$33.81	XXX	9			
87250		VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	\$33.50	XXX	9			
87252		VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	\$44.65	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
87253		VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	\$34.60	XXX	9			
87254		VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	\$32.55	XXX	9			
87255		VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	\$282.85	XXX	9			
87260		IAADI ADENOVIRUS	\$24.71	XXX	9			
87265		IAADI BORDETELLA PRUSSIS/PARAPRUSIS	\$23.59	XXX	9			
87267		IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	\$94.25	XXX	9			
87269		IAADI GIARDIA	\$22.65	XXX	9			
87270		IAADI CHLAMYDIA TRACHOMATIS	\$23.59	XXX	9			
87271		IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	\$94.25	XXX	9			
87272		IAADI CRYPTOSPORIDIUM	\$23.59	XXX	9			
87273		IAADI HERPES SMLX VIRUS TYPE 2	\$23.59	XXX	9			
87274		IAADI HERPES SMLX VIRUS TYPE 1	\$23.59	XXX	9			
87275		IAADI INFLUENZA B VIRUS	\$23.59	XXX	9			
87276		IAADI INFLUENZA A VIRUS	\$27.52	XXX	9			
87278		IAADI LEGIONELLA PNEUMOPHILA	\$26.72	XXX	9			
87279		IAADI PARAINFLUENZA VIRUS EACH TYPE	\$28.14	XXX	9			
87280		IAADI RESPIRATORY SYNCYTIAL VIRUS	\$23.59	XXX	9			
87281		IAADI PNEUMOCYSTIS CARINII	\$23.59	XXX	9			
87283		IAADI RUBEOLA	\$43.07	XXX	9			
87285		IAADI TREPONEMA PALLIDUM	\$23.59	XXX	9			
87290		IAADI VARICELLA ZOSTER VIRUS	\$23.59	XXX	9			
87299		IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	\$27.57	XXX	9			
87300		IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	\$19.93	XXX	9			
87301		IAAD IA ADENOVIRUS ENTERIC TYP 40/41	\$23.59	XXX	9			
87305		IAAD IA ASPERGILLUS	\$19.93	XXX	9			
87320		IAAD IA CHLAMYDIA TRACHOMATIS	\$25.69	XXX	9			
87324		IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	\$23.59	XXX	9			
87327		IAAD IA CRYPTOCOCCUS NEOFORMANS	\$23.59	XXX	9			
87328		IAAD IA CRYPTOSPORIDIUM	\$23.67	XXX	9			
87329		IAAD IA GIARDIA	\$19.93	XXX	9			
87332		IAAD IA CYTOMEGALOVIRUS	\$23.59	XXX	9			
87335		IAAD IA ESCHERICHIA COLI 0157	\$23.59	XXX	9			
87336		IAAD IA ENTAMOEBIA HISTOLYTICA DISPAR GRP	\$27.40	XXX	9			
87337		IAAD IA ENTAMOEBIA HISTOLYTICA GRP	\$23.59	XXX	9			
87338		IAAD IA HPYLORI STOOL	\$24.63	XXX	9			
87339		IAAD IA HPYLORI	\$27.40	XXX	9			
87340		IAAD IA HEPATITIS B SURFACE ANTIGEN	\$17.92	XXX	9			
87341		IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	\$17.90	XXX	9			
87350		IAAD IA HEPATITIS BE ANTIGEN	\$19.75	XXX	9			
87380		IAAD IA HEPATITIS DELTA ANTIGEN	\$31.44	XXX	9			
87385		IAAD IA HISTOPLASM CAPSULATUM	\$23.59	XXX	9			
87389		IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	\$40.07	XXX	9			
87390		IAAD IA HIV-1	\$40.33	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
87391		IAAD IA HIV-2	\$37.51	XXX	9			
87400		IAAD IA INFLUENZA A/B EACH	\$23.51	XXX	9			
87420		IAAD IA RESPIRATORY SYNCIAL VIRUS	\$23.82	XXX	9			
87425		IAAD IA ROTAVIRUS	\$23.59	XXX	9			
87426		IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	\$112.61	XXX	9			
87427		IAAD IA SHIGA-LIKE TOXIN	\$23.59	XXX	9			
87428		IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	\$51.48	XXX	9			
87430		IAAD IA STREPTOCOCCUS GROUP A	\$28.79	XXX	9			
87449		IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	\$23.59	XXX	9			
87451		IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	\$18.00	XXX	9			
87467		HEPATITIS B SURFACE ANTIGEN QUANTITATIVE	\$575.80	XXX	9			
87468		IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	\$60.10	XXX	9			
87469		IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	\$60.10	XXX	9			
87471		IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	\$62.24	XXX	9			
87472		IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	\$75.45	XXX	9			
87475		IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	\$34.88	XXX	9			
87476		IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87478		IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	\$60.10	XXX	9			
87480		IADNA CANDIDA SPECIES DIRECT PROBE TQ	\$35.84	XXX	9			
87481		IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87482		IADNA CANDIDA SPECIES QUANTIFICATION	\$92.75	XXX	9			
87483		CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	\$693.53	XXX	9			
87484		IADNA EHRlichia CHAFFEENSIS AMPLIFIED PROBE TQ	\$60.10	XXX	9			
87485		IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	\$35.84	XXX	9			
87486		IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87487		IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	\$75.45	XXX	9			
87490		IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	\$38.96	XXX	9			
87491		IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87492		IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	\$88.98	XXX	9			
87493		INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	\$63.83	XXX	9			
87495		IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	\$49.97	XXX	9			
87496		IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87497		IADNA CYTOMEGALOVIRUS QUANTIFICATION	\$75.45	XXX	9			
87498		IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	\$58.39	XXX	9			
87500		INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	\$60.10	XXX	9			
87501		INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	\$87.88	XXX	9			
87502		INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	\$164.07	XXX	9			
+		87503 NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	\$48.62	XXX	9			
87505		NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	\$213.48	XXX	9			
87506		IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	\$437.61	XXX	9			
87507		IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	\$693.53	XXX	9			
87510		IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	\$35.84	XXX	9			
87511		IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	\$62.24	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
87512		IADNA GARDNERELLA VAGINALIS QUANTIFICATION	\$73.54	XXX	9			
87516		IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87517		IADNA HEPATITIS B VIRUS QUANTIFICATION	\$75.45	XXX	9			
87520		IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	\$51.95	XXX	9			
87521		IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	\$62.24	XXX	9			
87522		IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	\$75.45	XXX	9			
87523		IADNA HEPATITIS D DELTA QUAN W/REV TRANSCRIPTION	\$73.37	XXX	9			
87525		IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	\$49.59	XXX	9			
87526		IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	\$67.24	XXX	9			
87527		IADNA HEPATITIS G QUANTIFICATION	\$73.54	XXX	9			
87528		IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	\$35.84	XXX	9			
87529		IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87530		IADNA HERPES SOMPLX VIRUS QUANTIFICATION	\$75.45	XXX	9			
87531		IADNA HERPES VIRUS-6 DIRECT PROBE TQ	\$65.44	XXX	9			
87532		IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87533		IADNA HERPES VIRUS-6 QUANTIFICATION	\$73.54	XXX	9			
87534		IADNA HIV-1 DIRECT PROBE TECHNIQUE	\$37.54	XXX	9			
87535		IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCR PJ	\$62.24	XXX	9			
87536		IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	\$141.60	XXX	9			
87537		IADNA HIV-2 DIRECT PROBE TECHNIQUE	\$37.54	XXX	9			
87538		IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	\$62.24	XXX	9			
87539		IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	\$97.55	XXX	9			
87540		IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	\$35.84	XXX	9			
87541		IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87542		IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	\$73.54	XXX	9			
87550		IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	\$35.84	XXX	9			
87551		IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	\$80.27	XXX	9			
87552		IADNA MYCOBACTERIA SPECIES QUANTIFICATION	\$75.45	XXX	9			
87555		IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	\$44.73	XXX	9			
87556		IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	\$71.38	XXX	9			
87557		IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	\$75.45	XXX	9			
87560		IADNA MYCOBACTERIA AVIUM-INTRA CLRE DIR PRB	\$45.41	XXX	9			
87561		IADNA MYCOBACTERIA AVIUM-INTRA CLRE AMP PRB	\$62.24	XXX	9			
87562		IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	\$75.45	XXX	9			
87563		IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	\$58.39	XXX	9			
87580		IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	\$35.84	XXX	9			
87581		IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87582		IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	\$134.28	XXX	9			
87590		IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	\$44.73	XXX	9			
87591		IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87592		IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	\$75.45	XXX	9			
87593		IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	\$69.55	XXX	9			
87623		IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	\$58.39	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
87624		IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	\$58.39	XXX	9			
87625		IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	\$67.47	XXX	9			
87631		IADNA RESPIRATORY PROBE & REV TRNSCR 3-5 TARGETS	\$237.34	XXX	9			
87632		IADNA RESPIRATORY PROBE & REV TRNSCR 6-11 TARGETS	\$362.86	XXX	9			
87633		IADNA RESPIRATORY PROBE & REV TRNSCR 12-25 TARGET	\$693.53	XXX	9			
87634		IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	\$116.81	XXX	9			
87635		IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	\$85.38	XXX	9			
87636		IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	\$237.34	XXX	9			
87637		IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	\$237.34	XXX	9			
87640		IADNA S AUREUS AMPLIFIED PROBE TQ	\$58.39	XXX	9			
87641		IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	\$58.39	XXX	9			
87650		IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	\$35.84	XXX	9			
87651		IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	\$62.24	XXX	9			
87652		IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	\$73.54	XXX	9			
87653		IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	\$58.39	XXX	9			
87660		IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	\$33.36	XXX	9			
87661		IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	\$58.39	XXX	9			
87662		IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	\$85.38	XXX	9			
87797		IADNA NOS DIRECT PROBE TQ EACH ORGANISM	\$49.97	XXX	9			
87798		IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	\$62.24	XXX	9			
87799		IADNA NOS QUANTIFICATION EACH ORGANISM	\$75.45	XXX	9			
87800		IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	\$72.67	XXX	9			
87801		IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	\$116.81	XXX	9			
87802		IAADIADOO STREPTOCOCCUS GROUP B	\$94.25	XXX	9			
87803		IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN A	\$94.25	XXX	9			
87804		IAADIADOO INFLUENZA	\$94.25	XXX	9			
87806		IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	\$54.53	XXX	9			
87807		IAADIADOO RESPIRATORY SYNCYTIAL VIRUS	\$93.86	XXX	9			
87808		IAADIADOO TRICHOMONAS VAGINALIS	\$25.44	XXX	9			
87809		IAADIADOO ADENOVIRUS	\$36.21	XXX	9			
87810		IAADIADOO CHLAMYDIA TRACHOMATIS	\$43.07	XXX	9			
87811		IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	\$112.61	XXX	9			
87850		IAADIADOO NEISSERIA GONORRHOEA	\$40.87	XXX	9			
87880		IAADIADOO STREPTOCOCCUS GROUP A	\$28.31	XXX	9			
87899		IAADIADOO NOT OTHERWISE SPECIFIED	\$27.52	XXX	9			
87900		NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	\$216.90	XXX	9			
87901		NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	\$503.51	XXX	9			
87902		NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	\$428.40	XXX	9			
87903		NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	\$955.17	XXX	9			
+	87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	\$129.85	XXX	9			
87905		INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	\$20.34	XXX	9			
87906		NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	\$220.47	XXX	9			
87910		NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	\$428.40	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
87912		NFCT AGENT GENOTYPE ALYS NUCLEIC ACID HEP B VIRUS	\$428.40	XXX	9			
87913		NFCT AGENT GENOTYPE ALYS NUCLEIC ACID SARSCOV2	\$440.92	XXX	9			
87999		UNLISTED MICROBIOLOGY PROCEDURE		BR XXX	9			
88000		NECROPSY GROSS EXAMINATION ONLY W/O CNS	\$411.49	XXX	9			
88005		NECROPSY GROSS EXAMINATION W/BRAIN	\$462.93	XXX	9			
88007		NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	\$514.36	XXX	9			
88012		NECROPSY GROSS EXAMINATION INFANT W/BRAIN	\$432.07	XXX	9			
88014		NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	\$432.07	XXX	9			
88016		NECROPSY GROSS EXAM MACERATED STILLBORN	\$411.49	XXX	9			
88020		NECROPSY GROSS & MICROSCOPIC W/O CNS	\$514.36	XXX	9			
88025		NECROPSY GROSS & MICROSCOPIC W/BRAIN	\$509.22	XXX	9			
88027		NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	\$617.24	XXX	9			
88028		NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	\$534.93	XXX	9			
88029		NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	\$534.93	XXX	9			
88036		NECROPSY LIMITED GROSS&MCRSCP REGIONAL	\$398.12	XXX	9			
88037		NECROPSY LIMITD GROSS&MCRSCP SINGLE ORGAN	\$360.05	XXX	9			
88040		NECROPSY FORENSIC EXAMINATION	\$1337.34	XXX	9			
88045		NECROPSY CORONER CALL		BR XXX	9			
88099		UNLISTED NECROPSY (AUTOPSY) PROCEDURE		BR XXX	9			
88104		CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	\$82.97	XXX	0	5732	Q1	\$66.87
88104	26	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	\$40.06	XXX	0			
88104	TC	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	\$42.91	XXX	0			
88106		CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	\$106.67	XXX	0	5731	Q1	\$49.65
88106	26	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	\$31.36	XXX	0			
88106	TC	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	\$75.31	XXX	0			
88108		CYTP CONCENTRATION SMEARS & INTERPRETATION	\$108.83	XXX	0	5732	Q1	\$66.87
88108	26	CYTP CONCENTRATION SMEARS & INTERPRETATION	\$37.06	XXX	0			
88108	TC	CYTP CONCENTRATION SMEARS & INTERPRETATION	\$71.77	XXX	0			
88112		CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	\$116.30	XXX	0	5671	Q1	\$90.35
88112	26	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	\$64.78	XXX	0			
88112	TC	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	\$51.52	XXX	0			
88120		CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	\$917.37	XXX	0	5672	Q2	\$284.80
88120	26	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	\$95.78	XXX	0			
88120	TC	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	\$821.59	XXX	0			
88121		CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	\$717.19	XXX	0	5672	Q1	\$284.80
88121	26	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	\$79.81	XXX	0			
88121	TC	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	\$637.38	XXX	0			
88125		CYTOPATHOLOGY FORENSIC	\$48.32	XXX	0	5671	Q1	\$90.35
88125	26	CYTOPATHOLOGY FORENSIC	\$21.46	XXX	0			
88125	TC	CYTOPATHOLOGY FORENSIC	\$26.86	XXX	0			
88130		SEX CHROMATIN IDENTIFICATION BARR BODIES	\$29.92	XXX	9			
88140		SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	\$13.44	XXX	9			
88141		CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	\$37.43	XXX	0			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
88142		CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	\$48.56	XXX	9			
88143		CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	\$54.94	XXX	9			
88147		CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	\$84.13	XXX	9			
88148		CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	\$61.57	XXX	9			
88150		CYTP SLIDES C/V MNL SCR UNDER PHYS	\$26.49	XXX	9			
88152		CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	\$45.99	XXX	9			
88153		CYTP SLIDES C/V MNL SCR&RESCR PHYS	\$48.56	XXX	9			
+		88155 CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	\$24.38	XXX	9			
88160		CYTP SMRS ANY OTH SRC SCR&INTERPJ	\$73.34	XXX	0	5731	Q1	\$49.65
88160	26	CYTP SMRS ANY OTH SRC SCR&INTERPJ	\$38.85	XXX	0			
88160	TC	CYTP SMRS ANY OTH SRC SCR&INTERPJ	\$34.49	XXX	0			
88161		CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	\$87.47	XXX	0	5731	Q1	\$49.65
88161	26	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	\$39.97	XXX	0			
88161	TC	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	\$47.50	XXX	0			
88162		CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	\$129.76	XXX	0	5671	Q1	\$90.35
88162	26	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	\$61.31	XXX	0			
88162	TC	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	\$68.45	XXX	0			
88164		CYTP SLIDES CERV/VAG MNL SCR PHYSICIAN SUPV	\$32.28	XXX	9			
88165		CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	\$70.26	XXX	9			
88166		CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	\$48.56	XXX	9			
88167		CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	\$51.74	XXX	9			
88172		CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	\$91.56	XXX	0	5672	Q1	\$284.80
88172	26	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	\$58.15	XXX	0			
88172	TC	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	\$33.41	XXX	0			
88173		CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	\$215.14	XXX	0	5671	Q1	\$90.35
88173	26	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	\$115.16	XXX	0			
88173	TC	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	\$99.98	XXX	0			
88174		CYTP C/V AUTO THIN Lyr PREPJ SCR SYS PHYS	\$116.37	XXX	9			
88175		CYTP C/V AUTO THIN Lyr PREPJ SCR MNL RESCR PHYS	\$116.37	XXX	9			
+		88177 CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	\$48.37	ZZZ	0			
+	26	88177 CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	\$35.92	ZZZ	0			
+	TC	88177 CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	\$12.45	ZZZ	0			
88182		FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	\$145.57	XXX	0	5671	Q2	\$90.35
88182	26	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	\$60.65	XXX	0			
88182	TC	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	\$84.92	XXX	0			
88184		FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	\$115.17	XXX	0	5673	Q2	\$599.34
+		88185 FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	\$43.13	ZZZ	0			
88187		FLOW CYTOMETRY INTERPJ 2-8 MARKERS	\$97.94	XXX	0			
88188		FLOW CYTOMETRY INTERPJ 9-15 MARKERS	\$122.19	XXX	0			
88189		FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	\$160.83	XXX	0			
88199		UNLISTED CYTOPATHOLOGY PROCEDURE	BR	XXX	0	5671	Q1	\$90.35
88199	26	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	XXX	0			
88199	TC	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	XXX	0			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
88230		TISS CUL NON-NEO DISORDERS LYMPHOCYTE	\$193.84	XXX	9			
88233		TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	\$234.18	XXX	9			
88235		TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	\$250.10	XXX	9			
88237		TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	\$239.21	XXX	9			
88239		TISS CUL NEO DISORDERS SOLID TUMOR	\$245.48	XXX	9			
88240		CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	\$21.75	XXX	9			
88241		THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	\$20.12	XXX	9			
88245		CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	\$288.16	XXX	9			
88248		CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	\$296.58	XXX	9			
88249		CHRMSM BREAKAGE SYNDS SCORE 100 CLL	\$296.58	XXX	9			
88261		CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	\$412.16	XXX	9			
88262		CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	\$214.92	XXX	9			
88263		CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	\$250.09	XXX	9			
88264		CHRMSM ANALYZE 20-25 CELLS	\$240.64	XXX	9			
88267		CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	\$322.96	XXX	9			
88269		CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	\$288.97	XXX	9			
88271		MOLECULAR CYTOGENETICS DNA PROBE EACH	\$36.69	XXX	9			
88272		MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	\$67.73	XXX	9			
88273		MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	\$57.93	XXX	9			
88274		MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	\$70.52	XXX	9			
88275		MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	\$85.18	XXX	9			
88280		CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	\$55.69	XXX	9			
88283		CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	\$114.15	XXX	9			
88285		CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	\$43.12	XXX	9			
88289		CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	\$57.29	XXX	9			
88291		CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	\$41.13	XXX	0			
88299		UNLISTED CYTOGENETIC STUDY		BR	XXX	0	5671 Q1	\$90.35
88300		LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	\$29.42	XXX	0	5731	Q1	\$49.65
88300	26	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	\$7.41	XXX	0			
88300	TC	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	\$22.01	XXX	0			
88302		LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$58.58	XXX	0	5731	Q1	\$49.65
88302	26	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$11.40	XXX	0			
88302	TC	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$47.18	XXX	0			
88304		LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$73.54	XXX	0	5671	Q1	\$90.35
88304	26	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$40.90	XXX	0			
88304	TC	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$32.64	XXX	0			
88305		LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$122.57	XXX	0	5671	Q1	\$90.35
88305	26	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$61.57	XXX	0			
88305	TC	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$61.00	XXX	0			
88307		LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$431.89	XXX	0	5673	Q2	\$599.34
88307	26	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$135.11	XXX	0			
88307	TC	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$296.78	XXX	0			
88309		LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$617.55	XXX	0	5674	Q2	\$1433.76

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
88309	26	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$238.30	XXX	0			
88309	TC	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$379.25	XXX	0			
+	88311	DECALCIFICATION PROCEDURE	\$34.78	XXX	0			
+	88311	26 DECALCIFICATION PROCEDURE	\$19.95	XXX	0			
+	88311	TC DECALCIFICATION PROCEDURE	\$14.83	XXX	0			
88312		SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	\$188.13	XXX	0	5671	Q1	\$90.35
88312	26	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	\$38.48	XXX	0			
88312	TC	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	\$149.65	XXX	0			
88313		SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	\$135.55	XXX	0	5733	Q1	\$101.99
88313	26	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	\$16.89	XXX	0			
88313	TC	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	\$118.66	XXX	0			
+	88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	\$130.82	XXX	0			
+	88314	26 SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	\$33.64	XXX	0			
+	88314	TC SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	\$97.18	XXX	0			
88319		SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	\$199.53	XXX	0	5674	Q2	\$1433.76
88319	26	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	\$42.49	XXX	0			
88319	TC	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	\$157.04	XXX	0			
88321		CONSLTJ&REPRT REFERRED SLIDES PREPARED ELSEWHERE	\$129.50	XXX	0	5732	Q1	\$66.87
88323		CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	\$190.04	XXX	0	5671	Q1	\$90.35
88323	26	CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	\$132.94	XXX	0			
88323	TC	CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	\$57.10	XXX	0			
88325		CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	\$263.96	XXX	0	5672	Q1	\$284.80
88329		PATHOLOGY CONSULTATION DURING SURGERY	\$90.09	XXX	0	5733	Q1	\$101.99
88331		PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	\$172.18	XXX	0	5672	Q1	\$284.80
88331	26	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	\$102.05	XXX	0			
88331	TC	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	\$70.13	XXX	0			
+	88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	\$83.59	XXX	0			
+	88332	26 PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	\$50.17	XXX	0			
+	88332	TC PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	\$33.42	XXX	0			
88333		PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	\$131.25	XXX	0	5674	Q2	\$1433.76
88333	26	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	\$90.92	XXX	0			
88333	TC	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	\$40.33	XXX	0			
+	88334	PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	\$77.18	ZZZ	0			
+	88334	26 PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	\$52.55	ZZZ	0			
+	88334	TC PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	\$24.63	ZZZ	0			
+	88341	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	\$149.15	ZZZ	0			
+	88341	26 IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	\$46.18	ZZZ	0			
+	88341	TC IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	\$102.97	ZZZ	0			
88342		IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	\$134.62	XXX	0	5672	Q2	\$284.80
88342	26	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	\$57.58	XXX	0			
88342	TC	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	\$77.04	XXX	0			
88344		IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	\$287.93	XXX	0	5673	Q1	\$599.34
88344	26	IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	\$63.28	XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
88344	TC	IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	\$224.65	XXX	0			
88346		IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	\$195.29	XXX	0	5672	Q2	\$284.80
88346	26	IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	\$59.29	XXX	0			
88346	TC	IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	\$136.00	XXX	0			
88348		ELECTRON MICROSCOPY DIAGNOSTIC	\$828.36	XXX	0	5674	Q2	\$1433.76
88348	26	ELECTRON MICROSCOPY DIAGNOSTIC	\$107.95	XXX	0			
88348	TC	ELECTRON MICROSCOPY DIAGNOSTIC	\$720.41	XXX	0			
+	88350	IMMUNOFLUORESCENCE PR SPEC EA ADD SINGL ANTB STN	\$165.32	ZZZ	0			
+	88350	26 IMMUNOFLUORESCENCE PR SPEC EA ADD SINGL ANTB STN	\$47.89	ZZZ	0			
+	88350	TC IMMUNOFLUORESCENCE PR SPEC EA ADD SINGL ANTB STN	\$117.43	ZZZ	0			
88355		MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$256.32	XXX	0	5672	Q1	\$284.80
88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$125.99	XXX	0			
88355	TC	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$130.33	XXX	0			
88356		MORPHOMETRIC ANALYSIS NERVE	\$402.49	XXX	0	5671	Q1	\$90.35
88356	26	MORPHOMETRIC ANALYSIS NERVE	\$202.39	XXX	0			
88356	TC	MORPHOMETRIC ANALYSIS NERVE	\$200.10	XXX	0			
88358		MORPHOMETRIC ANALYSIS TUMOR	\$155.75	XXX	0	5672	Q2	\$284.80
88358	26	MORPHOMETRIC ANALYSIS TUMOR	\$81.52	XXX	0			
88358	TC	MORPHOMETRIC ANALYSIS TUMOR	\$74.23	XXX	0			
88360		M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	\$203.85	XXX	0	5672	Q2	\$284.80
88360	26	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	\$88.06	XXX	0			
88360	TC	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	\$115.79	XXX	0			
88361		M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBODY CMPTR ASST	\$203.28	XXX	0	5673	Q2	\$599.34
88361	26	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBODY CMPTR ASST	\$71.83	XXX	0			
88361	TC	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBODY CMPTR ASST	\$131.45	XXX	0			
88362		NERVE TEASING PREPARATIONS	\$373.73	XXX	0	5674	Q2	\$1433.76
88362	26	NERVE TEASING PREPARATIONS	\$183.57	XXX	0			
88362	TC	NERVE TEASING PREPARATIONS	\$190.16	XXX	0			
88363		EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	\$42.44	XXX	0	5731	Q1	\$49.65
+	88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	\$228.04	ZZZ	0			
+	88364	26 IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	\$55.87	ZZZ	0			
+	88364	TC IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	\$172.17	ZZZ	0			
88365		IN SITU HYBRIDIZATION 1ST PROBE STAIN	\$210.17	XXX	0	5672	Q1	\$284.80
88365	26	IN SITU HYBRIDIZATION 1ST PROBE STAIN	\$70.69	XXX	0			
88365	TC	IN SITU HYBRIDIZATION 1ST PROBE STAIN	\$139.48	XXX	0			
88366		IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	\$464.63	XXX	0	5672	Q1	\$284.80
88366	26	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	\$101.48	XXX	0			
88366	TC	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	\$363.15	XXX	0			
88367		M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	\$302.29	XXX	0	5673	Q2	\$599.34
88367	26	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	\$102.43	XXX	0			
88367	TC	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	\$199.86	XXX	0			
88368		M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	\$274.61	XXX	0	5673	Q2	\$599.34
88368	26	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	\$111.42	XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Laboratory and Pathology

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
88368	TC	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	\$163.19	XXX	0			
+	88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	\$194.63	ZZZ	0			
+	88369	26 M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	\$53.56	ZZZ	0			
+	88369	TC M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	\$141.07	ZZZ	0			
88371		PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	\$40.72	XXX	9			
88371	26	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	\$24.45	XXX	0			
88371	TC	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	\$16.27					
88372		PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	\$44.91	XXX	9			
88372	26	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	\$25.27	XXX	0			
88372	TC	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	\$19.64					
+	88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	\$115.73	ZZZ	0			
+	88373	26 M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	\$41.62	ZZZ	0			
+	88373	TC M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	\$74.11	ZZZ	0			
88374		M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	\$492.00	XXX	0	5672	Q1	\$284.80
88374	26	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	\$69.55	XXX	0			
88374	TC	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	\$422.45	XXX	0			
88375		OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	\$79.81	XXX	0			
88377		M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	\$676.14	XXX	0	5672	Q1	\$284.80
88377	26	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	\$105.47	XXX	0			
88377	TC	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	\$570.67	XXX	0			
88380		MICRODISSECTION PREP IDENTIFIED TARGET LASER	\$212.65	XXX	0			
88380	26	MICRODISSECTION PREP IDENTIFIED TARGET LASER	\$86.66	XXX	0			
88380	TC	MICRODISSECTION PREP IDENTIFIED TARGET LASER	\$125.99	XXX	0			
88381		MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	\$296.58	XXX	0			
88381	26	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	\$48.60	XXX	0			
88381	TC	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	\$247.98	XXX	0			
88387		MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	\$56.44	XXX	0			
88387	26	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	\$43.90	XXX	0			
88387	TC	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	\$12.54	XXX	0			
+	88388	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	\$48.87	XXX	0			
+	88388	26 MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	\$38.77	XXX	0			
+	88388	TC MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	\$10.10	XXX	0			
88399		UNLISTED SURGICAL PATHOLOGY PROCEDURE		BR XXX	0	5671	Q1	\$90.35
88399	26	UNLISTED SURGICAL PATHOLOGY PROCEDURE		BR XXX	0			
88399	TC	UNLISTED SURGICAL PATHOLOGY PROCEDURE		BR XXX	0			
88720		BILIRUBIN TOTAL TRANSCUTANEOUS	\$8.35	XXX	9			
88738		HGB QUANTITATIVE TRANSCUTANEOUS	\$8.60	XXX	9			
88740		HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	\$15.21	XXX	9			
88741		HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	\$15.21	XXX	9			
88749		UNLISTED IN VIVO LABORTORY SERVICE		BR XXX	9			
89049		CAFFEINE HALOTHANE CONTRACTURE TEST	\$331.07	XXX	0	5672	Q1	\$284.80
89050		CELL COUNT MISCELLANEOUS BODY FLUIDS	\$12.71	XXX	9			
89051		CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	\$16.94	XXX	9			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
89055		LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	\$9.44	XXX	9			
89060		CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	\$29.64	XXX	9			
89060	26	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	\$29.64	XXX	0			
89060	TC	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	\$0.00					
89125		FAT STAIN FECES URINE/RESPIR SECRETIONS	\$18.35	XXX	9			
89160		MEAT FIBERS FECES	\$8.47	XXX	9			
89190		NASAL SMEAR EOSINOPHILS	\$12.71	XXX	9			
89220		SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	\$22.03	XXX	0	5672	Q1	\$284.80
89230		SWEAT COLLECTION IONTOPHORESIS	\$4.03	XXX	0	5671	Q1	\$90.35
89240		UNLISTED MISCELLANEOUS PATHOLOGY TEST		BR XXX	0	5671	Q1	\$90.35
89250		CUL OOCYTE/EMBRYO <4 DAYS	\$2248.06	XXX	9	5672	Q1	\$284.80
89251		CUL OOCYTE/EMBRYO < 4 D CO-CULT OOCYTE/EMBRYO	\$2265.34	XXX	9	5672	Q2	\$284.80
89253		ASSTD EMBRYO HATCHING MICROTQS ANY METH	\$1028.06	XXX	9	5672	Q1	\$284.80
89254		OOCYTE ID FROM FOLLICULAR FLU	\$1028.06	XXX	9	5672	Q1	\$284.80
89255		PREPJ EMBRYO TR	\$642.30	XXX	9	5671	Q1	\$90.35
89257		SPRM ID FROM ASPIR OTH/THN SEMINAL	\$674.61	XXX	9	5671	Q1	\$90.35
89258		CRYOPRSRV EMBRYO	\$1349.23	XXX	9	5674	Q2	\$1433.76
89259		CRYOPRSRV SPRM	\$337.62	XXX	9	5672	Q1	\$284.80
89260		SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	\$263.52	XXX	9	5671	Q1	\$90.35
89261		SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	\$353.45	XXX	9	5671	Q1	\$90.35
89264		SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	\$903.61	XXX	9	5671	Q1	\$90.35
89268		INSEMINATION OOCYTES	\$1138.49	XXX	9	5672	Q1	\$284.80
89272		EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	\$1798.95	XXX	9	5674	Q2	\$1433.76
89280		ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	\$2569.84	XXX	9	5674	Q2	\$1433.76
89281		ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	\$2684.03	XXX	9	5672	Q1	\$284.80
89290		BX OOCYTE POLR BDY/EMBRY BLST MICROTQ <= 5 EMBRY	\$2754.86	XXX	9	5672	Q1	\$284.80
89291		BX OOCYTE MICROTQ >5 EMBRY	\$3212.15	XXX	9	5672	Q1	\$284.80
89300		SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	\$29.64	XXX	9			
89310		SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	\$25.43	XXX	9			
89320		SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	\$29.67	XXX	9			
89321		SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	\$35.30	XXX	9			
89322		SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	\$26.55	XXX	9			
89325		SPERM ANTIBODIES	\$25.43	XXX	9			
89329		SPERM EVALUATION HAMSTER PENETRATION TEST	\$88.87	XXX	9			
89330		SPERM EVALUATION CERVICAL MUCOUS PENETRATION	\$25.43	XXX	9			
89331		SPERM EVALUATION RETROGRADE EJACULATION URINE	\$33.55	XXX	9			
89335		CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	\$385.13	XXX	9	5671	Q1	\$90.35
89337		CRYOPRESERVATION MATURE OOCYTE(S)	\$2010.53	XXX	9	5672	Q1	\$284.80
89342		STORAGE PER YEAR EMBRYO	\$609.99	XXX	9	5672	Q1	\$284.80
89343		STORAGE PER YEAR SPERM/SEMEN	\$205.87	XXX	9	5672	Q1	\$284.80
89344		STORAGE PER YR REPRDVE TISS TSTICULAR/OVARIAN	\$449.75	XXX	9	5672	Q1	\$284.80
89346		STORAGE PER YEAR OOCYTE	\$336.99	XXX	9	5672	Q2	\$284.80
89352		THAWING CRYOPRESERVED EMBRYO	\$770.89	XXX	9	5672	Q1	\$284.80

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Laboratory and Pathology**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
89353		THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	\$134.93	XXX	9	5671	Q1	\$90.35
89354		THAWING CRYOPRESERVED TESTICULAR/OVARIAN	\$344.36	XXX	9	5672	Q1	\$284.80
89356		THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	\$674.61	XXX	9	5672	Q1	\$284.80
89398		UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE		BR XXX	9	5671	Q1	\$90.35
G0480		DRUG TEST DEF 1-7 CLASSES	\$190.41	XXX	9			
G0481		DRUG TEST DEF 8-14 CLASSES	\$260.57	XXX	9			
G0482		DRUG TEST DEF 15-21 CLASSES	\$330.70	XXX	9			
G0483		DRUG TEST DEF 22+ CLASSES	\$410.87	XXX	9			
G0659		DRUG TEST DEF SIMPLE ALL CL	\$103.40	XXX	9			

**This page was intentionally left blank.**

## MEDICINE GROUND RULES

### General Information and Instructions

1. **GENERAL:** The MAR in this section applies only when these services are performed by or under the responsible and direct supervision of a physician unless otherwise stated.
2. **SEPARATE PROCEDURES:** Certain of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate charge. When such a procedure is carried out as a separate entity not immediately related to other services, the indicated allowable for "Separate Procedure" is applicable.
3. **PRORATION OF MAR:** When the Schedule lists a MAR for a procedure or service and period of after care, and the patient is transferred from one physician to another, the employer or insurance carrier is responsible for the amount stated in the schedule. The treating physicians shall agree upon the amount of proration and shall render separate bills accordingly.
4. **PROCEDURE CODES:** The five-digit CPT code is used to represent the service and can be billed in multiple ways:
  - a. **NO MODIFIER:** The MAR is based on the total (global) service including the professional service and the technical component of providing that service.
  - b. **MODIFIER 26:** The MAR is based on the professional component which includes examination of the patient, performance and/or supervision of the procedure, interpretation and written report concerning the examination and consultation with referring physicians. It does not include the cost of personnel, materials, space, equipment or other facilities.
5. **MODIFIER TC:** indicates that only the technical component is included on the bill. The technical component includes the charges for personnel, materials, space, equipment and other facility overhead normally included in providing the service.
6. **IMMUNE GLOBULIN AND VACCINES/TOXOIDS:** CPT 90281-90399 identify the immune globulin product only and must be reported in addition to the administration codes 96365-96368, 96372, 96374, 96375, as appropriate. Report vaccine immunization administration codes 90460, 90461, and 90471-90474 in addition to the vaccine and toxoid code(s) 90476-90749. COVID vaccinations and administration are not covered services.
7. **MISCELLANEOUS:** Listings and MARs for other diagnostic therapeutics, evaluation and management, surgical, anesthetic, x-ray and laboratory procedures may be found within the sections entitled "Evaluation and Management", "Surgery", "Anesthesia", "Radiology" and "Pathology".

When reporting services in which the code description and MAR is based on time, information concerning the amount of time spent must be indicated.
8. **PSYCHOLOGICAL SERVICES:** Psychological treatment services by a physician or licensed psychologist (PsyD, PhD, EdD) shall be reimbursed at one hundred percent (100%) of the fee schedule MAR for psychological/psychiatric services. Other non-physician providers performing psychological treatment services within the scope of their state licensure shall be reimbursed at eighty-five percent (85%) of the fee schedule allowance for behavioral health/psychological/psychiatric services.



**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
90281		IMMUNE GLOBULIN IG HUMAN IM USE	\$67.97	XXX	9			
90283		IMMUNE GLOBULIN IGIV HUMAN IV USE	\$52.38	XXX	9			
90284		IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	\$18.15	XXX	9			
90287		BOTULINUM ANTITOXIN EQUINE ANY ROUTE	\$11.14	XXX	9			
90288		BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	BR	XXX	9			
90291		CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	\$1431.04	XXX	9			
90296		DIPHThERIA ANTITOXIN EQUINE ANY ROUTE	BR	XXX	9			
90371		HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	\$203.73	XXX	9	1630	K	\$241.31
90375		RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	\$390.01	XXX	9	9133	K	\$507.47
90376		RABIES IG HEAT-TREATED HUMAN IM/SUBQ	\$382.27	XXX	9	9134	K	\$839.51
90377		RABIES IG HEAT&SOLVENT/DETERGENT HUMAN IM&/SUBQ	\$360.49	XXX	9	9201	K	\$448.54
90378		RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	\$1427.54	XXX	9	9003	K	\$594.44
90380		RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	BR	XXX	9			
90381		RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	BR	XXX	9			
90384		RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	\$119.38	XXX	9			
90385		RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	\$39.97	XXX	9			
90386		RHO(D) IMMUNE GLOBULIN HUMAN IV	\$23.06	XXX	9			
90389		TETANUS IMMUNE GLOBULIN TIG HUMAN IM	\$386.10	XXX	9			
90393		VACCINIA IMMUNE GLOBULIN HUMAN IM	\$25.74	XXX	9			
90396		VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	\$185.24	XXX	9	9135	K	\$3947.91
90399		UNLISTED IMMUNE GLOBULIN	BR	XXX	9			
90460		IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	\$34.01	XXX	0			
+	90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	\$15.74	ZZZ	0			
	90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$25.48	XXX	0	5692	Q1	\$117.46
+	90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	\$15.60	ZZZ	0			
	90473	IM ADM INTRANSL/ORAL 1 VACCINE	\$25.48	XXX	0	5692	Q1	\$117.46
+	90474	IM ADM INTRANSL/ORAL EA VACCINE	\$18.53	ZZZ	0			
	90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	\$36.04	XXX	9	9499	K	\$80.50
	90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	\$19.76	XXX	9			
	90480	IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	\$38.61	XXX	9	9398	S	\$72.66
	90581	ANTHRAX VACCINE SUBCUTANEOUS/IM USE	\$176.42	XXX	9			
	90584	DENGUE VACC QUAD LIVE 2 DOSE SCHEDULE SUBQ USE	BR	XXX	9			
	90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	\$152.10	XXX	9			
	90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	\$212.64	XXX	9			
	90587	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	BR	XXX	9			
	90589	CHIKUNGUNYA VIRUS VACCINE LIVE FOR IM USE	BR	XXX	9			
	90611	SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	\$20.59	XXX	9	9068	K	
	90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	\$115.32	XXX	9			
	90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	\$139.88	XXX	9			
	90621	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	\$122.72	XXX	9			
	90622	VACCINIA VIRUS VACC LIVE 0.3 ML DOS FOR PERQ USE	\$18.02	XXX	9	9101	K	
	90623	MENIGCCAL PNTVLNT MENACWY TT MENB FHBP VACC IM	BR	XXX	9			
	90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	\$172.11	XXX	9			

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
90626		TICK-BORNE ENCEPH VACC INACTIVATED 0.25ML IM USE	\$253.28	XXX	9			
90627		TICK-BORNE ENCEPH VACC INACTIVATED 0.5ML IM USE	\$214.67	XXX	9			
90630		INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	\$23.91	XXX	9			
90632		HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	\$97.27	XXX	9			
90633		HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	\$37.17	XXX	9			
90634		HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	\$47.32	XXX	9			
90636		HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	\$116.39	XXX	9			
90644		HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	\$37.18	XXX	9			
90647		HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	\$31.92	XXX	9			
90648		HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	\$31.39	XXX	9			
90649		4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	\$169.08	XXX	9			
90650		2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	\$167.10	XXX	9			
90651		9VHPV VACC 2/3 DOSE SCHED IM USE	\$168.47	XXX	9			
90653		IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	\$63.15	XXX	9			
90654		INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	\$19.66	XXX	9			
90655		IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	\$17.90	XXX	9			
90656		IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	\$20.59	XXX	9			
90657		IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	\$18.02	XXX	9			
90658		IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	\$17.28	XXX	9			
90660		LAIV3 VACCINE LIVE FOR INTRANASAL USE	\$30.89	XXX	9			
90661		CCIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	\$20.00	XXX	9			
90662		IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	\$61.08	XXX	9			
90664		LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	\$37.44	XXX	9			
90666		INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	\$19.76	XXX	9			
90667		IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	\$32.76	XXX	9			
90668		IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	\$22.31	XXX	9			
90670		PCV13 VACCINE FOR INTRAMUSCULAR USE	\$300.39	XXX	9			
90671		PCV15 VACCINE FOR INTRAMUSCULAR USE	\$369.92	XXX	9			
90672		LAIV4 VACCINE FOR INTRANASAL USE	\$40.38	XXX	9			
90673		RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	\$28.08	XXX	9			
90674		CCIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	\$44.57	XXX	9			
90675		RABIES VACCINE INTRAMUSCULAR	\$440.30	XXX	9	9139	K	\$568.30
90676		RABIES VACCINE INTRADERMAL	\$137.97	XXX	9	9140	K	\$488.51
90677		PCV20 VACCINE FOR INTRAMUSCULAR USE	\$397.77	XXX	9			
90678		RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE		BR XXX	9			
90679		RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE		BR XXX	9			
90680		RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	\$90.23	XXX	9			
90681		RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	\$102.59	XXX	9			
90682		RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	\$88.77	XXX	9			
90683		RSV VACCINE MRNA LIPID NANOPARTICLES FOR IM USE		BR XXX	9			
90685		IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	\$26.39	XXX	9			
90686		IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	\$30.16	XXX	9			
90687		IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	\$14.91	XXX	9			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Medicine

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
90688		IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	\$28.27	XXX	9			
90689		IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	\$25.17	XXX	9			
90690		TYPHOID VACCINE LIVE ORAL	\$70.28	XXX	9			
90691		TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	\$97.33	XXX	9			
90694		AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	\$99.80	XXX	9			
90696		DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	\$58.76	XXX	9			
90697		DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	\$33.28	XXX	9			
90698		DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	\$99.84	XXX	9			
90700		DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	\$24.21	XXX	9			
90702		DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	\$13.44	XXX	9			
90707		MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	\$29.60	XXX	9			
90710		MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	\$32.30	XXX	9	9011	K	\$232.21
90713		POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	\$10.77	XXX	9			
90714		TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	\$35.10	XXX	9			
90715		TDAP VACCINE 7 YRS/> IM	\$59.24	XXX	9			
90716		VAR VACCINE LIVE FOR SUBCUTANEOUS USE	\$40.36	XXX	9			
90717		YELLOW FEVER VACCINE LIVE SUBQ	\$16.14	XXX	9			
90723		DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	\$91.07	XXX	9			
90732		PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	\$21.53	XXX	9			
90733		MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	\$27.17	XXX	9			
90734		MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	\$133.37	XXX	9			
90736		ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	\$199.97	XXX	9			
90738		JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	\$253.32	XXX	9			
90739		HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	\$207.77	XXX	9			
90740		HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	\$211.49	XXX	9			
90743		HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	\$48.87	XXX	9			
90744		HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	\$36.06	XXX	9			
90746		HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	\$105.74	XXX	9			
90747		HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	\$52.20	XXX	9			
90748		HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	\$56.26	XXX	9			
90749		UNLISTED VACCINE/TOXOID	BR	XXX	9			
90750		HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	\$111.54	XXX	9			
90756		CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	\$42.25	XXX	9			
90758		ZAIRE EBOLAVIRUS VACCINE LIVE FOR IM USE	BR	XXX	9			
90759		HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	\$114.16	XXX	9			
★ +	90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	\$22.36	ZZZ	9			
★	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$230.51	XXX	9	5823	Q3	\$265.84
★	90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	\$255.09	XXX	9	5823	Q3	\$265.84
★	90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	\$112.67	XXX	9	5823	Q3	\$265.84
★ +	90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	\$107.12	ZZZ	9			
★	90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$149.86	XXX	9	5823	Q3	\$265.84
★ +	90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	\$135.19	ZZZ	9			
★	90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$224.21	XXX	9	5823	Q3	\$265.84

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
★	+	90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	\$177.83		ZZZ	9				
★		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	\$216.83		XXX	0	5823	Q3		\$265.84
★	+	90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	\$108.15		ZZZ	0				
★		90845	PSYCHOANALYSIS	\$146.11		XXX	0	5823	Q3		\$265.84
★		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	\$139.88		XXX	0	5823	Q3		\$265.84
★		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	\$152.87		XXX	0	5823	Q3		\$265.84
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	\$49.40		XXX	0	5823	Q3		\$265.84
★		90853	GROUP PSYCHOTHERAPY	\$41.07		XXX	0	5822	Q3		\$148.63
	+	90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	\$38.61		XXX	9				
		90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES	\$249.68		XXX	0	5823	Q3		\$265.84
		90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	\$360.86		000	1	5722	S		\$523.36
		90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	\$277.66		000	1	5722	S		\$523.36
		90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	\$444.06		000	1	5722	S		\$523.36
		90870	ELECTROCONVULSIVE THERAPY	\$227.71		000	0	5723	S		\$893.69
★		90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	\$75.75		XXX	9				
		90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	\$151.49		XXX	9				
		90880	HYPNOTHERAPY	\$158.56		XXX	0	5822	Q3		\$148.63
		90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	\$2.51		XXX	9				
		90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	\$71.96		XXX	9				
		90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	\$3.36		XXX	9				
		90889	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	\$2.67		XXX	9				
		90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE		BR	XXX	0	5821	Q3		\$47.85
★		90901	BIOFEEDBACK TRAINING ANY MODALITY	\$56.85		000	0				
		90912	BFB TRAIING W/EMG &MANOMETRY 1ST 15 MIN CNTCT	\$124.28		000	0				
	+	90913	BFB TRAIING W/EMG&MANOMETRY EA ADDL 15 MIN CNTCT	\$48.87		ZZZ	0				
		90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	\$108.11		000	0	5401	S		\$1165.17
		90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	\$180.99		000	0				
		90940	HEMODIALYSIS ACCESS FLOW STUDY	\$29.36		XXX	9				
		90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	\$130.52		000	0	5024	V		\$738.50
		90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	\$186.36		000	0				
★		90951	ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	\$1457.56		XXX	0				
★		90952	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS		BR	XXX	0				
★		90953	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	\$65.99		XXX	0				
★		90954	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	\$1200.77		XXX	0				
★		90955	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	\$678.66		XXX	0				
★		90956	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	\$459.67		XXX	0				
★		90957	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	\$962.26		XXX	0				
★		90958	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	\$648.70		XXX	0				
★		90959	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	\$425.80		XXX	0				
★		90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	\$424.99		XXX	0				
★		90961	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	\$343.50		XXX	0				
★		90962	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	\$248.72		XXX	0				
★		90963	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	\$824.02		XXX	0				

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
★	90964		ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	\$689.24		XXX	0				
★	90965		ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	\$655.50		XXX	0				
★	90966		ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	\$340.05		XXX	0				
★	90967		ESRD RELATED SVC <FULL MONTH <2 YR OLD	\$31.10		XXX	0				
★	90968		ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	\$26.25		XXX	0				
★	90969		ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	\$24.78		XXX	0				
★	90970		ESRD RELATED SVC <FULL MONTH 20/>YR OLD	\$14.41		XXX	0				
	90989		DIALYSIS TRAINING PATIENT COMPLETED COURSE	\$460.74		XXX	9				
	90993		DIALYSIS TRAINING PATIENT PER TRAINING SESSION	\$78.62		XXX	9				
	90997		HEMOPERFUSION	\$361.98		000	0				
	90999		UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT		BR	XXX	0				
	91010		ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	\$326.02		000	0	5723	S		\$893.69
	91010	26	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	\$97.81		000	0				
	91010	TC	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	\$228.21		000	0				
+	91013		ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	\$39.12		ZZZ	0				
+	91013	26	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	\$13.90		ZZZ	0				
+	91013	TC	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	\$25.22		ZZZ	0				
	91020		GASTRIC MOTILITY MANOMETRIC STUDIES	\$318.96		000	0	5723	S		\$893.69
	91020	26	GASTRIC MOTILITY MANOMETRIC STUDIES	\$109.65		000	0				
	91020	TC	GASTRIC MOTILITY MANOMETRIC STUDIES	\$209.31		000	0				
	91022		DUODENAL MOTILITY MANOMETRIC STUDY	\$268.21		000	0	5723	S		\$893.69
	91022	26	DUODENAL MOTILITY MANOMETRIC STUDY	\$109.65		000	0				
	91022	TC	DUODENAL MOTILITY MANOMETRIC STUDY	\$158.56		000	0				
	91030		ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	\$189.56		000	0	5723	S		\$893.69
	91030	26	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	\$69.50		000	0				
	91030	TC	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	\$120.06		000	0				
	91034		GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	\$295.50		000	0	5723	S		\$893.69
	91034	26	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	\$75.16		000	0				
	91034	TC	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	\$220.34		000	0				
	91035		GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD	\$702.19		000	0	5723	S		\$893.69
	91035	26	GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD	\$123.04		000	0				
	91035	TC	GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD	\$579.15		000	0				
	91037		GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	\$260.49		000	0	5722	S		\$523.36
	91037	26	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	\$73.62		000	0				
	91037	TC	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	\$186.87		000	0				
	91038		ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	\$405.31		000	0	5723	S		\$893.69
	91038	26	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	\$83.91		000	0				
	91038	TC	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	\$321.40		000	0				
	91040		ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	\$781.81		000	0	5723	S		\$893.69
	91040	26	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	\$74.65		000	0				
	91040	TC	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	\$707.16		000	0				
	91065		BREATH HYDROGEN/METHANE TEST	\$114.29		000	0	5721	S		\$260.45
	91065	26	BREATH HYDROGEN/METHANE TEST	\$14.93		000	0				

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
91065	TC	BREATH HYDROGEN/METHANE TEST	\$99.36	000	0			
91110		GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	\$1127.41	XXX	0	5301	T	\$1511.46
91110	26	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	\$169.88	XXX	0			
91110	TC	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	\$957.53	XXX	0			
91111		GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	\$1021.94	XXX	0	5301	T	\$1511.46
91111	26	GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	\$68.47	XXX	0			
91111	TC	GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	\$953.47	XXX	0			
91112		GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	\$2344.50	XXX	0	5301	T	\$1511.46
91112	26	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	\$159.59	XXX	0			
91112	TC	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	\$2184.91	XXX	0			
91113		GI TRACT IMAGING INTRALUMINAL COLON I&R	\$1380.18	XXX	0	5311	T	\$1523.92
91113	26	GI TRACT IMAGING INTRALUMINAL COLON I&R	\$183.27	XXX	0			
91113	TC	GI TRACT IMAGING INTRALUMINAL COLON I&R	\$1196.91	XXX	0			
91117		COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	\$206.95	000	0	5722	T	\$523.36
91120		RECTAL SESATION TONE & COMPLIANCE TEST	\$771.36	XXX	0	5722	S	\$523.36
91120	26	RECTAL SESATION TONE & COMPLIANCE TEST	\$73.10	XXX	0			
91120	TC	RECTAL SESATION TONE & COMPLIANCE TEST	\$698.26	XXX	0			
91122		ANORECTAL MANOMETRY	\$362.99	000	0	5722	T	\$523.36
91122	26	ANORECTAL MANOMETRY	\$132.82	000	0			
91122	TC	ANORECTAL MANOMETRY	\$230.17	000	0			
91132		ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	\$428.90	XXX	0	5722	S	\$523.36
91132	26	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	\$39.64	XXX	0			
91132	TC	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	\$389.26	XXX	0			
91133		ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	\$328.38	XXX	0	5734	Q1	\$212.99
91133	26	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	\$49.94	XXX	0			
91133	TC	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	\$278.44	XXX	0			
91200		LIVER ELASTOGRAPHY W/O IMAG W/I&R	\$47.36	XXX	0	5721	Q1	\$260.45
91200	26	LIVER ELASTOGRAPHY W/O IMAG W/I&R	\$15.96	XXX	0			
91200	TC	LIVER ELASTOGRAPHY W/O IMAG W/I&R	\$31.40	XXX	0			
91299		UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	XXX	0	5721	S	\$260.45
91299	26	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	XXX	0			
91299	TC	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	XXX	0			
91304		SARSCOV2 VACC SAPONIN-BSD ADJT 5MCG/0.5ML IM USE	\$229.20	XXX	9			
91318		SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	\$101.37	XXX	9			
91319		SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE IM USE	\$135.75	XXX	9			
91320		SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	\$202.75	XXX	9			
91321		SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	\$225.67	XXX	9			
91322		SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	\$225.67	XXX	9			
★	92002	OPH SCVS MEDICAL XM&EVAL INTERMEDIATE NEW PT	\$100.18	XXX	0	5012	V	\$220.41
★	92004	OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	\$186.58	XXX	0	5012	V	\$220.41
★	92012	OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	\$109.81	XXX	0	5012	V	\$220.41
★	92014	OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	\$159.67	XXX	0	5012	V	\$220.41
	92015	DETERMINATION REFRACTIVE STATE	\$29.34	XXX	9			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
92018		COMPL OPH XM&EVAL GENERAL ANES WWO MNPJ GLOBE	\$200.26	XXX	0	5503	J1	\$3830.89
92019		LMTD OPH XM&EVAL GENERAL ANES WWO MNPJ GLOBE	\$108.15	XXX	0	5503	J1	\$3830.89
92020		GONIOSCOPY SEPARATE PROCEDURE	\$42.21	XXX	0	5734	Q1	\$212.99
92025		COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	\$48.07	XXX	0	5733	Q1	\$101.99
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	\$26.06	XXX	0			
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	\$22.01	XXX	0			
92060		SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	\$78.53	XXX	0	5733	Q1	\$101.99
92060	26	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	\$54.27	XXX	0			
92060	TC	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	\$24.26	XXX	0			
92065		ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	\$61.26	XXX	0			
92065	26	ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	\$23.57					
92065	TC	ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	\$37.69					
92066		ORTHOPTIC TRAINING UNDER SUPERVISION OF PHYS/QHP	\$40.67	XXX	0	5733	Q1	\$101.99
92071		FIT CONTACT LENS TX OCULAR SURFACE DISEASE	\$55.60	XXX	0			
92072		FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	\$192.02	XXX	0			
92081		LIMITED VISUAL FIELD XM UNI/BI I&R	\$51.48	XXX	0	5733	Q1	\$101.99
92081	26	LIMITED VISUAL FIELD XM UNI/BI I&R	\$25.02	XXX	0			
92081	TC	LIMITED VISUAL FIELD XM UNI/BI I&R	\$26.46	XXX	0			
92082		INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	\$72.59	XXX	0	5733	Q1	\$101.99
92082	26	INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	\$33.34	XXX	0			
92082	TC	INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	\$39.25	XXX	0			
92083		EXTENDED VISUAL FIELD XM UNI/BI I&R	\$96.38	XXX	0	5734	Q1	\$212.99
92083	26	EXTENDED VISUAL FIELD XM UNI/BI I&R	\$45.25	XXX	0			
92083	TC	EXTENDED VISUAL FIELD XM UNI/BI I&R	\$51.13	XXX	0			
92100		SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	\$121.55	XXX	0			
92132		CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI	\$47.84	XXX	0	5733	Q1	\$101.99
92132	26	CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI	\$24.71	XXX	0			
92132	TC	CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI	\$23.13	XXX	0			
92133		COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	\$56.11	XXX	0	5733	Q1	\$101.99
92133	26	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	\$32.43	XXX	0			
92133	TC	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	\$23.68	XXX	0			
92134		COMPUTERIZED OPHTHALMIC IMAGING RETINA	\$61.88	XXX	0	5733	Q1	\$101.99
92134	26	COMPUTERIZED OPHTHALMIC IMAGING RETINA	\$37.58	XXX	0			
92134	TC	COMPUTERIZED OPHTHALMIC IMAGING RETINA	\$24.30	XXX	0			
92136		OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	\$83.69	XXX	0	5734	Q1	\$212.99
92136	26	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	\$45.76	XXX	0			
92136	TC	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	\$37.93	XXX	0			
92145		CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	\$19.66	XXX	0	5733	Q1	\$101.99
92145	26	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	\$8.42	XXX	0			
92145	TC	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	\$11.24	XXX	0			
92201		OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	\$37.43	XXX	0	5733	Q1	\$101.99
92202		OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	\$23.68	XXX	0	5733	Q1	\$101.99
92227		IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	\$20.80	XXX	0	5733	Q1	\$101.99

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
92228		IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	\$45.82	XXX	0	5732	Q1	\$66.87
92228	26	IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	\$25.23	XXX	0			
92228	TC	IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	\$20.59	XXX	0			
92229		IMG RETINA DETCJ/MNTR DS POC AUTON A/R UNI/BI	\$63.32	XXX	0	5733	S	\$101.99
92230		FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	\$124.70	XXX	0	5723	Q1	\$893.69
92235		FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	\$174.59	XXX	0	5722	S	\$523.36
92235	26	FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	\$63.84	XXX	0			
92235	TC	FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	\$110.75	XXX	0			
92240		INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	\$290.35	XXX	0	5722	S	\$523.36
92240	26	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	\$71.04	XXX	0			
92240	TC	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	\$219.31	XXX	0			
92242		FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	\$383.74	XXX	0	5722	S	\$523.36
92242	26	FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	\$81.85	XXX	0			
92242	TC	FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	\$301.89	XXX	0			
92250		FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	\$79.26	XXX	0	5734	Q1	\$212.99
92250	26	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	\$48.56	XXX	0			
92250	TC	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	\$30.70	XXX	0			
92260		OPHTHALMODYNAMOMETRY	\$41.27	XXX	0	5732	Q1	\$66.87
92265		NDL OCULO ELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	\$131.55	XXX	0	5733	Q1	\$101.99
92265	26	NDL OCULO ELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	\$68.98	XXX	0			
92265	TC	NDL OCULO ELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	\$62.57	XXX	0			
92270		ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	\$156.16	XXX	0	5734	Q1	\$212.99
92270	26	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	\$63.84	XXX	0			
92270	TC	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	\$92.32	XXX	0			
92273		FULL FIELD ELECTRORETINOGRAPHY W/I&R	\$193.95	XXX	0	5722	S	\$523.36
92273	26	FULL FIELD ELECTRORETINOGRAPHY W/I&R	\$54.57	XXX	0			
92273	TC	FULL FIELD ELECTRORETINOGRAPHY W/I&R	\$139.38	XXX	0			
92274		MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	\$132.59	XXX	0	5721	S	\$260.45
92274	26	MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	\$48.87	XXX	0			
92274	TC	MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	\$83.72	XXX	0			
92283		COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	\$82.68	XXX	0	5733	Q1	\$101.99
92283	26	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	\$12.87	XXX	0			
92283	TC	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	\$69.81	XXX	0			
92284		DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	\$72.32	XXX	0	5735	Q1	\$664.35
92284	26	DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	\$25.79					
92284	TC	DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	\$46.53					
92285		XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	\$36.04	XXX	0	5732	Q1	\$66.87
92285	26	XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	\$9.68	XXX	0			
92285	TC	XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	\$26.36	XXX	0			
92286		ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	\$119.48	XXX	0	5734	Q1	\$212.99
92286	26	ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	\$36.47	XXX	0			
92286	TC	ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	\$83.01	XXX	0			
92287		ANT SGM IMAGING W/I&R W/FLUOROSCEIN ANGRPH	\$166.86	XXX	0	5734	Q1	\$212.99

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



### Medicine

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
92287	26	ANT SGM IMAGING W/I&R W/FLUOROSCEIN ANGRPH	\$56.16	XXX	0			
92287	TC	ANT SGM IMAGING W/I&R W/FLUOROSCEIN ANGRPH	\$110.70	XXX	0			
92310		RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	\$153.93	XXX	9			
92311		RX&FITG CONTACT LENS CORNEAL LENS APHAKIA 1 EYE	\$159.07	XXX	0	5735	Q1	\$664.35
92312		RX&FITG CONTACT LENS CORNEAL LENS APHAKIA OU	\$188.75	XXX	0	5734	Q1	\$212.99
92313		RX&FITG CONTACT LENS CORNEOSCLERAL LENS	\$151.35	XXX	0	5734	Q1	\$212.99
92314		RX&FITG C-LENS TECH CRNL LENS OU XCPT APHAKIA	\$120.07	XXX	9			
92315		RX&FITG C-LENS TECH CRNL LENS APHAKIA 1 EYE	\$126.13	XXX	0	5734	Q1	\$212.99
92316		RX&FITG C-LENS TECH CRNL LENS APHAKIA BOTH EYES	\$155.98	XXX	0	5734	Q1	\$212.99
92317		RX&FITG CONTACT LENS TECH CORNEOSCLERAL LENS	\$132.70	XXX	0	5732	Q1	\$66.87
92325		MODIFICAJ CONTACT LENS SPX SUPVJ ADAPTATION	\$56.39	XXX	0	5734	Q1	\$212.99
92326		REPLACEMENT OF CONTACT LENS	\$60.31	XXX	0	5733	Q1	\$101.99
92340		FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	\$42.99	XXX	9			
92341		FITTING SPECTACLES XCPT APHAKIA BIFOCAL	\$51.58	XXX	9			
92342		FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	\$53.32	XXX	9			
92352		FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	\$49.82	XXX	9	5733	Q1	\$101.99
92353		FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	\$53.32	XXX	9	5733	Q1	\$101.99
92354		FITTING SPECTACLE MNTD LOW VISION AID 1ELMNT SYS	\$28.25	XXX	9	5732	Q1	\$66.87
92355		FITTING SPECTACLE MNTD LOW VISION AID CMPND LENS	\$33.46	XXX	9	5732	Q1	\$66.87
92358		PROSTHESIS SERVICE APHAKIA TEMPORARY	\$54.15	XXX	9	5733	Q1	\$101.99
92370		REPAIR&REFITTING SPECTACLES EXCEPT FOR APHAKIA	\$41.53	XXX	9			
92371		REPAIR&REFITTING SPECTACLE PROSTH FOR APHAKIA	\$21.91	XXX	9	5733	Q1	\$101.99
92499		UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	XXX	0	5731	Q1	\$49.65
92499	26	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	XXX	0			
92499	TC	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	XXX	0			
92502		OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	\$144.40	000	0	5162	T	\$917.40
92504		BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	\$44.72	XXX	0			
★		92507 TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	\$114.38	XXX	0			
★		92508 TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	\$36.40	XXX	0			
92511		NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	\$181.21	000	0	5151	T	\$330.28
92512		NASAL FUNCTION STUDIES	\$89.55	XXX	0	5722	S	\$523.36
92516		FACIAL NERVE FUNCTION STUDIES	\$85.50	XXX	0	5722	S	\$523.36
92517		CERVICAL VEMP TESTING W/I&R	\$105.04	XXX	0	5721	S	\$260.45
92518		OCULAR VEMP TESTING W/I&R	\$98.79	XXX	0	5721	S	\$260.45
92519		CERVICAL & OCULAR VEMP TESTING W/I&R	\$163.27	XXX	0	5722	S	\$523.36
92520		LARYNGEAL FUNCTION STUDIES	\$121.28	XXX	0	5734	Q1	\$212.99
★		92521 EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	\$183.60	XXX	0			
★		92522 EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	\$149.86	XXX	0			
★		92523 EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	\$314.59	XXX	0			
★		92524 BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	\$146.42	XXX	0			
★		92526 TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	\$125.03	XXX	0			
92531		SPONTANEOUS NYSTAGMUS W/GAZE	\$22.36	XXX	9			
92532		POSITIONAL NYSTAGMUS TEST	\$27.61	XXX	9			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
92533		CALORIC VESTIBULAR TEST EACH IRRIGATION	\$23.55	XXX	9			
92534		OPTOKINETIC NYSTAGMUS TEST	\$11.76	XXX	9			
92537		CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	\$61.26	XXX	0	5721	S	\$260.45
92537	26	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	\$46.85	XXX	0			
92537	TC	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	\$14.41	XXX	0			
92538		CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	\$34.49	XXX	0	5721	S	\$260.45
92538	26	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	\$24.20	XXX	0			
92538	TC	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	\$10.29	XXX	0			
92540		VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	\$164.74	XXX	0	5721	S	\$260.45
92540	26	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	\$116.86	XXX	0			
92540	TC	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	\$47.88	XXX	0			
92541		SPONTANEOUS NYSTAGMUS TEST	\$53.66	XXX	0	5734	Q1	\$212.99
92541	26	SPONTANEOUS NYSTAGMUS TEST	\$31.71	XXX	0			
92541	TC	SPONTANEOUS NYSTAGMUS TEST	\$21.95	XXX	0			
92542		POSITIONAL NYSTAGMUS TEST	\$62.48	XXX	0	5734	Q1	\$212.99
92542	26	POSITIONAL NYSTAGMUS TEST	\$37.51	XXX	0			
92542	TC	POSITIONAL NYSTAGMUS TEST	\$24.97	XXX	0			
92544		OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	\$37.33	XXX	0	5721	S	\$260.45
92544	26	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	\$21.62	XXX	0			
92544	TC	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	\$15.71	XXX	0			
92545		OSCILLATING TRACKING TEST W/RECORDING	\$37.61	XXX	0	5722	S	\$523.36
92545	26	OSCILLATING TRACKING TEST W/RECORDING	\$19.33	XXX	0			
92545	TC	OSCILLATING TRACKING TEST W/RECORDING	\$18.28	XXX	0			
92546		SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$150.13	XXX	0	5721	S	\$260.45
92546	26	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$31.14	XXX	0			
92546	TC	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$118.99	XXX	0			
+	92547	USE VERTICAL ELECTRODES	\$16.12	ZZZ	0			
92548		CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	\$114.35	XXX	0	5734	Q1	\$212.99
92548	26	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	\$50.97	XXX	0			
92548	TC	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	\$63.38	XXX	0			
92549		CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	\$97.76	XXX	0	5734	Q1	\$212.99
92549	26	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	\$67.60	XXX	0			
92549	TC	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	\$30.16	XXX	0			
★	92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$33.46	XXX	0	5721	Q1	\$260.45
92551		SCREENING TEST PURE TONE AIR ONLY	\$21.79	XXX	9			
★	92552	PURE TONE AUDIOMETRY AIR ONLY	\$39.79	XXX	0	5734	Q1	\$212.99
★	92553	PURE TONE AUDIOMETRY AIR & BONE	\$56.85	XXX	0	5721	Q1	\$260.45
★	92555	SPEECH AUDIOMETRY THRESHOLD	\$28.42	XXX	0	5733	Q1	\$101.99
★	92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	\$52.26	XXX	0	5733	Q1	\$101.99
★	92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	\$56.50	XXX	0	5721	Q1	\$260.45
92558		EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	\$14.41	XXX	9			
92562		LOUDNESS BALANCE BINAURAL/MONAURAL	\$42.36	XXX	0	5722	Q1	\$523.36
★	92563	TONE DECAY TEST	\$33.24	XXX	0	5732	Q1	\$66.87

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
★	92565		STENGER TEST PURE TONE	\$20.94	XXX	0	5733	Q1		\$101.99	
★	92567		TYMPANOMETRY	\$25.23	XXX	0	5732	Q1		\$66.87	
★	92568		ACOUSTIC REFLEX THRESHOLD	\$23.17	XXX	0	5732	Q1		\$66.87	
★	92570		ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	\$49.42	XXX	0	5721	Q1		\$260.45	
	92571		FILTERED SPEECH TEST	\$26.85	XXX	0	5732	Q1		\$66.87	
	92572		STAGGERED SPONDAIC WORD	\$42.36	XXX	0	5721	Q1		\$260.45	
	92575		SENSORINEURAL ACUITY LEVEL	\$66.13	XXX	0	5732	Q1		\$66.87	
	92576		SYNTHETIC SENTENCE IDENTIFICATION TEST	\$35.52	XXX	0	5732	Q1		\$66.87	
	92577		STENGER TEST SPEECH	\$26.22	XXX	0	5723	Q1		\$893.69	
	92579		VISUAL REINFORCEMENT AUDIOMETRY	\$67.95	XXX	0	5721	Q1		\$260.45	
	92582		CONDITIONING PLAY AUDIOMETRY	\$68.86	XXX	0	5721	Q1		\$260.45	
	92583		SELECT PICTURE AUDIOMETRY	\$46.43	XXX	0	5733	Q1		\$101.99	
	92584		ELECTROCOCHLEOGRAPHY	\$118.97	XXX	0	5721	S		\$260.45	
★	92587		DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	\$62.58	XXX	0	5722	S		\$523.36	
★	92587	26	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	\$27.26	XXX	0					
★	92587	TC	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	\$35.32	XXX	0					
★	92588		DISTR PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	\$91.20	XXX	0	5722	S		\$523.36	
★	92588	26	DISTR PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	\$43.24	XXX	0					
★	92588	TC	DISTR PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	\$47.96	XXX	0					
	92590		HEARING AID EXAMINATION & SELECTION MONAURAL	\$76.19	XXX	9					
	92591		HEARING AID EXAMINATION & SELECTION BINAURAL	\$102.74	XXX	9					
	92592		HEARING AID CHECK MONAURAL	\$30.89	XXX	9					
	92593		HEARING AID CHECK BINAURAL	\$41.18	XXX	9					
	92594		ELECTROACOUS EVAL HEARING AID MONAURAL	\$33.28	XXX	9					
	92595		ELECTROACOUS EVAL HEARING AID BINAURAL	\$55.64	XXX	9					
	92596		EAR PROTECTOR ATTENUATION MEASUREMENTS	\$66.17	XXX	0	5732	Q1		\$66.87	
	92597		EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	\$111.71	XXX	0					
★	92601		ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	\$215.73	XXX	0	5721	S		\$260.45	
★	92602		ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	\$136.26	XXX	0	5721	S		\$260.45	
★	92603		ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	\$195.62	XXX	0	5721	S		\$260.45	
★	92604		ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	\$115.53	XXX	0	5721	S		\$260.45	
	92605		EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	\$139.51	XXX	9					
	92606		THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	\$120.98	XXX	9					
★	92607		RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	\$190.31	XXX	0					
★ +	92608		RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	\$72.38	ZZZ	0					
★	92609		THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	\$159.59	XXX	0					
★	92610		EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	\$131.03	XXX	0					
	92611		MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	\$140.91	XXX	0					
	92612		FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	\$216.12	XXX	0					
	92613		FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R	\$55.60	XXX	0					
	92614		FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	\$200.00	XXX	0					
	92615		FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R	\$49.92	XXX	0					
	92616		FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	\$280.48	XXX	0					

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	92617		FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CV I&R	\$62.29	XXX	0			
+	92618		EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	\$48.91	ZZZ	9			
	92620		EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	\$115.56	XXX	0	5721	Q1	\$260.45
+	92621		EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	\$26.73	ZZZ	0			
	92622		DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	\$122.01	XXX	0	5721	S	\$260.45
+	92623		DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	\$31.40	ZZZ	0			
★	92625		ASSESSMENT TINNITUS	\$86.94	XXX	0	5721	Q1	\$260.45
★	92626		EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	\$114.59	XXX	0	5721	Q1	\$260.45
★ +	92627		EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	\$28.35	ZZZ	0			
	92630		AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	\$89.58	XXX	9			
	92633		AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	\$60.84	XXX	9			
	92640		ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	\$134.64	XXX	0	5721	S	\$260.45
	92650		AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	\$41.70	XXX	0			
	92651		AEP HEARING STATUS DETER BROADBAND STIMULI I&R	\$127.67	XXX	0	5722	S	\$523.36
	92652		AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	\$172.97	XXX	0	5722	S	\$523.36
	92653		AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	\$128.19	XXX	0	5722	S	\$523.36
	92700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX		BR XXX	0	5731	Q1	\$49.65
	92920		PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	\$795.37	000	0	5192	J1	\$6768.37
+	92921		PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	\$344.40	ZZZ	9			
	92924		PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	\$948.78	000	0	5193	J1	\$11686.43
+	92925		PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH	\$389.36	ZZZ	9			
	92928		PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	\$884.94	000	0	5193	J1	\$11686.43
+	92929		PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	\$435.52	ZZZ	9			
	92933		PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	\$992.53	000	0	5194	J1	\$14873.27
+	92934		PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	\$418.53	ZZZ	9			
	92937		PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	\$884.94	000	0	5193	J1	\$11686.43
+	92938		PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	\$372.35	ZZZ	9			
	92941		PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	\$993.56	000	0			
	92943		PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	\$993.56	000	0	5193	J1	\$11686.43
+	92944		PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	\$517.63	ZZZ	9			
	92950		CARDIOPULMONARY RESUSCITATION	\$436.35	000	0	5722	S	\$523.36
	92953		TEMPORARY TRANSCUTANEOUS PACING	\$284.52	000	0	5781	Q3	\$1085.18
	92960		CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	\$266.64	000	0	5781	S	\$1085.18
	92961		CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	\$368.60	000	9	5781	S	\$1085.18
	92970		CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	\$283.65	000	0			
	92971		CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	\$150.84	000	0			
+	92972		PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	\$220.33	ZZZ	1			
+	92973		PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	\$265.12	ZZZ	0			
+	92974		TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	\$253.48	ZZZ	0			
	92975		THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	\$565.25	000	0			
	92977		THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	\$429.35	XXX	0	5694	T	\$564.69
+	92978		ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	\$456.02	ZZZ	0			
+	92978	26	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	\$319.99	ZZZ	0			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	92978	TC	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	\$136.03	ZZZ	0			
+	92979		ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	\$245.04	ZZZ	0			
+	92979	26	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	\$159.98	ZZZ	0			
+	92979	TC	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	\$85.06	ZZZ	0			
	92986		PRQ BALLOON VALVULOPLASTY AORTIC VALVE	\$2495.74	090	0	5192	J1	\$6768.37
	92987		PRQ BALLOON VALVULOPLASTY MITRAL VALVE	\$2067.95	090	0	5193	J1	\$11686.43
	92990		PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	\$2089.44	090	0	5193	J1	\$11686.43
	92997		PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	\$1081.14	000	0	5193	J1	\$11686.43
+	92998		PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	\$478.76	ZZZ	0			
	93000		ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$35.18	XXX	0			
	93005		ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	\$18.04	XXX	0	5733	Q1	\$101.99
	93010		ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	\$20.30	XXX	0			
	93015		CV STRS TST XERS&/OR RX CONT ECG W/SI&R	\$166.87	XXX	0			
	93016		CV STRS TST XERS&/OR RX CONT ECG W/O I&R	\$39.47	XXX	0			
	93017		CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	\$85.69	XXX	0	5722	Q1	\$523.36
	93018		CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	\$31.12	XXX	0			
	93024		ERGONOVINE PROVOCATION TST	\$167.43	XXX	0	5735	Q1	\$664.35
	93024	26	ERGONOVINE PROVOCATION TST	\$82.88	XXX	0			
	93024	TC	ERGONOVINE PROVOCATION TST	\$84.55	XXX	0			
	93025		MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	\$302.27	XXX	0	5721	S	\$260.45
	93025	26	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	\$56.11	XXX	0			
	93025	TC	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	\$246.16	XXX	0			
	93040		RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	\$22.56	XXX	0			
	93041		RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	\$13.53	XXX	0	5733	Q1	\$101.99
	93042		RHYTHM ECG 1-3 LEADS INTERPRETATION & REPT ON	\$18.04	XXX	0			
	93050		ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	\$24.44	XXX	0	5731	Q1	\$49.65
	93050	26	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	\$12.36	XXX	0			
	93050	TC	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	\$12.08	XXX	0			
	93150		THER ACTIVATION IMPL PHRENIC NRV STIMULATOR SYS	\$153.93	XXX	0	5742	S	\$161.40
	93151		INTERROG&PRGRMG IMPL PHRENIC NRV STIMULATOR SYS	\$134.36	XXX	0	5742	S	\$161.40
	93152		INTERROG&PRGRMG IPNSS DURING POLYSOMNOGRAPHY	\$242.99	XXX	0	5743	S	\$498.03
	93153		INTERROGATION WITHOUT PROGRAMMING IPNSS	\$79.79	XXX	0	5742	S	\$161.40
	93224		XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	\$180.41	XXX	0			
	93225		XTRNL ECG & 48 HR RECORDING	\$69.90	XXX	0	5734	Q1	\$212.99
	93226		EXTERNAL ECG SCANNING ANALYSIS REPORT	\$58.12	XXX	0	5733	Q1	\$101.99
	93227		XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	\$76.67	XXX	0			
	93228		XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	\$38.10	XXX	0			
	93229		XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	\$1134.21	XXX	0	5722	S	\$523.36
	93241		EXTERNAL ECG REC>48HR<7D SCAN ALYS REPORT R&I	\$374.37	XXX	0			
	93242		EXTERNAL ECG REC>48HR<7D RECORDING	\$18.53	XXX	0	5732	Q1	\$66.87
	93243		EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	\$451.81	XXX	0	5734	Q1	\$212.99
	93244		EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	\$35.01	XXX	0			
	93245		EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R&I	\$388.42	XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
93246		EXTERNAL ECG REC>7D<15D RECORDING	\$18.53	XXX	0	5732	Q1	\$66.87
93247		EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	\$451.81	XXX	0	5734	Q1	\$212.99
93248		EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	\$38.61	XXX	0			
93260		PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	\$116.34	XXX	0	5741	Q1	\$62.88
93260	26	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	\$62.29	XXX	0			
93260	TC	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	\$54.05	XXX	0			
93261		INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	\$106.95	XXX	0	5741	Q1	\$62.88
93261	26	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	\$53.54	XXX	0			
93261	TC	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	\$53.41	XXX	0			
93264		REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	\$75.91	XXX	0			
93268		XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	\$270.27	XXX	0			
93270		XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	\$37.20	XXX	0	5741	Q1	\$62.88
93271		XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	\$220.85	XXX	0	5742	S	\$161.40
93272		XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	\$36.55	XXX	0			
93278		SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	\$86.88	XXX	0	5733	Q1	\$101.99
93278	26	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	\$27.09	XXX	0			
93278	TC	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	\$59.79	XXX	0			
93279		PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	\$80.74	XXX	0	5741	Q1	\$62.88
93279	26	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	\$46.85	XXX	0			
93279	TC	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	\$33.89	XXX	0			
93280		PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	\$95.61	XXX	0	5741	Q1	\$62.88
93280	26	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	\$55.60	XXX	0			
93280	TC	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	\$40.01	XXX	0			
93281		PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	\$111.79	XXX	0	5741	Q1	\$62.88
93281	26	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	\$62.29	XXX	0			
93281	TC	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	\$49.50	XXX	0			
93282		PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	\$103.41	XXX	0	5741	Q1	\$62.88
93282	26	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	\$61.78	XXX	0			
93282	TC	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	\$41.63	XXX	0			
93283		PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	\$126.05	XXX	0	5741	Q1	\$62.88
93283	26	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	\$83.91	XXX	0			
93283	TC	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	\$42.14	XXX	0			
93284		PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	\$147.85	XXX	0	5741	Q1	\$62.88
93284	26	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	\$91.12	XXX	0			
93284	TC	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	\$56.73	XXX	0			
93285		PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	\$69.33	XXX	0	5741	Q1	\$62.88
93285	26	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	\$38.10	XXX	0			
93285	TC	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	\$31.23	XXX	0			
93286		PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	\$39.29	XXX	0			
93286	26	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	\$22.14	XXX	0			
93286	TC	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	\$17.15	XXX	0			
93287		PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	\$52.22	XXX	0			
93287	26	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	\$32.43	XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
93287	TC	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	\$19.79	XXX	0			
93288		INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	\$61.83	XXX	0	5741	Q1	\$62.88
93288	26	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	\$30.89	XXX	0			
93288	TC	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	\$30.94	XXX	0			
93289		INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	\$96.21	XXX	0	5741	Q1	\$62.88
93289	26	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	\$54.57	XXX	0			
93289	TC	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	\$41.64	XXX	0			
93290		INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	\$46.54	XXX	0	5741	Q1	\$62.88
93290	26	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	\$31.40	XXX	0			
93290	TC	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	\$15.14	XXX	0			
93291		INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	\$59.39	XXX	0	5731	Q1	\$49.65
93291	26	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	\$26.77	XXX	0			
93291	TC	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	\$32.62	XXX	0			
93292		INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	\$54.00	XXX	0	5741	Q1	\$62.88
93292	26	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	\$31.40	XXX	0			
93292	TC	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	\$22.60	XXX	0			
93293		TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	\$67.95	XXX	0	5741	Q1	\$62.88
93293	26	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	\$21.62	XXX	0			
93293	TC	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	\$46.33	XXX	0			
93294		REM INTERROG PM/LDLS PM <90 D PHYS/QHP	\$44.79	XXX	0			
93295		INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	\$55.60	XXX	0			
93296		REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	\$32.95	XXX	0	5741	Q1	\$62.88
93297		REM INTERROG ICPMS <30 D PHYS/QHP	\$39.00	XXX	0			
93298		REM INTERROG SCRMS <30 D PHYS/QHP	\$40.04	XXX	0			
93303		COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	\$338.74	XXX	0	5524	S	\$919.85
93303	26	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	\$92.66	XXX	0			
93303	TC	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	\$246.08	XXX	0			
93304		F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	\$239.90	XXX	0	5524	S	\$919.85
93304	26	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	\$58.64	XXX	0			
93304	TC	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	\$181.26	XXX	0			
93306		ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	\$303.22	XXX	0	5524	S	\$919.85
93306	26	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	\$103.99	XXX	0			
93306	TC	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	\$199.23	XXX	0			
93307		ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	\$269.69	XXX	0	5523	S	\$408.57
93307	26	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	\$90.20	XXX	0			
93307	TC	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	\$179.49	XXX	0			
93308		ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	\$152.38	XXX	0	5523	S	\$408.57
93308	26	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	\$58.64	XXX	0			
93308	TC	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	\$93.74	XXX	0			
93312		ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	\$363.45	XXX	0	5524	S	\$919.85
93312	26	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	\$160.10	XXX	0			
93312	TC	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	\$203.35	XXX	0			
93313		ECHO R-T 2D W/PROBE PLACEMENT ONLY	\$76.67	XXX	0	5524	S	\$919.85

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
93314		ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	\$348.52	XXX	0			
93314	26	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	\$119.52	XXX	0			
93314	TC	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	\$229.00	XXX	0			
93315		ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	\$422.14	XXX	0	5524	S	\$919.85
93315	26	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	\$196.80	XXX	0			
93315	TC	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	\$225.34	XXX	0			
93316		ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	\$79.54	XXX	0	5524	S	\$919.85
93317		ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	\$377.86	XXX	0			
93317	26	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	\$132.30	XXX	0			
93317	TC	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	\$245.56	XXX	0			
93318		ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	\$407.18	XXX	0	5524	S	\$919.85
93318	26	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	\$154.72	XXX	0			
93318	TC	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	\$252.46	XXX	0			
+	93319	3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL	\$85.46	ZZZ	0			
+	93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	\$127.89	ZZZ	0			
+	93320	26 DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	\$47.35	ZZZ	0			
+	93320	TC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	\$80.54	ZZZ	0			
+	93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	\$73.27	ZZZ	0			
+	93321	26 DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	\$18.04	ZZZ	0			
+	93321	TC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	\$55.23	ZZZ	0			
+	93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	\$143.48	ZZZ	0			
+	93325	26 DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	\$73.06	ZZZ	0			
+	93325	TC DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	\$70.42	ZZZ	0			
93350		ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	\$330.25	XXX	0	5524	S	\$919.85
93350	26	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	\$166.87	XXX	0			
93350	TC	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	\$163.38	XXX	0			
93351		ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	\$356.99	XXX	9	5524	S	\$919.85
93351	26	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	\$124.58	XXX	9			
93351	TC	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	\$232.41	XXX	9			
+	93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	\$51.48	ZZZ	0			
93355		ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	\$338.74	XXX	0			
+	93356	MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	\$57.14	ZZZ	0			
93451		RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	\$1312.74	000	0	5191	J1	\$4772.58
93451	26	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	\$196.14	000	0			
93451	TC	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	\$1116.60	000	0			
93452		L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	\$1365.25	000	0	5191	J1	\$4772.58
93452	26	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	\$354.70	000	0			
93452	TC	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	\$1010.55	000	0			
93453		R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	\$1742.08	000	0	5191	J1	\$4772.58
93453	26	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	\$473.62	000	0			
93453	TC	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	\$1268.46	000	0			
93454		CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	\$1376.58	000	0	5191	J1	\$4772.58
93454	26	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	\$358.30	000	0			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
93454	TC	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	\$1018.28	000	0			
93455		CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	\$1533.59	000	0	5191	J1	\$4772.58
93455	26	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	\$417.50	000	0			
93455	TC	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	\$1116.09	000	0			
93456		CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	\$1712.74	000	0	5191	J1	\$4772.58
93456	26	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	\$466.92	000	0			
93456	TC	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	\$1245.82	000	0			
93457		CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	\$1866.66	000	0	5191	J1	\$4772.58
93457	26	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	\$524.07	000	0			
93457	TC	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	\$1342.59	000	0			
93458		CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	\$1583.52	000	0	5191	J1	\$4772.58
93458	26	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	\$442.21	000	0			
93458	TC	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	\$1141.31	000	0			
93459		CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	\$1703.47	000	0	5191	J1	\$4772.58
93459	26	CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	\$500.90	000	0			
93459	TC	CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	\$1202.57	000	0			
93460		R & L HRT CATH WINJX HRT ART& L VENTR IMG	\$1889.83	000	0	5191	J1	\$4772.58
93460	26	R & L HRT CATH WINJX HRT ART& L VENTR IMG	\$560.10	000	0			
93460	TC	R & L HRT CATH WINJX HRT ART& L VENTR IMG	\$1329.73	000	0			
93461		R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	\$2084.94	000	0	5191	J1	\$4772.58
93461	26	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	\$619.30	000	0			
93461	TC	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	\$1465.64	000	0			
+	93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	\$311.97	ZZZ	0			
+	93463	MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT	\$147.23	ZZZ	0			
+	93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	\$336.16	ZZZ	0			
+	93464	26	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	\$133.33	ZZZ	0		
+	93464	TC	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	\$202.83	ZZZ	0		
	93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	\$241.50	000	0	5182	J1	\$2217.48
	93505	ENDOMYOCARDIAL BIOPSY	\$984.30	000	0	5183	J1	\$4418.17
	93505	26	ENDOMYOCARDIAL BIOPSY	\$341.31	000	0		
	93505	TC	ENDOMYOCARDIAL BIOPSY	\$642.99	000	0		
+	93563	NJX DRG CGEN C-CATHJ SLCTV CORONARY ANGRPH S&I	\$77.73	ZZZ	0			
+	93564	NJX DRG CGEN C-CATHJ SLCTV OPACIFICATION S&I	\$83.40	ZZZ	0			
+	93565	NJX DRG C-CATHJ SLCTV L VNTRC/R ATRIAL ANGRPHS&I	\$57.86	ZZZ	0			
+	93566	NJX DRG C-CATHJ SLCTV R VNTRC/R ATRIAL ANGRPHS&I	\$169.81	ZZZ	0			
+	93567	NJX DRG C-CATHJ SUPRAVALVULAR AORTOGRAPHY S&I	\$140.70	ZZZ	0			
+	93568	NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY	\$156.56	ZZZ	0			
+	93569	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY UNI	\$57.14	ZZZ	0			
+	93571	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	\$308.88	ZZZ	0			
+	93571	26	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	\$108.11	ZZZ	0		
+	93571	TC	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	\$200.77	ZZZ	0		
+	93572	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	\$235.75	ZZZ	0			
+	93572	26	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	\$78.76	ZZZ	0		

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	93572	TC	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	\$156.99	ZZZ	0			
+	93573		NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY BI	\$94.72	ZZZ	0			
+	93574		NJX DRG C-CATHJ SLCTV PULM VEN ANGIOGRAPHY	\$105.53	ZZZ	0			
+	93575		NJX DRG C-CATHJ SLCTV PULM ANGRPH MAPCA CHD EA	\$140.03	ZZZ	0			
	93580		PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	\$1468.21	000	0	5194	J1	\$14873.27
	93581		PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	\$1991.13	000	0	5194	J1	\$14873.27
	93582		PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	\$994.59	000	0	5194	J1	\$14873.27
	93583		PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	\$1116.09	000	0			
+	93584		VENOGRAPHY CHD ANOMALOUS/PERSISTENT SVC NT DRG	\$89.06	ZZZ	0			
+	93585		VENOGRAPHY CHD AZYGOS/HEMIAZYGOS VENOUS SYSTEM	\$83.91	ZZZ	0			
+	93586		VENOGRAPHY CHD CORONARY SINUS	\$106.05	ZZZ	0			
+	93587		VENOGRAPHY CHD VENOVENOUS COLTRL AT/ABOVE HRT	\$156.50	ZZZ	0			
+	93588		VENOGRAPHY CHD VENOVENOUS COLLATERAL BELOW HEART	\$158.04	ZZZ	0			
	93590		PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	\$1609.26	000	2	5194	J1	\$14873.27
	93591		PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	\$1323.04	000	0	5194	J1	\$14873.27
+	93592		PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	\$579.66	ZZZ	2			
	93593		R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	BR	000	0	5191	J1	\$4772.58
	93593	26	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	BR	000	0			
	93593	TC	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	BR	000	0			
	93594		R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	\$714.03	000	0	5191	J1	\$4772.58
	93594	26	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	\$430.89	000	0			
	93594	TC	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	\$283.14	000	0			
	93595		L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	BR	000	0	5191	J1	\$4772.58
	93595	26	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	BR	000	0			
	93595	TC	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	BR	000	0			
	93596		R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	\$779.41	000	0	5191	J1	\$4772.58
	93596	26	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	\$485.97	000	0			
	93596	TC	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	\$293.44	000	0			
	93597		R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	\$1039.38	000	0	5191	J1	\$4772.58
	93597	26	R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	\$634.75	000	0			
	93597	TC	R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	\$404.63	000	0			
+	93598		CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	BR	ZZZ	0			
+	93598	26	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	BR	ZZZ	0			
+	93598	TC	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	BR	ZZZ	0			
⊖	93600		BUNDLE OF HIS RECORDING	\$350.68	000	0	5212	J1	\$7333.18
⊖	93600	26	BUNDLE OF HIS RECORDING	\$174.00	000	0			
⊖	93600	TC	BUNDLE OF HIS RECORDING	\$176.68	000	0			
⊖	93602		INTRA-ATRIAL RECORDING	\$241.83	000	0	5212	J1	\$7333.18
⊖	93602	26	INTRA-ATRIAL RECORDING	\$170.91	000	0			
⊖	93602	TC	INTRA-ATRIAL RECORDING	\$70.92	000	0			
⊖	93603		RIGHT VENTRICULAR RECORDING	\$296.25	000	0	5211	J1	\$1899.08
⊖	93603	26	RIGHT VENTRICULAR RECORDING	\$170.91	000	0			
⊖	93603	TC	RIGHT VENTRICULAR RECORDING	\$125.34	000	0			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Medicine

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	93609		INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	\$784.37	ZZZ	0			
+	93609	26	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	\$408.24	ZZZ	0			
+	93609	TC	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	\$376.13	ZZZ	0			
⊖	93610		INTRA-ATRIAL PACING	\$323.46	000	0	5212	J1	\$7333.18
⊖	93610	26	INTRA-ATRIAL PACING	\$241.44	000	0			
⊖	93610	TC	INTRA-ATRIAL PACING	\$82.02	000	0			
⊖	93612		INTRAVENTRICULAR PACING	\$350.68	000	0	5212	J1	\$7333.18
⊖	93612	26	INTRAVENTRICULAR PACING	\$237.84	000	0			
⊖	93612	TC	INTRAVENTRICULAR PACING	\$112.84	000	0			
+	93613		INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	\$659.56	ZZZ	0			
⊖	93615		ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	\$119.55	000	0	5211	J1	\$1899.08
⊖	93615	26	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	\$57.12	000	0			
⊖	93615	TC	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	\$62.43	000	0			
⊖	93616		ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	\$276.43	000	0	5211	J1	\$1899.08
⊖	93616	26	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	\$124.70	000	0			
⊖	93616	TC	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	\$151.73	000	0			
⊖	93618		INDUCTION ARRHYTHMIA ELECTRICAL PACING	\$674.78	000	0	5211	J1	\$1899.08
⊖	93618	26	INDUCTION ARRHYTHMIA ELECTRICAL PACING	\$322.78	000	0			
⊖	93618	TC	INDUCTION ARRHYTHMIA ELECTRICAL PACING	\$352.00	000	0			
	93619		COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	\$1208.07	000	0	5212	J1	\$7333.18
	93619	26	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	\$799.94	000	0			
	93619	TC	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	\$408.13	000	0			
	93620		COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	\$1562.44	000	0	5212	J1	\$7333.18
	93620	26	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	\$1001.73	000	0			
	93620	TC	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	\$560.71	000	0			
+	93621		COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	\$2082.00	ZZZ	0			
+	93621	26	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	\$1442.17	ZZZ	0			
+	93621	TC	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	\$639.83	ZZZ	0			
+	93622		COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	\$2082.00	ZZZ	0			
+	93622	26	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	\$1442.17	ZZZ	0			
+	93622	TC	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	\$639.83	ZZZ	0			
+	93623		PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	\$533.62	ZZZ	0			
+	93623	26	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	\$501.62	ZZZ	0			
+	93623	TC	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	\$32.00	ZZZ	0			
	93624		ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	\$481.05	000	0	5212	J1	\$7333.18
	93624	26	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	\$426.64	000	0			
	93624	TC	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	\$54.41	000	0			
	93631		INTRAOP EPICAR& ENDOCAR PACG& MAPG	\$1258.69	000	0			
	93631	26	INTRAOP EPICAR& ENDOCAR PACG& MAPG	\$689.75	000	0			
	93631	TC	INTRAOP EPICAR& ENDOCAR PACG& MAPG	\$568.94	000	0			
	93640		EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	\$754.23	000	0			
	93640	26	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	\$373.29	000	0			
	93640	TC	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	\$380.94	000	0			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine  
 CPT copyright 2023 American Medical Association. All rights reserved.  
 Applicable FARS/DFARS restrictions apply to government use.

### Medicine

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
93641		EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	\$965.91	000	0				
93641	26	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	\$666.61	000	0				
93641	TC	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	\$299.30	000	0				
93642		EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	\$809.19	000	0	5211	J1	\$1899.08	
93642	26	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	\$439.70	000	0				
93642	TC	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	\$369.49	000	0				
93644		EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	\$292.92	000	0				
93644	26	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	\$214.67	000	0				
93644	TC	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	\$78.25	000	0				
93650		ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	\$1247.84	000	0	5212	J1	\$7333.18	
93653		COMPRES EP EVAL ABLTJ 3D MAPG TX SVT	\$1257.14	000	0	5213	J1	\$20616.33	
93654		COMPRES EP EVAL ABLTJ 3D MAPG TX VT	\$1514.54	000	0	5213	J1	\$20616.33	
+	93655	ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	\$474.40	ZZZ	0				
	93656	COMPRES EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	\$1425.48	000	0	5213	J1	\$20616.33	
+	93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	\$474.01	ZZZ	0				
	93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	\$339.94	000	0	5723	S	\$893.69	
	93660	26 CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	\$155.19	000	0				
	93660	TC CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	\$184.75	000	0				
+	93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	\$363.36	ZZZ	0				
+	93662	26 INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	\$175.57	ZZZ	0				
+	93662	TC INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	\$187.79	ZZZ	0				
	93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	\$0.32	XXX	0	5733	S	\$101.99	
	93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	\$45.01	XXX	0	5734	Q1	\$212.99	
	93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	\$188.93	XXX	0	5721	S	\$260.45	
	93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	\$546.86	000	0	5743	S	\$498.03	
	93724	26 ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	\$362.11	000	0				
	93724	TC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	\$184.75	000	0				
	93740	TEMPRATURE GRADIENT STUDY	\$69.76	XXX	9	5721	Q1	\$260.45	
	93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	\$73.28	XXX	0	5743	S	\$498.03	
	93745	26 1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	\$21.98	XXX	0				
	93745	TC 1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	\$51.30	XXX	0				
★	93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	\$76.96	XXX	0	5742	S	\$161.40	
	93770	DERMINATION OF VENOUS PRESSUE	\$21.49	XXX	9				
	93784	AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R	\$165.53	XXX	0				
	93786	AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	\$56.91	XXX	0	5734	Q1	\$212.99	
	93788	AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	\$51.72	XXX	0	5734	Q1	\$212.99	
	93790	AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R	\$62.08	XXX	0				
	93792	PT/CAREGIVER TRAIING FOR INITIATION HOME INR MNTR	\$97.76	XXX	0				
	93793	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	\$17.16	XXX	0				
★	93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	\$41.37	000	0	5771	S	\$220.33	
★	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	\$41.37	000	0	5771	S	\$220.33	
	93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE		BR	XXX	0	5721	S	\$260.45
	93799	26 UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE		BR	XXX	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
93799	TC	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE		BR	XXX	0				
93880		DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	\$293.44		XXX	0	5523	S		\$408.57
93880	26	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	\$57.13		XXX	0				
93880	TC	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	\$236.31		XXX	0				
93882		DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	\$192.54		XXX	0	5522	S		\$183.31
93882	26	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	\$36.90		XXX	0				
93882	TC	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	\$155.64		XXX	0				
93886		TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	\$367.07		XXX	0	5523	S		\$408.57
93886	26	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	\$70.01		XXX	0				
93886	TC	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	\$297.06		XXX	0				
93888		TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	\$246.59		XXX	0	5522	S		\$183.31
93888	26	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	\$37.58		XXX	0				
93888	TC	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	\$209.01		XXX	0				
93890		TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	\$398.29		XXX	0	5523	Q1		\$408.57
93890	26	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	\$76.44		XXX	0				
93890	TC	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	\$321.85		XXX	0				
93892		TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	\$423.91		XXX	0	5522	Q1		\$183.31
93892	26	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	\$89.58		XXX	0				
93892	TC	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	\$334.33		XXX	0				
93893		TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	\$415.86		XXX	0	5522	Q1		\$183.31
93893	26	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	\$90.60		XXX	0				
93893	TC	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	\$325.26		XXX	0				
93895		CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	\$217.76		XXX	0				
93895	26	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI		BR	XXX	0				
93895	TC	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	\$218.76		XXX	0				
93922		NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	\$127.16		XXX	0	5734	Q1		\$212.99
93922	26	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	\$18.02		XXX	0				
93922	TC	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	\$109.14		XXX	0				
93923		NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	\$201.29		XXX	0	5721	S		\$260.45
93923	26	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	\$32.95		XXX	0				
93923	TC	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	\$168.34		XXX	0				
93924		N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	\$247.10		XXX	0	5721	S		\$260.45
93924	26	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	\$36.04		XXX	0				
93924	TC	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	\$211.06		XXX	0				
93925		DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	\$360.61		XXX	0	5523	S		\$408.57
93925	26	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	\$57.14		XXX	0				
93925	TC	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	\$303.47		XXX	0				
93926		DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	\$219.64		XXX	0	5522	S		\$183.31
93926	26	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	\$35.01		XXX	0				
93926	TC	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	\$184.63		XXX	0				
93930		DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	\$305.79		XXX	0	5523	S		\$408.57
93930	26	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	\$57.66		XXX	0				
93930	TC	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	\$248.13		XXX	0				

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR	
93931		DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	\$190.99	XXX	0	5522	S	\$183.31	
93931	26	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	\$29.28	XXX	0				
93931	TC	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	\$161.71	XXX	0				
93970		DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	\$288.80	XXX	0	5523	S	\$408.57	
93970	26	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	\$49.94	XXX	0				
93970	TC	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	\$238.86	XXX	0				
93971		DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	\$183.78	XXX	0	5522	S	\$183.31	
93971	26	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	\$31.92	XXX	0				
93971	TC	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	\$151.86	XXX	0				
93975		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	\$408.24	XXX	0	5523	S	\$408.57	
93975	26	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	\$84.20	XXX	0				
93975	TC	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	\$324.04	XXX	0				
93976		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	\$245.04	XXX	0	5522	S	\$183.31	
93976	26	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	\$57.66	XXX	0				
93976	TC	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	\$187.38	XXX	0				
93978		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	\$278.51	XXX	0	5523	S	\$408.57	
93978	26	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	\$57.66	XXX	0				
93978	TC	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	\$220.85	XXX	0				
93979		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	\$182.24	XXX	0	5522	Q1	\$183.31	
93979	26	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	\$35.88	XXX	0				
93979	TC	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	\$146.36	XXX	0				
93980		DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	\$202.27	XXX	0	5522	S	\$183.31	
93980	26	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	\$90.60	XXX	0				
93980	TC	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	\$111.67	XXX	0				
93981		DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	\$143.92	XXX	0	5522	S	\$183.31	
93981	26	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	\$42.79	XXX	0				
93981	TC	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	\$101.13	XXX	0				
93985		DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	\$382.50	XXX	0	5523	S	\$408.57	
93985	26	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	\$57.14	XXX	0				
93985	TC	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	\$325.36	XXX	0				
93986		DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	\$224.97	XXX	0	5522	S	\$183.31	
93986	26	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	\$35.52	XXX	0				
93986	TC	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	\$189.45	XXX	0				
93990		DUPLEX SCAN HEMODIALYSIS ACCESS	\$205.00	XXX	0	5522	Q1	\$183.31	
93990	26	DUPLEX SCAN HEMODIALYSIS ACCESS	\$29.28	XXX	0				
93990	TC	DUPLEX SCAN HEMODIALYSIS ACCESS	\$175.72	XXX	0				
93998		UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY		BR	XXX	0	5731	Q1	\$49.65
★	94002	VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	\$132.53	XXX	0	5801	Q3	\$1044.89	
★	94003	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	\$96.18	XXX	0	5801	Q3	\$1044.89	
★	94004	VENTILATION ASSIST & MGMT NURSING FAC PR DAY	\$70.21	XXX	0				
★	94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	\$138.31	XXX	9				
	94010	SPMTRY WVC EXPIRATORY FLO W/WO MXML VOL VNTJ	\$42.21	XXX	0	5721	Q1	\$260.45	
	94010	26	SPMTRY WVC EXPIRATORY FLO W/WO MXML VOL VNTJ	\$23.35	XXX	0			

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
94010	TC	SPMTRY W/WC EXPIRATORY FLO W/WO MXML VOL VNTJ	\$18.86	XXX	0			
94011		MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&2 Y	\$129.21	XXX	0	5721	Q1	\$260.45
94012		MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	\$211.07	XXX	0	5722	Q1	\$523.36
94013		MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	\$32.47	XXX	0	5723	S	\$893.69
94014		PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	\$73.18	XXX	0	5735	Q1	\$664.35
94015		PATIENT-INITIATED SPIROMETRIC RECORDING	\$47.54	XXX	0	5722	Q1	\$523.36
94016		PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	\$37.07	XXX	0			
94060		BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	\$77.80	XXX	0	5722	S	\$523.36
94060	26	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	\$19.94	XXX	0			
94060	TC	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	\$57.86	XXX	0			
94070		BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	\$140.69	XXX	0	5722	S	\$523.36
94070	26	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	\$35.43	XXX	0			
94070	TC	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	\$105.26	XXX	0			
94150		VITAL CAPACITY TOTAL SEPARATE PROCEDURE	\$17.68	XXX	9	5721	Q1	\$260.45
94150	26	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	\$5.66	XXX	9			
94150	TC	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	\$12.02	XXX	9			
94200		MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	\$26.07	XXX	0	5733	Q1	\$101.99
94200	26	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	\$15.52	XXX	0			
94200	TC	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	\$10.55	XXX	0			
94375		RESPIRATORY FLOW VOLUME LOOP	\$78.65	XXX	0	5722	Q1	\$523.36
94375	26	RESPIRATORY FLOW VOLUME LOOP	\$25.87	XXX	0			
94375	TC	RESPIRATORY FLOW VOLUME LOOP	\$52.78	XXX	0			
94450		BREATHING RESPONSE TO HYPOXIA	\$123.04	XXX	0	5721	Q1	\$260.45
94450	26	BREATHING RESPONSE TO HYPOXIA	\$93.13	XXX	0			
94450	TC	BREATHING RESPONSE TO HYPOXIA	\$29.91	XXX	0			
94452		HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	\$75.39	XXX	0	5734	Q1	\$212.99
94452	26	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	\$21.11	XXX	0			
94452	TC	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	\$54.28	XXX	0			
94453		HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	\$102.43	XXX	0	5734	Q1	\$212.99
94453	26	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	\$27.80	XXX	0			
94453	TC	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	\$74.63	XXX	0			
⊙ 94610		INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	\$84.24	XXX	0	5791	Q1	\$355.64
94617		XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	\$135.19	XXX	0	5734	Q1	\$212.99
94617	26	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	\$47.88	XXX	0			
94617	TC	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	\$87.31	XXX	0			
94618		PULMONARY STRESS TESTING	\$50.95	XXX	0	5734	Q1	\$212.99
94618	26	PULMONARY STRESS TESTING	\$33.46	XXX	0			
94618	TC	PULMONARY STRESS TESTING	\$17.49	XXX	0			
94619		XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	\$100.39	XXX	0	5733	Q1	\$101.99
94619	26	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	\$32.43	XXX	0			
94619	TC	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	\$67.96	XXX	0			
94621		CARDIOPULMONARY EXERCISE TESTING	\$238.15	XXX	0	5722	S	\$523.36
94621	26	CARDIOPULMONARY EXERCISE TESTING	\$102.45	XXX	0			

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	94621	TC	CARDIOPULMONARY EXERCISE TESTING	\$135.70	XXX	0			
★	94625		PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR	\$99.32	XXX	0	5733	S	\$101.99
★	94626		PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR	\$112.84	XXX	0	5733	S	\$101.99
	94640		PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	\$19.15	XXX	0	5791	Q1	\$355.64
	94642		PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	\$62.70	XXX	0	5791	Q1	\$355.64
	94644		CONTINUOUS INHALATION TREATMENT 1ST HR	\$53.80	XXX	0	5734	Q1	\$212.99
+	94645		CONTINUOUS INHALATION TREATMENT EA ADDL HR	\$18.06	XXX	0			
	94660		CPAP VENTILATION CPAP INITIATION&MGMT	\$99.87	XXX	0	5791	Q1	\$355.64
	94662		CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	\$97.00	XXX	0	5801	Q3	\$1044.89
★	94664		DEMO&EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	\$33.07	XXX	0	5791	Q1	\$355.64
	94667		MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&EVAL	\$34.84	XXX	0	5734	Q1	\$212.99
	94668		MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	\$39.31	XXX	0	5734	Q1	\$212.99
	94669		MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	\$31.92	XXX	0	5791	Q1	\$355.64
	94680		O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	\$194.27	XXX	0	5721	Q1	\$260.45
	94680	26	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	\$95.29	XXX	0			
	94680	TC	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	\$98.98	XXX	0			
	94681		O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	\$194.27	XXX	0	5722	Q1	\$523.36
	94681	26	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	\$95.29	XXX	0			
	94681	TC	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	\$98.98	XXX	0			
	94690		O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	\$107.51	XXX	0	5733	Q1	\$101.99
	94690	26	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	\$15.60	XXX	0			
	94690	TC	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	\$91.91	XXX	0			
	94726		PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	\$83.71	XXX	0	5722	Q1	\$523.36
	94726	26	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	\$18.02	XXX	0			
	94726	TC	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	\$65.69	XXX	0			
	94727		GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	\$67.08	XXX	0	5721	Q1	\$260.45
	94727	26	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	\$18.02	XXX	0			
	94727	TC	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	\$49.06	XXX	0			
	94728		AIRWAY RESISTANCE BY OSCILLOMETRY	\$60.84	XXX	0	5721	Q1	\$260.45
	94728	26	AIRWAY RESISTANCE BY OSCILLOMETRY	\$18.53	XXX	0			
	94728	TC	AIRWAY RESISTANCE BY OSCILLOMETRY	\$42.31	XXX	0			
+	94729		CO DIFFUSING CAPACITY	\$87.52	ZZZ	0			
+	94729	26	CO DIFFUSING CAPACITY	\$13.38	ZZZ	0			
+	94729	TC	CO DIFFUSING CAPACITY	\$74.14	ZZZ	0			
	94760		NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	\$27.73	XXX	0			
	94761		NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	\$41.58	XXX	0			
	94762		NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	\$39.12	XXX	0	5721	Q3	\$260.45
	94772		CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	\$319.69	XXX	0	5723	S	\$893.69
	94772	26	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	\$128.19	XXX	0			
	94772	TC	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	\$191.50	XXX	0			
	94774		PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	\$431.57	YYY	0			
	94775		PEDIATRIC APNEA MONITOR ATTACHMENT	BR	YYY	0	5721	S	\$260.45
	94776		PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	\$256.20	YYY	0	5721	S	\$260.45

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Medicine**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	94777		PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	\$129.33	YYY	0			
	94780		CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	\$79.04	XXX	1	5732	Q1	\$66.87
+	94781		CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN	\$31.20	ZZZ	1			
	94799		UNLISTED PULMONARY SERVICE/PROCEDURE	BR	XXX	0	5721	Q1	\$260.45
	94799	26	UNLISTED PULMONARY SERVICE/PROCEDURE	BR	XXX	0			
	94799	TC	UNLISTED PULMONARY SERVICE/PROCEDURE	BR	XXX	0			
	95004		PERCUTANEOUS TESTS WALLERGENIC EXTRACTS	\$5.66	XXX	0	5724	Q1	\$1743.32
	95012		NITRIC OXIDE EXPIRED GAS DETERMINATION	\$25.98	XXX	0	5732	Q1	\$66.87
	95017		ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	\$13.38	XXX	0	5731	Q1	\$49.65
	95018		ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	\$30.89	XXX	0	5732	Q1	\$66.87
	95024		INTRACUTANEOUS TESTS WALLERGENIC EXTRACTS	\$9.27	XXX	0	5733	Q1	\$101.99
	95027		INTRACUTANEOUS TESTS WALLERGENIC XTRCS AIRBORNE	\$21.30	XXX	0	5731	Q1	\$49.65
	95028		IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	\$17.22	XXX	0	5732	Q1	\$66.87
	95044		PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	\$7.72	XXX	0	5724	Q1	\$1743.32
	95052		PHOTO PATCH TEST SPECIFY NUMBER TSTS	\$9.78	XXX	0	5733	Q1	\$101.99
	95056		PHOTO TESTS	\$54.70	XXX	0	5734	Q1	\$212.99
	95060		OPHTHALMIC MUCOUS MEMBRANE TESTS	\$38.25	XXX	0	5734	Q1	\$212.99
	95065		DIRECT NASAL MUCOUS MEMBRANE TEST	\$32.77	XXX	0	5732	Q1	\$66.87
	95070		INHlj BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	\$113.81	XXX	0	5723	S	\$893.69
	95076		INGESTION CHALLENGE TEST INITIAL 120 MINUTES	\$182.51	XXX	0	5723	S	\$893.69
+	95079		INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	\$128.44	ZZZ	0			
	95115		PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	\$15.96	XXX	0	5691	Q1	\$79.21
	95117		PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	\$19.05	XXX	0	5691	Q1	\$79.21
	95120		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	\$27.56	XXX	9			
	95125		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	\$30.89	XXX	9			
	95130		PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	\$31.36	XXX	9			
	95131		PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	\$41.18	XXX	9			
	95132		PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	\$53.54	XXX	9			
	95133		PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	\$79.55	XXX	9			
	95134		PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	\$102.43	XXX	9			
	95144		PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	\$16.06	XXX	0	5691	Q1	\$79.21
	95145		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	\$47.41	XXX	0	5691	Q1	\$79.21
	95146		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	\$49.96	XXX	0	5691	Q1	\$79.21
	95147		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	\$56.87	XXX	0	5692	Q1	\$117.46
	95148		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	\$74.40	XXX	0	5692	Q1	\$117.46
	95149		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	\$86.61	XXX	0	5692	Q1	\$117.46
	95165		PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	\$20.60	XXX	0	5691	Q1	\$79.21
	95170		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	\$12.63	XXX	0	5691	Q1	\$79.21
	95180		RAPID DESENSITIZATION PROCEDURE EACH HOUR	\$207.47	XXX	0	5735	Q1	\$664.35
	95199		UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SVC/PX	BR	XXX	0	5731	Q1	\$49.65
	95249		CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	\$88.09	XXX	0	5733	S	\$101.99
	95250		CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	\$205.94	XXX	0	5012	V	\$220.41
	95251		CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	\$53.02	XXX	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
95700		EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	\$407.72	XXX	0	5721	S	\$260.45
95705		EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	\$817.25	XXX	0	5722	S	\$523.36
95706		EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	\$255.86	XXX	0	5722	S	\$523.36
95707		EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	\$1276.53	XXX	0	5722	S	\$523.36
95708		EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	\$388.42	XXX	0	5723	S	\$893.69
95709		EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	\$1109.61	XXX	0	5723	S	\$893.69
95710		EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	\$564.98	XXX	0	5723	S	\$893.69
95711		VEEG BY TECH 2-12 HOURS UNMONITORED	\$511.71	XXX	0	5722	S	\$523.36
95712		VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	\$832.47	XXX	0	5722	S	\$523.36
95713		VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	\$768.08	XXX	0	5723	S	\$893.69
95714		VEEG BY TECH EA INCR 12-26 HR UNMONITORED	\$551.36	XXX	0	5723	S	\$893.69
95715		VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	\$1535.65	XXX	0	5723	S	\$893.69
95716		VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	\$3014.15	XXX	0	5724	S	\$1743.32
95717		EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	\$154.43	XXX	0			
95718		EEG PHYS/QHP 2-12 HR WITH VEEG	\$206.94	XXX	0			
95719		EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID	\$239.70	XXX	0			
95720		EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	\$318.75	XXX	0			
95721		EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	\$318.22	XXX	0			
95722		EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	\$387.89	XXX	0			
95723		EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	\$388.16	XXX	0			
95724		EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	\$488.03	XXX	0			
95725		EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	\$449.25	XXX	0			
95726		EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	\$625.53	XXX	0			
95782		POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	\$1453.84	XXX	0	5724	S	\$1743.32
95782	26	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	\$186.87	XXX	0			
95782	TC	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	\$1266.97	XXX	0			
95783		POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	\$1539.63	XXX	0	5724	S	\$1743.32
95783	26	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	\$203.86	XXX	0			
95783	TC	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	\$1335.77	XXX	0			
95800		SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	\$210.04	XXX	0	5721	S	\$260.45
95800	26	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	\$59.72	XXX	0			
95800	TC	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	\$150.32	XXX	0			
95801		SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	\$139.35	XXX	0	5733	Q1	\$101.99
95801	26	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	\$61.78	XXX	0			
95801	TC	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	\$77.57	XXX	0			
95803		ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	\$209.01	XXX	0	5733	Q1	\$101.99
95803	26	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	\$63.32	XXX	0			
95803	TC	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	\$145.69	XXX	0			
95805		MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	\$641.64	XXX	0	5723	S	\$893.69
95805	26	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	\$86.49	XXX	0			
95805	TC	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	\$555.15	XXX	0			
95806		SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	\$366.33	XXX	0	5721	S	\$260.45
95806	26	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	\$155.19	XXX	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
95806	TC	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	\$211.14	XXX	0			
95807		SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	\$582.89	XXX	0	5723	S	\$893.69
95807	26	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	\$89.58	XXX	0			
95807	TC	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	\$493.31	XXX	0			
95808		POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	\$811.09	XXX	0	5724	S	\$1743.32
95808	26	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	\$177.50	XXX	0			
95808	TC	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	\$633.59	XXX	0			
95810		POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	\$934.38	XXX	0	5724	S	\$1743.32
95810	26	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	\$216.88	XXX	0			
95810	TC	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	\$717.50	XXX	0			
95811		POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	\$975.47	XXX	0	5724	S	\$1743.32
95811	26	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	\$235.75	XXX	0			
95811	TC	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	\$739.72	XXX	0			
95812		ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	\$426.59	XXX	0	5722	S	\$523.36
95812	26	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	\$85.97	XXX	0			
95812	TC	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	\$340.62	XXX	0			
95813		EEG EXTENDED MONITORING 61-119 MINUTES	\$482.34	XXX	0	5722	S	\$523.36
95813	26	EEG EXTENDED MONITORING 61-119 MINUTES	\$129.73	XXX	0			
95813	TC	EEG EXTENDED MONITORING 61-119 MINUTES	\$352.61	XXX	0			
95816		ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	\$395.40	XXX	0	5722	S	\$523.36
95816	26	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	\$78.13	XXX	0			
95816	TC	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	\$317.27	XXX	0			
95819		ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	\$440.75	XXX	0	5722	S	\$523.36
95819	26	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	\$78.13	XXX	0			
95819	TC	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	\$362.62	XXX	0			
95822		ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	\$412.45	XXX	0	5722	S	\$523.36
95822	26	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	\$85.97	XXX	0			
95822	TC	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	\$326.48	XXX	0			
95824		ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	\$150.32	XXX	0	5723	S	\$893.69
95824	26	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	\$58.69	XXX	0			
95824	TC	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	\$91.63	XXX	0			
95829		ELECTROCORTICOGRAM SURGERY SPX	\$1926.21	XXX	0			
95829	26	ELECTROCORTICOGRAM SURGERY SPX	\$486.20	XXX	0			
95829	TC	ELECTROCORTICOGRAM SURGERY SPX	\$1440.01	XXX	0			
95830		INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	\$266.15	XXX	0			
95836		ECOG IMPLANTED BRAIN NPQT W/REC I&R <30 DAYS	\$161.13	XXX	0	5741	Q1	\$62.88
95851		ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	\$31.71	XXX	0			
95852		ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	\$27.80	XXX	0			
95857		CHOLINESTERASE INHIBITOR CHALLENGE TEST	\$64.57	XXX	0	5722	S	\$523.36
95860		NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	\$166.98	XXX	0	5734	Q1	\$212.99
95860	26	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	\$76.71	XXX	0			
95860	TC	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	\$90.27	XXX	0			
95861		NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	\$223.21	XXX	0	5734	Q1	\$212.99

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
95861	26	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	\$122.52	XXX	0			
95861	TC	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	\$100.69	XXX	0			
95863		NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	\$288.96	XXX	0	5721	S	\$260.45
95863	26	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	\$149.29	XXX	0			
95863	TC	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	\$139.67	XXX	0			
95864		NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	\$324.15	XXX	0	5721	S	\$260.45
95864	26	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	\$159.07	XXX	0			
95864	TC	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	\$165.08	XXX	0			
95865		NEEDLE ELECTROMYOGRAPHY LARYNX	\$163.94	XXX	0	5734	Q1	\$212.99
95865	26	NEEDLE ELECTROMYOGRAPHY LARYNX	\$122.21	XXX	0			
95865	TC	NEEDLE ELECTROMYOGRAPHY LARYNX	\$41.73	XXX	0			
95866		NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	\$143.11	XXX	0	5721	Q1	\$260.45
95866	26	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	\$93.03	XXX	0			
95866	TC	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	\$50.08	XXX	0			
95867		NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	\$142.04	XXX	0	5722	S	\$523.36
95867	26	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	\$62.81	XXX	0			
95867	TC	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	\$79.23	XXX	0			
95868		NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	\$203.93	XXX	0	5722	S	\$523.36
95868	26	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	\$94.21	XXX	0			
95868	TC	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	\$109.72	XXX	0			
95869		NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	\$109.48	XXX	0	5722	Q1	\$523.36
95869	26	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	\$36.22	XXX	0			
95869	TC	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	\$73.26	XXX	0			
95870		NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	\$83.73	XXX	0	5734	Q1	\$212.99
95870	26	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	\$29.86	XXX	0			
95870	TC	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	\$53.87	XXX	0			
95872		NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	\$258.25	XXX	0	5721	S	\$260.45
95872	26	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	\$201.65	XXX	0			
95872	TC	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	\$56.60	XXX	0			
+	95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	\$79.21	ZZZ	0			
+	95873	26 ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	\$28.63	ZZZ	0			
+	95873	TC ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	\$50.58	ZZZ	0			
+	95874	NEEDLE EMG GUID W/CHEMODENERVATION	\$75.57	ZZZ	0			
+	95874	26 NEEDLE EMG GUID W/CHEMODENERVATION	\$27.69	ZZZ	0			
+	95874	TC NEEDLE EMG GUID W/CHEMODENERVATION	\$47.88	ZZZ	0			
95875		ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	\$179.63	XXX	0	5721	S	\$260.45
95875	26	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	\$88.55	XXX	0			
95875	TC	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	\$91.08	XXX	0			
+	95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	\$95.24	ZZZ	0			
+	95885	26 NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	\$27.80	ZZZ	0			
+	95885	TC NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	\$67.44	ZZZ	0			
+	95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	\$148.26	ZZZ	0			
+	95886	26 NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	\$67.95	ZZZ	0			

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
+	95886	TC	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	\$80.31	ZZZ	0			
+	95887		NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	\$127.67	ZZZ	0			
+	95887	26	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	\$55.60	ZZZ	0			
+	95887	TC	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	\$72.07	ZZZ	0			
⊖	95905		MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	\$83.74	XXX	0	5735	Q1	\$664.35
⊖	95905	26	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	\$4.12	XXX	0			
⊖	95905	TC	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	\$79.62	XXX	0			
	95907		NERVE CONDUCTION STUDIES 1-2 STUDIES	\$139.00	XXX	0	5721	S	\$260.45
	95907	26	NERVE CONDUCTION STUDIES 1-2 STUDIES	\$79.79	XXX	0			
	95907	TC	NERVE CONDUCTION STUDIES 1-2 STUDIES	\$59.21	XXX	0			
	95908		NERVE CONDUCTION STUDIES 3-4 STUDIES	\$172.46	XXX	0	5722	S	\$523.36
	95908	26	NERVE CONDUCTION STUDIES 3-4 STUDIES	\$99.87	XXX	0			
	95908	TC	NERVE CONDUCTION STUDIES 3-4 STUDIES	\$72.59	XXX	0			
	95909		NERVE CONDUCTION STUDIES 5-6 STUDIES	\$206.95	XXX	0	5722	S	\$523.36
	95909	26	NERVE CONDUCTION STUDIES 5-6 STUDIES	\$119.43	XXX	0			
	95909	TC	NERVE CONDUCTION STUDIES 5-6 STUDIES	\$87.52	XXX	0			
	95910		NERVE CONDUCTION STUDIES 7-8 STUDIES	\$270.27	XXX	0	5722	S	\$523.36
	95910	26	NERVE CONDUCTION STUDIES 7-8 STUDIES	\$159.07	XXX	0			
	95910	TC	NERVE CONDUCTION STUDIES 7-8 STUDIES	\$111.20	XXX	0			
	95911		NERVE CONDUCTION STUDIES 9-10 STUDIES	\$325.87	XXX	0	5723	S	\$893.69
	95911	26	NERVE CONDUCTION STUDIES 9-10 STUDIES	\$198.71	XXX	0			
	95911	TC	NERVE CONDUCTION STUDIES 9-10 STUDIES	\$127.16	XXX	0			
	95912		NERVE CONDUCTION STUDIES 11-12 STUDIES	\$380.95	XXX	0	5723	S	\$893.69
	95912	26	NERVE CONDUCTION STUDIES 11-12 STUDIES	\$237.32	XXX	0			
	95912	TC	NERVE CONDUCTION STUDIES 11-12 STUDIES	\$143.63	XXX	0			
	95913		NERVE CONDUCTION STUDIES 13/> STUDIES	\$439.64	XXX	0	5723	S	\$893.69
	95913	26	NERVE CONDUCTION STUDIES 13/> STUDIES	\$280.57	XXX	0			
	95913	TC	NERVE CONDUCTION STUDIES 13/> STUDIES	\$159.07	XXX	0			
	95919		QUANTITATIVE PUPILLOMETRY PHYS/QHP I&R UNI/BI	\$24.20	XXX	0	5734	Q1	\$212.99
	95921		TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	\$103.29	XXX	0	5721	S	\$260.45
	95921	26	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	\$66.92	XXX	0			
	95921	TC	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	\$36.37	XXX	0			
	95922		TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	\$135.47	XXX	0	5734	Q1	\$212.99
	95922	26	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	\$69.29	XXX	0			
	95922	TC	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	\$66.18	XXX	0			
	95923		TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	\$188.42	XXX	0	5734	Q1	\$212.99
	95923	26	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	\$67.44	XXX	0			
	95923	TC	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	\$120.98	XXX	0			
	95924		TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	\$231.90	XXX	0	5722	S	\$523.36
	95924	26	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	\$131.27	XXX	0			
	95924	TC	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	\$100.63	XXX	0			
	95925		SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	\$232.29	XXX	0	5722	S	\$523.36
	95925	26	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	\$42.21	XXX	0			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
95925	TC	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	\$190.08	XXX	0			
95926		SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	\$227.21	XXX	0	5722	S	\$523.36
95926	26	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	\$41.18	XXX	0			
95926	TC	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	\$186.03	XXX	0			
95927		SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	\$214.49	XXX	0	5722	S	\$523.36
95927	26	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	\$40.56	XXX	0			
95927	TC	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	\$173.93	XXX	0			
95928		CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	\$340.03	XXX	0	5724	S	\$1743.32
95928	26	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	\$119.43	XXX	0			
95928	TC	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	\$220.60	XXX	0			
95929		CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	\$353.80	XXX	0	5723	S	\$893.69
95929	26	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	\$118.92	XXX	0			
95929	TC	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	\$234.88	XXX	0			
95930		VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	\$103.99	XXX	0	5722	S	\$523.36
95930	26	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	\$27.80	XXX	0			
95930	TC	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	\$76.19	XXX	0			
95933		ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	\$96.44	XXX	0	5733	Q1	\$101.99
95933	26	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	\$47.36	XXX	0			
95933	TC	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	\$49.08	XXX	0			
95937		NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	\$90.39	XXX	0	5721	S	\$260.45
95937	26	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	\$51.99	XXX	0			
95937	TC	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	\$38.40	XXX	0			
95938		SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	\$560.53	XXX	0	5723	S	\$893.69
95938	26	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	\$68.47	XXX	0			
95938	TC	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	\$492.06	XXX	0			
95939		CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	\$847.03	XXX	0	5724	S	\$1743.32
95939	26	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	\$178.64	XXX	0			
95939	TC	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	\$668.39	XXX	0			
+	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	\$48.91	XXX	0			
+	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	\$929.18	XXX	9			
95954		RX/PHYSICAL EEG ACTIVA J PHYS/QHP ATTENDANCE	\$504.34	XXX	0	5723	S	\$893.69
95954	26	RX/PHYSICAL EEG ACTIVA J PHYS/QHP ATTENDANCE	\$183.85	XXX	0			
95954	TC	RX/PHYSICAL EEG ACTIVA J PHYS/QHP ATTENDANCE	\$320.49	XXX	0			
95955		EEG NONINTRACRANIAL SURGERY	\$293.95	XXX	0			
95955	26	EEG NONINTRACRANIAL SURGERY	\$80.31	XXX	0			
95955	TC	EEG NONINTRACRANIAL SURGERY	\$213.64	XXX	0			
95957		DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	\$401.41	XXX	0			
95957	26	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	\$153.93	XXX	0			
95957	TC	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	\$247.48	XXX	0			
95958		WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	\$835.14	XXX	0	5724	S	\$1743.32
95958	26	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	\$339.54	XXX	0			
95958	TC	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	\$495.60	XXX	0			
95961		FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	\$460.27	XXX	0	5724	S	\$1743.32

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Medicine

	CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
	95961	26	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	\$245.04	XXX	0			
	95961	TC	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	\$215.23	XXX	0			
+	95962		FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	\$411.30	ZZZ	0			
+	95962	26	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	\$261.00	ZZZ	0			
+	95962	TC	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	\$150.30	ZZZ	0			
	95965		MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	\$2485.45	XXX	0	5724	S	\$1743.32
	95965	26	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	\$621.36	XXX	0			
	95965	TC	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	\$1864.09	XXX	0			
	95966		MAGNETOENCEPHALOGRAPHY EVOKED FIELDS 1 MODALITY	\$844.28	XXX	0	5724	S	\$1743.32
	95966	26	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS 1 MODALITY	\$299.61	XXX	0			
	95966	TC	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS 1 MODALITY	\$544.67	XXX	0			
+	95967		MAGNETOENCEPHALOGRAPHY EVOKED FIELDS EACH ADDL	\$697.66	ZZZ	0			
+	95967	26	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS EACH ADDL	\$259.97	ZZZ	0			
+	95967	TC	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS EACH ADDL	\$437.69	ZZZ	0			
★	95970		ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	\$43.91	XXX	0	5734	Q1	\$212.99
★	95971		ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	\$74.13	XXX	0	5742	S	\$161.40
★	95972		ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	\$87.79	XXX	0	5742	S	\$161.40
	95976		ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	\$60.23	XXX	0	5741	S	\$62.88
	95977		ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	\$80.31	XXX	0	5742	S	\$161.40
	95980		ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	\$60.85	XXX	0			
	95981		ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	\$39.55	XXX	0	5733	Q1	\$101.99
	95982		ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	\$63.25	XXX	0	5741	Q1	\$62.88
★	95983		ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	\$76.71	XXX	0	5742	S	\$161.40
★ +	95984		ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	\$66.92	ZZZ	0			
	95990		REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	\$101.06	XXX	0	5694	S	\$564.69
	95991		RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	\$143.78	XXX	0	5441	T	\$493.85
	95992		CANALITH REPOSITIONING PROCEDURE	\$65.38	XXX	0			
	95999		UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	BR	XXX	0	5721	Q1	\$260.45
	96000		COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	\$126.64	XXX	0	5723	S	\$893.69
	96001		COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	\$167.82	XXX	0	5724	S	\$1743.32
	96002		DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	\$32.43	XXX	0	5722	S	\$523.36
	96003		DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	\$25.23	XXX	0	5722	Q1	\$523.36
	96004		PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	\$164.22	XXX	0			
	96020		TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	\$300.36	XXX	0			
	96020	26	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	\$237.84	XXX	0			
	96020	TC	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	\$62.52	XXX	0			
	96040		MEDICAL GENETICS COUNSELING EACH 30 MINUTES	\$72.28	XXX	9			
★	96105		ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	\$148.26	XXX	0			
★	96110		DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	\$91.41	XXX	9			
★	96112		DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	\$191.51	XXX	0	5721	Q3	\$260.45
★ +	96113		DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	\$91.52	ZZZ	0			
★	96116		NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	\$167.72	XXX	0	5722	Q3	\$523.36
★ +	96121		NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	\$122.02	ZZZ	0			

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
★	96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING	\$141.43		XXX	0				
★	96127		BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	\$7.21		XXX	0	5732	Q1		\$66.87
★	96130		PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	\$185.33		XXX	0	5722	Q3		\$523.36
★ +	96131		PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	\$132.73		ZZZ	0				
★	96132		NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	\$198.20		XXX	0	5723	Q3		\$893.69
★ +	96133		NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	\$150.32		ZZZ	0				
★	96136		PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	\$67.90		XXX	0	5734	Q3		\$212.99
★ +	96137		PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	\$62.28		ZZZ	0				
★	96138		PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	\$54.63		XXX	0	5735	Q3		\$664.35
★ +	96139		PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	\$54.63		ZZZ	0				
	96146		PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	\$3.60		XXX	0	5731	Q3		\$49.65
★	96156		HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	\$146.63		XXX	0	5822	Q3		\$148.63
★	96158		HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	\$100.87		XXX	0	5823	Q3		\$265.84
★ +	96159		HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	\$34.32		ZZZ	0				
★	96160		PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	\$4.00		ZZZ	9	5821	S		\$47.85
★	96161		CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	\$4.00		ZZZ	9	5821	S		\$47.85
★	96164		HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	\$15.08		XXX	0	5821	Q3		\$47.85
★ +	96165		HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	\$6.77		ZZZ	0				
★	96167		HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	\$107.12		XXX	0	5821	Q3		\$47.85
★ +	96168		HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	\$37.96		ZZZ	0				
★	96170		HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	\$119.43		XXX	9				
★ +	96171		HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	\$42.73		ZZZ	9				
	96202		MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING 1ST 60	\$36.55		XXX	0				
+	96203		MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING EA ADDL	\$8.75		ZZZ	0				
	96360		IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$49.94		XXX	0	5693	S		\$357.39
+	96361		IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$19.05		ZZZ	0	5691	S		\$79.21
	96365		IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	\$96.78		XXX	0	5693	S		\$357.39
+	96366		IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	\$31.40		ZZZ	0	5691	S		\$79.21
+	96367		IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	\$43.76		ZZZ	0	5692	S		\$117.46
+	96368		IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	\$30.37		ZZZ	0				
	96369		SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	\$218.28		XXX	0	5693	S		\$357.39
+	96370		SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	\$21.65		ZZZ	0	5691	S		\$79.21
+	96371		SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	\$89.96		ZZZ	0	5692	Q1		\$117.46
	96372		THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$22.14		XXX	0	5692	Q1		\$117.46
	96373		THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	\$25.61		XXX	0	5693	S		\$357.39
	96374		THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	\$56.63		XXX	0	5693	S		\$357.39
+	96375		THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	\$23.68		ZZZ	0	5691	S		\$79.21
+	96376		THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	\$51.48		ZZZ	9				
	96377		APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	\$28.31		XXX	0	5691	Q1		\$79.21
	96379		UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	BR		XXX	0	5691	Q1		\$79.21
	96380		ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	\$35.01		XXX	0				
	96381		ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	\$30.37		XXX	0				
	96401		CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	\$110.68		XXX	0	5692	Q1		\$117.46

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



**Medicine**

	CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
	96402		CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	\$50.91	XXX	0	5692	Q1		\$117.46	
	96405		CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <7	\$128.19	000	1	5692	Q1		\$117.46	
	96406		CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	\$200.26	000	1	5693	S		\$357.39	
	96409		CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	\$154.44	XXX	0	5694	S		\$564.69	
+	96411		CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	\$83.91	ZZZ	0	5692	S		\$117.46	
	96413		CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	\$199.74	XXX	0	5694	S		\$564.69	
+	96415		CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	\$42.73	ZZZ	0	5692	S		\$117.46	
	96416		CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	\$196.65	XXX	0	5694	S		\$564.69	
+	96417		CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	\$98.33	ZZZ	0	5692	S		\$117.46	
	96420		CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	\$149.24	XXX	0	5694	S		\$564.69	
	96422		CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	\$240.93	XXX	0	5694	S		\$564.69	
+	96423		CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	\$107.78	ZZZ	0	5691	S		\$79.21	
	96425		CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	\$243.03	XXX	0	5694	S		\$564.69	
	96440		CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	\$1152.12	000	0	5694	S		\$564.69	
	96446		CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	\$250.58	XXX	0	5694	S		\$564.69	
	96450		CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	\$249.68	000	0	5694	S		\$564.69	
	96521		REFILLING & MAINTENANCE PORTABLE PUMP	\$191.51	XXX	0	5693	S		\$357.39	
	96522		REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	\$150.69	XXX	0	5693	S		\$357.39	
	96523		IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	\$37.88	XXX	0	5733	Q1		\$101.99	
	96542		CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	\$201.80	XXX	0	5694	S		\$564.69	
+	96547		INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	BR	ZZZ	9					
+	96548		INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	BR	ZZZ	9					
	96549		UNLISTED CHEMOTHERAPY PROCEDURE	BR	XXX	0	5691	Q1		\$79.21	
	96567		PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	\$193.52	XXX	0	5051	Q1		\$333.81	
+	96570		PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	\$76.71	ZZZ	1					
+	96571		PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	\$38.10	ZZZ	1					
	96573		PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	\$344.89	000	0	5051	Q1		\$333.81	
	96574		DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	\$428.83	000	0	5051	Q1		\$333.81	
	96900		ACTINOTHERAPY ULTRAVIOLET LIGHT	\$34.35	XXX	0	5732	Q1		\$66.87	
	96902		MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	\$33.46	XXX	9					
	96904		WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	\$95.57	XXX	0					
	96910		PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	\$102.49	XXX	0	5733	Q1		\$101.99	
	96912		PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	\$131.66	XXX	0	5733	Q1		\$101.99	
	96913		PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	\$232.22	XXX	0	5052	T		\$664.86	
	96920		EXCIMER LASER TX PSORIASIS TOT AREA <250 SQ CM	\$217.64	000	1	5051	Q1		\$333.81	
	96921		EXCIMER LASER TX PSORIASIS 250-500 SQ CM	\$217.76	000	1	5051	Q1		\$333.81	
	96922		EXCIMER LASER TX PSORIASIS >500 SQ CM	\$321.60	000	1	5052	Q1		\$664.86	
	96931		RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	\$262.03	XXX	0					
	96932		RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	\$196.14	XXX	0					
	96933		RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	\$65.89	XXX	0					
+	96934		RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	\$169.87	ZZZ	0					
+	96935		RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	\$98.96	ZZZ	0					
+	96936		RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	\$62.29	ZZZ	0					

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

**Medicine**

	CODE	MOD	DESCRIPTION	PROF	MAR	FUD	ASST	APC	SI	OP	MAR
	96999		UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PX		BR	XXX	0	5051	Q1		\$333.81
	97597		DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	\$80.21		000	0	5051	T		\$333.81
+	97598		DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	\$69.50		ZZZ	0				
	97602		RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	\$50.44		XXX	9	5051	Q1		\$333.81
	97605		NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	\$51.50		XXX	0	5051	Q1		\$333.81
	97606		NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	\$55.24		XXX	0	5052	Q1		\$664.86
	97607		NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	\$537.97		XXX	0	5052	T		\$664.86
	97608		NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	\$545.08		XXX	0	5052	T		\$664.86
	97610		LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	\$522.79		XXX	0	5051	Q1		\$333.81
★	97802		MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	\$47.76		XXX	0				
★	97803		MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	\$42.86		XXX	0				
★	97804		MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	\$20.44		XXX	0				
★	98960		EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	\$44.04		XXX	9				
★	98961		EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	\$20.80		XXX	9				
★	98962		EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	\$15.44		XXX	9				
★	98966		NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	\$19.76		XXX	0				
★	98967		NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	\$36.50		XXX	0				
★	98968		NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	\$50.97		XXX	0				
	98970		QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 5-10 MIN	\$17.68		XXX	0				
	98971		QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 11-20 MIN	\$31.20		XXX	0				
	98972		QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 21+ MIN	\$47.36		XXX	0				
	98975		REMOTE THERAPEUTIC MNTR 1ST SETUP&PT EDUCAJ EQP	\$29.12		XXX	0	5012	V		\$220.41
	98976		REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	\$73.10		XXX	0	5741	Q1		\$62.88
	98977		REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	\$73.10		XXX	0	5741	Q1		\$62.88
	98978		REM THER MNTR DEV SPLY W/REC COG BHV THER EA 30D		BR	XXX	0	5741	Q1		\$62.88
	98980		REMOTE THER MNTR TX MGMT PHYS/QHP 1ST 20 MIN	\$75.39		XXX	0				
+	98981		REMOTE THER MNTR TX MGMT PHYS/QHP EA ADDL 20 MIN	\$61.36		ZZZ	0				
	99000		HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	See Rules		XXX	9				
	99001		HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	\$12.93		XXX	9				
	99002		HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	\$10.92		XXX	9				
	99024		POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	\$44.20		XXX	9				
	99026		HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	\$57.63		XXX	9				
	99027		HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	\$29.11		XXX	9				
	99050		SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	\$25.74		XXX	9				
	99051		SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	\$25.74		XXX	9				
	99053		SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	\$33.80		XXX	9				
	99056		SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	\$25.28		XXX	9				
	99058		SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	\$32.43		XXX	9				
	99060		SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	\$107.60		XXX	9				
	99070		SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	See Rules		XXX	9				
	99071		EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST		BR	XXX	9				
	99072		ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	\$13.62		XXX	9				
	99075		MEDICAL TESTIMONY	See Rules		XXX	9				

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

### Medicine

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
99078		PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	BR	XXX	9			
99080		SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	See Rules	XXX	9			
99082		UNUSUAL TRAVEL	\$1.03	XXX	0			
99091		COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D	\$82.88	XXX	0			
⊖ 99151		MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	\$93.69	XXX	9			
⊖ 99152		MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	\$77.73	XXX	9			
+ 99153		MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	\$16.64	ZZZ	9			
99155		MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	\$126.13	XXX	9			
99156		MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	\$114.29	XXX	9			
+ 99157		MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	\$90.60	ZZZ	9			
99170		ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	\$198.40	000	1	5411	T	\$332.26
99172		VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	\$22.88	XXX	9			
99173		SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	\$4.58	XXX	9			
99174		INSTRUMENT BASED OCULAR SCR BI WRMT ANAL & RPT	\$8.84	XXX	9			
99175		IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	\$44.20	XXX	0			
99177		INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	\$7.28	XXX	9			
99183		PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	\$165.33	XXX	0			
99184		INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	\$326.38	XXX	0			
99188		APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	\$18.02	XXX	0			
99190		ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	\$429.86	XXX	9			
99191		ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	\$332.56	XXX	9			
99192		ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	\$220.33	XXX	9			
99195		PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	\$127.08	XXX	0	5734	Q1	\$212.99
99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	BR	XXX	0			
99500		HOME VISIT PRENATAL MONITORING & ASSESSMENT	\$110.22	XXX	9			
99501		HOME VISIT POSTNATAL ASSMT&F-UP CARE	\$134.72	XXX	9			
99502		HOME VISIT NEWBORN CARE & ASSESSMENT	\$164.66	XXX	9			
99503		HOME VISIT RESPIRATORY THERAPY CARE	\$110.22	XXX	9			
99504		HOME VISIT MECHANICAL VENTILATION CARE	\$127.21	XXX	9			
99505		HOME VISIT STOMA CARE&MAINT CLST&CSTOST	\$149.69	XXX	9			
99506		HOME VISIT INTRAMUSCULAR INJECTIONS	\$110.22	XXX	9			
99507		HOME VISIT CARE&MAINT CATH	\$134.72	XXX	9			
99509		HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	\$110.22	XXX	9			
99510		HOME VISIT INDIV FAM/MARRIAGE COUNSELING	\$110.22	XXX	9			
99511		HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	\$110.22	XXX	9			
99512		HOME VISIT HEMODIALYSIS	\$201.25	XXX	9			
99600		UNLISTED HOME VISIT SERVICE/PROCEDURE	BR	XXX	9			
99601		HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	\$128.19	XXX	9			
+ 99602		HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	\$110.22	XXX	9			
99605		MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	\$30.89	XXX	9			
99606		MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	\$28.83	XXX	9			
+ 99607		MEDICATION THERAPY EACH ADDITIONAL 15 MIN(11/23)	\$28.83	XXX	9			

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CPT copyright 2023 American Medical Association. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## PHYSICAL MEDICINE GROUND RULES

### General Information and Instructions

1. **COVERED SERVICES:** The MAR values in this section apply only when a physician determines the services are medically warranted and the services are performed by one or a combination of health care providers rendering services within the scope of their state licensure, including:

- a. A physician;
- b. A licensed physical therapist;
- c. A licensed physical therapist assistant under the direct clinical on-site supervision of a licensed physical therapist or under the general supervision of a licensed physical therapist, as provided in the rules of the State Board of Medical Licensure and Supervision;
- d. A licensed occupational therapist;
- e. A licensed occupational therapy assistant under the general supervision of a licensed occupational therapist, as provided in the rules of the State Board of Medical Licensure and Supervision; and/or
- f. A licensed athletic trainer.

provided, supervised modalities under CPT codes 97010 through 97028 may be performed as described in the CPT manual.

2. **VISIT LIMITATIONS:** If **medically warranted**, physical medicine treatments may be provided over the course of one or more visits, subject to the following:

- a. If treatment consists only of modalities under CPT codes 97010 through 97039, not more than four (4) visits are allowable unless prior authorization is obtained from the payer; and
- b. Treatment beyond eighteen (18) visits, **in the aggregate**, must be authorized. All

care beyond eighteen visits in the aggregate shall require a specific treatment plan as provided in Ground Rule 4 of these Ground Rules.

For purposes of this Ground Rule, a "visit" occurs whenever the patient presents for and receives treatment. A patient's return on the same day for additional treatment, which is provided constitutes a separate visit.

3. **TREATMENT LIMITATIONS:** Visits are subject to the following treatment limitations:

- a. No more than one manipulation per day is allowable, **except** on the initial and next two consecutive visits. If additional manipulations are performed on the initial and/or next two consecutive visits, the treating provider must submit a detailed report to the insurance carrier or employer regarding the need for such additional manipulations; and
- b. For injury resulting in treatment to one body region, any combination of four (4) physical medicine codes is allowable per day. For injury resulting in treatment to more than one body region, any combination of six (6) physical medicine codes is allowable per day. (An injury resulting in treatment to more than one body region must be substantiated by the appropriate diagnosis codes.) For purposes of this Ground Rule, each application of the same physical medicine code on the same day constitutes a separate code; and
- c. No more than four (4) modalities, (CPT 97010-97039) are allowable per day; and
- d. Functional capacity evaluations (FCEs) (CPT 97750) are not subject to the four (4) physical medicine code per day limitation. FCEs may be billed separately in conjunction with multiple physical therapy modalities and other physical

## Physical Medicine

therapy codes.

### 4. TREATMENT PLAN:

- a. A patient's medical record must include a treatment plan. The treatment plan must include the patient's diagnosis, recommended treatment frequency, modalities and procedures to be used, active and passive care treatment recommendations, and both long term and short-term goals with a measurable expected response (e.g., range of motion improved by fifty percent (50%), reduction in pain by seventy-five percent (75%), and full return to work within a specific number of weeks).
- b. If treatment is provided beyond eighteen (18) visits in the aggregate, the treatment plan must specifically identify the reason suspected for the patient's non-response to prior treatment, identify any changes in the treatment plan, and include a demonstrated change in treatment with active care components and appropriate second opinion specialist referrals by the treating physician.
- c. Treatment plans must be made available upon request.
- d. No fee for preparation of the treatment plan is allowable.

5. OFFICE VISITS: If an evaluation and management assessment is medically necessary, a physician may charge and be reimbursed for an office visit at the initial visit, after an interim corrective treatment, and at the final evaluation. Reimbursement for an office visit each time the patient presents for and receives treatment is not permitted.

### 6. PHYSICAL THERAPY SERVICES:

- a. All physician referrals of a patient to a physical therapist for treatment must be in writing.
- b. Reimbursement and Billing:

(1) Physical therapists employed by others (i.e. not self-employed) may not bill separately from the employer.

(2) When a physical therapist renders physical therapy during after-care periods for fractures, dislocations or other postoperative procedures, charges for such therapy shall be in addition to those of the referring physician or of the physician for the after-care period.

(3) When a physical therapist renders treatment in a patient's home, add fifty percent (50%) to the listed MAR to determine the maximum allowable reimbursement amount. Mileage and the time it takes the physical therapist to travel to and from the patient's home and to complete any required documentation of the services provided shall not be reimbursed separately. An explanation justifying the need for home therapy rather than therapy in an office or outpatient setting must be submitted with the bill.

(4) A licensed physical therapist may charge and be reimbursed for an initial evaluation and not more than two re-evaluations using CPT 97161-97164, as appropriate. These codes are in addition to other codes allowed on the initial evaluation or re-evaluation of a patient.

(5) All physical therapists and physical therapist assistants must include their professional license number on all bills submitted for payment.

### 7. OCCUPATIONAL THERAPY SERVICES:

a. All physician referrals of a patient to an occupational therapist for treatment must be in writing.

b. Reimbursement and Billing

(1) Occupational therapists employed by

## Physical Medicine

others (i.e. not self-employed) may not bill separately from the employer.

(2) When an occupational therapist renders occupational therapy during after-care periods for fractures, dislocations or other postoperative procedures, charges for such therapy shall be in addition to those of the referring physician or of the physician for the after-care period.

(3) When an occupational therapist renders treatment in a patient's home, add fifty percent (50%) to the listed MAR to determine the maximum allowable reimbursement amount. Mileage and the time it takes the occupational therapist to travel to and from the patient's home and to complete any required documentation of the services provided shall not be reimbursed separately. An explanation justifying the need for home therapy rather than therapy in an office or outpatient setting must be submitted with the bill.

(4) A licensed occupational therapist may charge and be reimbursed for an initial evaluation and not more than two re-evaluations using CPT 97165-97168, as appropriate. These codes are in addition to other codes allowed on the initial evaluation or re-evaluation of a patient.

(5) All occupational therapists and occupational therapy assistants must include their professional license number on all bills submitted for payment.

### 8. ATHLETIC TRAINER SERVICES:

a. All physician referrals of a patient to an athletic trainer must be in writing.

b. Reimbursement and Billing:

(1) Athletic trainers employed by others (i.e. not self-employed) may not bill separately from the employer.

(2) When an athletic trainer renders treatment during after-care periods for fractures, dislocations or other postoperative procedures, charges for such treatment shall be in addition to those of the referring physician or of the physician for the after-care period.

(3) When an athletic trainer renders treatment in a patient's home, add fifty percent (50%) to the listed allowable to determine the maximum allowable reimbursement amount. Mileage and the time it takes the athletic trainer to travel to and from the patient's home and to complete any required documentation of the services provided shall not be reimbursed separately. An explanation justifying the need for home therapy rather than therapy in an office or outpatient setting must be submitted with the bill.

(4) A licensed athletic trainer may charge and be reimbursed for an initial evaluation and not more than two re-evaluations using CPT 97169-97172, as appropriate. These codes are in addition to other codes allowed on the initial evaluation or re-evaluation of a patient.

(5) All athletic trainers must include their professional license number on all bills submitted for payment.

9. REIMBURSEMENT FOR TIME-BASED CODES: Billing for any time-based codes shall require the practitioner to be directly engaged with the patient for a minimum of 8 minutes. If this 8-minute time threshold is met, then the provider may bill the appropriate time-based code. For example, if the sum of two services that are provided is 8 minutes or more, then the service provided for the greater amount of time will be billed

## Physical Medicine

as one unit. Services exceeding 8 minutes up to and including 127 minutes, units shall be calculated as documented below:

Units	Number of Minutes
0	< 8 minutes
1	≥ 8 minutes and ≤ 22 minutes
2	≥ 23 minutes and ≤ 37 minutes
3	≥ 38 minutes and ≤ 52 minutes
4	≥ 53 minutes and ≤ 67 minutes
5	≥ 68 minutes and ≤ 82 minutes
6	≥ 83 minutes and ≤ 97 minutes
7	≥ 98 minutes and ≤ 112 minutes
8	≥ 113 minutes and ≤ 127 minutes

A maximum of 8 units may be billed for time-based codes, with the exception of functional capacity evaluations (FCEs), billed with CPT code 97750, physical performance test or measurement with written report, each 15 minutes.

10. DURABLE MEDICAL EQUIPMENT AND SUPPLIES PROVIDED IN CONJUNCTION WITH PHYSICAL MEDICINE SERVICES: Durable medical equipment and durable medical supplies used in the provision of physical medicine services are subject to different rules of reimbursement. Durable medical equipment provided by the health care provider over and above those usually included with the office visit or other services rendered is governed by the Durable Medical Equipment, Supplies, Orthotics and Prostheses Ground Rules. However, durable medical supplies used in the provision of physical medicine services shall not be reimbursed separately since the maximum allowable reimbursement (MAR) for the physical medicine codes includes the supply of materials.

## Physical Medicine

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
97010		APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	\$0.00	XXX	9			\$0.00
97012		APPL MODALITY 1/> AREAS TRACTION MECHANICAL	\$18.62	XXX	0			\$18.62
97014		APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	\$16.41	XXX	9			\$16.41
97016		APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	\$15.66	XXX	0			\$15.66
97018		APPL MODALITY 1/> AREAS PARAFFIN BATH	\$10.17	XXX	0			\$10.17
97022		APPLICATION MODALITY 1/> AREAS WHIRLPOOL	\$22.61	XXX	0			\$22.61
97024		APPLICATION MODALITY 1/> AREAS DIATHERMY	\$10.17	XXX	0			\$10.17
97026		APPLICATION MODALITY 1/> AREAS INFRARED	\$8.51	XXX	0			\$8.51
97028		APPL MODALITY 1/> AREAS ULTRAVIOLET	\$13.56	XXX	0			\$13.56
97032		APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	\$19.07	XXX	0			\$19.07
97033		APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	\$25.72	XXX	0			\$25.72
97034		APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	\$18.62	XXX	0			\$18.62
97035		APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	\$18.62	XXX	0			\$18.62
97036		APPL MODALITY 1+ AREAS HUBBARD TANK EA 15 MIN	\$36.33	XXX	0			\$36.33
97037		APPL MODALITY 1+ AREAS LLLT PO PAIN REDUCTION	BR	XXX	9	5732	Q1	BR
97039		UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	BR	XXX	0			BR
★		97110 THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	\$38.97	XXX	0			\$38.97
★		97112 THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	\$42.94	XXX	0			\$42.94
		97113 THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	\$48.37	XXX	0			\$48.37
★		97116 THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	\$36.63	XXX	0			\$36.63
		97124 THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	\$33.78	XXX	0			\$33.78
★		97129 THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	\$29.71	XXX	0			\$29.71
★ +		97130 THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	\$28.38	ZZZ	0			\$28.38
		97139 UNLISTED THERAPEUTIC PROCEDURE SPECIFY	BR	XXX	0			BR
		97140 MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	\$35.84	XXX	0			\$35.84
★		97150 THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	\$23.29	XXX	0			\$23.29
★		97151 BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	\$16.74	XXX	0	5822	Q3	\$148.63
★		97152 BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	\$14.33	XXX	0	5822	Q3	\$148.63
★		97153 ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	\$10.31	XXX	0	5822	Q3	\$148.63
★		97154 GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	\$9.85	XXX	0	5821	Q3	\$47.85
★		97155 ADAPT BHV TX PRCL MODIFCAJ PHYS/QHP EA 15 MIN	\$15.68	XXX	0	5823	Q3	\$265.84
★		97156 FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	\$14.78	XXX	0	5821	Q3	\$47.85
★		97157 MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	\$13.30	XXX	0	5821	Q3	\$47.85
★		97158 GRP ADAPT BHV PRCL MODIFCAJ PHYS/QHP EA 15 MIN	\$10.64	XXX	0	5821	Q3	\$47.85
★		97161 PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$119.74	XXX	0			\$119.74
★		97162 PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	\$119.74	XXX	0			\$119.74
★		97163 PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	\$119.74	XXX	0			\$119.74
★		97164 PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	\$82.28	XXX	0			\$82.28
★		97165 OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	\$127.13	XXX	0			\$127.13
★		97166 OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	\$126.63	XXX	0			\$126.63
★		97167 OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	\$126.63	XXX	0			\$126.63
★		97168 OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	\$87.70	XXX	0			\$87.70
		97169 ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	\$53.76	XXX	9			\$53.76
		97170 ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	\$77.15	XXX	9			\$77.15



**Physical Medicine**

CODE	MOD	DESCRIPTION	PROF MAR	FUD	ASST	APC	SI	OP MAR
97171		ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	\$95.40	XXX	9			\$95.40
97172		ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	\$54.98	XXX	9			\$54.98
★	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	\$43.54	XXX	0			\$43.54
	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	\$59.97	XXX	0			\$59.97
★	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	\$43.45	XXX	0			\$43.45
★	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	\$42.11	XXX	0			\$42.11
★	97542	WHEELCHAIR MGMT EA 15 MIN	\$42.11	XXX	0			\$42.11
	97545	WORK HARDENING/CONDITIONING 1ST 2 HR	\$110.41	XXX	0			\$110.41
+	97546	WORK HARDENING/CONDITIONING EACH HOUR	\$52.40	ZZZ	0			\$52.40
	97550	CAREGIVER TRAINING STRATEGIES&TQ 1ST 30 MINUTES	\$70.50	XXX	0			\$70.50
+	97551	CAREGIVER TRAINING STRATEGIES&TQ EA ADDL 15 MIN	\$35.03	ZZZ	0			\$35.03
	97552	GROUP CAREGIVER TRAINING STRATEGIES & TECHNIQUE	\$29.71	XXX	0			\$29.71
★	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	\$44.34	XXX	0			
★	97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	\$50.17	XXX	0			
★	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	\$45.12	XXX	0			\$45.12
★	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	\$41.10	XXX	0			\$41.10
★	97763	ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	\$69.61	XXX	0			\$69.61
	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX		BR	XXX	0		BR
	97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	\$50.99	XXX	1	5731	S	\$49.65
+	97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	\$37.69	ZZZ	1			
	97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	\$57.64	XXX	1	5731	S	\$49.65
+	97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	\$47.30	ZZZ	1			
	98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	\$41.66	000	0	5811	Q1	\$43.26
	98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	\$58.67	000	0	5811	Q1	\$43.26
	98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	\$76.23	000	0	5811	Q1	\$43.26
	98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	\$90.23	000	0	5811	Q1	\$43.26
	98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	\$103.77	000	0	5811	Q1	\$43.26
	98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	\$36.28	000	0	5811	Q1	\$43.26
	98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	\$51.96	000	0	5811	Q1	\$43.26
	98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	\$67.40	000	0	5811	Q1	\$43.26
	98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	\$34.14	XXX	9			

## DENTAL SERVICES GROUND RULES

### General Information and Instructions

1. **BILLING:** Dental services shall be billed and reported using dental codes from the Code on Dental Procedures and Nomenclature, which is published in Current Dental Terminology, (CDT) by the American Dental Association (ADA). All rights reserved. CDT codes are five-character codes that beginning with a "D" followed by four numeric digits.
2. **REIMBURSEMENT:** Work-related dental injuries will be reimbursed based on the lesser of the provider's usual and customary charge or the MAR in the rate tables. The MAR for dental services are equal to 70% of benchmarks based on a database of provider charges in Oklahoma developed by a national, independent nonprofit organization.
3. **LABORATORY PROCEDURES:** Dental laboratory procedures are included in the MAR of the associated dental procedure. No additional reimbursement shall be due.

## Dental Services

CODE	DESCRIPTION	MAR
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	\$50.82
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$77.00
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	\$71.61
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	\$83.16
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	\$161.00
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	\$69.30
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	\$73.50
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	\$101.64
D0190	SCREENING OF A PATIENT	\$72.38
D0191	ASSESSMENT OF A PATIENT	\$44.04
D0210	INTRAORAL COMPREHENSIVE SERIES RADIOGRAPHIC IMAGES	\$135.80
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$27.72
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL IMAGE	\$25.20
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$42.00
D0250	EXTRAORAL 2D PRJECTN RAD IMG BY RAD SRCE/ DTECTR	\$42.35
D0251	EXTRAORAL POSTERIOR DENTAL RAD IMAGE	\$60.20
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$29.65
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$45.43
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$49.28
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$60.06
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$85.40
D0310	SIALOGRAPHY	\$441.62
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	\$780.19
D0321	OTHER TEMPOROMANDIBULAR JOINT IMAGES BY REPORT	BR
D0322	TOMOGRAPHIC SURVEY	\$245.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$108.50
D0340	2D CEPHLOMTRIC RAD IMG - ACQSTN MEASRE& ANALYSIS	\$117.04
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$60.06
D0364	CNE BEAM CAPTR & INTREP LESS THAN WHL JAW	\$154.00
D0365	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MNDBL	\$259.56
D0366	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MAXL	\$266.00
D0367	CNE BEAM CAPTR INTERP W FLD VIEW BTH JAWS	\$321.86
D0368	CNE BEAM CAPTR INTERP FR TMJ 2 OR MORE	\$308.00
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	\$206.10
D0370	MAXLFCL US IMAGE CAPTR AND INTRP	\$117.77
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	BR
D0372	INTRAORAL TOMOSYNTHESIS COMPLETE SERIES RAD IMGs	BR
D0373	INTRAORAL TOMOSYNTHESIS BITEWING RADIOG IMAGE	BR
D0374	INTRAORAL TOMOSYNTHESIS PERIAPICAL RADIOG IMAGE	BR
D0380	CNE BEAM CAPTR LMTD FLD <1 WHL JAW	\$242.55
D0381	CNE BEAM CAPTR W FLD VIEW 1 ARCH MNDBL	\$169.40
D0382	CNE BEAM CAPTR W FLD VIEW 1 ARCH MAXL	\$155.54
D0383	CNE BEAM CAPTR W FLD VIEW BTH JAWS	\$271.04

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D0384	CNE BEAM CAPTR FR TMJ 2 OR MORE	\$932.40
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	\$2,259.61
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	\$565.27
D0387	INTRAORAL TOMOSYNTHESIS CMPL SERIES RAD IMG CAPT	BR
D0388	INTRAORAL TOMOSYNTHESIS BITEWING RAD IMAGE CAPTR	BR
D0389	INTRAORAL TOMOSYNTHESIS PERIAPICAL RAD IMG CAPT	BR
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$160.93
D0393	VIRTL TREMNT SIM USING 3D IMG VOL OR SURF SCAN	\$275.94
D0394	DIGITAL SUBTR OF 2 > IMAGES OF THE SAME MODALITY	BR
D0395	FUSION OF 2> 3D IMAGE VOLUMES OF 1/> MODALITIES	BR
D0396	3D PRINTING OF A 3D DENTAL SURFACE SCAN	BR
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	\$35.00
D0412	BLOOD GLCSE LVL TST - IN-OFFICE USING GLCSE MTR	BR
D0414	LAB MICRBAL SPEC CULTRE/SENS/REPORT PREP TRNSMSN	\$58.88
D0415	COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	\$42.69
D0416	VIRAL CULTURE	\$63.31
D0417	CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	\$59.46
D0418	ANALYSIS OF SALIVA SAMPLE	\$210.00
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	\$88.20
D0422	COLLECT/PREP GENETIC SAMPLE FOR LAB ANALYSIS	\$42.69
D0423	GENETIC TEST SUSCEPT TO DSEASE SPECIMEN ANLYS	BR
D0425	CARIES SUSCEPTIBILITY TESTS	\$60.29
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	\$120.40
D0460	PULP VITALITY TESTS	\$46.90
D0470	DIAGNOSTIC CASTS	\$127.05
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	\$80.97
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	\$170.75
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	\$162.16
D0475	DECALCIFICATION PROCEDURE	\$103.04
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$100.10
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	\$136.90
D0478	IMMUNOHISTOCHEMICAL STAINS	\$125.13
D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	\$191.37
D0480	ACCESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	\$117.77
D0481	ELECTRON MICROSCOPY	\$441.62
D0482	DIRECT IMMUNOFLUORESCENCE	\$120.45
D0483	INDIRECT IMMUNOFLUORESCENCE	\$147.21
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	\$220.80
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	\$304.71
D0486	ACCESSION TRANSEPIHELIAL CYTOLOG SAMPL MIC EXAM	\$239.09
D0502	OTHER ORAL PATHOLOGY PROCEDURES BY REPORT	BR
D0600	DX PX QUANT/MNITR/RECRD CHNGS ENAML/DENTN/CEMNTM	\$52.50
D0601	CARIES RISK ASSESS DOCU FINDING OF LOW RISK	\$76.30

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	\$73.50
D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	\$85.47
D0604	ANTIGEN TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	\$57.41
D0605	ANTIBODY TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	\$42.69
D0606	MOLECULAR TEST PUB HEALTH PATHOGEN-CORONAVIRUS	BR
D0701	PANORAMIC FILM - IMAGE CAPTURE ONLY	\$119.00
D0702	2-D CEPHALOMETRIC FILM - IMAGE CAPTURE ONLY	\$154.56
D0703	2-D ORAL/FACIAL FILM - IMAGE CAPTURE ONLY	\$60.22
D0705	EXTRA-ORAL POSTERIOR FLM - IMAGE CAPTURE ONLY	\$51.52
D0706	INTRAORAL OCCLUSAL FILM - IMAGE CAPTURE ONLY	\$37.33
D0707	INTRAORAL PERIAPICAL FLM - IMAGE CAPTURE ONLY	\$29.45
D0708	INTRAORAL BITEWING - IMAGE CAPTURE ONLY	\$25.90
D0709	INTRAORAL CMPRHNSV SERIES RAD IMAGE CAPT ONLY	\$147.21
D0801	3D DENTAL SURFACE SCAN DIRECT	\$106.40
D0802	3D DENTAL SURFACE SCAN INDIRECT	BR
D0803	3D FACIAL SURFACE SCAN DIRECT	BR
D0804	3D FACIAL SURFACE SCAN INDIRECT	BR
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	BR
D1110	PROPHYLAXIS - ADULT	\$83.16
D1120	PROPHYLAXIS - CHILD	\$66.99
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$43.89
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	\$35.42
D1301	IMMUNIZATION COUNSELING	BR
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	\$49.28
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	\$66.99
D1321	COUNSEL ADVRSE EFFECTS HI RISK SUBSTNCE ABUSE	\$60.35
D1330	ORAL HYGIENE INSTRUCTIONS	\$58.52
D1351	SEALANT - PER TOOTH	\$55.44
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	\$105.00
D1353	SEALANT REPAIR PER TOOTH	\$50.05
D1354	INTERIM CARIES ARRESTING MEDICATION APPLICATION	\$66.07
D1355	CARIES PREVENTIVE MEDICAMENT APP - PER TOOTH	\$49.03
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$309.54
D1516	SPACE MAINTAINER - FIXED - BILATERIAL MAXILLARY	\$575.96
D1517	SPACE MAINTAINER - FIXED - BILATERIAL MANDIBULAR	\$531.30
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	\$344.96
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILRY	\$534.29
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MNDIBULR	\$534.89
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	\$72.81
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	\$72.81
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	\$48.54
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	\$47.19
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	\$65.37

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	\$70.13
D1575	DISTAL SHOE SPACE MAINTANR - FIXED - UNILATERAL	\$380.80
D1701	COVID-19 VACCINE ADMIN-PFIZER-1ST DOSE	BR
D1702	COVID-19 VACCINE ADMIN-PFIZER-2ND DOSE	BR
D1703	COVID-19 VACCINE ADMIN-MODERNA-1ST DOSE	BR
D1704	COVID-19 VACCINE ADMIN-MODERNA-2ND DOSE	BR
D1705	COVID-19 VACCINE ADMIN-ASTRAZENECA-1ST DOSE	BR
D1706	COVID-19 VACCINE ADMIN-ASTRAZENECA-2ND DOSE	BR
D1707	COVID-19 VACCINE ADMIN-JANSSEN	BR
D1708	PFIZER-BIONTECH COVID VACC ADMIN THIRD DOSE	BR
D1709	PFIZER-BIONTECH COVID VACC ADMIN BOOSTER DOSE	BR
D1710	MODERNA COVID VACCINE ADMINISTRATION THIRD DOSE	BR
D1711	MODERNA COVID VACCINE ADMINISTRATON BOOSTER DOSE	BR
D1712	JANSSEN COVID VACCINE ADMINISTRATON BOOSTER DOSE	BR
D1713	PFIZER-BIONTECH COVID VAC ADM TRISCRSE PED FIRST	BR
D1714	PFIZER-BIONTECH COVID VAC ADM TRISCRSE PED SECND	BR
D1781	VACCINE ADMINSTR HUMAN PAPILOMAVIRUS DOSE 1	BR
D1782	VACCINE ADMINSTR HUMAN PAPILOMAVIRUS DOSE 2	BR
D1783	VACCINE ADMINSTR HUMAN PAPILOMAVIRUS DOSE 3	BR
D1999	UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	BR
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	\$137.90
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	\$169.40
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	\$211.40
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	\$224.07
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	\$160.16
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	\$186.34
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	\$229.46
D2335	RESIN BASED COMPOSITE 4/> SURFACES ANTERIOR	\$288.75
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	\$418.60
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	\$169.40
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	\$211.40
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	\$259.00
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	\$310.80
D2410	GOLD FOIL - ONE SURFACE	\$309.01
D2420	GOLD FOIL - TWO SURFACES	\$515.01
D2430	GOLD FOIL - THREE SURFACES	\$892.68
D2510	INLAY - METALLIC - ONE SURFACE	\$817.15
D2520	INLAY - METALLIC - TWO SURFACES	\$927.01
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	\$1,068.47
D2542	ONLAY - METALLIC - TWO SURFACES	\$1,047.87
D2543	ONLAY - METALLIC - THREE SURFACES	\$1,095.94
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	\$1,139.89
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	\$961.36

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$729.27
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	\$777.70
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$1,115.73
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$962.50
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	\$962.50
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	\$631.75
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$752.60
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	\$654.73
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$686.68
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$807.54
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	\$865.22
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$840.00
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$487.54
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$1,201.68
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$1,126.16
D2722	CROWN - RESIN WITH NOBLE METAL	\$1,150.88
D2740	CROWN - PORCELAIN/CERAMIC	\$1,020.25
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,015.63
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	\$981.75
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$984.90
D2753	CROWN-PORCELAIN FUSED TITANIUM AND ALLOYS	\$1,133.02
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$955.11
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$1,098.68
D2782	CROWN - 3/4 CAST NOBLE METAL	\$1,134.40
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$1,119.58
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$1,078.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$924.00
D2792	CROWN - FULL CAST NOBLE METAL	\$994.84
D2794	CROWN - TITANIUM	\$868.22
D2799	PROVISIONAL CROWN	\$367.50
D2910	RECMNT/REBND INLAY/ONLAY/VNR/PART CVRGE RESTRATN	\$110.60
D2915	RECMNT/REBND INDRCT OR PREFAB POST AND CORE	\$105.00
D2920	RE-CEMENT OR RE-BOND CROWN	\$105.49
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	\$214.83
D2928	PREFAB PORCELAIN/CERAMIC CROWN-PERM TOOTH	\$396.90
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	\$367.50
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	\$250.18
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	\$321.30
D2932	PREFABRICATED RESIN CROWN	\$307.23
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	\$245.63
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	\$308.00
D2940	PROTECTIVE RESTORATION	\$120.12
D2941	INTERIM THERAPEUTIC RESTORATION PRIM DENTITION	\$99.10

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D2949	RESTOR FOUNDATION FOR INDIR RESTOR	\$180.18
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	\$246.40
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	\$63.00
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	\$331.87
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	\$208.05
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$297.50
D2955	POST REMOVAL	\$261.95
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$144.20
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	\$667.80
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$912.62
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	\$1,145.90
D2971	ADD PROC CUST CRWN UND XST PART DENTUR FRMEWRK	\$207.13
D2975	COPING	\$480.68
D2976	BAND STABILIZATION PER TOOTH	BR
D2980	CROWN REPAIR MATERIAL FAILURE	\$269.50
D2981	INLAY REPAIR BY REPORT	BR
D2982	ONLAY REPAIR BY REPORT	BR
D2983	VENEER REPAIR BY REPORT	BR
D2989	EXCAVATON TOOTH RESULT IN DETERM NON-RESTRABLTY	BR
D2990	RESIN INFILT OF INCIPIENT LESIONS	\$160.30
D2991	APPLCATON HYDROYAPATITE REGEN MEDICMNT PER TOOTH	\$54.09
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	BR
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$86.24
D3120	PULP CAP - INDIRECT(EXCLUDING FINAL RESTORATION)	\$77.00
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	\$199.43
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	\$231.00
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	\$213.83
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$215.60
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$254.10
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$793.10
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	\$885.50
D3330	ENODODONTIC THERAPY MOLAR	\$1,040.20
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	\$366.80
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	\$385.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$246.40
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	\$1,001.00
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	\$1,102.50
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	\$1,242.50
D3351	APEXIFICATION/RECALCIFICAT INIT VST	\$315.00
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	\$202.22
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$622.22
D3355	PULPAL REGENERATION - INITIAL VISIT	\$451.11
D3356	PULPAL REGEN - INTERIM MED RPLCMNT	\$202.22

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Dental Services

CODE	DESCRIPTION	MAR
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	BR
D3410	APICOECTOMY - ANTERIOR	\$1,001.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$1,078.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$1,108.80
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$485.10
D3428	BG IN CONJ PERIRADICULAR SURG/TOOTH SINGLE SITE	\$434.51
D3429	BG IN CONJ PERIRADICUL SURG EACH CONTIG TH SSS	\$1,124.67
D3430	RETROGRADE FILLING - PER ROOT	\$308.00
D3431	BIO MAT SFT OSS REGE CONJ PERIR SUR	\$1,019.16
D3432	GTR RESORB BRRER PER SITE IN CONJ PERIRAD SURG	\$982.80
D3450	ROOT AMPUTATION - PER ROOT	\$876.02
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$2,177.78
D3470	INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	\$1,112.22
D3471	SURGICAL REPAIR ROOT RESORPTION - ANTERIOR	\$1,384.45
D3472	SURGICAL REPAIR ROOT RESORPTION - PREMOLAR	\$1,384.45
D3473	SURGICAL REPAIR ROOT RESORPTION - MOLAR	\$1,384.45
D3501	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN - ANT	\$808.89
D3502	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-PREMOLAR	\$808.89
D3503	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-MOLAR	\$808.89
D3910	SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM	\$192.50
D3911	INTRAORIFICE BARRIER	\$126.00
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	\$490.46
D3921	DECORONATION OR SUBMERGENCE ERUPTED TOOTH	\$443.33
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	\$202.22
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	BR
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	\$562.10
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	\$346.50
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH	\$237.16
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	\$864.37
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	\$627.86
D4240	INGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	\$848.40
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	\$675.50
D4245	APICALLY POSITIONED FLAP	\$576.24
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$702.16
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$1,041.81
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$883.40
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$576.10
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	\$336.11
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	\$403.90
D4266	GUID TISS REGEN NAT TETH RESORB BARRIER PER SITE	\$653.10
D4267	GUID TISS REGEN NAT TETH NONRESORB BARR PER SITE	\$717.50
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	\$350.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$727.65

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D4273	AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT	\$1,019.20
D4274	MESIAL OR DISTAL WEDGE PROCEDURE	\$532.00
D4275	NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT	\$1,232.00
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	\$1,269.10
D4277	FREE SOFT TISSUE GRAFT, 1ST TOOTH/ IMPLANT	\$1,057.98
D4278	FREE SOFT TISSUE GRAFT, E/ADNL TOOTH, IMPLNT	\$669.90
D4283	AUTO CNNCTV TISSUE GRFT PROC E/A TOOTH, IMPLANT	\$711.71
D4285	NON-AUTO CNNCTV TSSUE GRFT PROC E/A TOOTH/IMPLNT	\$678.37
D4286	REMOVAL OF NON-RESORBABLE BARRIER	\$174.11
D4322	SPLINT INTRACORONAL NATURAL TEETH OR PROS CROWN	\$478.80
D4323	SPLINT EXTRACORONAL NATURAL TEETH OR PROS CROWN	\$617.40
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	\$233.31
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	\$181.72
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFTR ORAL EVAL	\$163.24
D4355	FULL MOUTH DEBRID ENABLE COMP PERIO EVAL & DX	\$183.26
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	\$98.70
D4910	PERIODONTAL MAINTENANCE	\$129.36
D4920	UNSCHEDULED DRESSING CHANGE	\$116.62
D4921	GINGIVAL IRRIGATION MEDICINAL AGENT PER QUADRANT	\$18.90
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	BR
D5110	COMPLETE DENTURE - MAXILLARY	\$1,582.35
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,582.35
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,540.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,540.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$1,272.04
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$1,221.22
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	\$1,563.87
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	\$1,564.64
D5221	IMMED MAXILLARY PARTIAL DENTURE RESIN BASE	\$824.67
D5222	IMMED MANDIBULAR PARTIAL DENTURE RESIN BASE	\$880.11
D5223	IMMED MAXIL PART DENTURE CAST METL FRAME W/RESIN	\$1,470.70
D5224	IMMED MAND PART DENTURE CAST METL FRAME W/RESIN	\$1,473.33
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	\$1,371.30
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	\$1,381.10
D5227	IMMED MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	\$1,610.00
D5228	IMMED MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	\$1,726.17
D5282	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MXLRY	\$863.10
D5283	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MNDBL	\$820.05
D5284	RMVABLE UNI PRTL DNTURE 1 PC FLEX BASE PER QDRNT	\$854.87
D5286	RMVABLE UNI PRTL DNTURE 1 PC RESIN PER QDRNT	\$651.98
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$80.85
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$80.85
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$80.85

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

325

## Dental Services

CODE	DESCRIPTION	MAR
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$77.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$204.44
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$192.50
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	\$177.10
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$202.30
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$199.50
D5621	REPAIR CAST FRAMEWORK, MANDIBULAR	\$255.50
D5622	REPAIR CAST FRAMEWORK, MAXILLARY	\$224.70
D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	\$245.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$182.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$219.45
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	\$220.22
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	\$649.16
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	\$648.34
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$502.04
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$530.22
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$423.50
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$573.24
D5725	REBASE HYBRID PROSTHESIS	\$656.54
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$332.64
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$323.40
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$327.60
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$318.50
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$417.34
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$419.27
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$406.70
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$394.24
D5765	SOFT LINER COMPL/PART DENTURE REMOVAL INDIRECT	\$494.25
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$770.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$770.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$624.40
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$630.70
D5850	TISSUE CONDITIONING MAXILLARY	\$191.80
D5851	TISSUE CONDITIONING MANDIBULAR	\$191.80
D5862	PRECISION ATTACHMENT BY REPORT	BR
D5863	OVERDENTURE COMPLETE MAXILLARY	\$1,714.94
D5864	OVERDENTURE PARTIAL MAXILLARY	\$2,257.30
D5865	OVERDENTURE COMPLETE MIBULAR	\$2,064.37
D5866	OVERDENTURE PARTIAL MIBULAR	\$2,345.83
D5867	REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH	\$282.74
D5875	MODIFICATION REMV PROSTH AFTER IMPLANT SURGERY	\$489.30
D5876	ADD MTL SUBSTRUCTR TO ACRYLIC FULL DNTR PER ARCH	\$385.00
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	BR

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D5911	FACIAL MOULAGE (SECTIONAL)	\$423.05
D5912	FACIAL MOULAGE (COMPLETE)	\$423.05
D5913	NASAL PROSTHESIS	\$8,908.25
D5914	AURICULAR PROSTHESIS	\$8,908.25
D5915	ORBITAL PROSTHESIS	\$12,055.20
D5916	OCULAR PROSTHESIS	\$3,215.43
D5919	FACIAL PROSTHESIS	BR
D5922	NASAL SEPTAL PROSTHESIS	BR
D5923	OCULAR PROSTHESIS INTERIM	BR
D5924	CRANIAL PROSTHESIS	BR
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR
D5926	NASAL PROSTHESIS REPLACEMENT	BR
D5927	AURICULAR PROSTHESIS REPLACEMENT	BR
D5928	ORBITAL PROSTHESIS REPLACEMENT	BR
D5929	FACIAL PROSTHESIS REPLACEMENT	BR
D5931	OBTURATOR PROSTHESIS SURGICAL	\$4,796.51
D5932	OBTURATOR PROSTHESIS DEFINITIVE	\$8,970.64
D5933	OBTURATOR PROSTHESIS MODIFICATION	BR
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	\$8,176.29
D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	\$7,114.12
D5936	OBTURATOR PROSTHESIS INTERIM	\$7,990.64
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	\$1,004.35
D5951	FEEDING AID	\$1,305.65
D5952	SPEECH AID PROSTHESIS PEDIATRIC	\$4,239.56
D5953	SPEECH AID PROSTHESIS ADULT	\$8,051.51
D5954	PALATAL AUGMENTATION PROSTHESIS	\$7,461.08
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	\$6,901.08
D5958	PALATAL LIFT PROSTHESIS INTERIM	BR
D5959	PALATAL LIFT PROSTHESIS MODIFICATION	BR
D5960	SPEECH AID PROSTHESIS MODIFICATION	BR
D5982	SURGICAL STENT	\$315.00
D5983	RADIATION CARRIER	\$1,521.74
D5984	RADIATION SHIELD	\$1,521.74
D5985	RADIATION CONE LOCATOR	\$1,521.74
D5986	FLUORIDE GEL CARRIER	\$230.30
D5987	COMMISSURE SPLINT	\$2,282.61
D5988	SURGICAL SPLINT	\$456.52
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	\$175.00
D5992	ADJUST MAXILLOFACIAL PROSTH APPLIANCE BY REPORT	BR
D5993	MAINT / CLEAN MAXILLOFACIAL PROSTH BY REPORT	BR
D5995	PERIO MEDIC CARRIER PERIPH SEAL LAB PCESSD MAX	\$211.64
D5996	PERIO MEDIC CARRIER PERIPH SEAL LAB PCESSD MAN	\$211.64
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	BR

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,924.99
D6011	SECOND STAGE IMPLANT SURGERY	\$638.95
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	\$2,366.23
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$1,046.89
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$10,531.76
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$7,857.04
D6051	INTERIM IMPLANT ABUTMENT	\$336.00
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	\$919.45
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	\$662.20
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	\$832.37
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,231.23
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	\$1,212.40
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	\$1,146.60
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	\$1,189.65
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	\$1,162.00
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	\$1,454.39
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	\$1,521.26
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	\$1,347.50
D6066	IMPL SUPP PORCLN FUSED METL CRWN TITNM/HIGH NOBL	\$1,470.00
D6067	IMPL SUPP METAL CROWN TITIANM/HIGH NOBLE METL	\$1,316.70
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	\$1,205.82
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	\$1,189.65
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	\$1,096.48
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	\$1,125.60
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	\$1,206.13
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	\$1,549.67
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	\$1,646.63
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,189.19
D6076	IMPL SUPP RTNR PORCLN FUSED METL FPD TITNM/HIGH	\$1,401.79
D6077	IMPL SUPP RTNR CST METL FPD TITNM/HIGH NOBLE	\$1,638.27
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	\$254.10
D6081	SCALNG/DBRDMNT IMPLNT WO FLAP ENTRY/CLOS	\$339.63
D6082	IMPL SUPP CROWN PORCLN FUSED BASE ALLOY	\$1,688.42
D6083	IMPL SUPP CROWN PORCLN FUSED TO NOBLE ALLOYS	\$1,617.00
D6084	IMPL SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	\$1,688.42
D6085	PROVISIONAL IMPLANT CROWN	\$391.55
D6086	IMPLANT SUPPORTED CROWN PREDOM BASE ALLOYS	\$1,638.27
D6087	IMPLANT SUPPORTED CROWN NOBLE ALLOYS	\$1,638.27
D6088	IMPLNT SUPRTD CROWN TITANIUM AND ALLOYS	\$1,638.27
D6089	ACCESS AND RETORQU LOOSE IMPLNT SCREW PER SCREW	BR
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS BY REPORT	BR
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	\$188.50
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	\$146.30

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	\$154.00
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	\$1,379.16
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	BR
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$380.38
D6097	ABUT SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	\$1,688.42
D6098	IMPL SUPP RETAINER PORCELAIN FUSED TO BASE ALLOY	\$1,643.29
D6099	IMPL SUPP RETAINR FPD PORCLN FUSED NOBLE ALLOYS	\$1,676.72
D6100	SURGICAL REMOVAL IMPLANT BODY	\$696.85
D6101	DBRDMNT OF SNGL PERI-IMPLANT DEFECT/S	\$874.44
D6102	DBRDMNT AND OSSEOUS CNTUR OF PERI-IMPLANT DEFECT	\$889.35
D6103	BONE GRFT RPR PERIIMPLNT DFCT W/O FLAP ENTR/CLSE	\$935.55
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$630.00
D6105	RMVL IMPLANT NO BONE REMOVAL OR FLAP ELEVATION	\$674.10
D6106	GUIDED TISS REGENERATION RESORB BARRIER PER IMPLNT	\$653.10
D6107	GUIDED TISS REGENERATION NONRESORB BARRIER PER IMP	\$763.41
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	\$2,605.67
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	\$3,080.01
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	\$2,319.08
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	\$2,285.23
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY FULL	\$7,199.49
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR FULL	\$7,594.99
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	\$3,069.26
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	\$3,069.26
D6118	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MANDBLR	\$2,081.28
D6119	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MAXLARY	\$2,081.28
D6120	IMPL SUPP RETAINR PORCLN FUSED TITNM AND ALLOYS	\$1,643.29
D6121	IMPL SUPP RETAINER METAL FPD BASE ALLOYS	\$1,549.67
D6122	IMPL SUPP RETAINER METAL FPD NOBLE ALLOYS	\$1,646.63
D6123	IMPL SUPP RETAINR METAL FPD TITNM AND ALLOYS	\$1,549.67
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	BR
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	\$1,061.38
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	\$567.62
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANM	\$1,420.95
D6195	ABUT SUPP RETAINR PORCLN FUSED TITANIUM ALLOYS	\$1,673.38
D6197	RPLC RSTRTV MAT CLOS ACES OPN IPLNT SUPP PRSTSS	\$202.30
D6198	REMOVE INTERIM IMPLANT COMPONENT	\$313.85
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT	BR
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$700.51
D6210	PONTIC - CAST HIGH NOBLE METAL	\$925.40
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$923.23
D6212	PONTIC - CAST NOBLE METAL	\$849.31
D6214	PONTIC - TITANIUM	\$1,000.33
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,048.60

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	\$885.50
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$948.50
D6243	PONTIC PORCELAIN FUSED TO TITANIUM AND ALLOYS	\$906.54
D6245	PONTIC - PORCELAIN/CERAMIC	\$1,015.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$937.30
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	\$863.80
D6252	PONTIC - RESIN WITH NOBLE METAL	\$922.81
D6253	PROVISIONAL PONTIC	\$518.36
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	\$529.38
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	\$922.38
D6549	RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	\$297.59
D6600	RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	\$819.02
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR MORE SURFACES	\$859.03
D6602	RETAINER INLAY CAST HIGH NOBLE METAL 2 SURFACES	\$875.29
D6603	RETAINR INLAY - CAST HI NOBLE METAL 3/MORE SURFS	\$962.82
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFS	\$857.78
D6605	RTAINR INLAY - CAST PREDOM BASE MTL 3/MORE SURFS	\$909.05
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	\$844.03
D6607	RETNR INLAY CAST NOBLE METAL 3 OR MORE SURFACES	\$936.56
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	\$890.29
D6609	RETAINER ONLAY PORCELAIN/CERAMIC 3/MORE SURFACES	\$929.06
D6610	RETAINER ONLAY - HIGH NOBLE METAL TWO SURFACES	\$944.06
D6611	RETAINER ONLAY HIGH NOBLE METAL 3/MORE SURFACES	\$1,032.85
D6612	RETAINER ONLAY CAST PREDOM BASE METAL 2 SURFACES	\$939.06
D6613	RETNR ONLAY CAST PREDOM BASE METAL 3/MORE SURFS	\$981.57
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	\$919.05
D6615	RETNR ONLAY CAST NOBLE METAL 3 OR MORE SURFACES	\$955.32
D6624	RETAINER INLAY - TITANIUM	\$875.29
D6634	RETAINER ONLAY - TITANIUM	\$919.05
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$921.54
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$1,094.10
D6721	RETAINER CROWN - RESIN WITH PREDOM BASE METAL	\$1,037.85
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	\$1,056.59
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$1,014.30
D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,049.51
D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	\$885.50
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$931.00
D6753	RETAINR CROWN PORCLN FUSED TO TITANIUM AND ALLOY	\$1,045.34
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,056.59
D6781	RETAINER CROWN 3/4 CAST PREDOMINANTLY BASE METAL	\$1,056.59
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$981.57
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$1,087.86
D6784	RETAINER CROWN-3/4 TITANIUM AND ALLOYS	\$1,056.59

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$1,015.63
D6791	RETAINER CROWN FULL CAST PREDOM BASE METAL	\$903.21
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	\$948.64
D6793	PROVISIONAL RETAINER CROWN	\$397.09
D6794	RETAINER CROWN - TITANIUM	\$1,062.84
D6920	CONNECTOR BAR	\$225.07
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	\$154.00
D6940	STRESS BREAKER	\$297.59
D6950	PRECISION ATTACHMENT	\$527.31
D6980	FIXED PARTIAL DENTURE REPAIR MATERIAL FAILURE	\$340.20
D6985	PEDIATRIC PARTIAL DENTURE FIXED	\$500.16
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	BR
D7111	EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH	\$126.70
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$173.25
D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	\$252.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$288.75
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$381.15
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$431.20
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	\$539.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$269.50
D7251	CORONECTMY INTNTNAL PART TOOTH REMOV IMPCTD OLY	\$454.30
D7260	OROANTRAL FISTULA CLOSURE	\$1,508.85
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$693.77
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	\$519.40
D7272	TOOTH TRANSPLANTATION	\$727.62
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$468.39
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	\$369.60
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	\$354.20
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$913.99
D7285	BIOPSY OF ORAL TISSUE HARD	\$808.73
D7286	BIOPSY OF ORAL TISSUE SOFT	\$385.00
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$174.63
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$214.20
D7290	SURGICAL REPOSITIONING OF TEETH	\$308.39
D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR	\$255.50
D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	\$698.51
D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	\$436.57
D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	\$363.81
D7295	HARVEST BONE FOR USE AUTOGENOUS GRAFTING PROC	\$530.46
D7296	CORTICOTOMY 1 - 3 TEETH OR TOOTH SPACES PER QUAD	BR
D7297	CORTCTMY 4 OR MORE TEETH OR TOOTH SPACES PER QUAD	BR
D7298	REMOVAL SCREW RETAINED PLATE WITH FLAP	BR
D7299	REMOVAL TEMPORARY ANCHORAGE DEVICE WITH FLAP	BR

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.



## Dental Services

CODE	DESCRIPTION	MAR
D7300	REMOVAL TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	BR
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	\$294.70
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	\$281.82
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	\$459.90
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	\$353.50
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	\$2,000.94
D7350	VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	\$5,820.93
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$465.50
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$704.09
D7412	EXCISION OF BENIGN LESION COMPLICATED	\$1,528.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$1,018.67
D7414	EXCISION OF MALIGNANT LESION > 1.25 CM	\$1,528.00
D7415	EXCISION OF MALIGNANT LESION COMPLICATED	\$1,709.90
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	\$1,382.47
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	\$2,037.32
D7450	REMOVL BENIGN ODONTOGENC CYST/TUMR-UP TO 1.25 CM	\$794.50
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	\$1,190.00
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM	\$873.15
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	\$1,193.29
D7465	DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	\$269.50
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$941.50
D7472	REMOVAL OF TORUS PALATINUS	\$1,260.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$1,035.88
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$1,081.23
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$8,731.38
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	\$495.08
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	\$280.00
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	\$388.85
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	\$1,143.45
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	\$1,637.14
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	\$382.73
D7540	REMOV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	\$708.75
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	\$402.50
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	\$2,946.85
D7610	MAXILLA-OPEN REDUCTION	\$4,765.88
D7620	MAXILLA-CLOSED REDUCTION	\$3,574.04
D7630	MANDIBLE-OPEN REDUCTION	\$6,196.38
D7640	MANDIBLE-CLOSED REDUCTION	\$3,932.04
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	\$2,978.87
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	\$1,756.46
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	\$1,370.83
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	\$2,583.03
D7680	FACE BONES-COMP RDUC W/FIX&MX SURG APPRCHES CPT	\$8,936.58

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D7710	MAXILLA - OPEN REDUCTION	\$5,601.18
D7720	MAXILLA - CLOSED REDUCTION	\$3,932.04
D7730	MANDIBLE - OPEN REDUCTION	\$8,102.72
D7740	MANDIBLE - CLOSED REDUCTION	\$4,009.16
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	\$5,099.13
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	\$2,046.06
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$2,772.22
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	\$2,139.19
D7780	FACIAL BONES-COMP RDUC FIX & MULT APPROACHES	\$11,915.43
D7810	OPEN REDUCTION OF DISLOCATION	\$5,241.74
D7820	CLOSED REDUCTION OF DISLOCATION	\$858.59
D7830	MANIPULATION UNDER ANESTHESIA	\$491.87
D7840	CONDYLECTOMY	\$7,145.18
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT	\$6,170.18
D7852	DISC REPAIR	\$7,065.15
D7854	SYNOVECTOMY	\$7,290.71
D7856	MYOTOMY	\$5,173.34
D7858	JOINT RECONSTRUCTION	\$14,745.85
D7860	ARTHROTOMY	\$6,285.14
D7865	ARTHROPLASTY	\$10,128.40
D7870	ARTHROCENTESIS	\$334.71
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$669.41
D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY	\$3,572.59
D7873	ARTHROSCOPY: LAVAGE & LYSIS ADHESIONS	\$4,301.66
D7874	ARTHROSCOPY: DISC REPSTN & STABILIZATION	\$6,170.18
D7875	ARTHROSCOPY: SYNOVECTOMY	\$6,759.54
D7876	ARTHROSCOPY: DISCECTOMY	\$7,287.80
D7877	ARTHROSCOPY: DEBRIDEMENT	\$6,432.12
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	BR
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	\$82.47
D7899	UNSPECIFIED TMD THERAPY BY REPORT	BR
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$242.55
D7911	COMPLICATED SUTURE - UP TO 5 CM	\$852.07
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	\$2,145.01
D7920	SKIN GRAFT	\$3,514.38
D7921	COLL APPL AUTOLOGOUS BLD CNCNTRT PRODUCT	\$321.20
D7922	PLACEMENT INTRASOCKET BIO DRESSING PER SITE	\$47.74
D7939	INDEX OSTEOATOMY USING DYNMIC ROBO ASSIST NAVI	BR
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	BR
D7941	OSTEOATOMY - MANDIBULAR RAMI	\$8,949.68
D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	\$8,222.05
D7944	OSTEOATOMY - SEGMENTED OR SUBAPICAL	\$7,327.09
D7945	OSTEOATOMY - BODY OF MANDIBLE	\$9,750.05

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

333

## Dental Services

CODE	DESCRIPTION	MAR
D7946	LEFORT I (MAXILLA - TOTAL)	\$12,078.42
D7947	LEFORT I (MAXILLA - SEGMENTED)	\$10,157.51
D7948	LEFORT II/LEFORT III - W/O BONE GRAFT	\$13,184.39
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	\$17,171.73
D7950	OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX	\$2,065.77
D7951	SINUS AUG WITH BONE OR BONE SUBSTITUTES-LAT APP	\$2,510.20
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	\$1,439.90
D7953	BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	\$566.72
D7955	REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT	\$1,797.95
D7956	GUIDED TISS REGENERATION EDENT RESORB BARR PR SITE	\$351.40
D7957	GUIDED TISS REGENERATION EDENT NONRESORB BARR SITE	\$685.50
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$396.20
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$400.19
D7963	FRENULOPLASTY	\$535.79
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$383.23
D7971	EXCISION OF PERICORONAL GINGIVA	\$272.16
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$786.94
D7979	NON-SURGICAL SIALOLITHOTOMY	BR
D7980	SURGICAL SIALOLITHOTOMY	\$916.80
D7981	EXCISION OF SALIVARY GLAND BY REPORT	BR
D7982	SIALODOCHOPLASTY	\$2,168.30
D7983	CLOSURE OF SALIVARY FISTULA	\$2,080.98
D7990	EMERGENCY TRACHEOTOMY	\$1,789.93
D7991	CORONOIDECTOMY	\$4,365.69
D7993	SURGICAL PLCMNT CRANIOFACIAL IMPLANT-EXTRA ORAL	BR
D7994	SURGICAL PLACEMENT ZYGOMATIC IMPLANT	BR
D7995	SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT	BR
D7996	IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT	BR
D7997	APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	\$280.67
D7998	INTRAORAL PLCMNT FIX DEVICE NOT CONJUNCTION W/FX	\$1,455.23
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	BR
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT	\$124.74
D9120	FIXED PARTIAL DENTURE SECTIONING	\$214.90
D9130	TMJ JOINT DYSFUNCTION - NON-INVASIVE PHYSL THERP	\$143.50
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	\$59.50
D9211	REGIONAL BLOCK ANESTHESIA	\$64.40
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$85.03
D9215	LOCAL ANESTHESIA CONJUNCTION OPERATIVE/SURG PROC	\$54.67
D9219	EVALUATION FOR MOD OR DEEP SEDATION / GA	\$76.23
D9222	DEEP SEDATION / GENERAL ANESTHESIA FIRST 15 MIN	\$255.50
D9223	DEEP SEDATION/ GEN ANESTH EACH 15 MIN INCREMENT	\$200.20
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	\$70.00
D9239	IV MOD (CONSCIOUS) SEDTION/ANALGSIA FIRST 15 MIN	\$220.50

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D9243	IV MOD (CONSCIOUS) SEDATION EACH 15 MIN INCRMENT	\$192.50
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$266.00
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	\$134.75
D9311	CONSULT WITH A MEDICAL HEALTHCARE PROFESSIONAL	\$243.94
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$232.08
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$331.10
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	\$66.99
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$167.86
D9450	CASE PRESENTATION AFTER DETL&EXTN TREATMENT PLAN	\$93.17
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	\$50.82
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	\$77.00
D9613	INFLTRN SUSTND RELSE THRPTIC DRG PER QUADRANT	\$192.50
D9630	DRUGS AND/OR MEDICAMENTS BY REPORT, HOME USE	BR
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$54.60
D9911	APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	\$51.80
D9912	PRE-VISIT PATIENT SCREENING	\$57.82
D9920	BEHAVIOR MANAGEMENT BY REPORT	BR
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	\$107.80
D9932	CLEAN/INSPECT REMOVBL COMPLETE MAXILLARY DENTURE	\$89.40
D9933	CLEAN INSPECT REMVBL COMPLETE MANDIBULAR DENTURE	\$89.59
D9934	CLEAN/ INSPECT REMVBL PARTIAL MAXILLARY DENTURE	\$65.45
D9935	CLEAN INSPECT REMVBL PARTIAL MANDIBULAR DENTURE	\$65.45
D9938	FABR CUST REMVBLE CLER PLAST TEMP ASTHETC APLNCE	BR
D9939	PLACE CUST REMVBLE CLER PLAST TEMP ASTHTC APLNCE	BR
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$227.93
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$348.58
D9943	OCCLUSAL GUARD ADJUSTMENT	\$84.70
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$560.00
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$560.00
D9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL ARCH	\$703.50
D9947	CUSTOM SLEEP APNEA APPLIANCE FABRCATION/PLACEMNT	\$1,750.00
D9948	ADJUSTMENT CUSTOM SLEEP APNEA APPLIANCE	BR
D9949	REPAIR CUSTOM SLEEP APNEA APPLIANCE	BR
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	\$290.43
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$175.70
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$564.41
D9953	RELIN CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	\$561.20
D9954	FABRIC AND DELIV OAT MORNING REPOSITION DEVICE	BR
D9955	ORAL APPLIANCE THERAPY (OAT) TITRATION VISIT	BR
D9956	ADMINISTRATION OF HOME SLEEP APNEA TEST	BR
D9957	SCREENING FOR SLEEP RELATED BREATHING DISORDERS	BR
D9961	DUPLICATE/COPY PATIENT'S RECORDS	BR
D9970	ENAMEL MICROABRASION	\$176.72

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## Dental Services

CODE	DESCRIPTION	MAR
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	\$129.50
D9972	EXTERNAL BLEACHING - PER ARCH	\$261.80
D9973	EXTERNAL BLEACHING - PER TOOTH	\$56.12
D9974	INTERNAL BLEACHING - PER TOOTH	\$257.95
D9975	EXTERNAL BLEACHING - PER ARCH (HOME)	\$225.23
D9985	SALES TAX	BR
D9986	MISSED APPOINTMENT	\$43.12
D9987	CANCELLED APPOINTMENT	BR
D9990	CERT TRNSLATION OR SIGN LANGUAGE SRVCS PER VISIT	\$13.55
D9991	DENTAL CASE MGMT ADDRESS APPNTMNT COMPL BARRIERS	\$48.51
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	\$60.57
D9993	DENTAL CASE MGMT - MOTIVATIONAL INTERVIEWING	\$55.06
D9994	DENTAL CASE MGMT - PATIENT EDU IMPRV ORAL HEALTH	\$75.50
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	\$272.10
D9996	TEL DENTISTRY ASYNCHRONOUS INFO FWD DENTIST SUBSEQUENT REVIEW	\$46.59
D9997	DENTAL CASE MANAGEMENT SPECIAL HEALTH CARE NEEDS	BR
D9999	UNSPECIFIED ADJUNCTIVE PROC BY REPORT (01/24)	BR

*The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT).*

Copyright © American Dental Association (ADA). All rights reserved. Fee data copyright FAIR Health, Inc. All rights reserved.

Applicable FARS/DFARS restrictions apply to government use.

## **DURABLE MEDICAL EQUIPMENT, SUPPLIES, ORTHOTICS AND PROSTHESES, PHYSICIAN ADMINISTERED DRUGS AND HOME HEALTH GROUND RULES**

### **General Information and Instructions**

1. **CODING AND BILLING:** The Oklahoma Workers' Compensation Commission adopts by reference the Centers for Medicare and Medicaid Services, CMS Healthcare Common Procedures Coding System (HCPCS) for the coding of durable medical equipment, supplies, orthotics, home health services and prostheses. A health care provider shall indicate on a bill presented to a payer each code contained in HCPCS for durable medical equipment, supplies, orthotics or prostheses or home health services provided or administered to the patient.
  - d. Providers of orthotics and prostheses may bill for fitting and training using CPT 97760, Orthotics management and training initial encounter each 15 minutes, CPT 97761, Prosthetics training initial encounter each 15 minutes, and CPT 97763, Orthotics/prosthetics management and training, subsequent encounter, each 15 minutes, as appropriate. The MAR for these services can be found in the Physical Medicine section of this Fee Schedule.
2. **REIMBURSEMENT:**
  - a. Maximum allowable reimbursement amounts are included in the rate tables on the following page. In the event the CMS DMEPOS Fee Schedule does not value a particular HCPCS code, reimbursement shall be the lesser of the provider's usual and customary charge or ten percent (10%) above the manufacturer's invoice price plus reasonable and customary acquisition costs of the item(s) to the provider.
  - b. Reimbursement for durable medical equipment, supplies, orthotics or prostheses provided by the physician to the patient ancillary to a visit to the physician's office shall be the lesser of ten percent (10%) above the manufacturer's invoice price plus actual reasonable and customary acquisition costs of the item(s) to the provider, or the maximum allowable reimburse rates in the rate tables on the following pages.
  - c. For purposes of this Ground Rule, "acquisition costs" means taxes, and shipping, freight, custom fabrication and professional fitting and adjustment fees. Supporting documentation may be required by the payer as a condition of payment for the item(s).
3. **COVERED SERVICES:** A payer shall reimburse for the purchase or rental of durable medical equipment and supplies that are medically warranted and substantiated by a written prescription or order. This section does not apply to durable medical equipment and supplies provided or administered in an inpatient hospital, inpatient rehabilitation facility or ambulatory surgical center setting. This section also does not apply to CPT codes 90281 through 90399, 90476 through 90756, and 95115 through 95170, as the MAR for each of these codes includes the supply of materials.
4. **PRIOR AUTHORIZATION FOR RENT/PURCHASE:** Prior authorization by the employer or its insurer is required on whether to rent or purchase an item. The decision to rent or purchase shall be made within a reasonable time by the employer, an authorized representative, or the insurer, based on a cost comparison of the monthly rental fee, the prescribing health care

## **Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health**

provider's estimate of how long the item will be needed, and the purchase price.

**5. PHYSICIAN ADMINISTERED DRUGS:**

Reimbursement for physician administered drugs billed using HCPCS J or Q codes that are not valued in the rate tables shall be the invoice price plus 10%.

- 6. UNLISTED ITEMS:** Use HCPCS code, E1399, durable medical equipment, miscellaneous, when no other HCPCS code is present for the durable medical equipment or supplies provided to the injured worker.

When using code E1399, a detailed description of the unlisted equipment/supply and documentation supporting the provider's charge is required. Reimbursement under the code E1399 shall not exceed the cost of the item(s) to the provider plus a twenty-five percent (25%) mark-up not to exceed fifteen dollars (\$15.00) for a single item.

- 7. ACCREDITATION REQUIREMENTS:** Pursuant to 85A O.S. § 50(H)(3)(c), any entity providing durable medical equipment, supplies, orthotics or prostheses must be accredited by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS), unless exempted from accreditation by CMS.

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A4216		STERILE WATER/SALINE, 10 ML	\$0.47	\$0.47
A4217		STERILE WATER/SALINE, 500 ML	\$3.32	\$3.32
A4221		SUPP NON-INSULIN INF CATH/WK	\$22.01	\$24.90
A4222		INFUSION SUPPLIES WITH PUMP	\$41.75	\$49.57
A4224		SUPPLY INSULIN INF CATH/WK	\$22.01	\$24.90
A4225		SUP/EXT INSULIN INF PUMP SYR	\$2.95	\$3.11
A4233	NU	ALKALIN BATT FOR GLUCOSE MON	\$0.46	\$0.46
A4234	NU	J-CELL BATT FOR GLUCOSE MON	\$2.12	\$2.12
A4235	NU	LITHIUM BATT FOR GLUCOSE MON	\$0.90	\$0.90
A4236	NU	SILVR OXIDE BATT GLUCOSE MON	\$1.04	\$1.04
A4239		NON-ADJU CGM SUPPLY ALLOW	\$235.48	\$235.48
A4253	NU	BLOOD GLUCOSE/REAGENT STRIPS	\$7.49	\$7.49
A4255		GLUCOSE MONITOR PLATFORMS	\$5.05	\$5.05
A4256		CALIBRATOR SOLUTION/CHIPS	\$3.04	\$3.04
A4257		REPLACE LENS SHIELD CARTRIDGE	\$15.67	\$15.67
A4258		LANCET DEVICE EACH	\$1.91	\$1.91
A4259		LANCETS PER BOX	\$1.28	\$1.28
A4265		PARAFFIN	\$4.19	\$4.19
A4280		BRST PRSTHS ADHSV ATTCHMNT	\$6.56	\$6.56
A4310		INSERT TRAY W/O BAG/CATH	\$9.49	\$9.49
A4311		CATHETER W/O BAG 2-WAY LATEX	\$18.19	\$18.19
A4312		CATH W/O BAG 2-WAY SILICONE	\$22.15	\$22.15
A4313		CATHETER W/BAG 3-WAY	\$22.74	\$22.74
A4314		CATH W/DRAINAGE 2-WAY LATEX	\$30.09	\$30.09
A4315		CATH W/DRAINAGE 2-WAY SILCNE	\$30.09	\$30.09
A4316		CATH W/DRAINAGE 3-WAY	\$30.09	\$30.09
A4320		IRRIGATION TRAY	\$6.56	\$6.56
A4321		CATH THERAPEUTIC IRRIG AGENT	\$0.00	\$0.00
A4322		IRRIGATION SYRINGE	\$3.69	\$3.69
A4326		MALE EXTERNAL CATHETER	\$13.25	\$13.25
A4327		FEM URINARY COLLECT DEV CUP	\$54.77	\$54.77
A4328		FEM URINARY COLLECT POUCH	\$12.82	\$12.82
A4330		STOOL COLLECTION POUCH	\$7.48	\$7.48
A4331		EXTENSION DRAINAGE TUBING	\$3.91	\$3.91
A4332		LUBE STERILE PACKET	\$0.14	\$0.14
A4333		URINARY CATH ANCHOR DEVICE	\$2.73	\$2.73
A4334		URINARY CATH LEG STRAP	\$6.04	\$6.04
A4336		URETHRAL INSERT	\$1.76	\$1.76
A4338		INDWELLING CATHETER LATEX	\$12.81	\$12.81
A4340		INDWELLING CATHETER SPECIAL	\$35.56	\$35.56
A4341		IDUC VALVE PAT INST REPL	\$299.65	\$299.65
A4342		IDUC VALVE SPLY REPL	\$756.59	\$756.59
A4344		CATH INDW FOLEY 2 WAY SILICN	\$19.66	\$19.66



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A4346		CATH INDW FOLEY 3 WAY	\$24.05	\$24.05
A4349		DISPOSABLE MALE EXTERNAL CAT	\$2.47	\$2.47
A4351		STRAIGHT TIP URINE CATHETER	\$2.22	\$2.22
A4352		COUDE TIP URINARY CATHETER	\$6.73	\$6.73
A4353		INTERMITTENT URINARY CATH	\$8.60	\$8.60
A4354		CATH INSERTION TRAY W/BAG	\$13.92	\$13.92
A4355		BLADDER IRRIGATION TUBING	\$9.31	\$9.31
A4356		EXT URETH CLMP OR COMPR DVC	\$47.63	\$47.63
A4357		BEDSIDE DRAINAGE BAG	\$10.13	\$10.13
A4358		URINARY LEG OR ABDOMEN BAG	\$8.15	\$8.15
A4360		DISPOSABLE EXT URETHRAL DEV	\$0.51	\$0.51
A4361		OSTOMY FACE PLATE	\$19.16	\$19.16
A4362		SOLID SKIN BARRIER	\$3.63	\$3.63
A4363		OSTOMY CLAMP, REPLACEMENT	\$2.48	\$2.48
A4364		ADHESIVE, LIQUID OR EQUAL	\$3.61	\$3.61
A4366		OSTOMY VENT	\$1.58	\$1.58
A4367		OSTOMY BELT	\$9.04	\$9.04
A4368		OSTOMY FILTER	\$0.31	\$0.31
A4369		SKIN BARRIER LIQUID PER OZ	\$2.98	\$2.98
A4371		SKIN BARRIER POWDER PER OZ	\$4.48	\$4.48
A4372		SKIN BARRIER SOLID 4X4 EQUIV	\$5.16	\$5.16
A4373		SKIN BARRIER WITH FLANGE	\$7.70	\$7.70
A4375		DRAINABLE PLASTIC PCH W FCPL	\$21.09	\$21.09
A4376		DRAINABLE RUBBER PCH W FCPLT	\$58.43	\$58.43
A4377		DRAINABLE PLSTIC PCH W/O FP	\$5.27	\$5.27
A4378		DRAINABLE RUBBER PCH W/O FP	\$37.76	\$37.76
A4379		URINARY PLASTIC POUCH W FCPL	\$18.44	\$18.44
A4380		URINARY RUBBER POUCH W FCPLT	\$45.85	\$45.85
A4381		URINARY PLASTIC POUCH W/O FP	\$5.68	\$5.68
A4382		URINARY HVY PLSTC PCH W/O FP	\$30.23	\$30.23
A4383		URINARY RUBBER POUCH W/O FP	\$34.61	\$34.61
A4384		OSTOMY FACEPLT/SILICONE RING	\$11.80	\$11.80
A4385		OST SKN BARRIER SLD EXT WEAR	\$6.26	\$6.26
A4387		OST CLSD POUCH W ATT ST BARR	\$2.76	\$2.76
A4388		DRAINABLE PCH W EX WEAR BARR	\$5.36	\$5.36
A4389		DRAINABLE PCH W ST WEAR BARR	\$7.62	\$7.62
A4390		DRAINABLE PCH EX WEAR CONVEX	\$11.79	\$11.79
A4391		URINARY POUCH W EX WEAR BARR	\$8.68	\$8.68
A4392		URINARY POUCH W ST WEAR BARR	\$10.04	\$10.04
A4393		URINE PCH W EX WEAR BAR CONV	\$11.10	\$11.10
A4394		OSTOMY POUCH LIQ DEODORANT	\$3.19	\$3.19
A4395		OSTOMY POUCH SOLID DEODORANT	\$0.05	\$0.05
A4396		PERISTOMAL HERNIA SUPPRT BLT	\$49.71	\$49.71

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A4398		OSTOMY IRRIGATION BAG	\$16.97	\$16.97
A4399		OSTOMY IRRIG CONE/CATH W BRS	\$15.07	\$15.07
A4400		OSTOMY IRRIGATION SET	\$60.01	\$60.01
A4402		LUBRICANT PER OUNCE	\$1.71	\$1.71
A4404		OSTOMY RING EACH	\$2.06	\$2.06
A4405		NONPECTIN BASED OSTOMY PASTE	\$4.19	\$4.19
A4406		PECTIN BASED OSTOMY PASTE	\$7.03	\$7.03
A4407		EXT WEAR OST SKN BARR <=4SQ"	\$10.76	\$10.76
A4408		EXT WEAR OST SKN BARR >4SQ"	\$12.12	\$12.12
A4409		OST SKN BARR CONVEX <=4 SQ I	\$7.62	\$7.62
A4410		OST SKN BARR EXTND >4 SQ	\$11.10	\$11.10
A4411		OST SKN BARR EXTND =4SQ	\$6.26	\$6.26
A4412		OST POUCH DRAIN HIGH OUTPUT	\$3.32	\$3.32
A4413		2 PC DRAINABLE OST POUCH	\$6.77	\$6.77
A4414		OST SKNBAR W/O CONV<=4 SQ IN	\$6.04	\$6.04
A4415		OST SKN BARR W/O CONV >4 SQI	\$7.36	\$7.36
A4416		OST PCH CLSD W BARRIER/FILTR	\$3.38	\$3.38
A4417		OST PCH W BAR/BLTINCONV/FLTR	\$4.58	\$4.58
A4418		OST PCH CLSD W/O BAR W FILTR	\$2.22	\$2.22
A4419		OST PCH FOR BAR W FLANGE/FLT	\$2.12	\$2.12
A4420		OST PCH CLSD FOR BAR W LK FL	\$0.00	\$0.00
A4422		OST POUCH ABSORBENT MATERIAL	\$0.14	\$0.14
A4423		OST PCH FOR BAR W LK FL/FLTR	\$2.28	\$2.28
A4424		OST PCH DRAIN W BAR & FILTER	\$5.84	\$5.84
A4425		OST PCH DRAIN FOR BARRIER FL	\$4.39	\$4.39
A4426		OST PCH DRAIN 2 PIECE SYSTEM	\$3.35	\$3.35
A4427		OST PCH DRAIN/BARR LK FLNG/F	\$3.43	\$3.43
A4428		URINE OST POUCH W FAUCET/TAP	\$8.01	\$8.01
A4429		URINE OST POUCH W BLTINCONV	\$10.13	\$10.13
A4430		OST URINE PCH W B/BLTIN CONV	\$10.46	\$10.46
A4431		OST PCH URINE W BARRIER/TAPV	\$7.62	\$7.62
A4432		OS PCH URINE W BAR/FANGE/TAP	\$4.40	\$4.40
A4433		URINE OST PCH BAR W LOCK FLN	\$4.12	\$4.12
A4434		OST PCH URINE W LOCK FLNG/FT	\$4.62	\$4.62
A4435		1PC OST PCH DRAIN HGH OUTPUT	\$7.07	\$7.07
A4436		IRR SUPPLY SLEEV REUS PER MO	\$20.02	\$20.02
A4437		IRR SUPPLY SLEEV DISP PER MO	\$20.02	\$20.02
A4455		ADHESIVE REMOVER PER OUNCE	\$1.49	\$1.49
A4456		ADHESIVE REMOVER, WIPES	\$0.30	\$0.30
A4461		SURGICL DRESS HOLD NON-REUSE	\$4.05	\$4.05
A4463		SURGICAL DRESS HOLDER REUSE	\$16.34	\$16.34
A4481		TRACHEOSTOMA FILTER	\$0.45	\$0.45
A4483		MOISTURE EXCHANGER	\$0.00	\$0.00

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A4541		MONTHLY SUPP USE WITH E0733	\$35.39	\$35.39
A4542		SUPP EXT UP LIMB TREMOR STIM	\$453.97	\$453.97
A4556		ELECTRODES, PAIR	\$14.91	\$14.91
A4557		LEAD WIRES, PAIR	\$10.24	\$16.99
A4558		CONDUCTIVE GEL OR PASTE	\$6.70	\$6.70
A4559		COUPLING GEL OR PASTE	\$0.12	\$0.12
A4561		PESSARY RUBBER, ANY TYPE	\$25.27	\$25.27
A4562		PESSARY, NON RUBBER, ANY TYPE	\$62.87	\$62.87
A4563		VAG INSER RECTAL CONTROL SYS	\$1455.84	\$1455.84
A4565		SLINGS	\$9.46	\$9.46
A4595		TENS SUPPL 2 LEAD PER MONTH	\$10.93	\$23.66
A4596		CES SYSTEM MONTHLY SUPP	\$35.39	\$35.39
A4602	NU	REPLACE LITHIUM BATTERY 1.5V	\$4.58	\$4.58
A4604	NU	TUBING WITH HEATING ELEMENT	\$42.14	\$58.94
A4605	NU	TRACH SUCTION CATH CLOSE SYS	\$20.14	\$20.14
A4608		TRANSTRACHEAL OXYGEN CATH	\$61.56	\$61.56
A4614		HAND-HELD PEFR METER	\$29.21	\$29.21
A4615		CANNULA NASAL	\$0.90	\$0.90
A4616		TUBING (OXYGEN) PER FOOT	\$0.07	\$0.07
A4617		MOUTH PIECE	\$3.81	\$3.81
A4618	NU	BREATHING CIRCUITS	\$10.82	\$10.82
A4618	RR	BREATHING CIRCUITS	\$1.08	\$1.08
A4618	UE	BREATHING CIRCUITS	\$8.11	\$8.11
A4619	NU	FACE TENT	\$2.19	\$2.23
A4620		VARIABLE CONCENTRATION MASK	\$0.78	\$0.78
A4623		TRACHEOSTOMY INNER CANNULA	\$6.85	\$6.85
A4624	NU	TRACHEAL SUCTION TUBE	\$2.75	\$2.75
A4625		TRACH CARE KIT FOR NEW TRACH	\$8.51	\$8.51
A4626		TRACHEOSTOMY CLEANING BRUSH	\$3.92	\$3.92
A4628	NU	OROPHARYNGEAL SUCTION CATH	\$4.60	\$4.60
A4629		TRACHEOSTOMY CARE KIT	\$5.72	\$5.72
A4630	NU	REPL BAT T.E.N.S. OWN BY PT	\$6.51	\$6.51
A4633	NU	UVL REPLACEMENT BULB	\$50.40	\$50.40
A4635	NU	UNDERARM CRUTCH PAD	\$6.27	\$6.27
A4635	RR	UNDERARM CRUTCH PAD	\$0.86	\$0.86
A4635	UE	UNDERARM CRUTCH PAD	\$4.19	\$4.19
A4636	NU	HANDGRIP FOR CANE ETC	\$3.38	\$3.92
A4636	RR	HANDGRIP FOR CANE ETC	\$0.34	\$0.40
A4636	UE	HANDGRIP FOR CANE ETC	\$2.53	\$2.89
A4637	NU	REPL TIP CANE/CRUTCH/WALKER	\$1.87	\$1.90
A4637	RR	REPL TIP CANE/CRUTCH/WALKER	\$0.19	\$0.25
A4637	UE	REPL TIP CANE/CRUTCH/WALKER	\$1.40	\$1.57
A4638	NU	REPL BATT PULSE GEN SYS	\$0.00	\$0.00

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A4638	RR	REPL BATT PULSE GEN SYS	\$0.00	\$0.00
A4638	UE	REPL BATT PULSE GEN SYS	\$0.00	\$0.00
A4639	RR	INFRARED HT SYS REPLCMNT PAD	\$35.28	\$35.28
A4640	NU	ALTERNATING PRESSURE PAD	\$52.93	\$69.71
A4640	RR	ALTERNATING PRESSURE PAD	\$5.29	\$7.05
A4640	UE	ALTERNATING PRESSURE PAD	\$39.70	\$50.67
A5051		POUCH CLSD W BARR ATTACHED	\$2.53	\$2.53
A5052		CLSD OSTOMY POUCH W/O BARR	\$1.83	\$1.83
A5053		CLSD OSTOMY POUCH FACEPLATE	\$1.80	\$1.80
A5054		CLSD OSTOMY POUCH W/FLANGE	\$2.21	\$2.21
A5055		STOMA CAP	\$1.76	\$1.76
A5056		1 PC OST POUCH W FILTER	\$5.74	\$5.74
A5057		1 PC OST POU W BUILT-IN CONV	\$11.79	\$11.79
A5061		POUCH DRAINABLE W BARRIER AT	\$4.34	\$4.34
A5062		DRNBLE OSTOMY POUCH W/O BARR	\$2.75	\$2.75
A5063		DRAIN OSTOMY POUCH W/FLANGE	\$3.32	\$3.32
A5071		URINARY POUCH W/BARRIER	\$7.38	\$7.38
A5072		URINARY POUCH W/O BARRIER	\$4.34	\$4.34
A5073		URINARY POUCH ON BARR W/FLNG	\$3.89	\$3.89
A5081		STOMA PLUG OR SEAL, ANY TYPE	\$3.46	\$3.46
A5082		CONTINENT STOMA CATHETER	\$14.62	\$14.62
A5083		STOMA ABSORPTIVE COVER	\$0.79	\$0.79
A5093		OSTOMY ACCESSORY CONVEX INSE	\$2.24	\$2.24
A5102		BEDSIDE DRAIN BTL W/WO TUBE	\$27.71	\$27.71
A5105		URINARY SUSPENSORY	\$46.96	\$46.96
A5112		URINARY LEG BAG	\$39.75	\$39.75
A5113		LATEX LEG STRAP	\$4.92	\$4.92
A5114		FOAM/FABRIC LEG STRAP	\$10.99	\$10.99
A5121		SOLID SKIN BARRIER 6X6	\$9.15	\$9.15
A5122		SOLID SKIN BARRIER 8X8	\$15.77	\$15.77
A5126		DISK/FOAM PAD +OR- ADHESIVE	\$1.37	\$1.37
A5131		APPLIANCE CLEANER	\$19.47	\$19.47
A5200		PERCUTANEOUS CATHETER ANCHOR	\$13.89	\$13.89
A5500		DIAB SHOE FOR DENSITY INSERT	\$78.09	\$78.09
A5501		DIABETIC CUSTOM MOLDED SHOE	\$234.20	\$234.20
A5503		DIABETIC SHOE W/ROLLER/ROCKR	\$39.83	\$39.83
A5504		DIABETIC SHOE WITH WEDGE	\$39.83	\$39.83
A5505		DIAB SHOE W/METATARSAL BAR	\$39.83	\$39.83
A5506		DIABETIC SHOE W/OFF SET HEEL	\$39.83	\$39.83
A5507		MODIFICATION DIABETIC SHOE	\$39.83	\$39.83
A5512		MULTI DEN INSERT DIRECT FORM	\$31.85	\$31.85
A5513		MULTI DEN INSERT CUSTOM MOLD	\$47.53	\$47.53
A5514		MULT DEN INSERT DIR CARV/CAM	\$47.53	\$47.53

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A6010		COLLAGEN BASED WOUND FILLER	\$38.03	\$38.03
A6011		COLLAGEN GEL/PASTE WOUND FIL	\$2.81	\$2.81
A6021		COLLAGEN DRESSING <=16 SQ IN	\$25.82	\$25.82
A6022		COLLAGEN DRSG>16<=48 SQ IN	\$25.82	\$25.82
A6023		COLLAGEN DRESSING >48 SQ IN	\$233.70	\$233.70
A6024		COLLAGEN DSG WOUND FILLER	\$7.60	\$7.60
A6154		WOUND POUCH EACH	\$17.66	\$17.66
A6196		ALGINATE DRESSING <=16 SQ IN	\$9.04	\$9.04
A6197		ALGINATE DRSG >16 <=48 SQ IN	\$20.20	\$20.20
A6199		ALGINATE DRSG WOUND FILLER	\$6.48	\$6.48
A6203		COMPOSITE DRSG <= 16 SQ IN	\$4.14	\$4.14
A6204		COMPOSITE DRSG >16<=48 SQ IN	\$7.64	\$7.64
A6207		CONTACT LAYER >16<= 48 SQ IN	\$9.02	\$9.02
A6209		FOAM DRSG <=16 SQ IN W/O BDR	\$9.18	\$9.18
A6210		FOAM DRG >16<=48 SQ IN W/O B	\$24.47	\$24.47
A6211		FOAM DRG > 48 SQ IN W/O BRDR	\$36.07	\$36.07
A6212		FOAM DRG <=16 SQ IN W/BORDER	\$11.93	\$11.93
A6214		FOAM DRG > 48 SQ IN W/BORDER	\$12.65	\$12.65
A6216		NON-STERILE GAUZE<=16 SQ IN	\$0.05	\$0.05
A6217		NON-STERILE GAUZE>16<=48 SQ	\$0.00	\$0.00
A6219		GAUZE <= 16 SQ IN W/BORDER	\$1.17	\$1.17
A6220		GAUZE >16 <=48 SQ IN W/BORDR	\$3.19	\$3.19
A6222		GAUZE <=16 IN NO W/SAL W/O B	\$2.62	\$2.62
A6223		GAUZE >16<=48 NO W/SAL W/O B	\$2.98	\$2.98
A6224		GAUZE > 48 IN NO W/SAL W/O B	\$4.42	\$4.42
A6229		GAUZE >16<=48 SQ IN WATR/SAL	\$4.42	\$4.42
A6231		HYDROGEL DSG<=16 SQ IN	\$5.76	\$5.76
A6232		HYDROGEL DSG>16<=48 SQ IN	\$8.43	\$8.43
A6233		HYDROGEL DRESSING >48 SQ IN	\$23.54	\$23.54
A6234		HYDROCOLLD DRG <=16 W/O BDR	\$8.05	\$8.05
A6235		HYDROCOLLD DRG >16<=48 W/O B	\$20.66	\$20.66
A6236		HYDROCOLLD DRG > 48 IN W/O B	\$33.46	\$33.46
A6237		HYDROCOLLD DRG <=16 IN W/BDR	\$9.71	\$9.71
A6238		HYDROCOLLD DRG >16<=48 W/BDR	\$28.00	\$28.00
A6240		HYDROCOLLD DRG FILLER PASTE	\$15.04	\$15.04
A6241		HYDROCOLLOID DRG FILLER DRY	\$3.16	\$3.16
A6242		HYDROGEL DRG <=16 IN W/O BDR	\$7.43	\$7.43
A6243		HYDROGEL DRG >16<=48 W/O BDR	\$15.14	\$15.14
A6244		HYDROGEL DRG >48 IN W/O BDR	\$48.24	\$48.24
A6245		HYDROGEL DRG <= 16 IN W/BDR	\$8.93	\$8.93
A6246		HYDROGEL DRG >16<=48 IN W/B	\$12.20	\$12.20
A6247		HYDROGEL DRG > 48 SQ IN W/B	\$29.21	\$29.21
A6248		HYDROGEL DRSG GEL FILLER	\$19.95	\$19.95

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A6251		ABSORPT DRG <=16 SQ IN W/O B	\$2.44	\$2.44
A6252		ABSORPT DRG >16 <=48 W/O BDR	\$4.00	\$4.00
A6253		ABSORPT DRG > 48 SQ IN W/O B	\$7.78	\$7.78
A6254		ABSORPT DRG <=16 SQ IN W/BDR	\$1.47	\$1.47
A6255		ABSORPT DRG >16<=48 IN W/BDR	\$3.74	\$3.74
A6257		TRANSPARENT FILM <= 16 SQ IN	\$1.88	\$1.88
A6258		TRANSPARENT FILM >16<=48 IN	\$5.29	\$5.29
A6259		TRANSPARENT FILM > 48 SQ IN	\$13.43	\$13.43
A6266		IMPREG GAUZE NO H2O/SAL/YARD	\$2.35	\$2.35
A6402		STERILE GAUZE <= 16 SQ IN	\$0.14	\$0.14
A6403		STERILE GAUZE>16 <= 48 SQ IN	\$0.50	\$0.50
A6407		PACKING STRIPS, NON-IMPREG	\$2.30	\$2.30
A6410		STERILE EYE PAD	\$0.46	\$0.46
A6411		NON-STERILE EYE PAD	\$0.00	\$0.00
A6441		PAD BAND W>=3" <5"/YD	\$0.84	\$0.84
A6442		CONFORM BAND N/S W<3"/YD	\$0.20	\$0.20
A6443		CONFORM BAND N/S W>=3" <5"/YD	\$0.34	\$0.34
A6444		CONFORM BAND N/S W>=5"/YD	\$0.68	\$0.68
A6445		CONFORM BAND S W <3"/YD	\$0.39	\$0.39
A6446		CONFORM BAND S W>=3" <5"/YD	\$0.48	\$0.48
A6447		CONFORM BAND S W >=5"/YD	\$0.84	\$0.84
A6448		LT COMPRES BAND <3"/YD	\$1.41	\$1.41
A6449		LT COMPRES BAND >=3" <5"/YD	\$2.15	\$2.15
A6450		LT COMPRES BAND >=5"/YD	\$2.15	\$2.15
A6451		MOD COMPRES BAND W>=3" <5"/YD	\$2.15	\$2.15
A6452		HIGH COMPRES BAND W>=3" <5"/YD	\$7.25	\$7.25
A6453		SELF-ADHER BAND W <3"/YD	\$0.77	\$0.77
A6454		SELF-ADHER BAND W>=3" <5"/YD	\$0.96	\$0.96
A6455		SELF-ADHER BAND >=5"/YD	\$1.71	\$1.71
A6456		ZINC PASTE BAND W >=3" <5"/YD	\$1.54	\$1.54
A6457		TUBULAR DRESSING	\$1.40	\$1.40
A6501		COMPRES BURNGARMENT BODYSUIT	\$0.00	\$0.00
A6502		COMPRES BURNGARMENT CHINSTRP	\$0.00	\$0.00
A6503		COMPRES BURNGARMENT FACEHOOD	\$0.00	\$0.00
A6504		CMPRS BURNGARMENT GLOVE-WRIST	\$0.00	\$0.00
A6505		CMPRS BURNGARMENT GLOVE-ELBOW	\$0.00	\$0.00
A6506		CMPRS BURNGRMNT GLOVE-AXILLA	\$0.00	\$0.00
A6507		CMPRS BURNGARMENT FOOT-KNEE	\$0.00	\$0.00
A6508		CMPRS BURNGARMENT FOOT-THIGH	\$0.00	\$0.00
A6509		COMPRES BURN GARMENT JACKET	\$0.00	\$0.00
A6510		COMPRES BURN GARMENT LEOTARD	\$0.00	\$0.00
A6511		COMPRES BURN GARMENT PANTY	\$0.00	\$0.00
A6513		COMPRESS BURN MASK FACE/NECK	\$0.00	\$0.00

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A6520		G COM GARMNT GLOVE NGHTTIME	\$107.59	\$107.59
A6521		G COM GARMNT GLOVE NGHT CUST	\$426.90	\$426.90
A6522		G COM GARMENT ARM NIGHTTIME	\$261.42	\$261.42
A6523		G COM GARMENT ARM NGHT CUSTM	\$620.25	\$620.25
A6524		G COM GARMNT LWR LEG/FT NGHT	\$326.15	\$326.15
A6525		G COM GARM LWRLEG/FT NGT CUS	\$658.44	\$658.44
A6526		G COM GARMT FULL LEG/FT NGHT	\$589.66	\$589.66
A6527		G GARMT FULL LEG/FT NGHT CUS	\$1084.32	\$1084.32
A6528		G COM GARMENT BRA NIGHTTIME	\$567.00	\$567.00
A6529		G COM GARMT BRA NIGHT CUSTM	\$895.95	\$895.95
A6530		COMPRESSION STOCKING BK18-30	\$33.24	\$33.24
A6533		GC STOCKING THIGHLNGTH 18-30	\$46.67	\$46.67
A6534		GC STOCKING THIGHLNGTH 30-40	\$53.30	\$53.30
A6535		GC STOCKING THIGHLNGTH 40+	\$61.36	\$61.36
A6536		GC STOCKING FULL LNGTH 18-30	\$62.92	\$62.92
A6537		GC STOCKING FULL LNGTH 30-40	\$74.59	\$74.59
A6538		GC STOCKING FULL LNGTH 40+	\$87.34	\$87.34
A6539		GC STOCKING WAISTLNGTH 18-30	\$83.26	\$83.26
A6540		GC STOCKING WAISTLNGTH 30-40	\$99.27	\$99.27
A6541		GC STOCKING WAISTLNGTH 40+	\$117.59	\$117.59
A6550		NEG PRES WOUND THER DRSG SET	\$26.68	\$29.04
A6552		GRAD COM STOCKING BK 30-40	\$49.33	\$49.33
A6553		G COM STCKING BK 30-40 CUSTM	\$192.61	\$192.61
A6554		GRAD COM STOCKING BK 40+	\$67.82	\$67.82
A6555		G COM STCKING BK 40+ CUSTM	\$192.61	\$192.61
A6556		G COM STCKING THGH18-30 CUST	\$263.96	\$263.96
A6557		G COM STCKING THGH30-40 CUST	\$263.96	\$263.96
A6558		G COM STCKING THGH 40+ CUST	\$272.40	\$272.40
A6562		G COM STCKNG WAIST18-30 CUST	\$863.89	\$863.89
A6563		G COM STCKNG WAIST30-40 CUST	\$863.89	\$863.89
A6564		G COM STCKNG WAIST 40+ CUST	\$930.60	\$930.60
A6565		GRAD COMP GAUNTLET CUSTOM	\$149.27	\$149.27
A6566		GRAD COM GARMENT NECK/HEAD	\$216.75	\$216.75
A6567		G COM GARMENT NECK/HEAD CUST	\$681.01	\$681.01
A6568		G COM GARMENT TORSO/SHLDR	\$141.45	\$141.45
A6569		G COM GARMNT TORSO/SHDR CUST	\$805.50	\$805.50
A6570		GRAD COM GARMENT GENITAL	\$96.38	\$96.38
A6571		G COM GARMENT GENITAL CUSTM	\$579.27	\$579.27
A6572		GRAD COM GARMENT TOE CAPS	\$89.43	\$89.43
A6573		GRAD COM GARMNT TOE CAP CUST	\$212.22	\$212.22
A6574		CUSTOM GRADIENT SLEEV/GLOV	\$270.55	\$270.55
A6575		GRADIENT COMP SLEEV/GLOV	\$87.68	\$87.68
A6576		CUSTOM GRAD COM SLEEVE MED	\$166.05	\$166.05

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A6577		CUSTOM GRAD CM SLEEVE HEAVY	\$137.43	\$137.43
A6578		GRADIENT COMP SLEEVE	\$67.68	\$67.68
A6579		CUSTOM GRAD COM GLOVE MED	\$266.53	\$266.53
A6580		CUSTOM GRAD COM GLOVE HEAVY	\$264.56	\$264.56
A6581		GRADIENT COMP GLOVE	\$62.10	\$62.10
A6582		GRADIENT COMP GAUNTLET	\$41.42	\$41.42
A6583		GRAD COM WRAP W STRAPS BK	\$136.24	\$136.24
A6585		GRAD COM WRAP W STRAPS AK	\$161.32	\$161.32
A6586		GRAD COM WRAP W STRAPS LEG	\$475.25	\$475.25
A6587		GRAD COM WRAP W STRAPS FOOT	\$62.25	\$62.25
A6588		GRAD COM WRAP W STRAPS ARM	\$207.49	\$207.49
A6589		GRAD COM WRAP W STRAPS BRA	\$81.91	\$81.91
A6590		URINARY CATH DISP SUC PUMP	\$384.48	\$384.48
A6591		URINARY CATH SUC PUMP	\$78.10	\$78.10
A6594		G COMP BANDGE LINER LWR EXTR	\$29.83	\$29.83
A6595		G COMP BANDGE LINER UPR EXTR	\$29.33	\$29.33
A6596		G COMP BANDGE CONFORM GAUZE	\$0.15	\$0.15
A6597		G COMP BANDAGE LONG STRETCH	\$1.32	\$1.32
A6598		G COMP BANDAGE MED STRETCH	\$0.64	\$0.64
A6599		G COMP BANDAGE SHORT STRETCH	\$1.45	\$1.45
A6600		G COM BANDGE HGH DN FOAM SHT	\$2.61	\$2.61
A6601		G COM BANDGE HGH DN FOAM PAD	\$2.93	\$2.93
A6602		G COM BANDGE HGH DN FOAMROLL	\$4.28	\$4.28
A6603		G COM BANDGE LOW DN FOAMCHNL	\$2.01	\$2.01
A6604		G COM BANDGE LOW DN FOAM FLT	\$1.17	\$1.17
A6605		G COM BANDAGE PADDED FOAM	\$1.34	\$1.34
A6606		G COM BANDAGE PADDED TEXTILE	\$3.98	\$3.98
A6607		G COM BANDAGE TUB PROTCT LYR	\$1.06	\$1.06
A6608		G COM BANDAGE TUB PROTCT PAD	\$4.43	\$4.43
A6610		G COM STCKING BK 18-30 CUSTM	\$192.61	\$192.61
A7000	NU	DISPOSABLE CANISTER FOR PUMP	\$8.96	\$9.92
A7001	NU	NONDISPOSABLE PUMP CANISTER	\$35.97	\$35.97
A7002	NU	TUBING USED W SUCTION PUMP	\$4.01	\$4.01
A7003	NU	NEBULIZER ADMINISTRATION SET	\$1.65	\$2.57
A7004	NU	DISPOSABLE NEBULIZER SML VOL	\$1.33	\$1.68
A7005	NU	NONDISPOSABLE NEBULIZER SET	\$11.91	\$23.03
A7006	NU	FILTERED NEBULIZER ADMIN SET	\$7.07	\$10.08
A7007	NU	LG VOL NEBULIZER DISPOSABLE	\$3.16	\$4.55
A7008	NU	DISPOSABLE NEBULIZER PREFILL	\$11.48	\$11.48
A7009	NU	NEBULIZER RESERVOIR BOTTLE	\$50.45	\$50.45
A7010	NU	DISPOSABLE CORRUGATED TUBING	\$14.99	\$21.31
A7012	NU	NEBULIZER WATER COLLEC DEVIC	\$2.76	\$3.97
A7013	NU	DISPOSABLE COMPRESSOR FILTER	\$0.55	\$0.76



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A7014	NU	COMPRESSOR NONDISPOS FILTER	\$3.25	\$4.65
A7015	NU	AEROSOL MASK USED W NEBULIZE	\$1.31	\$1.90
A7016	NU	NEBULIZER DOME & MOUTHPIECE	\$8.41	\$8.41
A7017	NU	NEBULIZER NOT USED W OXYGEN	\$111.30	\$150.34
A7017	RR	NEBULIZER NOT USED W OXYGEN	\$11.13	\$15.04
A7017	UE	NEBULIZER NOT USED W OXYGEN	\$83.48	\$112.75
A7018		WATER DISTILLED W/NEBULIZER	\$0.32	\$0.39
A7020	NU	INTERFACE, COUGH STIM DEVICE	\$17.78	\$17.78
A7025	RR	REPLACE CHEST COMPRESS VEST	\$53.42	\$53.42
A7026	NU	REPLACE CHST CMPRSS SYS HOSE	\$35.30	\$35.30
A7027	NU	COMBINATION ORAL/NASAL MASK	\$125.19	\$185.29
A7028	NU	REPL ORAL CUSHION COMBO MASK	\$34.77	\$50.28
A7029	NU	REPL NASAL PILLOW COMB MASK	\$16.46	\$21.53
A7030	NU	CPAP FULL FACE MASK	\$93.29	\$152.58
A7031	NU	REPLACEMENT FACEMASK INTERFA	\$35.48	\$56.98
A7032	NU	REPLACEMENT NASAL CUSHION	\$19.94	\$32.66
A7033	NU	REPLACEMENT NASAL PILLOWS	\$16.48	\$24.23
A7034	NU	NASAL APPLICATION DEVICE	\$59.55	\$95.25
A7035	NU	POS AIRWAY PRESS HEADGEAR	\$19.20	\$30.24
A7036	NU	POS AIRWAY PRESS CHINSTRAP	\$11.06	\$14.54
A7037	NU	POS AIRWAY PRESSURE TUBING	\$12.54	\$28.44
A7038	NU	POS AIRWAY PRESSURE FILTER	\$2.23	\$4.10
A7039	NU	FILTER, NON DISPOSABLE W PAP	\$6.53	\$10.49
A7040		ONE WAY CHEST DRAIN VALVE	\$49.94	\$49.94
A7041		WATER SEAL DRAIN CONTAINER	\$93.86	\$93.86
A7044	NU	PAP ORAL INTERFACE	\$84.77	\$113.06
A7045	NU	REPL EXHALATION PORT FOR PAP	\$12.17	\$17.44
A7045	RR	REPL EXHALATION PORT FOR PAP	\$1.22	\$1.75
A7045	UE	REPL EXHALATION PORT FOR PAP	\$9.13	\$13.09
A7046	NU	REPL WATER CHAMBER, PAP DEV	\$13.83	\$18.20
A7047	NU	RESP SUCTION ORAL INTERFACE	\$148.47	\$148.47
A7048		VACUUM DRAIN BOTTLE/TUBE KIT	\$52.24	\$52.24
A7501		TRACHEOSTOMA VALVE W DIAPHRA	\$128.96	\$128.96
A7502		REPLACEMENT DIAPHRAGM/FPLATE	\$61.31	\$61.31
A7503		HMES FILTER HOLDER OR CAP	\$13.93	\$13.93
A7504		TRACHEOSTOMA HMES FILTER	\$0.84	\$0.84
A7505		HMES OR TRACH VALVE HOUSING	\$5.76	\$5.76
A7506		HMES/TRACHVALVE ADHESIVEDISK	\$0.40	\$0.40
A7507		INTEGRATED FILTER & HOLDER	\$3.07	\$3.07
A7508		HOUSING & INTEGRATED ADHESIV	\$3.53	\$3.53
A7509		HEAT & MOISTURE EXCHANGE SYS	\$1.73	\$1.73
A7520		TRACH/LARYN TUBE NON-CUFFED	\$58.30	\$58.30
A7521		TRACH/LARYN TUBE CUFFED	\$57.77	\$57.77

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
A7522		TRACH/LARYN TUBE STAINLESS	\$55.46	\$55.46
A7524		TRACHEOSTOMA STENT/STUD/BTTN	\$95.07	\$95.07
A7525		TRACHEOSTOMY MASK	\$2.53	\$2.53
A7526		TRACHEOSTOMY TUBE COLLAR	\$4.17	\$4.17
A7527		TRACH/LARYN TUBE PLUG/STOP	\$4.39	\$4.39
A8000	NU	SOFT PROTECT HELMET PREFAB	\$188.33	\$188.33
A8000	RR	SOFT PROTECT HELMET PREFAB	\$18.84	\$18.84
A8000	UE	SOFT PROTECT HELMET PREFAB	\$141.28	\$141.28
A8001	NU	HARD PROTECT HELMET PREFAB	\$188.33	\$188.33
A8001	RR	HARD PROTECT HELMET PREFAB	\$18.84	\$18.84
A8001	UE	HARD PROTECT HELMET PREFAB	\$141.28	\$141.28
A8002	NU	SOFT PROTECT HELMET CUSTOM	\$0.00	\$0.00
A8002	RR	SOFT PROTECT HELMET CUSTOM	\$0.00	\$0.00
A8002	UE	SOFT PROTECT HELMET CUSTOM	\$0.00	\$0.00
A8003	NU	HARD PROTECT HELMET CUSTOM	\$0.00	\$0.00
A8003	RR	HARD PROTECT HELMET CUSTOM	\$0.00	\$0.00
A8003	UE	HARD PROTECT HELMET CUSTOM	\$0.00	\$0.00
A8004	NU	REPL SOFT INTERFACE, HELMET	\$0.00	\$0.00
A8004	RR	REPL SOFT INTERFACE, HELMET	\$0.00	\$0.00
A8004	UE	REPL SOFT INTERFACE, HELMET	\$0.00	\$0.00
E0100	NU	CANE ADJUST/FIXED WITH TIP	\$25.88	\$25.88
E0100	RR	CANE ADJUST/FIXED WITH TIP	\$6.18	\$6.18
E0100	UE	CANE ADJUST/FIXED WITH TIP	\$20.63	\$20.63
E0105	NU	CANE ADJUST/FIXED QUAD/3 PRO	\$60.32	\$60.32
E0105	RR	CANE ADJUST/FIXED QUAD/3 PRO	\$9.26	\$9.26
E0105	UE	CANE ADJUST/FIXED QUAD/3 PRO	\$45.23	\$45.23
E0110	NU	CRUTCH FOREARM PAIR	\$95.28	\$95.28
E0110	RR	CRUTCH FOREARM PAIR	\$19.63	\$19.63
E0110	UE	CRUTCH FOREARM PAIR	\$71.43	\$71.43
E0111	NU	CRUTCH FOREARM EACH	\$65.39	\$65.39
E0111	RR	CRUTCH FOREARM EACH	\$10.35	\$10.35
E0111	UE	CRUTCH FOREARM EACH	\$49.04	\$49.04
E0112	NU	CRUTCH UNDERARM PAIR WOOD	\$45.45	\$45.45
E0112	RR	CRUTCH UNDERARM PAIR WOOD	\$10.38	\$10.38
E0112	UE	CRUTCH UNDERARM PAIR WOOD	\$34.67	\$34.67
E0113	NU	CRUTCH UNDERARM EACH WOOD	\$25.97	\$25.97
E0113	RR	CRUTCH UNDERARM EACH WOOD	\$5.36	\$5.36
E0113	UE	CRUTCH UNDERARM EACH WOOD	\$19.47	\$19.47
E0114	NU	CRUTCH UNDERARM PAIR NO WOOD	\$57.95	\$57.95
E0114	RR	CRUTCH UNDERARM PAIR NO WOOD	\$8.95	\$8.95
E0114	UE	CRUTCH UNDERARM PAIR NO WOOD	\$43.81	\$43.81
E0116	NU	CRUTCH UNDERARM EACH NO WOOD	\$34.07	\$34.07
E0116	RR	CRUTCH UNDERARM EACH NO WOOD	\$5.65	\$5.65

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0116	UE	CRUTCH UNDERARM EACH NO WOOD	\$25.65	\$25.65
E0117	RR	UNDERARM SPRINGASSIST CRUTCH	\$23.65	\$23.65
E0130	NU	WALKER RIGID ADJUST/FIXED HT	\$45.52	\$63.59
E0130	RR	WALKER RIGID ADJUST/FIXED HT	\$4.55	\$10.21
E0130	UE	WALKER RIGID ADJUST/FIXED HT	\$34.14	\$48.78
E0135	NU	WALKER FOLDING ADJUST/FIXED	\$45.52	\$70.14
E0135	RR	WALKER FOLDING ADJUST/FIXED	\$4.55	\$10.40
E0135	UE	WALKER FOLDING ADJUST/FIXED	\$34.14	\$52.60
E0140	RR	WALKER W TRUNK SUPPORT	\$27.33	\$35.38
E0141	NU	RIGID WHEELED WALKER ADJ/FIX	\$50.81	\$88.59
E0141	RR	RIGID WHEELED WALKER ADJ/FIX	\$5.08	\$12.83
E0141	UE	RIGID WHEELED WALKER ADJ/FIX	\$38.11	\$66.45
E0143	NU	WALKER FOLDING WHEELED W/O S	\$50.81	\$88.90
E0143	RR	WALKER FOLDING WHEELED W/O S	\$5.08	\$12.47
E0143	UE	WALKER FOLDING WHEELED W/O S	\$38.11	\$66.67
E0144	RR	ENCLOSED WALKER W REAR SEAT	\$29.23	\$31.48
E0147	NU	WALKER VARIABLE WHEEL RESIST	\$425.28	\$541.19
E0147	RR	WALKER VARIABLE WHEEL RESIST	\$42.53	\$54.13
E0147	UE	WALKER VARIABLE WHEEL RESIST	\$318.96	\$405.90
E0148	NU	HEAVYDUTY WALKER NO WHEELS	\$82.76	\$115.28
E0148	RR	HEAVYDUTY WALKER NO WHEELS	\$8.28	\$11.54
E0148	UE	HEAVYDUTY WALKER NO WHEELS	\$62.07	\$86.45
E0149	RR	HEAVY DUTY WHEELED WALKER	\$11.79	\$18.62
E0153	NU	FOREARM CRUTCH PLATFORM ATTA	\$75.83	\$75.83
E0153	RR	FOREARM CRUTCH PLATFORM ATTA	\$8.19	\$8.19
E0153	UE	FOREARM CRUTCH PLATFORM ATTA	\$56.88	\$56.88
E0154	NU	WALKER PLATFORM ATTACHMENT	\$48.27	\$65.76
E0154	RR	WALKER PLATFORM ATTACHMENT	\$4.82	\$6.70
E0154	UE	WALKER PLATFORM ATTACHMENT	\$36.20	\$49.32
E0155	NU	WALKER WHEEL ATTACHMENT,PAIR	\$20.81	\$28.83
E0155	RR	WALKER WHEEL ATTACHMENT,PAIR	\$2.08	\$3.02
E0155	UE	WALKER WHEEL ATTACHMENT,PAIR	\$15.62	\$21.83
E0156	NU	WALKER SEAT ATTACHMENT	\$15.81	\$23.12
E0156	RR	WALKER SEAT ATTACHMENT	\$1.58	\$2.71
E0156	UE	WALKER SEAT ATTACHMENT	\$11.86	\$17.36
E0157	NU	WALKER CRUTCH ATTACHMENT	\$53.62	\$75.83
E0157	RR	WALKER CRUTCH ATTACHMENT	\$5.36	\$7.59
E0157	UE	WALKER CRUTCH ATTACHMENT	\$40.22	\$56.87
E0158	NU	WALKER LEG EXTENDERS SET OF4	\$21.35	\$29.58
E0158	RR	WALKER LEG EXTENDERS SET OF4	\$2.13	\$3.14
E0158	UE	WALKER LEG EXTENDERS SET OF4	\$16.01	\$22.28
E0159	NU	BRAKE FOR WHEELED WALKER	\$14.85	\$17.97
E0159	RR	BRAKE FOR WHEELED WALKER	\$1.49	\$1.84

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0159	UE	BRAKE FOR WHEELED WALKER	\$11.14	\$13.49
E0160	NU	SITZ TYPE BATH OR EQUIPMENT	\$28.83	\$34.03
E0160	RR	SITZ TYPE BATH OR EQUIPMENT	\$2.88	\$3.94
E0160	UE	SITZ TYPE BATH OR EQUIPMENT	\$21.63	\$25.52
E0161	NU	SITZ BATH/EQUIPMENT W/FAUCET	\$24.29	\$27.37
E0161	RR	SITZ BATH/EQUIPMENT W/FAUCET	\$2.43	\$3.30
E0161	UE	SITZ BATH/EQUIPMENT W/FAUCET	\$18.23	\$20.49
E0162	NU	SITZ BATH CHAIR	\$152.09	\$152.09
E0162	RR	SITZ BATH CHAIR	\$15.97	\$15.97
E0162	UE	SITZ BATH CHAIR	\$117.94	\$117.94
E0163	NU	COMMODE CHAIR WITH FIXED ARM	\$55.71	\$98.39
E0163	RR	COMMODE CHAIR WITH FIXED ARM	\$5.57	\$15.81
E0163	UE	COMMODE CHAIR WITH FIXED ARM	\$41.79	\$75.22
E0165	RR	COMMODE CHAIR WITH DETACHARM	\$12.54	\$18.52
E0167	NU	COMMODE CHAIR PAIL OR PAN	\$11.23	\$12.67
E0167	RR	COMMODE CHAIR PAIL OR PAN	\$1.13	\$1.29
E0167	UE	COMMODE CHAIR PAIL OR PAN	\$8.43	\$9.50
E0168	NU	HEAVYDUTY/WIDE COMMODE CHAIR	\$118.50	\$160.68
E0168	RR	HEAVYDUTY/WIDE COMMODE CHAIR	\$11.85	\$16.11
E0168	UE	HEAVYDUTY/WIDE COMMODE CHAIR	\$88.88	\$120.50
E0170	RR	COMMODE CHAIR ELECTRIC	\$169.99	\$193.55
E0171	RR	COMMODE CHAIR NON-ELECTRIC	\$32.00	\$35.51
E0175	NU	COMMODE CHAIR FOOT REST	\$81.33	\$81.33
E0175	RR	COMMODE CHAIR FOOT REST	\$8.13	\$8.13
E0175	UE	COMMODE CHAIR FOOT REST	\$59.87	\$59.87
E0181	RR	PRESS PAD ALTERNATING W/ PUM	\$16.88	\$25.04
E0182	RR	REPLACE PUMP, ALT PRESS PAD	\$21.92	\$28.17
E0183	RR	PRESS UNDERLAY ALTER W/PUMP	\$16.88	\$25.04
E0184	NU	DRY PRESSURE MATTRESS	\$161.71	\$195.11
E0184	RR	DRY PRESSURE MATTRESS	\$16.17	\$22.18
E0184	UE	DRY PRESSURE MATTRESS	\$121.28	\$148.06
E0185	NU	GEL PRESSURE MATTRESS PAD	\$183.56	\$294.88
E0185	RR	GEL PRESSURE MATTRESS PAD	\$18.35	\$37.45
E0185	UE	GEL PRESSURE MATTRESS PAD	\$137.67	\$224.59
E0186	RR	AIR PRESSURE MATTRESS	\$19.53	\$21.19
E0187	RR	WATER PRESSURE MATTRESS	\$22.87	\$25.05
E0188	NU	SYNTHETIC SHEEPSKIN PAD	\$24.24	\$30.56
E0188	RR	SYNTHETIC SHEEPSKIN PAD	\$2.43	\$3.34
E0188	UE	SYNTHETIC SHEEPSKIN PAD	\$18.18	\$22.93
E0189	NU	LAMBSWOOL SHEEPSKIN PAD	\$54.34	\$60.82
E0189	RR	LAMBSWOOL SHEEPSKIN PAD	\$5.44	\$6.35
E0189	UE	LAMBSWOOL SHEEPSKIN PAD	\$40.76	\$45.61
E0191	NU	PROTECTOR HEEL OR ELBOW	\$12.27	\$12.27

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0191	RR	PROTECTOR HEEL OR ELBOW	\$1.27	\$1.27
E0191	UE	PROTECTOR HEEL OR ELBOW	\$9.15	\$9.15
E0193	RR	POWERED AIR FLOTATION BED	\$733.67	\$876.74
E0194	RR	AIR FLUIDIZED BED	\$3623.82	\$3623.82
E0196	RR	GEL PRESSURE MATTRESS	\$33.26	\$38.36
E0197	RR	AIR PRESSURE PAD FOR MATTRES	\$18.36	\$26.50
E0198	RR	WATER PRESSURE PAD FOR MATTR	\$23.13	\$23.13
E0199	NU	DRY PRESSURE PAD FOR MATTRES	\$32.61	\$36.19
E0199	RR	DRY PRESSURE PAD FOR MATTRES	\$3.26	\$3.64
E0199	UE	DRY PRESSURE PAD FOR MATTRES	\$24.45	\$27.14
E0200	NU	HEAT LAMP WITHOUT STAND	\$92.71	\$92.71
E0200	RR	HEAT LAMP WITHOUT STAND	\$11.24	\$11.24
E0200	UE	HEAT LAMP WITHOUT STAND	\$69.54	\$69.54
E0202	RR	PHOTOTHERAPY LIGHT W/ PHOTOM	\$76.91	\$76.91
E0205	NU	HEAT LAMP WITH STAND	\$238.31	\$238.31
E0205	RR	HEAT LAMP WITH STAND	\$26.22	\$26.22
E0205	UE	HEAT LAMP WITH STAND	\$178.73	\$178.73
E0210	NU	ELECTRIC HEAT PAD STANDARD	\$34.09	\$34.09
E0210	RR	ELECTRIC HEAT PAD STANDARD	\$3.27	\$3.27
E0210	UE	ELECTRIC HEAT PAD STANDARD	\$25.54	\$25.54
E0215	NU	ELECTRIC HEAT PAD MOIST	\$73.94	\$73.94
E0215	RR	ELECTRIC HEAT PAD MOIST	\$7.74	\$7.74
E0215	UE	ELECTRIC HEAT PAD MOIST	\$55.47	\$55.47
E0217	NU	WATER CIRC HEAT PAD W PUMP	\$609.66	\$609.66
E0217	RR	WATER CIRC HEAT PAD W PUMP	\$60.97	\$60.97
E0217	UE	WATER CIRC HEAT PAD W PUMP	\$457.22	\$457.22
E0225	NU	HYDROCOLLATOR UNIT	\$477.26	\$477.26
E0225	RR	HYDROCOLLATOR UNIT	\$47.04	\$47.04
E0225	UE	HYDROCOLLATOR UNIT	\$357.95	\$357.95
E0235	RR	PARAFFIN BATH UNIT PORTABLE	\$20.09	\$20.09
E0236	RR	PUMP FOR WATER CIRCULATING P	\$54.33	\$54.33
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	\$470.67	\$470.67
E0239	RR	HYDROCOLLATOR UNIT PORTABLE	\$55.25	\$55.25
E0239	UE	HYDROCOLLATOR UNIT PORTABLE	\$353.05	\$353.05
E0249	NU	PAD WATER CIRCULATING HEAT U	\$103.97	\$103.97
E0249	RR	PAD WATER CIRCULATING HEAT U	\$13.44	\$13.44
E0249	UE	PAD WATER CIRCULATING HEAT U	\$77.96	\$77.96
E0250	RR	HOSP BED FIXED HT W/ MATTRES	\$65.69	\$87.07
E0251	RR	HOSP BED FIXD HT W/O MATTRES	\$61.54	\$66.54
E0255	RR	HOSPITAL BED VAR HT W/ MATTR	\$65.93	\$97.77
E0256	RR	HOSPITAL BED VAR HT W/O MATT	\$64.49	\$78.67
E0260	RR	HOSP BED SEMI-ELECTR W/ MATT	\$65.93	\$109.96
E0261	RR	HOSP BED SEMI-ELECTR W/O MAT	\$65.93	\$108.06

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0265	RR	HOSP BED TOTAL ELECTR W/ MAT	\$156.56	\$175.91
E0266	RR	HOSP BED TOTAL ELEC W/O MATT	\$136.22	\$148.93
E0271	NU	MATTRESS INNERSPRING	\$126.95	\$189.37
E0271	RR	MATTRESS INNERSPRING	\$12.70	\$19.40
E0271	UE	MATTRESS INNERSPRING	\$95.22	\$145.68
E0272	NU	MATTRESS FOAM RUBBER	\$142.79	\$188.62
E0272	RR	MATTRESS FOAM RUBBER	\$14.28	\$19.34
E0272	UE	MATTRESS FOAM RUBBER	\$107.09	\$141.08
E0275	NU	BED PAN STANDARD	\$14.86	\$17.51
E0275	RR	BED PAN STANDARD	\$1.49	\$1.80
E0275	UE	BED PAN STANDARD	\$11.15	\$13.13
E0276	NU	BED PAN FRACTURE	\$12.94	\$15.15
E0276	RR	BED PAN FRACTURE	\$1.30	\$1.67
E0276	UE	BED PAN FRACTURE	\$9.71	\$11.69
E0277	RR	POWERED PRES-REDU AIR MATTRS	\$218.35	\$484.17
E0280	NU	BED CRADLE	\$33.10	\$34.37
E0280	RR	BED CRADLE	\$3.31	\$3.67
E0280	UE	BED CRADLE	\$24.83	\$25.78
E0290	RR	HOSP BED FX HT W/O RAILS W/M	\$61.91	\$72.69
E0291	RR	HOSP BED FX HT W/O RAIL W/O	\$47.92	\$48.85
E0292	RR	HOSP BED VAR HT NO SR W/MATT	\$65.77	\$79.44
E0293	RR	HOSP BED VAR HT NO SR NO MAT	\$62.00	\$70.52
E0294	RR	HOSP BED SEMI-ELECT W/ MATTR	\$65.93	\$104.75
E0295	RR	HOSP BED SEMI-ELECT W/O MATT	\$65.93	\$102.98
E0296	RR	HOSP BED TOTAL ELECT W/ MATT	\$122.15	\$140.55
E0297	RR	HOSP BED TOTAL ELECT W/O MAT	\$107.79	\$124.95
E0300	RR	ENCLOSED PED CRIB HOSP GRADE	\$272.19	\$286.31
E0301	RR	HD HOSP BED, 350-600 LBS	\$172.77	\$236.79
E0302	RR	EX HD HOSP BED > 600 LBS	\$501.12	\$652.08
E0303	RR	HOSP BED HVY DTY XTRA WIDE	\$175.82	\$255.68
E0304	RR	HOSP BED XTRA HVY DTY X WIDE	\$507.06	\$688.82
E0305	RR	RAILS BED SIDE HALF LENGTH	\$11.47	\$15.68
E0310	NU	RAILS BED SIDE FULL LENGTH	\$116.67	\$167.74
E0310	RR	RAILS BED SIDE FULL LENGTH	\$11.66	\$18.54
E0310	UE	RAILS BED SIDE FULL LENGTH	\$87.51	\$126.50
E0316	RR	BED SAFETY ENCLOSURE	\$212.59	\$213.79
E0325	NU	URINAL MALE JUG-TYPE	\$10.00	\$11.51
E0325	RR	URINAL MALE JUG-TYPE	\$1.00	\$1.46
E0325	UE	URINAL MALE JUG-TYPE	\$7.50	\$8.08
E0326	NU	URINAL FEMALE JUG-TYPE	\$10.32	\$10.95
E0326	RR	URINAL FEMALE JUG-TYPE	\$1.04	\$1.19
E0326	UE	URINAL FEMALE JUG-TYPE	\$7.74	\$8.22
E0371	RR	NONPOWER MATTRESS OVERLAY	\$218.35	\$347.00

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0372	RR	POWERED AIR MATTRESS OVERLAY	\$218.35	\$397.31
E0373	RR	NONPOWERED PRESSURE MATTRESS	\$218.35	\$437.08
E0424	RR	STATIONARY COMPRESSED GAS O2	\$83.52	\$152.06
E0431	RR	PORTABLE GASEOUS O2	\$18.81	\$27.14
E0433	RR	PORTABLE LIQUID OXYGEN SYS	\$40.13	\$46.06
E0434	RR	PORTABLE LIQUID O2	\$40.13	\$46.06
E0439	RR	STATIONARY LIQUID O2	\$83.52	\$152.06
E0441		STATIONARY O2 CONTENTS, GAS	\$57.71	\$66.43
E0442		STATIONARY O2 CONTENTS, LIQ	\$57.71	\$66.43
E0443		PORTABLE O2 CONTENTS, GAS	\$52.30	\$63.51
E0444		PORTABLE O2 CONTENTS, LIQUID	\$52.30	\$63.51
E0447		PORT O2 CONT, LIQ OVER 4 LPM	\$78.45	\$96.42
E0462	RR	ROCKING BED W/ OR W/O SIDE R	\$357.86	\$357.86
E0465	RR	HOME VENT INVASIVE INTERFACE	\$1172.16	\$1172.16
E0466	RR	HOME VENT NON-INVASIVE INTER	\$1172.16	\$1172.16
E0467	RR	HOME VENT MULTI-FUNCTION	\$1363.16	\$1389.04
E0470	RR	RAD W/O BACKUP NON-INV INTFC	\$113.49	\$199.19
E0471	RR	RAD W/BACKUP NON INV INTRFC	\$275.97	\$446.35
E0472	RR	RAD W BACKUP INVASIVE INTRFC	\$420.17	\$524.59
E0480	RR	PERCUSSOR ELECT/PNEUM HOME M	\$53.97	\$53.97
E0482	RR	COUGH STIMULATING DEVICE	\$528.08	\$528.08
E0483	RR	HI FREQ CHEST WALL OSCIL SYS	\$1305.54	\$1305.54
E0484	NU	NON-ELEC OSCILLATORY PEP DVC	\$45.36	\$45.36
E0484	RR	NON-ELEC OSCILLATORY PEP DVC	\$4.54	\$4.54
E0484	UE	NON-ELEC OSCILLATORY PEP DVC	\$34.02	\$34.02
E0485	NU	ORAL DEVICE/APPLIANCE PREFAB	\$0.00	\$0.00
E0485	RR	ORAL DEVICE/APPLIANCE PREFAB	\$0.00	\$0.00
E0485	UE	ORAL DEVICE/APPLIANCE PREFAB	\$0.00	\$0.00
E0486	NU	ORAL DEVICE/APPLIANCE CUSFAB	\$0.00	\$0.00
E0486	RR	ORAL DEVICE/APPLIANCE CUSFAB	\$0.00	\$0.00
E0486	UE	ORAL DEVICE/APPLIANCE CUSFAB	\$0.00	\$0.00
E0490	RR	CONTROL UNIT NM HW REMOTE	\$109.94	\$109.94
E0491		ORAL DV NM MOUTHPC HW REMOTE	\$90.79	\$90.79
E0500	RR	IPPB ALL TYPES	\$134.79	\$134.79
E0530	RR	ELECTRONIC POSA TREATMENT	\$31.99	\$31.99
E0550	RR	HUMIDIF EXTENS SUPPLE W IPPB	\$52.34	\$52.34
E0560	NU	HUMIDIFIER SUPPLEMENTAL W/ I	\$181.52	\$181.52
E0560	RR	HUMIDIFIER SUPPLEMENTAL W/ I	\$19.73	\$19.73
E0560	UE	HUMIDIFIER SUPPLEMENTAL W/ I	\$136.15	\$136.15
E0561	NU	HUMIDIFIER NONHEATED W PAP	\$72.98	\$99.06
E0561	RR	HUMIDIFIER NONHEATED W PAP	\$7.30	\$9.90
E0561	UE	HUMIDIFIER NONHEATED W PAP	\$54.74	\$74.30
E0562	NU	HUMIDIFIER HEATED USED W PAP	\$144.48	\$240.49

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0562	RR	HUMIDIFIER HEATED USED W PAP	\$14.45	\$24.04
E0562	UE	HUMIDIFIER HEATED USED W PAP	\$108.36	\$180.37
E0565	RR	COMPRESSOR AIR POWER SOURCE	\$44.74	\$62.03
E0570	RR	NEBULIZER WITH COMPRESSION	\$6.08	\$13.25
E0572	RR	AEROSOL COMPRESSOR ADJUST PR	\$24.80	\$40.17
E0574	RR	ULTRASONIC GENERATOR W SVNEB	\$49.43	\$49.43
E0575	RR	NEBULIZER ULTRASONIC	\$126.22	\$126.22
E0580	NU	NEBULIZER FOR USE W/ REGULAT	\$141.88	\$141.88
E0580	RR	NEBULIZER FOR USE W/ REGULAT	\$14.19	\$14.19
E0580	UE	NEBULIZER FOR USE W/ REGULAT	\$106.39	\$106.39
E0585	RR	NEBULIZER W/ COMPRESSOR & HE	\$27.37	\$38.08
E0600	RR	SUCTION PUMP PORTAB HOM MODL	\$48.68	\$48.68
E0601	RR	CONT AIRWAY PRESSURE DEVICE	\$43.32	\$83.30
E0602	NU	MANUAL BREAST PUMP	\$36.24	\$36.24
E0602	RR	MANUAL BREAST PUMP	\$3.65	\$3.65
E0602	UE	MANUAL BREAST PUMP	\$27.19	\$27.19
E0605	NU	VAPORIZER ROOM TYPE	\$27.57	\$27.57
E0605	RR	VAPORIZER ROOM TYPE	\$3.21	\$3.21
E0605	UE	VAPORIZER ROOM TYPE	\$22.73	\$22.73
E0606	RR	DRAINAGE BOARD POSTURAL	\$28.18	\$28.18
E0607	NU	BLOOD GLUCOSE MONITOR HOME	\$82.05	\$82.05
E0607	RR	BLOOD GLUCOSE MONITOR HOME	\$8.20	\$8.20
E0607	UE	BLOOD GLUCOSE MONITOR HOME	\$61.52	\$61.52
E0610	NU	PACEMAKER MONITR AUDIBLE/VIS	\$249.27	\$249.27
E0610	RR	PACEMAKER MONITR AUDIBLE/VIS	\$26.19	\$26.19
E0610	UE	PACEMAKER MONITR AUDIBLE/VIS	\$186.99	\$186.99
E0615	NU	PACEMAKER MONITR DIGITAL/VIS	\$499.76	\$499.76
E0615	RR	PACEMAKER MONITR DIGITAL/VIS	\$61.07	\$61.07
E0615	UE	PACEMAKER MONITR DIGITAL/VIS	\$374.87	\$374.87
E0617	RR	AUTOMATIC EXT DEFIBRILLATOR	\$373.36	\$373.36
E0618	RR	APNEA MONITOR	\$344.29	\$344.29
E0619	RR	APNEA MONITOR W RECORDER	\$0.00	\$0.00
E0620	RR	CAP BLD SKIN PIERCING LASER	\$107.36	\$107.36
E0621	NU	PATIENT LIFT SLING OR SEAT	\$90.15	\$107.56
E0621	RR	PATIENT LIFT SLING OR SEAT	\$9.02	\$10.54
E0621	UE	PATIENT LIFT SLING OR SEAT	\$67.62	\$80.89
E0627	NU	SEAT LIFT MECH, ELECTRIC ANY	\$270.82	\$355.68
E0627	RR	SEAT LIFT MECH, ELECTRIC ANY	\$27.08	\$35.57
E0627	UE	SEAT LIFT MECH, ELECTRIC ANY	\$203.11	\$266.75
E0629	NU	SEAT LIFT MECH, NON-ELECTRIC	\$265.82	\$353.95
E0629	RR	SEAT LIFT MECH, NON-ELECTRIC	\$26.59	\$35.40
E0629	UE	SEAT LIFT MECH, NON-ELECTRIC	\$199.37	\$265.46
E0630	RR	PATIENT LIFT HYDRAULIC	\$61.96	\$96.72



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0635	RR	PATIENT LIFT ELECTRIC	\$133.79	\$143.33
E0636	RR	PT SUPPORT & POSITIONING SYS	\$1055.10	\$1221.68
E0639	RR	MOVEABLE PATIENT LIFT SYSTEM	\$136.99	\$136.99
E0640	RR	FIXED PATIENT LIFT SYSTEM	\$136.99	\$136.99
E0650	NU	PNEUMA COMPRESOR NON-SEGMENT	\$884.41	\$884.41
E0650	RR	PNEUMA COMPRESOR NON-SEGMENT	\$109.14	\$109.14
E0650	UE	PNEUMA COMPRESOR NON-SEGMENT	\$663.32	\$663.32
E0651	NU	PNEUM COMPRESSOR SEGMENTAL	\$1032.92	\$1032.92
E0651	RR	PNEUM COMPRESSOR SEGMENTAL	\$103.30	\$103.30
E0651	UE	PNEUM COMPRESSOR SEGMENTAL	\$774.68	\$774.68
E0652	NU	PNEUM COMPRES W/CAL PRESSURE	\$6510.20	\$6510.20
E0652	RR	PNEUM COMPRES W/CAL PRESSURE	\$643.40	\$643.40
E0652	UE	PNEUM COMPRES W/CAL PRESSURE	\$4878.29	\$4878.29
E0655	NU	PNEUMATIC APPLIANCE HALF ARM	\$132.54	\$132.54
E0655	RR	PNEUMATIC APPLIANCE HALF ARM	\$15.58	\$15.58
E0655	UE	PNEUMATIC APPLIANCE HALF ARM	\$99.53	\$99.53
E0656	RR	SEGMENTAL PNEUMATIC TRUNK	\$70.97	\$70.97
E0657	RR	SEGMENTAL PNEUMATIC CHEST	\$66.66	\$66.66
E0660	NU	PNEUMATIC APPLIANCE FULL LEG	\$194.26	\$194.26
E0660	RR	PNEUMATIC APPLIANCE FULL LEG	\$20.41	\$20.41
E0660	UE	PNEUMATIC APPLIANCE FULL LEG	\$145.70	\$145.70
E0665	NU	PNEUMATIC APPLIANCE FULL ARM	\$168.24	\$168.24
E0665	RR	PNEUMATIC APPLIANCE FULL ARM	\$17.27	\$17.27
E0665	UE	PNEUMATIC APPLIANCE FULL ARM	\$126.33	\$126.33
E0666	NU	PNEUMATIC APPLIANCE HALF LEG	\$169.58	\$169.58
E0666	RR	PNEUMATIC APPLIANCE HALF LEG	\$17.46	\$17.46
E0666	UE	PNEUMATIC APPLIANCE HALF LEG	\$127.21	\$127.21
E0667	NU	SEG PNEUMATIC APPL FULL LEG	\$380.03	\$380.03
E0667	RR	SEG PNEUMATIC APPL FULL LEG	\$38.16	\$38.16
E0667	UE	SEG PNEUMATIC APPL FULL LEG	\$284.99	\$284.99
E0668	NU	SEG PNEUMATIC APPL FULL ARM	\$542.63	\$542.63
E0668	RR	SEG PNEUMATIC APPL FULL ARM	\$53.55	\$53.55
E0668	UE	SEG PNEUMATIC APPL FULL ARM	\$406.99	\$406.99
E0669	NU	SEG PNEUMATIC APPLI HALF LEG	\$224.98	\$224.98
E0669	RR	SEG PNEUMATIC APPLI HALF LEG	\$22.50	\$22.50
E0669	UE	SEG PNEUMATIC APPLI HALF LEG	\$168.74	\$168.74
E0670	NU	SEG PNEUM INT LEGS/TRUNK	\$1506.81	\$1506.81
E0670	RR	SEG PNEUM INT LEGS/TRUNK	\$150.71	\$150.71
E0670	UE	SEG PNEUM INT LEGS/TRUNK	\$1130.09	\$1130.09
E0671	NU	PRESSURE PNEUM APPL FULL LEG	\$510.06	\$510.06
E0671	RR	PRESSURE PNEUM APPL FULL LEG	\$51.04	\$51.04
E0671	UE	PRESSURE PNEUM APPL FULL LEG	\$382.51	\$382.51
E0672	NU	PRESSURE PNEUM APPL FULL ARM	\$396.30	\$396.30

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0672	RR	PRESSURE PNEUM APPL FULL ARM	\$39.66	\$39.66
E0672	UE	PRESSURE PNEUM APPL FULL ARM	\$297.24	\$297.24
E0673	NU	PRESSURE PNEUM APPL HALF LEG	\$329.30	\$329.30
E0673	RR	PRESSURE PNEUM APPL HALF LEG	\$32.93	\$32.93
E0673	UE	PRESSURE PNEUM APPL HALF LEG	\$247.02	\$247.02
E0675	RR	PNEUMATIC COMPRESSION DEVICE	\$472.22	\$472.22
E0677	RR	NON PNEUM SEQ COMP TRUNK	\$70.97	\$70.97
E0678	RR	NON PNEUM SEQ COMP FULL LEG	\$38.01	\$38.01
E0679	RR	NON PNEUM SEQ COMP HALF LEG	\$22.50	\$22.50
E0680	RR	NON PNEUM COMP CONTROL CAL	\$651.02	\$651.02
E0681	RR	NON PNEU COMP CONTROL W/O CA	\$103.29	\$103.29
E0682	RR	NON PNEUM COMPRESS FULL ARM	\$54.26	\$54.26
E0691	NU	UVL PNL 2 SQ FT OR LESS	\$1103.46	\$1103.46
E0691	RR	UVL PNL 2 SQ FT OR LESS	\$110.34	\$110.34
E0691	UE	UVL PNL 2 SQ FT OR LESS	\$827.60	\$827.60
E0692	NU	UVL SYS PANEL 4 FT	\$1385.66	\$1385.66
E0692	RR	UVL SYS PANEL 4 FT	\$138.55	\$138.55
E0692	UE	UVL SYS PANEL 4 FT	\$1039.24	\$1039.24
E0693	NU	UVL SYS PANEL 6 FT	\$1708.12	\$1708.12
E0693	RR	UVL SYS PANEL 6 FT	\$170.82	\$170.82
E0693	UE	UVL SYS PANEL 6 FT	\$1281.09	\$1281.09
E0694	NU	UVL MD CABINET SYS 6 FT	\$5436.79	\$5436.79
E0694	RR	UVL MD CABINET SYS 6 FT	\$543.67	\$543.67
E0694	UE	UVL MD CABINET SYS 6 FT	\$4077.62	\$4077.62
E0705	NU	TRANSFER DEVICE	\$47.91	\$60.71
E0705	RR	TRANSFER DEVICE	\$4.79	\$6.13
E0705	UE	TRANSFER DEVICE	\$35.93	\$44.95
E0720	NU	TENS TWO LEAD	\$60.27	\$230.72
E0730	NU	TENS FOUR LEAD	\$59.87	\$252.77
E0731	NU	CONDUCTIVE GARMENT FOR TENS/	\$76.79	\$267.71
E0732	RR	CES SYSTEM	\$38.37	\$38.37
E0733	RR	TRANS ELEC NERV FOR TRIGEMIN	\$38.37	\$38.37
E0734	RR	EXT UP LIMB TREMOR STIM WRIS	\$386.32	\$386.32
E0735	RR	NON-INVASIVE VAGUS NERV STIM	\$38.37	\$38.37
E0740	RR	NON-IMPLANT PELV FLR E-STIM	\$64.22	\$64.22
E0744	RR	NEUROMUSCULAR STIM FOR SCOLI	\$112.46	\$112.46
E0745	RR	NEUROMUSCULAR STIM FOR SHOCK	\$109.94	\$109.94
E0762	RR	TRANS ELEC JT STIM DEV SYS	\$124.51	\$124.51
E0765	NU	NERVE STIMULATOR FOR TX N&V	\$103.31	\$103.31
E0765	RR	NERVE STIMULATOR FOR TX N&V	\$10.35	\$10.35
E0765	UE	NERVE STIMULATOR FOR TX N&V	\$77.51	\$77.51
E0776	NU	IV POLE	\$153.92	\$153.92
E0776	RR	IV POLE	\$15.63	\$17.55

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0776	UE	IV POLE	\$115.43	\$115.43
E0779	RR	AMB INFUSION PUMP MECHANICAL	\$20.28	\$20.40
E0780	NU	MECH AMB INFUSION PUMP <8HRS	\$12.74	\$12.74
E0781	RR	EXTERNAL AMBULATORY INFUS PU	\$263.18	\$294.22
E0784	RR	EXT AMB INFUSN PUMP INSULIN	\$474.54	\$493.66
E0791	RR	PARENTERAL INFUSION PUMP STA	\$312.65	\$350.48
E0840	NU	TRACT FRAME ATTACH HEADBOARD	\$76.95	\$76.95
E0840	RR	TRACT FRAME ATTACH HEADBOARD	\$17.05	\$17.05
E0840	UE	TRACT FRAME ATTACH HEADBOARD	\$57.72	\$57.72
E0849	RR	CERVICAL PNEUM TRAC EQUIP	\$63.29	\$63.29
E0850	NU	TRACTION STAND FREE STANDING	\$109.65	\$109.65
E0850	RR	TRACTION STAND FREE STANDING	\$15.07	\$15.07
E0850	UE	TRACTION STAND FREE STANDING	\$82.24	\$82.24
E0855	RR	CERVICAL TRACTION EQUIPMENT	\$61.72	\$61.72
E0856	RR	CERVIC COLLAR W AIR BLADDERS	\$18.90	\$18.90
E0860	NU	TRACT EQUIP CERVICAL TRACT	\$47.32	\$47.32
E0860	RR	TRACT EQUIP CERVICAL TRACT	\$6.81	\$6.81
E0860	UE	TRACT EQUIP CERVICAL TRACT	\$36.23	\$36.23
E0870	NU	TRACT FRAME ATTACH FOOTBOARD	\$142.84	\$142.84
E0870	RR	TRACT FRAME ATTACH FOOTBOARD	\$16.47	\$16.47
E0870	UE	TRACT FRAME ATTACH FOOTBOARD	\$107.60	\$107.60
E0880	NU	TRAC STAND FREE STAND EXTREM	\$131.04	\$131.04
E0880	RR	TRAC STAND FREE STAND EXTREM	\$20.57	\$20.57
E0880	UE	TRAC STAND FREE STAND EXTREM	\$99.18	\$99.18
E0890	NU	TRACTION FRAME ATTACH PELVIC	\$147.85	\$147.85
E0890	RR	TRACTION FRAME ATTACH PELVIC	\$34.27	\$34.27
E0890	UE	TRACTION FRAME ATTACH PELVIC	\$119.11	\$119.11
E0900	NU	TRAC STAND FREE STAND PELVIC	\$157.36	\$157.36
E0900	RR	TRAC STAND FREE STAND PELVIC	\$28.85	\$28.85
E0900	UE	TRAC STAND FREE STAND PELVIC	\$118.04	\$118.04
E0910	RR	TRAPEZE BAR ATTACHED TO BED	\$11.54	\$16.68
E0911	RR	HD TRAPEZE BAR ATTACH TO BED	\$43.98	\$50.83
E0912	RR	HD TRAPEZE BAR FREE STANDING	\$86.93	\$108.05
E0920	RR	FRACTURE FRAME ATTACHED TO B	\$48.18	\$48.18
E0930	RR	FRACTURE FRAME FREE STANDING	\$56.09	\$56.09
E0935	RR	CONT PAS MOTION EXERCISE DEV	\$23.74	\$23.74
E0940	RR	TRAPEZE BAR FREE STANDING	\$21.83	\$30.63
E0941	RR	GRAVITY ASSISTED TRACTION DE	\$53.30	\$53.30
E0942	NU	CERVICAL HEAD HARNESS/HALTER	\$24.37	\$24.37
E0942	RR	CERVICAL HEAD HARNESS/HALTER	\$2.89	\$2.89
E0942	UE	CERVICAL HEAD HARNESS/HALTER	\$18.23	\$18.23
E0944	NU	PELVIC BELT/HARNESS/BOOT	\$56.33	\$56.33
E0944	RR	PELVIC BELT/HARNESS/BOOT	\$5.66	\$5.66

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0944	UE	PELVIC BELT/HARNESS/BOOT	\$42.25	\$42.25
E0945	NU	BELT/HARNESS EXTREMITY	\$46.26	\$46.26
E0945	RR	BELT/HARNESS EXTREMITY	\$4.62	\$4.62
E0945	UE	BELT/HARNESS EXTREMITY	\$35.82	\$35.82
E0946	RR	FRACTURE FRAME DUAL W CROSS	\$61.76	\$61.76
E0947	NU	FRACTURE FRAME ATTACHMNTS PE	\$744.73	\$744.73
E0947	RR	FRACTURE FRAME ATTACHMNTS PE	\$77.21	\$77.21
E0947	UE	FRACTURE FRAME ATTACHMNTS PE	\$558.53	\$558.53
E0948	NU	FRACTURE FRAME ATTACHMNTS CE	\$670.37	\$670.37
E0948	RR	FRACTURE FRAME ATTACHMNTS CE	\$67.04	\$67.04
E0948	UE	FRACTURE FRAME ATTACHMNTS CE	\$502.79	\$502.79
E0950	NU	TRAY	\$79.11	\$98.60
E0950	RR	TRAY	\$7.91	\$9.87
E0950	UE	TRAY	\$59.34	\$73.94
E0951	NU	LOOP HEEL	\$12.85	\$17.56
E0951	RR	LOOP HEEL	\$1.29	\$1.78
E0951	UE	LOOP HEEL	\$9.64	\$13.17
E0952	NU	TOE LOOP/HOLDER, EACH	\$17.65	\$18.79
E0952	RR	TOE LOOP/HOLDER, EACH	\$1.76	\$1.92
E0952	UE	TOE LOOP/HOLDER, EACH	\$13.24	\$14.09
E0953	NU	W/C LATERAL THIGH/KNEE SUP	\$79.67	\$95.92
E0953	RR	W/C LATERAL THIGH/KNEE SUP	\$7.97	\$9.59
E0953	UE	W/C LATERAL THIGH/KNEE SUP	\$59.75	\$71.95
E0954	NU	FOOT BOX, ANY TYPE EACH FOOT	\$55.59	\$61.74
E0954	RR	FOOT BOX, ANY TYPE EACH FOOT	\$5.56	\$6.24
E0954	UE	FOOT BOX, ANY TYPE EACH FOOT	\$41.70	\$46.30
E0955	RR	CUSHIONED HEADREST	\$14.90	\$19.01
E0956	NU	W/C LATERAL TRUNK/HIP SUPPOR	\$79.67	\$95.92
E0956	RR	W/C LATERAL TRUNK/HIP SUPPOR	\$7.97	\$9.59
E0956	UE	W/C LATERAL TRUNK/HIP SUPPOR	\$59.75	\$71.95
E0957	NU	W/C MEDIAL THIGH SUPPORT	\$127.92	\$141.83
E0957	RR	W/C MEDIAL THIGH SUPPORT	\$12.79	\$14.18
E0957	UE	W/C MEDIAL THIGH SUPPORT	\$95.94	\$106.37
E0958	RR	WHLCHR ATT- CONV 1 ARM DRIVE	\$43.21	\$50.55
E0959	NU	AMPUTEE ADAPTER	\$46.13	\$52.49
E0959	RR	AMPUTEE ADAPTER	\$4.62	\$5.27
E0959	UE	AMPUTEE ADAPTER	\$34.59	\$39.55
E0960	NU	W/C SHOULDER HARNESS/STRAPS	\$75.90	\$89.64
E0960	RR	W/C SHOULDER HARNESS/STRAPS	\$7.59	\$8.97
E0960	UE	W/C SHOULDER HARNESS/STRAPS	\$56.93	\$67.23
E0961	NU	WHEELCHAIR BRAKE EXTENSION	\$20.56	\$29.98
E0961	RR	WHEELCHAIR BRAKE EXTENSION	\$2.05	\$3.08
E0961	UE	WHEELCHAIR BRAKE EXTENSION	\$15.42	\$17.90

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0966	NU	WHEELCHAIR HEAD REST EXTENSI	\$75.27	\$84.40
E0966	RR	WHEELCHAIR HEAD REST EXTENSI	\$7.52	\$8.39
E0966	UE	WHEELCHAIR HEAD REST EXTENSI	\$56.45	\$63.31
E0967	NU	MAN WC RIM/PROJECTION REP EA	\$74.57	\$80.65
E0967	RR	MAN WC RIM/PROJECTION REP EA	\$7.45	\$8.07
E0967	UE	MAN WC RIM/PROJECTION REP EA	\$55.93	\$60.47
E0968	RR	WHEELCHAIR COMMUNE SEAT	\$22.01	\$22.01
E0969	NU	WHEELCHAIR NARROWING DEVICE	\$188.71	\$188.71
E0969	RR	WHEELCHAIR NARROWING DEVICE	\$18.88	\$18.88
E0969	UE	WHEELCHAIR NARROWING DEVICE	\$141.52	\$141.52
E0971	NU	WHEELCHAIR ANTI-TIPPING DEVI	\$29.78	\$43.94
E0971	RR	WHEELCHAIR ANTI-TIPPING DEVI	\$2.98	\$4.40
E0971	UE	WHEELCHAIR ANTI-TIPPING DEVI	\$22.34	\$32.97
E0973	NU	W/CH ACCESS DET ADJ ARMREST	\$52.94	\$82.29
E0973	RR	W/CH ACCESS DET ADJ ARMREST	\$5.29	\$7.98
E0973	UE	W/CH ACCESS DET ADJ ARMREST	\$39.71	\$61.71
E0974	NU	W/CH ACCESS ANTI-ROLLBACK	\$78.35	\$90.15
E0974	RR	W/CH ACCESS ANTI-ROLLBACK	\$7.84	\$9.31
E0974	UE	W/CH ACCESS ANTI-ROLLBACK	\$58.76	\$67.89
E0978	NU	W/C ACC,SAF BELT PELV STRAP	\$23.58	\$33.89
E0978	RR	W/C ACC,SAF BELT PELV STRAP	\$2.36	\$3.38
E0978	UE	W/C ACC,SAF BELT PELV STRAP	\$17.69	\$25.40
E0980	NU	WHEELCHAIR SAFETY VEST	\$40.37	\$40.37
E0980	RR	WHEELCHAIR SAFETY VEST	\$4.05	\$4.05
E0980	UE	WHEELCHAIR SAFETY VEST	\$30.27	\$30.27
E0981	NU	SEAT UPHOLSTERY, REPLACEMENT	\$44.22	\$44.71
E0981	RR	SEAT UPHOLSTERY, REPLACEMENT	\$4.42	\$4.47
E0981	UE	SEAT UPHOLSTERY, REPLACEMENT	\$33.17	\$33.54
E0982	NU	BACK UPHOLSTERY, REPLACEMENT	\$46.36	\$46.36
E0982	RR	BACK UPHOLSTERY, REPLACEMENT	\$4.64	\$4.64
E0982	UE	BACK UPHOLSTERY, REPLACEMENT	\$34.78	\$34.78
E0983	RR	ADD PWR JOYSTICK	\$306.92	\$306.92
E0984	RR	ADD PWR TILLER	\$234.60	\$234.60
E0985	RR	W/C SEAT LIFT MECHANISM	\$22.27	\$24.80
E0986	RR	MAN W/C PUSH-RIM POWR SYSTEM	\$597.35	\$597.35
E0988	RR	LEVER-ACTIVATED WHEEL DRIVE	\$367.61	\$367.61
E0990	NU	WHEELCHAIR ELEVATING LEG RES	\$69.10	\$102.32
E0990	RR	WHEELCHAIR ELEVATING LEG RES	\$6.91	\$11.02
E0990	UE	WHEELCHAIR ELEVATING LEG RES	\$51.83	\$78.70
E0992	NU	WHEELCHAIR SOLID SEAT INSERT	\$81.88	\$104.21
E0992	RR	WHEELCHAIR SOLID SEAT INSERT	\$8.19	\$10.25
E0992	UE	WHEELCHAIR SOLID SEAT INSERT	\$61.42	\$78.17
E0994	NU	WHEELCHAIR ARM REST	\$21.65	\$21.65

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E0994	RR	WHEELCHAIR ARM REST	\$2.19	\$2.19
E0994	UE	WHEELCHAIR ARM REST	\$16.24	\$16.24
E0995	NU	WC CALF REST, PAD REPLACEMNT	\$28.41	\$30.29
E0995	RR	WC CALF REST, PAD REPLACEMNT	\$2.84	\$3.03
E0995	UE	WC CALF REST, PAD REPLACEMNT	\$21.31	\$22.71
E1002	RR	PWR SEAT TILT	\$394.30	\$411.64
E1003	RR	PWR SEAT RECLINE	\$461.52	\$463.16
E1004	RR	PWR SEAT RECLINE MECH	\$507.28	\$511.30
E1005	RR	PWR SEAT RECLINE PWR	\$554.92	\$556.36
E1006	RR	PWR SEAT COMBO W/O SHEAR	\$683.26	\$683.26
E1007	RR	PWR SEAT COMBO W/SHEAR	\$849.29	\$887.25
E1008	RR	PWR SEAT COMBO PWR SHEAR	\$871.14	\$898.20
E1009	NU	ADD MECH LEG ELEVATION	\$0.00	\$0.00
E1009	RR	ADD MECH LEG ELEVATION	\$0.00	\$0.00
E1009	UE	ADD MECH LEG ELEVATION	\$0.00	\$0.00
E1010	RR	ADD PWR LEG ELEVATION	\$118.39	\$119.73
E1011	NU	PED WC MODIFY WIDTH ADJUSTM	\$0.00	\$0.00
E1011	RR	PED WC MODIFY WIDTH ADJUSTM	\$0.00	\$0.00
E1011	UE	PED WC MODIFY WIDTH ADJUSTM	\$0.00	\$0.00
E1012	RR	CTR MOUNT PWR ELEV LEG REST	\$118.39	\$119.73
E1014	RR	RECLINING BACK ADD PED W/C	\$44.86	\$44.86
E1015	NU	SHOCK ABSORBER FOR MAN W/C	\$122.78	\$138.58
E1015	RR	SHOCK ABSORBER FOR MAN W/C	\$12.28	\$13.85
E1015	UE	SHOCK ABSORBER FOR MAN W/C	\$92.08	\$103.93
E1016	NU	SHOCK ABSORBER FOR POWER W/C	\$116.32	\$133.46
E1016	RR	SHOCK ABSORBER FOR POWER W/C	\$11.64	\$13.36
E1016	UE	SHOCK ABSORBER FOR POWER W/C	\$87.24	\$100.09
E1017	NU	HD SHCK ABSRBR FOR HD MAN WC	\$0.00	\$0.00
E1017	RR	HD SHCK ABSRBR FOR HD MAN WC	\$0.00	\$0.00
E1017	UE	HD SHCK ABSRBR FOR HD MAN WC	\$0.00	\$0.00
E1018	NU	HD SHCK ABSRBER FOR HD POWWC	\$0.00	\$0.00
E1018	RR	HD SHCK ABSRBER FOR HD POWWC	\$0.00	\$0.00
E1018	UE	HD SHCK ABSRBER FOR HD POWWC	\$0.00	\$0.00
E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM	\$18.84	\$23.15
E1028	RR	W/C MANUAL SWINGAWAY	\$13.35	\$18.63
E1029	RR	W/C VENT TRAY FIXED	\$39.10	\$39.10
E1030	RR	W/C VENT TRAY GIMBALED	\$123.34	\$123.34
E1031	RR	ROLLABOUT CHAIR WITH CASTERS	\$44.62	\$55.51
E1035	RR	PATIENT TRANSFER SYSTEM <300	\$611.16	\$714.24
E1036	RR	PATIENT TRANSFER SYSTEM >300	\$861.12	\$1019.20
E1037	RR	TRANSPORT CHAIR, PED SIZE	\$106.94	\$128.01
E1038	RR	TRANSPORT CHAIR PT WT<=300LB	\$15.31	\$19.47
E1039	RR	TRANSPORT CHAIR PT WT >300LB	\$33.26	\$39.87

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E1050	RR	WHELCHR FXD FULL LENGTH ARMS	\$125.07	\$125.07
E1060	RR	WHEELCHAIR DETACHABLE ARMS	\$154.80	\$154.80
E1070	RR	WHEELCHAIR DETACHABLE FOOT R	\$131.61	\$131.61
E1083	RR	HEMI-WHEELCHAIR FIXED ARMS	\$95.60	\$95.60
E1084	RR	HEMI-WHEELCHAIR DETACHABLE A	\$120.47	\$120.47
E1087	RR	WHEELCHAIR LIGHTWT FIXED ARM	\$155.39	\$155.39
E1088	RR	WHEELCHAIR LIGHTWEIGHT DET A	\$185.15	\$185.15
E1092	RR	WHEELCHAIR WIDE W/ LEG RESTS	\$157.82	\$157.82
E1093	RR	WHEELCHAIR WIDE W/ FOOT REST	\$115.36	\$115.36
E1100	RR	WHCHR S-RECL FXD ARM LEG RES	\$127.47	\$127.47
E1110	RR	WHEELCHAIR SEMI-RECL DETACH	\$124.82	\$124.82
E1150	RR	WHEELCHAIR STANDARD W/ LEG R	\$86.97	\$86.97
E1160	RR	WHEELCHAIR FIXED ARMS	\$73.77	\$73.77
E1161	RR	MANUAL ADULT WC W TILTINSPAC	\$290.55	\$290.55
E1170	RR	WHLCHR AMPU FXD ARM LEG REST	\$109.69	\$109.69
E1171	RR	WHEELCHAIR AMPUTEE W/O LEG R	\$98.42	\$98.42
E1172	RR	WHEELCHAIR AMPUTEE DETACH AR	\$120.32	\$120.32
E1180	RR	WHEELCHAIR AMPUTEE W/ FOOT R	\$124.44	\$124.44
E1190	RR	WHEELCHAIR AMPUTEE W/ LEG RE	\$143.77	\$143.77
E1195	RR	WHEELCHAIR AMPUTEE HEAVY DUT	\$154.26	\$154.26
E1200	RR	WHEELCHAIR AMPUTEE FIXED ARM	\$106.85	\$106.85
E1221	RR	WHEELCHAIR SPEC SIZE W FOOT	\$49.60	\$49.60
E1222	RR	WHEELCHAIR SPEC SIZE W/ LEG	\$73.77	\$73.77
E1223	RR	WHEELCHAIR SPEC SIZE W FOOT	\$78.11	\$78.11
E1224	RR	WHEELCHAIR SPEC SIZE W/ LEG	\$86.97	\$86.97
E1225	RR	MANUAL SEMI-RECLINING BACK	\$38.17	\$48.25
E1226	NU	MANUAL FULLY RECLINING BACK	\$381.31	\$551.79
E1226	RR	MANUAL FULLY RECLINING BACK	\$38.13	\$56.16
E1226	UE	MANUAL FULLY RECLINING BACK	\$285.98	\$413.82
E1227	NU	WHEELCHAIR SPEC SZ SPEC HT A	\$340.78	\$340.78
E1227	RR	WHEELCHAIR SPEC SZ SPEC HT A	\$34.08	\$34.08
E1227	UE	WHEELCHAIR SPEC SZ SPEC HT A	\$255.62	\$255.62
E1228	RR	WHEELCHAIR SPEC SZ SPEC HT B	\$33.79	\$33.79
E1230	NU	POWER OPERATED VEHICLE	\$2777.51	\$2777.51
E1230	RR	POWER OPERATED VEHICLE	\$273.18	\$273.18
E1230	UE	POWER OPERATED VEHICLE	\$2196.68	\$2196.68
E1231	NU	RIGID PED W/C TILT-IN-SPACE	\$0.00	\$0.00
E1231	RR	RIGID PED W/C TILT-IN-SPACE	\$0.00	\$0.00
E1231	UE	RIGID PED W/C TILT-IN-SPACE	\$0.00	\$0.00
E1232	RR	FOLDING PED WC TILT-IN-SPACE	\$262.62	\$262.62
E1233	RR	RIG PED WC TLTNSPC W/O SEAT	\$272.08	\$272.08
E1234	RR	FLD PED WC TLTNSPC W/O SEAT	\$236.88	\$236.88
E1235	RR	RIGID PED WC ADJUSTABLE	\$228.11	\$228.11

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E1236	RR	FOLDING PED WC ADJUSTABLE	\$201.24	\$201.24
E1237	RR	RGD PED WC ADJSTABL W/O SEAT	\$202.99	\$202.99
E1238	RR	FLD PED WC ADJSTABL W/O SEAT	\$201.24	\$201.24
E1240	RR	WHCHR LITWT DET ARM LEG REST	\$126.52	\$126.52
E1270	RR	WHEELCHAIR LIGHTWEIGHT LEG R	\$96.94	\$96.94
E1280	RR	WHCHR H-DUTY DET ARM LEG RES	\$141.56	\$141.56
E1295	RR	WHEELCHAIR HEAVY DUTY FIXED	\$135.25	\$135.25
E1296	NU	WHEELCHAIR SPECIAL SEAT HEIG	\$603.75	\$603.75
E1296	RR	WHEELCHAIR SPECIAL SEAT HEIG	\$61.35	\$61.35
E1296	UE	WHEELCHAIR SPECIAL SEAT HEIG	\$452.83	\$452.83
E1297	NU	WHEELCHAIR SPECIAL SEAT DEPT	\$109.19	\$109.19
E1297	RR	WHEELCHAIR SPECIAL SEAT DEPT	\$12.13	\$12.13
E1297	UE	WHEELCHAIR SPECIAL SEAT DEPT	\$81.88	\$81.88
E1298	NU	WHEELCHAIR SPEC SEAT DEPTH/W	\$520.25	\$520.25
E1298	RR	WHEELCHAIR SPEC SEAT DEPTH/W	\$53.23	\$53.23
E1298	UE	WHEELCHAIR SPEC SEAT DEPTH/W	\$390.19	\$390.19
E1310	NU	WHIRLPOOL NON-PORTABLE	\$2255.54	\$2255.54
E1310	RR	WHIRLPOOL NON-PORTABLE	\$225.53	\$225.53
E1310	UE	WHIRLPOOL NON-PORTABLE	\$1691.68	\$1691.68
E1353		OXYGEN SUPPLIES REGULATOR	\$34.78	\$34.78
E1355		OXYGEN SUPPLIES STAND/RACK	\$26.21	\$26.21
E1372	NU	OXY SUPPL HEATER FOR NEBULIZ	\$116.24	\$162.88
E1372	RR	OXY SUPPL HEATER FOR NEBULIZ	\$11.63	\$19.56
E1372	UE	OXY SUPPL HEATER FOR NEBULIZ	\$87.17	\$122.17
E1390	RR	OXYGEN CONCENTRATOR	\$83.52	\$152.06
E1391	RR	OXYGEN CONCENTRATOR, DUAL	\$83.52	\$152.06
E1392	RR	PORTABLE OXYGEN CONCENTRATOR	\$40.13	\$46.06
E1405	RR	O2/WATER VAPOR ENRICH W/HEAT	\$110.89	\$190.14
E1406	RR	O2/WATER VAPOR ENRICH W/O HE	\$89.60	\$165.31
E1700	RR	JAW MOTION REHAB SYSTEM	\$42.35	\$42.35
E1701		REPL CUSHIONS FOR JAW MOTION	\$13.01	\$13.01
E1702		REPL MEASR SCALES JAW MOTION	\$26.72	\$26.72
E1800	RR	ADJUST ELBOW EXT/FLEX DEVICE	\$127.87	\$127.87
E1801	RR	SPS ELBOW DEVICE	\$158.43	\$158.43
E1802	RR	ADJUST FOREARM PRO/SUP DEVICE	\$401.33	\$401.33
E1805	RR	ADJUST WRIST EXT/FLEX DEVICE	\$131.89	\$131.89
E1806	RR	SPS WRIST DEVICE	\$130.09	\$130.09
E1810	RR	ADJUST KNEE EXT/FLEX DEVICE	\$130.05	\$130.05
E1811	RR	SPS KNEE DEVICE	\$164.69	\$164.69
E1812	RR	KNEE EXT/FLEX W ACT RES CTRL	\$105.60	\$105.60
E1815	RR	ADJUST ANKLE EXT/FLEX DEVICE	\$131.89	\$131.89
E1816	RR	SPS ANKLE DEVICE	\$167.31	\$167.31
E1818	RR	SPS FOREARM DEVICE	\$170.79	\$170.79



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E1820	NU	SOFT INTERFACE MATERIAL	\$100.39	\$100.39
E1820	RR	SOFT INTERFACE MATERIAL	\$10.02	\$10.02
E1820	UE	SOFT INTERFACE MATERIAL	\$75.30	\$75.30
E1821	NU	REPLACEMENT INTERFACE SPSPD	\$129.23	\$129.23
E1821	RR	REPLACEMENT INTERFACE SPSPD	\$12.89	\$12.89
E1821	UE	REPLACEMENT INTERFACE SPSPD	\$96.96	\$96.96
E1825	RR	ADJUST FINGER EXT/FLEX DEVC	\$131.89	\$131.89
E1830	RR	ADJUST TOE EXT/FLEX DEVICE	\$131.89	\$131.89
E1831	RR	STATIC STR TOE DEV EXT/FLEX	\$81.13	\$81.13
E1840	RR	ADJ SHOULDER EXT/FLEX DEVICE	\$466.17	\$466.17
E1841	RR	STATIC STR SHLDR DEV ROM ADJ	\$556.27	\$556.27
E1905	RR	VR CBT THERAPY	\$581.44	\$581.44
E2000	RR	GASTRIC SUCTION PUMP HME MDL	\$63.65	\$63.65
E2001	RR	SUCT PUM EXT URINE MGMT SYS	\$48.68	\$48.68
E2100	NU	BLD GLUCOSE MONITOR W VOICE	\$789.82	\$789.82
E2100	RR	BLD GLUCOSE MONITOR W VOICE	\$79.00	\$79.00
E2100	UE	BLD GLUCOSE MONITOR W VOICE	\$592.39	\$592.39
E2101	NU	BLD GLUCOSE MONITOR W LANCE	\$231.54	\$231.54
E2101	RR	BLD GLUCOSE MONITOR W LANCE	\$23.16	\$23.16
E2101	UE	BLD GLUCOSE MONITOR W LANCE	\$173.66	\$173.66
E2103	NU	NON-ADJU CGM RECEIVER/MON	\$259.60	\$259.60
E2103	RR	NON-ADJU CGM RECEIVER/MON	\$25.97	\$25.97
E2103	UE	NON-ADJU CGM RECEIVER/MON	\$194.70	\$194.70
E2120	RR	PULSE GEN SYS TX ENDOLYMP FL	\$348.17	\$348.17
E2201	NU	MAN W/CH ACC SEAT W>=20"<24"	\$316.56	\$404.37
E2201	RR	MAN W/CH ACC SEAT W>=20"<24"	\$31.65	\$40.44
E2201	UE	MAN W/CH ACC SEAT W>=20"<24"	\$237.42	\$303.27
E2202	NU	SEAT WIDTH 24-27 IN	\$451.76	\$546.39
E2202	RR	SEAT WIDTH 24-27 IN	\$45.17	\$54.64
E2202	UE	SEAT WIDTH 24-27 IN	\$338.83	\$409.82
E2203	NU	FRAME DEPTH LESS THAN 22 IN	\$431.80	\$533.02
E2203	RR	FRAME DEPTH LESS THAN 22 IN	\$43.18	\$53.30
E2203	UE	FRAME DEPTH LESS THAN 22 IN	\$323.85	\$399.75
E2204	NU	FRAME DEPTH 22 TO 25 IN	\$742.10	\$917.48
E2204	RR	FRAME DEPTH 22 TO 25 IN	\$74.21	\$91.76
E2204	UE	FRAME DEPTH 22 TO 25 IN	\$556.57	\$688.11
E2205	NU	MANUAL WC ACCESSORY, HANDRIM	\$35.48	\$39.82
E2205	RR	MANUAL WC ACCESSORY, HANDRIM	\$3.55	\$3.97
E2205	UE	MANUAL WC ACCESSORY, HANDRIM	\$26.61	\$29.88
E2206	NU	MAN WC WHL LOCK COMP REPL EA	\$38.69	\$46.65
E2206	RR	MAN WC WHL LOCK COMP REPL EA	\$3.87	\$4.65
E2206	UE	MAN WC WHL LOCK COMP REPL EA	\$29.02	\$34.98
E2207	NU	CRUTCH AND CANE HOLDER	\$46.67	\$52.54

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E2207	RR	CRUTCH AND CANE HOLDER	\$4.67	\$5.27
E2207	UE	CRUTCH AND CANE HOLDER	\$35.00	\$39.41
E2208	NU	CYLINDER TANK CARRIER	\$77.71	\$106.40
E2208	RR	CYLINDER TANK CARRIER	\$7.78	\$10.64
E2208	UE	CYLINDER TANK CARRIER	\$58.28	\$79.79
E2209	NU	ARM TROUGH EACH	\$84.30	\$104.21
E2209	RR	ARM TROUGH EACH	\$8.43	\$10.43
E2209	UE	ARM TROUGH EACH	\$63.23	\$78.17
E2210	NU	WHEELCHAIR BEARINGS	\$5.43	\$6.50
E2210	RR	WHEELCHAIR BEARINGS	\$0.54	\$0.66
E2210	UE	WHEELCHAIR BEARINGS	\$4.07	\$4.89
E2211	NU	PNEUMATIC PROPULSION TIRE	\$34.43	\$44.44
E2211	RR	PNEUMATIC PROPULSION TIRE	\$3.44	\$4.39
E2211	UE	PNEUMATIC PROPULSION TIRE	\$25.82	\$32.49
E2212	NU	PNEUMATIC PROP TIRE TUBE	\$6.35	\$7.15
E2212	RR	PNEUMATIC PROP TIRE TUBE	\$0.64	\$0.74
E2212	UE	PNEUMATIC PROP TIRE TUBE	\$4.76	\$5.37
E2213	NU	PNEUMATIC PROP TIRE INSERT	\$30.21	\$35.56
E2213	RR	PNEUMATIC PROP TIRE INSERT	\$3.02	\$3.56
E2213	UE	PNEUMATIC PROP TIRE INSERT	\$22.66	\$26.66
E2214	NU	PNEUMATIC CASTER TIRE EACH	\$32.56	\$40.69
E2214	RR	PNEUMATIC CASTER TIRE EACH	\$3.26	\$4.28
E2214	UE	PNEUMATIC CASTER TIRE EACH	\$24.43	\$30.51
E2215	NU	PNEUMATIC CASTER TIRE TUBE	\$10.31	\$11.73
E2215	RR	PNEUMATIC CASTER TIRE TUBE	\$1.04	\$1.17
E2215	UE	PNEUMATIC CASTER TIRE TUBE	\$7.74	\$8.78
E2216	NU	FOAM FILLED PROPULSION TIRE	\$44.68	\$49.36
E2216	RR	FOAM FILLED PROPULSION TIRE	\$4.46	\$5.39
E2216	UE	FOAM FILLED PROPULSION TIRE	\$33.51	\$37.02
E2217	NU	FOAM FILLED CASTER TIRE EACH	\$39.54	\$43.68
E2217	RR	FOAM FILLED CASTER TIRE EACH	\$3.95	\$4.77
E2217	UE	FOAM FILLED CASTER TIRE EACH	\$29.66	\$32.76
E2218	NU	FOAM PROPULSION TIRE EACH	\$44.68	\$49.36
E2218	RR	FOAM PROPULSION TIRE EACH	\$4.46	\$5.39
E2218	UE	FOAM PROPULSION TIRE EACH	\$33.51	\$37.02
E2219	NU	FOAM CASTER TIRE ANY SIZE EA	\$39.54	\$43.68
E2219	RR	FOAM CASTER TIRE ANY SIZE EA	\$3.95	\$4.77
E2219	UE	FOAM CASTER TIRE ANY SIZE EA	\$29.66	\$32.76
E2220	NU	SOLID PROPULSION TIRE, REPL, EA	\$28.70	\$34.08
E2220	RR	SOLID PROPULSION TIRE, REPL, EA	\$2.87	\$3.35
E2220	UE	SOLID PROPULSION TIRE, REPL, EA	\$21.53	\$25.82
E2221	NU	SOLID CASTER TIRE REPL, EACH	\$26.87	\$30.79
E2221	RR	SOLID CASTER TIRE REPL, EACH	\$2.69	\$3.10

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E2221	UE	SOLID CASTER TIRE REPL, EACH	\$20.16	\$23.09
E2222	NU	SOLID CASTER INTEG WHL, REPL	\$23.00	\$25.55
E2222	RR	SOLID CASTER INTEG WHL, REPL	\$2.30	\$2.54
E2222	UE	SOLID CASTER INTEG WHL, REPL	\$17.24	\$19.17
E2224	NU	PROPULSION WHL EXCL TIRE REP	\$93.20	\$113.83
E2224	RR	PROPULSION WHL EXCL TIRE REP	\$9.32	\$11.39
E2224	UE	PROPULSION WHL EXCL TIRE REP	\$69.89	\$85.38
E2225	NU	CASTER WHEEL EXCLUDES TIRE	\$19.21	\$21.33
E2225	RR	CASTER WHEEL EXCLUDES TIRE	\$1.92	\$2.13
E2225	UE	CASTER WHEEL EXCLUDES TIRE	\$14.41	\$15.98
E2226	NU	CASTER FORK REPLACEMENT ONLY	\$39.99	\$45.61
E2226	RR	CASTER FORK REPLACEMENT ONLY	\$4.01	\$4.56
E2226	UE	CASTER FORK REPLACEMENT ONLY	\$29.99	\$34.21
E2227	RR	GEAR REDUCTION DRIVE WHEEL	\$229.73	\$229.73
E2228	RR	MWC ACC, WHEELCHAIR BRAKE	\$95.76	\$111.50
E2231	NU	SOLID SEAT SUPPORT BASE	\$142.34	\$173.29
E2231	RR	SOLID SEAT SUPPORT BASE	\$14.24	\$17.33
E2231	UE	SOLID SEAT SUPPORT BASE	\$106.75	\$129.96
E2310	RR	ELECTRO CONNECT BTW CONTROL	\$115.46	\$119.66
E2311	RR	ELECTRO CONNECT BTW 2 SYS	\$232.99	\$241.88
E2312	RR	MINI-PROP REMOTE JOYSTICK	\$247.64	\$247.64
E2313	RR	PWC HARNESS, EXPAND CONTROL	\$39.35	\$39.35
E2321	RR	HAND INTERFACE JOYSTICK	\$156.88	\$162.54
E2322	RR	MULT MECH SWITCHES	\$148.21	\$148.73
E2323	NU	SPECIAL JOYSTICK HANDLE	\$72.24	\$72.73
E2323	RR	SPECIAL JOYSTICK HANDLE	\$7.23	\$7.27
E2323	UE	SPECIAL JOYSTICK HANDLE	\$54.19	\$54.54
E2324	NU	CHIN CUP INTERFACE	\$46.38	\$46.38
E2324	RR	CHIN CUP INTERFACE	\$4.62	\$4.62
E2324	UE	CHIN CUP INTERFACE	\$34.79	\$34.79
E2325	RR	SIP AND PUFF INTERFACE	\$141.65	\$142.11
E2326	RR	BREATH TUBE KIT	\$36.76	\$36.76
E2327	RR	HEAD CONTROL INTERFACE MECH	\$276.49	\$276.49
E2328	RR	HEAD/EXTREMITY CONTROL INTER	\$523.00	\$523.73
E2329	RR	HEAD CONTROL NONPROPORTIONAL	\$186.93	\$186.93
E2330	RR	HEAD CONTROL PROXIMITY SWITC	\$362.19	\$362.19
E2340	NU	W/C WIDTH 20-23 IN SEAT FRAME	\$440.06	\$440.06
E2340	RR	W/C WIDTH 20-23 IN SEAT FRAME	\$44.03	\$44.03
E2340	UE	W/C WIDTH 20-23 IN SEAT FRAME	\$330.08	\$330.08
E2341	NU	W/C WIDTH 24-27 IN SEAT FRAME	\$660.15	\$660.15
E2341	RR	W/C WIDTH 24-27 IN SEAT FRAME	\$66.01	\$66.01
E2341	UE	W/C WIDTH 24-27 IN SEAT FRAME	\$495.14	\$495.14
E2342	NU	W/C DPTH 20-21 IN SEAT FRAME	\$550.13	\$550.13

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E2342	RR	W/C DPTH 20-21 IN SEAT FRAME	\$55.01	\$55.01
E2342	UE	W/C DPTH 20-21 IN SEAT FRAME	\$412.61	\$412.61
E2343	NU	W/C DPTH 22-25 IN SEAT FRAME	\$880.22	\$880.22
E2343	RR	W/C DPTH 22-25 IN SEAT FRAME	\$88.01	\$88.01
E2343	UE	W/C DPTH 22-25 IN SEAT FRAME	\$660.15	\$660.15
E2351	NU	ELECTRONIC SGD INTERFACE	\$739.71	\$739.71
E2351	RR	ELECTRONIC SGD INTERFACE	\$73.97	\$73.97
E2351	UE	ELECTRONIC SGD INTERFACE	\$554.78	\$554.78
E2359	NU	GR34 SEALED LEADACID BATTERY	\$171.44	\$202.01
E2359	RR	GR34 SEALED LEADACID BATTERY	\$17.15	\$20.21
E2359	UE	GR34 SEALED LEADACID BATTERY	\$128.58	\$151.50
E2360	NU	22NF NONSEALED LEADACID	\$129.91	\$137.96
E2360	RR	22NF NONSEALED LEADACID	\$12.99	\$13.86
E2360	UE	22NF NONSEALED LEADACID	\$97.43	\$103.46
E2361	NU	22NF SEALED LEADACID BATTERY	\$115.49	\$139.37
E2361	RR	22NF SEALED LEADACID BATTERY	\$11.55	\$13.94
E2361	UE	22NF SEALED LEADACID BATTERY	\$86.62	\$104.54
E2362	NU	GR24 NONSEALED LEADACID	\$112.96	\$112.96
E2362	RR	GR24 NONSEALED LEADACID	\$11.30	\$11.30
E2362	UE	GR24 NONSEALED LEADACID	\$84.72	\$84.72
E2363	NU	GR24 SEALED LEADACID BATTERY	\$142.02	\$181.33
E2363	RR	GR24 SEALED LEADACID BATTERY	\$14.20	\$18.14
E2363	UE	GR24 SEALED LEADACID BATTERY	\$106.52	\$135.99
E2364	NU	U1NONSEALED LEADACID BATTERY	\$131.28	\$134.07
E2364	RR	U1NONSEALED LEADACID BATTERY	\$13.13	\$13.41
E2364	UE	U1NONSEALED LEADACID BATTERY	\$98.46	\$100.56
E2365	NU	U1 SEALED LEADACID BATTERY	\$74.34	\$103.07
E2365	RR	U1 SEALED LEADACID BATTERY	\$7.43	\$10.31
E2365	UE	U1 SEALED LEADACID BATTERY	\$55.76	\$77.32
E2366	NU	BATTERY CHARGER, SINGLE MODE	\$153.14	\$207.75
E2366	RR	BATTERY CHARGER, SINGLE MODE	\$15.32	\$20.81
E2366	UE	BATTERY CHARGER, SINGLE MODE	\$114.86	\$155.82
E2367	NU	BATTERY CHARGER, DUAL MODE	\$398.11	\$436.20
E2367	RR	BATTERY CHARGER, DUAL MODE	\$39.81	\$43.62
E2367	UE	BATTERY CHARGER, DUAL MODE	\$298.58	\$327.15
E2368	RR	PWR WC DRIVEWHEEL MOTOR REPL	\$41.46	\$50.62
E2369	RR	PWR WC DRIVEWHEEL GEAR REPL	\$38.45	\$45.86
E2370	RR	PWR WC DR WH MOTOR/GEAR COMB	\$54.00	\$72.68
E2371	NU	GR27 SEALED LEADACID BATTERY	\$142.34	\$159.35
E2371	RR	GR27 SEALED LEADACID BATTERY	\$14.23	\$15.94
E2371	UE	GR27 SEALED LEADACID BATTERY	\$106.75	\$119.51
E2372	NU	GR27 NON-SEALED LEADACID	\$0.00	\$0.00
E2372	RR	GR27 NON-SEALED LEADACID	\$0.00	\$0.00

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E2372	UE	GR27 NON-SEALED LEADACID	\$0.00	\$0.00
E2373	RR	HAND/CHIN CTRL SPEC JOYSTICK	\$84.11	\$85.21
E2374	RR	HAND/CHIN CTRL STD JOYSTICK	\$53.20	\$54.86
E2375	RR	NON-EXPANDABLE CONTROLLER	\$68.35	\$83.78
E2376	RR	EXPANDABLE CONTROLLER, REPL	\$132.17	\$137.12
E2377	RR	EXPANDABLE CONTROLLER, INITL	\$48.96	\$50.18
E2378	RR	PW ACTUATOR REPLACEMENT	\$56.92	\$62.59
E2381	NU	PNEUM DRIVE WHEEL TIRE	\$61.16	\$74.98
E2381	RR	PNEUM DRIVE WHEEL TIRE	\$6.12	\$7.52
E2381	UE	PNEUM DRIVE WHEEL TIRE	\$45.87	\$56.24
E2382	NU	TUBE, PNEUM WHEEL DRIVE TIRE	\$19.40	\$20.68
E2382	RR	TUBE, PNEUM WHEEL DRIVE TIRE	\$1.94	\$2.06
E2382	UE	TUBE, PNEUM WHEEL DRIVE TIRE	\$14.55	\$15.53
E2383	NU	INSERT, PNEUM WHEEL DRIVE	\$131.10	\$153.13
E2383	RR	INSERT, PNEUM WHEEL DRIVE	\$13.11	\$15.31
E2383	UE	INSERT, PNEUM WHEEL DRIVE	\$98.33	\$114.84
E2384	NU	PNEUMATIC CASTER TIRE	\$61.74	\$77.79
E2384	RR	PNEUMATIC CASTER TIRE	\$6.17	\$7.79
E2384	UE	PNEUMATIC CASTER TIRE	\$46.31	\$58.35
E2385	NU	TUBE, PNEUMATIC CASTER TIRE	\$46.54	\$49.46
E2385	RR	TUBE, PNEUMATIC CASTER TIRE	\$4.65	\$4.96
E2385	UE	TUBE, PNEUMATIC CASTER TIRE	\$34.90	\$37.09
E2386	NU	FOAM FILLED DRIVE WHEEL TIRE	\$105.29	\$137.98
E2386	RR	FOAM FILLED DRIVE WHEEL TIRE	\$10.53	\$13.80
E2386	UE	FOAM FILLED DRIVE WHEEL TIRE	\$78.98	\$103.49
E2387	NU	FOAM FILLED CASTER TIRE	\$49.70	\$63.71
E2387	RR	FOAM FILLED CASTER TIRE	\$4.97	\$6.37
E2387	UE	FOAM FILLED CASTER TIRE	\$37.27	\$47.81
E2388	NU	FOAM DRIVE WHEEL TIRE	\$50.64	\$51.98
E2388	RR	FOAM DRIVE WHEEL TIRE	\$5.07	\$5.20
E2388	UE	FOAM DRIVE WHEEL TIRE	\$37.98	\$39.00
E2389	NU	FOAM CASTER TIRE	\$28.31	\$28.64
E2389	RR	FOAM CASTER TIRE	\$2.83	\$2.87
E2389	UE	FOAM CASTER TIRE	\$21.23	\$21.47
E2390	NU	SOLID DRIVE WHEEL TIRE	\$43.82	\$44.55
E2390	RR	SOLID DRIVE WHEEL TIRE	\$4.38	\$4.46
E2390	UE	SOLID DRIVE WHEEL TIRE	\$32.87	\$33.41
E2391	NU	SOLID CASTER TIRE	\$17.86	\$20.89
E2391	RR	SOLID CASTER TIRE	\$1.78	\$2.10
E2391	UE	SOLID CASTER TIRE	\$13.39	\$15.67
E2392	NU	SOLID CASTER TIRE, INTEGRATE	\$41.91	\$52.53
E2392	RR	SOLID CASTER TIRE, INTEGRATE	\$4.19	\$5.27
E2392	UE	SOLID CASTER TIRE, INTEGRATE	\$31.44	\$39.40

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E2394	NU	DRIVE WHEEL EXCLUDES TIRE	\$59.72	\$73.76
E2394	RR	DRIVE WHEEL EXCLUDES TIRE	\$5.98	\$7.38
E2394	UE	DRIVE WHEEL EXCLUDES TIRE	\$44.79	\$55.31
E2395	NU	CASTER WHEEL EXCLUDES TIRE	\$44.87	\$53.68
E2395	RR	CASTER WHEEL EXCLUDES TIRE	\$4.49	\$5.37
E2395	UE	CASTER WHEEL EXCLUDES TIRE	\$33.65	\$40.27
E2396	NU	CASTER FORK	\$52.01	\$65.03
E2396	RR	CASTER FORK	\$5.20	\$6.75
E2396	UE	CASTER FORK	\$39.01	\$48.78
E2397	NU	PWC ACC, LITH-BASED BATTERY	\$453.02	\$507.58
E2397	RR	PWC ACC, LITH-BASED BATTERY	\$45.31	\$50.76
E2397	UE	PWC ACC, LITH-BASED BATTERY	\$339.77	\$380.67
E2398	NU	WC DYNAMIC POS BACK HARDWARE	\$140.87	\$140.87
E2398	RR	WC DYNAMIC POS BACK HARDWARE	\$14.09	\$14.09
E2398	UE	WC DYNAMIC POS BACK HARDWARE	\$105.64	\$105.64
E2402	RR	NEG PRESS WOUND THERAPY PUMP	\$678.97	\$1291.42
E2500	NU	SGD DIGITIZED PRE-REC <=8MIN	\$480.20	\$480.20
E2500	RR	SGD DIGITIZED PRE-REC <=8MIN	\$48.02	\$48.02
E2500	UE	SGD DIGITIZED PRE-REC <=8MIN	\$360.15	\$360.15
E2502	NU	SGD PREREC MSG >8MIN <=20MIN	\$1468.43	\$1468.43
E2502	RR	SGD PREREC MSG >8MIN <=20MIN	\$146.86	\$146.86
E2502	UE	SGD PREREC MSG >8MIN <=20MIN	\$1101.34	\$1101.34
E2504	NU	SGD PREREC MSG>20MIN <=40MIN	\$1937.08	\$1937.08
E2504	RR	SGD PREREC MSG>20MIN <=40MIN	\$193.73	\$193.73
E2504	UE	SGD PREREC MSG>20MIN <=40MIN	\$1452.82	\$1452.82
E2506	NU	SGD PREREC MSG > 40 MIN	\$2840.31	\$2840.31
E2506	RR	SGD PREREC MSG > 40 MIN	\$284.02	\$284.02
E2506	UE	SGD PREREC MSG > 40 MIN	\$2130.19	\$2130.19
E2508	NU	SGD SPELLING PHYS CONTACT	\$4392.08	\$4392.08
E2508	RR	SGD SPELLING PHYS CONTACT	\$439.21	\$439.21
E2508	UE	SGD SPELLING PHYS CONTACT	\$3294.07	\$3294.07
E2510	NU	SGD W MULTI METHODS MSG/ACCS	\$8311.43	\$8311.43
E2510	RR	SGD W MULTI METHODS MSG/ACCS	\$831.14	\$831.14
E2510	UE	SGD W MULTI METHODS MSG/ACCS	\$6233.55	\$6233.55
E2511	NU	SGD SFTWRE PRGRM FOR PC/PDA	\$0.00	\$0.00
E2511	RR	SGD SFTWRE PRGRM FOR PC/PDA	\$0.00	\$0.00
E2511	UE	SGD SFTWRE PRGRM FOR PC/PDA	\$0.00	\$0.00
E2512	NU	SGD ACCESSORY, MOUNTING SYS	\$0.00	\$0.00
E2512	RR	SGD ACCESSORY, MOUNTING SYS	\$0.00	\$0.00
E2512	UE	SGD ACCESSORY, MOUNTING SYS	\$0.00	\$0.00
E2601	NU	GEN W/C CUSHION WDTN < 22 IN	\$38.65	\$54.54
E2601	RR	GEN W/C CUSHION WDTN < 22 IN	\$3.86	\$5.46
E2601	UE	GEN W/C CUSHION WDTN < 22 IN	\$28.99	\$40.91

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E2602	NU	GEN W/C CUSHION WIDTH >=22 IN	\$83.56	\$111.02
E2602	RR	GEN W/C CUSHION WIDTH >=22 IN	\$8.36	\$11.11
E2602	UE	GEN W/C CUSHION WIDTH >=22 IN	\$62.67	\$83.26
E2603	NU	SKIN PROTECT WC CUS WD <22IN	\$105.29	\$138.83
E2603	RR	SKIN PROTECT WC CUS WD <22IN	\$10.53	\$13.89
E2603	UE	SKIN PROTECT WC CUS WD <22IN	\$78.97	\$104.14
E2604	NU	SKIN PROTECT WC CUS WD>=22IN	\$153.48	\$182.72
E2604	RR	SKIN PROTECT WC CUS WD>=22IN	\$15.35	\$18.27
E2604	UE	SKIN PROTECT WC CUS WD>=22IN	\$115.11	\$137.05
E2605	NU	POSITION WC CUSH WIDTH <22 IN	\$215.90	\$262.07
E2605	RR	POSITION WC CUSH WIDTH <22 IN	\$21.59	\$26.21
E2605	UE	POSITION WC CUSH WIDTH <22 IN	\$161.93	\$196.57
E2606	NU	POSITION WC CUSH WIDTH>=22 IN	\$348.39	\$414.05
E2606	RR	POSITION WC CUSH WIDTH>=22 IN	\$34.84	\$41.41
E2606	UE	POSITION WC CUSH WIDTH>=22 IN	\$261.30	\$310.52
E2607	NU	SKIN PRO/POS WC CUS WD <22IN	\$209.57	\$269.21
E2607	RR	SKIN PRO/POS WC CUS WD <22IN	\$20.95	\$26.92
E2607	UE	SKIN PRO/POS WC CUS WD <22IN	\$157.18	\$201.91
E2608	NU	SKIN PRO/POS WC CUS WD>=22IN	\$267.81	\$330.12
E2608	RR	SKIN PRO/POS WC CUS WD>=22IN	\$26.78	\$33.00
E2608	UE	SKIN PRO/POS WC CUS WD>=22IN	\$200.86	\$247.59
E2611	NU	GEN USE BACK CUSH WIDTH <22IN	\$157.34	\$254.44
E2611	RR	GEN USE BACK CUSH WIDTH <22IN	\$15.73	\$25.43
E2611	UE	GEN USE BACK CUSH WIDTH <22IN	\$118.00	\$190.85
E2612	NU	GEN USE BACK CUSH WIDTH>=22IN	\$310.68	\$397.58
E2612	RR	GEN USE BACK CUSH WIDTH>=22IN	\$31.07	\$39.76
E2612	UE	GEN USE BACK CUSH WIDTH>=22IN	\$233.01	\$298.19
E2613	NU	POSITION BACK CUSH WD <22IN	\$315.70	\$384.06
E2613	RR	POSITION BACK CUSH WD <22IN	\$31.57	\$38.41
E2613	UE	POSITION BACK CUSH WD <22IN	\$236.78	\$288.05
E2614	NU	POSITION BACK CUSH WD>=22IN	\$465.33	\$547.62
E2614	RR	POSITION BACK CUSH WD>=22IN	\$46.53	\$54.77
E2614	UE	POSITION BACK CUSH WD>=22IN	\$349.00	\$410.72
E2615	NU	POS BACK POST/LAT WIDTH <22IN	\$360.88	\$440.19
E2615	RR	POS BACK POST/LAT WIDTH <22IN	\$36.09	\$44.03
E2615	UE	POS BACK POST/LAT WIDTH <22IN	\$270.67	\$330.15
E2616	NU	POS BACK POST/LAT WIDTH>=22IN	\$485.95	\$592.55
E2616	RR	POS BACK POST/LAT WIDTH>=22IN	\$48.60	\$59.26
E2616	UE	POS BACK POST/LAT WIDTH>=22IN	\$364.46	\$444.42
E2619	NU	REPLACE COVER W/C SEAT CUSH	\$52.14	\$53.23
E2619	RR	REPLACE COVER W/C SEAT CUSH	\$5.21	\$5.33
E2619	UE	REPLACE COVER W/C SEAT CUSH	\$39.11	\$39.94
E2620	NU	WC PLANAR BACK CUSH WD <22IN	\$394.25	\$505.10

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
E2620	RR	WC PLANAR BACK CUSH WD <22IN	\$39.43	\$50.51
E2620	UE	WC PLANAR BACK CUSH WD <22IN	\$295.69	\$378.83
E2621	NU	WC PLANAR BACK CUSH WD>=22IN	\$463.96	\$559.13
E2621	RR	WC PLANAR BACK CUSH WD>=22IN	\$46.40	\$55.92
E2621	UE	WC PLANAR BACK CUSH WD>=22IN	\$347.97	\$419.36
E2622	NU	ADJ SKIN PRO W/C CUS WD<22IN	\$330.75	\$340.79
E2622	RR	ADJ SKIN PRO W/C CUS WD<22IN	\$33.08	\$34.08
E2622	UE	ADJ SKIN PRO W/C CUS WD<22IN	\$248.07	\$255.59
E2623	NU	ADJ SKIN PRO WC CUS WD>=22IN	\$418.27	\$432.33
E2623	RR	ADJ SKIN PRO WC CUS WD>=22IN	\$41.82	\$43.24
E2623	UE	ADJ SKIN PRO WC CUS WD>=22IN	\$313.70	\$324.24
E2624	NU	ADJ SKIN PRO/POS CUS<22IN	\$336.11	\$344.91
E2624	RR	ADJ SKIN PRO/POS CUS<22IN	\$33.62	\$34.50
E2624	UE	ADJ SKIN PRO/POS CUS<22IN	\$252.08	\$258.69
E2625	NU	ADJ SKIN PRO/POS WC CUS>=22	\$415.95	\$431.87
E2625	RR	ADJ SKIN PRO/POS WC CUS>=22	\$41.60	\$43.18
E2625	UE	ADJ SKIN PRO/POS WC CUS>=22	\$311.97	\$323.89
E2626	NU	SEO MOBILE ARM SUP ATT TO WC	\$643.29	\$748.81
E2626	RR	SEO MOBILE ARM SUP ATT TO WC	\$64.33	\$74.87
E2626	UE	SEO MOBILE ARM SUP ATT TO WC	\$482.47	\$561.58
E2627	NU	ARM SUPP ATT TO WC RANCHO TY	\$1034.66	\$1175.27
E2627	RR	ARM SUPP ATT TO WC RANCHO TY	\$103.46	\$117.55
E2627	UE	ARM SUPP ATT TO WC RANCHO TY	\$776.00	\$881.45
E2628	NU	MOBILE ARM SUPPORTS RECLININ	\$768.70	\$898.66
E2628	RR	MOBILE ARM SUPPORTS RECLININ	\$76.87	\$89.87
E2628	UE	MOBILE ARM SUPPORTS RECLININ	\$576.53	\$673.99
E2629	NU	FRICTION DAMPENING ARM SUPP	\$1000.12	\$1113.20
E2629	RR	FRICTION DAMPENING ARM SUPP	\$100.01	\$111.32
E2629	UE	FRICTION DAMPENING ARM SUPP	\$750.09	\$834.91
E2630	NU	MONOSUSPENSION ARM/HAND SUPP	\$693.26	\$781.52
E2630	RR	MONOSUSPENSION ARM/HAND SUPP	\$69.33	\$78.16
E2630	UE	MONOSUSPENSION ARM/HAND SUPP	\$519.95	\$586.13
E2631	NU	ELEVAT PROXIMAL ARM SUPPORT	\$275.88	\$275.88
E2631	RR	ELEVAT PROXIMAL ARM SUPPORT	\$27.59	\$27.59
E2631	UE	ELEVAT PROXIMAL ARM SUPPORT	\$206.91	\$206.91
E2632	NU	OFFSET/LAT ROCKER ARM W/ELA	\$176.77	\$201.29
E2632	RR	OFFSET/LAT ROCKER ARM W/ELA	\$17.68	\$20.12
E2632	UE	OFFSET/LAT ROCKER ARM W/ELA	\$132.58	\$150.98
E2633	NU	MOBILE ARM SUPPORT SUPINATOR	\$147.16	\$168.26
E2633	RR	MOBILE ARM SUPPORT SUPINATOR	\$14.72	\$16.83
E2633	UE	MOBILE ARM SUPPORT SUPINATOR	\$110.37	\$126.20
E3000	RR	SPEECH VOLUME MODULATION SYS	\$210.97	\$210.97



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J0121	INJ., OMADACYCLINE, 1 MG	\$4.02
J0122	INJ., ERAVACYCLINE, 1 MG	\$1.24
J0129	ABATACEPT INJECTION	\$47.48
J0131	INJ, ACETAMINOPHEN (NOS)	\$0.05
J0132	ACETYLCYSTEINE INJECTION	\$0.77
J0133	ACYCLOVIR INJECTION	\$0.06
J0134	INJ ACETAMINOPHEN -FRESENIUS	\$0.05
J0135	ADALIMUMAB INJECTION	\$2017.94
J0136	INJ, ACETAMINOPHEN (B BRAUN)	\$0.06
J0137	INJ, ACETAMINOPHEN (HIKMA)	\$0.06
J0153	ADENOSINE INJ 1MG	\$0.66
J0171	ADRENALIN EPINEPHRINE INJECT	\$0.82
J0172	INJ, ADUCANUMAB-AVWA, 2 MG	\$6.58
J0173	INJ, EPINEPHRINE (BELCHER)	\$1.97
J0174	INJ, LECANEMAB-IRMB, 1 MG	\$1.48
J0178	AFLIBERCEPT INJECTION	\$948.51
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	\$357.76
J0180	AGALSIDASE BETA INJECTION	\$240.18
J0184	INJ, AMISULPRIDE, 1 MG	\$9.99
J0185	INJ., APREPITANT, 1 MG	\$1.90
J0202	INJECTION, ALEMTUZUMAB	\$2556.78
J0206	INJ ALLOPURINOL SODIUM 1 MG	\$6.11
J0208	INJ SODIUM THIOSULFATE 100MG	\$105.81
J0217	INJ VELMANASE ALFA-TYCV 1 MG	\$466.40
J0218	INJ OLIPUDASE ALFA-RPCP 1MG	\$414.66
J0219	INJ AVAL ALFA-NQPT 4MG	\$83.62
J0220	ALGLUCOSIDASE ALFA INJECTION	\$163.75
J0221	LUMIZYME INJECTION	\$217.01
J0222	INJ., PATISIRAN, 0.1 MG	\$109.98
J0223	INJ GIVOSIRAN 0.5 MG	\$123.29
J0224	INJ. LUMASIRAN, 0.5 MG	\$351.51
J0225	INJ, VUTRISIRAN, 1 MG	\$5442.12
J0248	INJ, REMDESIVIR, 1 MG	\$6.66
J0256	ALPHA 1 PROTEINASE INHIBITOR	\$5.37
J0257	GLASSIA INJECTION	\$5.89
J0278	AMIKACIN SULFATE INJECTION	\$0.91
J0280	AMINOPHYLLIN 250 MG INJ	\$5.65
J0285	AMPHOTERICIN B	\$10.49
J0287	AMPHOTERICIN B LIPID COMPLEX	\$12.24
J0289	AMPHOTERICIN B LIPOSOME INJ	\$29.32
J0290	AMPICILLIN 500 MG INJ	\$1.11

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J0291	INJ., PLAZOMICIN, 5 MG	\$3.96
J0295	AMPICILLIN SULBACTAM 1.5 GM	\$1.95
J0300	AMOBARBITAL 125 MG INJ	\$125.66
J0348	ANIDULAFUNGIN INJECTION	\$0.51
J0349	INJ, REZAFUNGIN, 1 MG	\$11.05
J0360	HYDRALAZINE HCL INJECTION	\$6.15
J0391	INJ, ARTESUNATE, 1MG	\$52.38
J0401	INJ ARIPIRAZOLE EXT REL 1MG	\$7.49
J0402	INJ, ABILIFY ASIMTUFII, 1 MG	\$6.47
J0456	AZITHROMYCIN	\$2.86
J0457	INJECTION, AZTREONAM, 100 MG	\$2.79
J0461	ATROPINE SULFATE INJECTION	\$0.08
J0470	DIMECAPROL INJECTION	\$65.79
J0475	BACLOFEN 10 MG INJECTION	\$195.58
J0476	BACLOFEN INTRATHECAL TRIAL	\$41.19
J0480	BASILIXIMAB	\$4923.89
J0485	BELATACEPT INJECTION	\$4.26
J0490	BELIMUMAB INJECTION	\$57.20
J0491	INJ ANIFROLUMAB-FNIA 1MG	\$18.90
J0500	DICYCLOMINE INJECTION	\$27.46
J0515	INJ BENZTROPINE MESYLATE	\$18.08
J0517	INJ., BENRALIZUMAB, 1 MG	\$186.45
J0558	PENG BENZATHINE/PROCAINE INJ	\$19.34
J0561	PENICILLIN G BENZATHINE INJ	\$23.90
J0565	INJ, BEZLOTOXUMAB, 10 MG	\$43.84
J0570	BUPRENORPHINE IMPLANT 74.2MG	\$1442.93
J0576	INJ BUPRENORPH (BRIXADI) 1MG	\$14.12
J0583	BIVALIRUDIN	\$0.24
J0584	INJECTION, BUROSUMAB-TWZA 1M	\$487.85
J0585	INJECTION,ONABOTULINUMTOXINA	\$6.96
J0586	ABOBOTULINUMTOXINA	\$9.69
J0587	INJ, RIMABOTULINUMTOXINB	\$14.33
J0588	INCOBOTULINUMTOXIN A	\$5.70
J0592	BUPRENORPHINE HYDROCHLORIDE	\$4.54
J0594	BUSULFAN INJECTION	\$1.56
J0595	BUTORPHANOL TARTRATE 1 MG	\$3.08
J0596	INJECTION, RUCONEST	\$36.86
J0597	C-1 ESTERASE, BERINERT	\$70.79
J0598	C-1 ESTERASE, CINRYZE	\$68.81
J0600	EDETATE CALCIUM DISODIUM INJ	\$7097.75
J0606	INJ, ETELCALCETIDE, 0.1 MG	\$2.87

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J0612	CALCIUM GLUCON (FRESENIUS)	\$0.06
J0613	CALCIUM GLUCON (WG CRITICAL)	\$0.10
J0630	CALCITONIN SALMON INJECTION	\$1176.45
J0637	CASPOFUNGIN ACETATE	\$5.97
J0638	CANAKINUMAB INJECTION	\$136.76
J0640	LEUCOVORIN CALCIUM INJECTION	\$4.92
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	\$0.07
J0642	INJECTION, KHAPZORY, 0.5 MG	\$1.68
J0665	INJ, BUPIVACAINE, NOS, 0.5MG	\$0.02
J0670	INJ MEPIVACAINE HCL/10 ML	\$3.62
J0688	INJ CEFAZOLIN SODIUM, HIKMA	\$1.15
J0689	INJ CEFAZOLIN SODIUM, BAXTER	\$1.35
J0690	CEFAZOLIN SODIUM INJECTION	\$0.84
J0691	INJ LEFAMULIN 1 MG	\$0.80
J0692	CEFEPIME HCL FOR INJECTION	\$1.39
J0694	CEFOXITIN SODIUM INJECTION	\$5.59
J0695	INJ CEFTOLOZANE TAZOBACTAM	\$8.11
J0696	CEFTRIAXONE SODIUM INJECTION	\$0.54
J0697	STERILE CEFUROXIME INJECTION	\$2.23
J0699	INJ, CEFIDEROCOL, 10 MG	\$2.39
J0701	INJ. CEFEPIME HCL (BAXTER)	\$6.20
J0702	BETAMETHASONE ACET&SOD PHOSP	\$7.50
J0703	INJ, CEFEPIME HCL (B BRAUN)	\$5.79
J0712	CEFTAROLINE FOSAMIL INJ	\$4.22
J0713	INJ CEFTAZIDIME PER 500 MG	\$1.86
J0714	CEFTAZIDIME AND AVIBACTAM	\$104.99
J0716	CENTRUROIDES IMMUNE F(AB)	\$5354.78
J0717	CERTOLIZUMAB PEGOL INJ 1MG	\$5.30
J0725	CHORIONIC GONADOTROPIN/1000U	\$25.49
J0735	CLONIDINE HYDROCHLORIDE	\$21.19
J0736	INJ, CLINDAMYCIN PHOSP 300MG	\$2.09
J0737	INJ, CLINDAMYCIN (BAXTER)	\$1.93
J0740	CIDOFOVIR INJECTION	\$609.61
J0741	INJ, CABOTE RILPIVIR 2MG 3MG	\$24.86
J0742	INJ IMIP 4 CILAS 4 RELEB 2MG	\$2.71
J0743	CILASTATIN SODIUM INJECTION	\$8.91
J0744	CIPROFLOXACIN IV	\$2.13
J0770	COLISTIMETHATE SODIUM INJ	\$15.31
J0775	COLLAGENASE, CLOST HIST INJ	\$72.90
J0780	PROCHLORPERAZINE INJECTION	\$3.77
J0791	INJ CRIZANLIZUMAB-TMCA 5MG	\$139.81

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J0801	INJ. ACTHAR GEL TO 40 UNITS	\$4504.85
J0802	INJ. (ANI), UP TO 40 UNITS	\$3683.89
J0834	INJ., COSYNTROPIN, 0.25 MG	\$29.83
J0840	CROTALIDAE POLY IMMUNE FAB	\$2144.91
J0841	INJ CROTALIDAE IM F(AB') <sub>2</sub> EQ	\$1003.28
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	\$1988.66
J0873	INJ, DAPTOMYCIN (XELLIA)	\$0.06
J0875	INJECTION, DALBAVANCIN	\$16.82
J0877	INJ, DAPTOMYCIN (HOSPIRA)	\$0.07
J0878	DAPTOMYCIN INJECTION	\$0.04
J0881	DARBEPOETIN ALFA, NON-ESRD	\$3.22
J0882	DARBEPOETIN ALFA, ESRD USE	\$3.22
J0883	ARGATROBAN NONESRD USE 1MG	\$1.34
J0884	ARGATROBAN ESRD DIALYSIS 1MG	\$1.34
J0885	EPOETIN ALFA, NON-ESRD	\$9.77
J0887	EPOETIN BETA ESRD USE	\$1.78
J0888	EPOETIN BETA NON ESRD	\$1.78
J0891	ARGATROBAN NONESRD (ACCORD)	\$2.00
J0892	ARGATROBAN DIALYSIS (ACCORD)	\$2.00
J0893	INJ, DECITABINE (SUN PHARMA)	\$0.85
J0894	DECITABINE INJECTION	\$1.86
J0895	DEFEROXAMINE MESYLATE INJ	\$9.46
J0896	INJ LUSPATERCEPT-AAMT 0.25MG	\$43.97
J0897	DENOSUMAB INJECTION	\$27.72
J0898	ARGATROBAN NONESRD (AUROMED)	\$4.55
J0899	ARGATROBAN DIALYSIS, AUROMED	\$4.55
J1000	DEPO-ESTRADIOL CYPIONATE INJ	\$39.33
J1020	METHYLPREDNISOLONE 20 MG INJ	\$7.74
J1030	METHYLPREDNISOLONE 40 MG INJ	\$7.06
J1040	METHYLPREDNISOLONE 80 MG INJ	\$10.78
J1071	INJ TESTOSTERONE CYPIONATE	\$0.03
J1100	DEXAMETHASONE SODIUM PHOS	\$0.13
J1105	DEXMEDETOMIDINE FILM, 1 MCG	\$0.79
J1110	INJ DIHYDROERGOTAMINE MESYLT	\$46.58
J1120	ACETAZOLAMID SODIUM INJECTIO	\$30.93
J1160	DIGOXIN INJECTION	\$10.35
J1162	DIGOXIN IMMUNE FAB (OVINE)	\$5255.19
J1165	PHENYTOIN SODIUM INJECTION	\$0.69
J1170	HYDROMORPHONE INJECTION	\$5.05
J1190	DEXRAZOXANE HCL INJECTION	\$118.81
J1200	DIPHENHYDRAMINE HCL INJECTIO	\$0.88

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J1201	INJ. CETIRIZINE HCL 0.5MG	\$16.58
J1205	CHLOROTHIAZIDE SODIUM INJ	\$133.48
J1212	DIMETHYL SULFOXIDE 50% 50 ML	\$748.90
J1230	METHADONE INJECTION	\$21.64
J1240	DIMENHYDRINATE INJECTION	\$9.85
J1245	DIPYRIDAMOLE INJECTION	\$4.09
J1250	INJ DOBUTAMINE HCL/250 MG	\$10.83
J1265	DOPAMINE INJECTION	\$0.85
J1270	INJECTION, DOXERCALCIFEROL	\$0.42
J1290	ECALLANTIDE INJECTION	\$593.26
J1300	ECULIZUMAB INJECTION	\$248.25
J1301	INJECTION, EDARAVONE, 1 MG	\$24.00
J1302	INJ, SUTIMLIMAB-JOME, 10 MG	\$19.54
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	\$243.95
J1304	INJ TOFERSEN INTRATHEC 1 MG	\$165.92
J1305	INJ, EVINACUMAB-DGNB, 5MG	\$197.05
J1306	INJECTION, INCLISIRAN, 1 MG	\$13.35
J1322	ELOSULFASE ALFA, INJECTION	\$309.00
J1325	EPOPROSTENOL INJECTION	\$17.56
J1327	EPTIFIBATIDE INJECTION	\$3.68
J1335	ERTAPENEM INJECTION	\$14.26
J1364	ERYTHRO LACTOBIONATE /500 MG	\$88.85
J1380	ESTRADIOL VALERATE 10 MG INJ	\$10.16
J1410	INJ ESTROGEN CONJUGATE 25 MG	\$409.36
J1411	INJ, HEMGENIX, PER TX DOSE	\$4081000.00
J1412	INJ ROCTAVIAN ML 2X10^13VC G	\$13208.59
J1413	INJ DELANDISTROGENE MOX ROKL	\$3625600.00
J1426	INJECTION, CASIMERSEN, 10 MG	\$182.85
J1427	INJ. VILTOLARSEN	\$64.72
J1429	INJ GOLODIRSEN 10 MG	\$182.82
J1430	ETHANOLAMINE OLEATE 100 MG	\$521.33
J1437	INJ. FE DERISOMALTOSE 10 MG	\$20.75
J1438	ETANERCEPT INJECTION	\$869.86
J1439	INJ FERRIC CARBOXYMALTOS 1MG	\$1.26
J1440	FECAL MICROBIOTA JSLM 1 ML	\$69.28
J1442	INJ FILGRASTIM EXCL BIOSIMIL	\$1.08
J1447	INJ TBO FILGRASTIM 1 MICROG	\$0.48
J1448	INJECTION, TRILACICLIB, 1MG	\$5.72
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG	\$32.65
J1450	FLUCONAZOLE	\$3.08
J1451	FOMEPIZOLE, 15 MG	\$6.66

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J1453	FOSAPREPITANT INJECTION	\$0.15
J1454	INJ FOSNETUPITANT, PALONOSET	\$763.60
J1455	FOSCARNET SODIUM INJECTION	\$65.31
J1456	INJ, FOSAPREPITANT (TEVA)	\$0.49
J1458	GALSULFASE INJECTION	\$509.29
J1459	INJ IVIG PRIVIGEN 500 MG	\$53.12
J1460	GAMMA GLOBULIN 1 CC INJ	\$55.80
J1551	INJ CUTAQUIG 100 MG	\$15.28
J1554	INJ. ASCENIV	\$540.55
J1555	INJ CUVITRU, 100 MG	\$17.51
J1556	INJ, IMM GLOB BIVIGAM, 500MG	\$80.26
J1557	GAMMAPLEX INJECTION	\$60.67
J1558	INJ. XEMBIFY, 100 MG	\$15.60
J1559	HIZENTRA INJECTION	\$14.24
J1560	GAMMA GLOBULIN > 10 CC INJ	\$557.98
J1561	GAMUNEX-C/GAMMAKED	\$54.76
J1566	IMMUNE GLOBULIN, POWDER	\$86.35
J1568	OCTAGAM INJECTION	\$49.48
J1569	GAMMAGARD LIQUID INJECTION	\$48.57
J1570	GANCICLOVIR SODIUM INJECTION	\$49.41
J1571	HEPAGAM B IM INJECTION	\$65.58
J1572	FLEBOGAMMA INJECTION	\$61.73
J1573	HEPAGAM B INTRAVENOUS, INJ	\$65.58
J1575	HYQVIA 100MG IMMUNEGLOBULIN	\$18.79
J1576	INJ, PANZYGA, 500 MG	\$73.09
J1580	GARAMYCIN GENTAMICIN INJ	\$2.95
J1595	INJECTION GLATIRAMER ACETATE	\$171.57
J1596	INJ, GLYCOPYRROLATE, 0.1 MG	\$0.68
J1602	GOLIMUMAB FOR IV USE 1MG	\$13.58
J1610	GLUCAGON HYDROCHLORIDE/1 MG	\$207.20
J1611	INJ GLUCAGON HCL, FRESENIUS	\$136.21
J1626	GRANISETRON HCL INJECTION	\$0.42
J1627	INJ, GRANISETRON, XR, 0.1 MG	\$6.24
J1628	INJ., GUSELKUMAB, 1 MG	\$79.75
J1630	HALOPERIDOL INJECTION	\$1.56
J1631	HALOPERIDOL DECANOATE INJ	\$9.65
J1632	INJ., BREXANOLONE, 1 MG	\$79.31
J1640	HEMIN, 1 MG	\$34.48
J1642	INJ HEPARIN SODIUM PER 10 U	\$0.02
J1643	INJ HEPARIN, PFIZER, 1000U	\$5.04
J1644	INJ HEPARIN SODIUM PER 1000U	\$0.29

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J1645	DALTEPARIN SODIUM	\$19.14
J1650	INJ ENOXAPARIN SODIUM	\$0.75
J1652	FONDAPARINUX SODIUM	\$1.20
J1670	TETANUS IMMUNE GLOBULIN INJ	\$636.47
J1720	HYDROCORTISONE SODIUM SUCC I	\$19.63
J1726	MAKENA, 10 MG	\$13.29
J1729	INJ HYDROXYPROGST CAPOAT NOS	\$20.00
J1740	IBANDRONATE SODIUM INJECTION	\$28.16
J1742	IBUTILIDE FUMARATE INJECTION	\$209.27
J1743	IDURSULFASE INJECTION	\$597.21
J1744	ICATIBANT INJECTION	\$187.94
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	\$35.38
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	\$82.09
J1747	INJ, SPESOLIMAB-SBZO, 1 MG	\$66.25
J1750	INJ IRON DEXTRAN	\$19.06
J1756	IRON SUCROSE INJECTION	\$0.24
J1786	IMUGLUCERASE INJECTION	\$48.43
J1805	INJ, ESMOLOL HCL, 10MG	\$0.29
J1806	INJ ESMOLOL HCL WG CRIT CARE	\$0.50
J1811	FIASP FOR INSULIN PUMP USE	\$7.48
J1813	LYUMJEV FOR INSULIN PUMP USE	\$17.13
J1817	INSULIN FOR INSULIN PUMP USE	\$8.75
J1823	INJ. INEBILIZUMAB-CDON, 1 MG	\$520.86
J1826	INTERFERON BETA-1A INJ	\$2101.76
J1833	INJECTION, ISAVUCONAZONIUM	\$1.04
J1836	INJ, METRONIDAZOLE, 10 MG	\$0.03
J1885	KETOROLAC TROMETHAMINE INJ	\$0.54
J1920	INJ, LABETALOL HCL, 5MG	\$0.20
J1921	INJ LABETALOL HCL HIKMA, 5MG	\$2.81
J1930	LANREOTIDE INJECTION	\$53.29
J1931	LARONIDASE INJECTION	\$41.19
J1932	INJ, LANREOTIDE, (CIPLA) 1MG	\$53.65
J1939	INJ, BUMETANIDE, 0.5 MG	\$0.73
J1940	FUROSEMIDE INJECTION	\$0.63
J1943	INJ., ARISTADA INITIO, 1 MG	\$3.40
J1944	ARIPIRAZOLE LAUROXIL 1 MG	\$3.42
J1950	LEUPROLIDE ACETATE /3.75 MG	\$1721.06
J1951	INJ FENSOLVI 0.25 MG	\$145.01
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG	\$65.78
J1953	LEVETIRACETAM INJECTION	\$0.07
J1954	LEUPROLIDE DEPOT CIPLA 7.5MG	\$390.81

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J1955	INJ LEVOCARNITINE PER 1 GM	\$38.85
J1956	LEVOFLOXACIN INJECTION	\$1.00
J1961	INJ, LENACAPAVIR, 1 MG	\$24.13
J1980	HYOSCYAMINE SULFATE INJ	\$39.01
J2001	LIDOCAINE INJECTION	\$0.03
J2010	LINCOMYCIN INJECTION	\$10.83
J2020	LINEZOLID INJECTION	\$3.63
J2021	INJ, LINEZOLID (HOSPIRA)	\$22.07
J2060	LORAZEPAM INJECTION	\$1.23
J2150	MANNITOL INJECTION	\$2.85
J2175	MEPERIDINE HYDROCHL /100 MG	\$8.03
J2182	INJECTION, MEPOLIZUMAB, 1MG	\$33.56
J2184	INJ, MEROPENEM (B. BRAUN)	\$2.32
J2185	MEROPENEM	\$0.50
J2186	INJ., MEROPENEM, VABORBACTAM	\$2.28
J2210	METHYLERGONOVIN MALEATE INJ	\$21.56
J2212	METHYLNALTREXONE INJECTION	\$1.32
J2247	INJ, MICAFUNGIN (PAR PHARM)	\$0.37
J2248	MICAFUNGIN SODIUM INJECTION	\$0.83
J2250	INJ MIDAZOLAM HYDROCHLORIDE	\$0.16
J2251	INJ MIDAZOLAM (WG CRIT CARE)	\$0.31
J2260	INJ MILRINONE LACTATE / 5 MG	\$1.72
J2265	MINOCYCLINE HYDROCHLORIDE	\$2.71
J2270	MORPHINE SULFATE INJECTION	\$5.13
J2272	INJ, MORPHINE (FRESENIUS)	\$8.18
J2274	INJ MORPHINE PF EPID ITHC	\$12.37
J2278	ZICONOTIDE INJECTION	\$9.94
J2280	INJ, MOXIFLOXACIN 100 MG	\$10.37
J2281	INJ MOXIFLOXACIN (FRES KABI)	\$6.39
J2300	INJ NALBUPHINE HYDROCHLORIDE	\$3.09
J2305	INJ, NITROGLYCERIN, 5 MG	\$1.41
J2310	INJ NALOXONE HYDROCHLORIDE	\$8.02
J2311	INJ, NALOXONE HCL (ZIMHI)	\$6.33
J2315	NALTREXONE, DEPOT FORM	\$4.35
J2323	NATALIZUMAB INJECTION	\$26.90
J2326	INJ, NUSINERSEN, 0.1MG	\$1289.06
J2327	INJ RISANKIZUMAB-RZAA 1 MG	\$16.90
J2329	INJ UBLITUXIMAB-XIIY, 1 MG	\$74.43
J2350	INJECTION, OCRELIZUMAB, 1 MG	\$65.73
J2353	OCTREOTIDE INJECTION, DEPOT	\$231.91
J2354	OCTREOTIDE INJ, NON-DEPOT	\$1.31



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J2356	INJ TEZEPELUMAB-EKKO, 1MG	\$20.45
J2357	OMALIZUMAB INJECTION	\$43.40
J2358	OLANZAPINE LONG-ACTING INJ	\$3.21
J2359	INJ. OLANZAPINE, 0.5MG	\$1.04
J2360	ORPHENADRINE INJECTION	\$10.68
J2372	INJ, BIORPHEN, 20 MICROGRAMS	\$0.19
J2401	CHLOROPROCAINE HCL INJECTION	\$0.04
J2403	CHLOROPROCAINE OPHT GEL, 1MG	\$0.78
J2405	ONDANSETRON HCL INJECTION	\$0.11
J2406	INJECTION, ORITAVANCIN 10 MG	\$45.01
J2407	INJECTION, ORITAVANCIN	\$30.35
J2425	PALIFERMIN INJECTION	\$29.16
J2426	INJ, INVEGA SUSTENNA, 1 MG	\$15.75
J2427	INJ, INVEGA HAFYERA/TRINZA	\$13.43
J2430	PAMIDRONATE DISODIUM /30 MG	\$9.76
J2469	PALONOSETRON HCL	\$0.93
J2501	PARICALCITOL	\$0.73
J2502	INJ, PASIREOTIDE LONG ACTING	\$494.44
J2506	INJ PEGFILGRAST EX BIO 0.5MG	\$55.75
J2507	PEGLOTICASE INJECTION	\$3708.18
J2508	PEGUNIGALSIDASE ALFA-IWXJ	\$234.25
J2510	PENICILLIN G PROCAINE INJ	\$45.04
J2540	PENICILLIN G POTASSIUM INJ	\$0.85
J2543	PIPERACILLIN/TAZOBACTAM	\$1.29
J2545	PENTAMIDINE NON-COMP UNIT	\$57.44
J2547	INJECTION, PERAMIVIR	\$1.85
J2550	PROMETHAZINE HCL INJECTION	\$3.95
J2560	PHENOBARBITAL SODIUM INJ	\$34.58
J2562	PLERIXAFOR INJECTION	\$190.17
J2597	INJ DESMOPRESSIN ACETATE	\$6.96
J2598	INJ, VASOPRESSIN, 1 UNIT	\$2.00
J2599	INJ VASOPRESSIN (AM REG) 1 U	\$0.51
J2675	INJ PROGESTERONE PER 50 MG	\$1.01
J2679	INJ FLUPHENAZINE HCL 1.25 MG	\$8.30
J2680	FLUPHENAZINE DECANOATE 25 MG	\$10.07
J2690	PROCAINAMIDE HCL INJECTION	\$160.95
J2700	OXACILLIN SODIUM INJECITON	\$1.15
J2704	INJ, PROPOFOL, 10 MG	\$0.14
J2720	INJ PROTAMINE SULFATE/10 MG	\$1.82
J2724	PROTEIN C CONCENTRATE	\$16.58
J2760	PHENTOLLAINE MESYLATE INJ	\$491.48

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J2765	METOCLOPRAMIDE HCL INJECTION	\$1.20
J2770	QUINUPRISTIN/DALFOPRISTIN	\$543.37
J2777	INJ, FARICIMAB-SVOA, 0.1MG	\$39.70
J2778	RANIBIZUMAB INJECTION	\$206.31
J2779	INJ, SUSVIMO 0.1 MG	\$88.86
J2781	INJ, PEGCETACOPLAN, 1MG	\$166.61
J2783	RASBURICASE	\$403.99
J2785	REGADENOSON INJECTION	\$15.71
J2786	INJECTION, RESLIZUMAB, 1MG	\$11.18
J2788	RHO D IMMUNE GLOBULIN 50 MCG	\$26.18
J2790	RHO D IMMUNE GLOBULIN INJ	\$89.28
J2791	RHOPHYLAC INJECTION	\$5.31
J2792	RHO(D) IMMUNE GLOBULIN H, SD	\$36.26
J2794	INJ RISPERDAL CONSTA, 0.5 MG	\$13.37
J2795	ROPIVACAINE HCL INJECTION	\$0.08
J2796	ROMIPLOSTIM INJECTION	\$105.63
J2798	INJ., PERSERIS, 0.5 MG	\$12.79
J2799	INJ, UZEDY, 1 MG	\$27.17
J2800	METHOCARBAMOL INJECTION	\$6.22
J2805	SINCALIDE INJECTION	\$146.41
J2820	SARGRAMOSTIM INJECTION	\$65.25
J2840	INJ SEBELIPASE ALFA 1 MG	\$592.62
J2850	INJ SECRETIN SYNTHETIC HUMAN	\$45.91
J2860	INJECTION, SILTUXIMAB	\$163.84
J2916	NA FERRIC GLUCONATE COMPLEX	\$2.61
J2920	METHYLPREDNISOLONE INJECTION	\$4.61
J2930	METHYLPREDNISOLONE INJECTION	\$6.47
J2941	SOMATROPIN INJECTION	\$179.91
J2993	RETEPLASE INJECTION	\$3045.21
J2997	ALTEPLASE RECOMBINANT	\$97.87
J2998	INJ PLASMINOGEN TVMH 1MG	\$34.98
J3000	STREPTOMYCIN INJECTION	\$35.77
J3010	FENTANYL CITRATE INJECTION	\$1.06
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	\$2.02
J3032	INJ. EPTINEZUMAB-JJMR 1 MG	\$19.86
J3060	INJ, TALIGLUCERASE ALFA 10 U	\$49.54
J3090	INJ TEDIZOLID PHOSPHATE	\$1.96
J3095	TELAVANCIN INJECTION	\$7.75
J3101	TENECTEPLASE INJECTION	\$168.43
J3105	TERBUTALINE SULFATE INJ	\$8.57
J3111	INJ. ROMOSUZUMAB-AQQG 1 MG	\$11.80

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J3121	INJ TESTOSTERO ENANTHATE 1MG	\$0.06
J3145	TESTOSTERONE UNDECANOATE 1MG	\$2.02
J3230	CHLORPROMAZINE HCL INJECTION	\$32.76
J3240	THYROTROPIN INJECTION	\$2223.29
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	\$360.80
J3243	TIGECYCLINE INJECTION	\$0.81
J3244	INJ. TIGECYCLINE (ACCORD)	\$2.92
J3245	INJ., TILDRAKIZUMAB, 1 MG	\$154.72
J3246	TIROFIBAN HCL	\$4.75
J3250	TRIMETHOBENZAMIDE HCL INJ	\$52.62
J3260	TOBRAMYCIN SULFATE INJECTION	\$2.93
J3262	TOCILIZUMAB INJECTION	\$6.73
J3285	TREPROSTINIL INJECTION	\$62.02
J3299	INJ XIPEPE 1 MG	\$53.44
J3301	TRIAMCINOLONE ACET INJ NOS	\$1.04
J3304	INJ TRIAMCINOLONE ACE XR 1MG	\$19.30
J3315	TRIPTORELIN PAMOATE	\$454.94
J3316	INJ., TRIPTORELIN XR 3.75 MG	\$3550.09
J3357	USTEKINUMAB SUB CU INJ, 1 MG	\$169.35
J3358	USTEKINUMAB, IV INJECT, 1 MG	\$13.88
J3360	DIAZEPAM INJECTION	\$6.01
J3370	VANCOMYCIN HCL INJECTION	\$2.54
J3371	INJ, VANCOMYCIN HCL (MYLAN)	\$6.57
J3372	INJ, VANCOMYCIN HCL (XELLIA)	\$7.24
J3380	INJECTION, VEDOLIZUMAB	\$24.27
J3385	VELAGLUCERASE ALFA	\$404.15
J3396	VERTEPORFIN INJECTION	\$12.68
J3398	INJ LUXTURNA 1 BILLION VEC G	\$3159.51
J3399	INJ ONASE ABEPAR-XIOI TREAT	\$2533063.14
J3401	VYJUVEK 5X10^9PFU/ML, 0.1 ML	\$2747.53
J3410	HYDROXYZINE HCL INJECTION	\$10.90
J3411	THIAMINE HCL 100 MG	\$2.70
J3415	PYRIDOXINE HCL 100 MG	\$16.31
J3420	VITAMIN B12 INJECTION	\$1.59
J3425	INJ, HYDROXOCOBALAMIN	\$0.01
J3430	VITAMIN K PHYTONADIONE INJ	\$3.19
J3465	INJECTION, VORICONAZOLE	\$1.27
J3471	OVINE, UP TO 999 USP UNITS	\$0.55
J3473	HYALURONIDASE RECOMBINANT	\$0.40
J3475	INJ MAGNESIUM SULFATE	\$0.76
J3480	INJ POTASSIUM CHLORIDE	\$0.13

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J3485	ZIDOVUDINE	\$1.66
J3486	ZIPRASIDONE MESYLATE	\$10.73
J3489	ZOLEDRONIC ACID 1MG	\$7.93
J7030	NORMAL SALINE SOLUTION INFUS	\$2.96
J7040	NORMAL SALINE SOLUTION INFUS	\$1.48
J7042	5% DEXTROSE/NORMAL SALINE	\$1.75
J7050	NORMAL SALINE SOLUTION INFUS	\$0.74
J7060	5% DEXTROSE/WATER	\$2.12
J7070	D5W INFUSION	\$4.25
J7120	RINGERS LACTATE INFUSION	\$2.85
J7168	PROTHROMBIN COMPLEX KCENTRA	\$2.51
J7169	INJ ANDEXXA, 10 MG	\$145.59
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	\$55.72
J7175	INJ, FACTOR X, (HUMAN), 1IU	\$10.02
J7177	INJ., FIBRYGA, 1 MG	\$1.21
J7178	INJ HUMAN FIBRINOGEN CON NOS	\$1.52
J7179	VONVENDI INJ 1 IU VWF:RCO	\$2.01
J7180	FACTOR XIII ANTI-HEM FACTOR	\$10.64
J7181	FACTOR XIII RECOMB A-SUBUNIT	\$18.85
J7182	FACTOR VIII RECOMB NOVOEIGHT	\$1.47
J7183	WILATE INJECTION	\$1.43
J7185	XYNTHA INJ	\$1.42
J7186	ANTIHEMOPHILIC VIII/VWF COMP	\$1.32
J7187	HUMATE-P, INJ	\$1.48
J7188	FACTOR VIII RECOMB OBIZUR	\$3.54
J7189	FACTOR VIIA RECOMB NOVOSEVEN	\$2.67
J7190	FACTOR VIII	\$1.13
J7192	FACTOR VIII RECOMBINANT NOS	\$1.66
J7193	FACTOR IX NON-RECOMBINANT	\$1.45
J7194	FACTOR IX COMPLEX	\$1.77
J7195	FACTOR IX RECOMBINANT NOS	\$1.93
J7197	ANTITHROMBIN III INJECTION	\$4.26
J7198	ANTI-INHIBITOR	\$2.49
J7200	FACTOR IX RECOMBINAN RIXUBIS	\$1.71
J7201	FACTOR IX ALPROLIX RECOMB	\$3.81
J7202	FACTOR IX IDELVION INJ	\$5.44
J7203	FACTOR IX RECOMB GLY REBINYN	\$4.85
J7204	INJ RECOMBIN ESPEROCT PER IU	\$2.28
J7205	FACTOR VIII FC FUSION RECOMB	\$2.41
J7207	FACTOR VIII PEGYLATED RECOMB	\$2.18
J7208	INJ. JIVI 1 IU	\$2.58

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J7209	FACTOR VIII NUWIQ RECOMB 1IU	\$1.41
J7210	INJ, AFSTYLA, 1 I.U.	\$1.59
J7211	INJ, KOVALTRY, 1 I.U.	\$1.57
J7212	FACTOR VIIA RECOMB SEVENFACT	\$2.23
J7213	INJ, IXINITY, 1 I.U.	\$2.00
J7214	ALTUVIIIIO PER FACTOR VIII IU	\$5.09
J7308	AMINOLEVULINIC ACID HCL TOP	\$431.55
J7311	INJ., RETISERT, 0.01 MG	\$328.96
J7312	DEXAMETHASONE INTRA IMPLANT	\$226.17
J7313	INJ., ILUVIEN, 0.01 MG	\$540.04
J7314	INJ., YUTIQ, 0.01 MG	\$581.90
J7318	INJ, DUROLANE 1 MG	\$6.76
J7320	GENVISC 850, INJ, 1MG	\$6.32
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	\$80.40
J7322	HYMOVIS INJECTION 1 MG	\$18.99
J7323	EUFLEXXA INJ PER DOSE	\$140.03
J7324	ORTHOVISC INJ PER DOSE	\$143.70
J7325	SYNVISC OR SYNVISC-ONE	\$10.03
J7326	GEL-ONE	\$547.02
J7327	MONOVISC INJ PER DOSE	\$785.80
J7328	GELSYN-3 INJECTION 0.1 MG	\$0.54
J7329	INJ, TRIVISC 1 MG	\$8.70
J7331	SYNOJOYNT, INJ., 1 MG	\$12.47
J7332	INJ., TRILURON, 1 MG	\$11.30
J7336	CAPSAICIN 8% PATCH	\$3.60
J7340	CARBIDOPA LEVODOPA ENT 100ML	\$250.53
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	\$33.02
J7345	AMINOLEVULINIC ACID, 10% GEL	\$1.81
J7351	INJ BIMATOPROST ITC IMP1MCG	\$226.83
J7352	AFAMELANOTIDE IMPLANT, 1 MG	\$3160.66
J7402	MOMETASONE SINUS SINUVA	\$12.48
J7500	AZATHIOPRINE ORAL 50MG	\$5.01
J7501	AZATHIOPRINE PARENTERAL	\$263.94
J7502	CYCLOSPORINE ORAL 100 MG	\$2.49
J7503	TACROL ENVARUSUS EX REL ORAL	\$1.91
J7504	LYMPHOCYTE IMMUNE GLOBULIN	\$3950.60
J7507	TACROLIMUS IMME REL ORAL 1MG	\$0.26
J7508	TACROL ASTAGRAF EX REL ORAL	\$0.61
J7509	METHYLPREDNISOLONE ORAL	\$0.25
J7510	PREDNISOLONE ORAL PER 5 MG	\$0.46
J7511	ANTITHYMOCYTE GLOBULN RABBIT	\$1021.93

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J7512	PREDNISONE IR OR DR ORAL 1MG	\$0.01
J7515	CYCLOSPORINE ORAL 25 MG	\$0.92
J7517	MYCOPHENOLATE MOFETIL ORAL	\$0.21
J7518	MYCOPHENOLIC ACID	\$0.69
J7519	INJ. MYCOPHENOLATE MOFETIL	\$0.80
J7520	SIROLIMUS, ORAL	\$2.94
J7525	TACROLIMUS INJECTION	\$273.61
J7527	ORAL EVEROLIMUS	\$3.03
J7605	ARFORMOTEROL NON-COMP UNIT	\$2.55
J7606	FORMOTEROL FUMARATE, INH	\$4.51
J7608	ACETYLCYSTEINE NON-COMP UNIT	\$7.51
J7611	ALBUTEROL NON-COMP CON	\$0.16
J7612	LEVALBUTEROL NON-COMP CON	\$0.34
J7613	ALBUTEROL NON-COMP UNIT	\$0.04
J7614	LEVALBUTEROL NON-COMP UNIT	\$0.05
J7620	ALBUTEROL IPRATROP NON-COMP	\$0.19
J7626	BUDESONIDE NON-COMP UNIT	\$1.11
J7631	CROMOLYN SODIUM NONCOMP UNIT	\$1.13
J7639	DORNASE ALFA NON-COMP UNIT	\$57.28
J7644	IPRATROPIUM BROMIDE NON-COMP	\$0.36
J7674	METHACHOLINE CHLORIDE, NEB	\$0.95
J7677	REVEFENACIN INH NON-COM 1MCG	\$0.21
J7682	TOBRAMYCIN NON-COMP UNIT	\$23.97
J7686	TREPROSTINIL, NON-COMP UNIT	\$803.35
J8501	ORAL APREPITANT	\$4.65
J8520	CAPECITABINE, ORAL, 150 MG	\$0.27
J8521	CAPECITABINE, ORAL, 500 MG	\$0.63
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	\$0.68
J8540	ORAL DEXAMETHASONE	\$0.09
J8560	ETOPOSIDE ORAL 50 MG	\$84.27
J8610	METHOTREXATE ORAL 2.5 MG	\$0.29
J8655	ORAL NETUPITANT, PALONOSETRO	\$451.06
J8670	ROLAPITANT, ORAL, 1MG	\$1.75
J8700	TEMOZOLOMIDE	\$0.31
J8705	TOPOTECAN ORAL	\$124.84
J9000	DOXORUBICIN HCL INJECTION	\$3.61
J9015	ALDESLEUKIN INJECTION	\$4337.30
J9017	ARSENIC TRIOXIDE INJECTION	\$17.36
J9019	ERWINAZE INJECTION	\$470.00
J9021	INJ, ASPARA, RYLAZE, 0.1 MG	\$56.05
J9022	INJ, ATEZOLIZUMAB,10 MG	\$93.51

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J9023	INJECTION, AVELUMAB, 10 MG	\$101.61
J9025	AZACITIDINE INJECTION	\$0.39
J9027	CLOFARABINE INJECTION	\$23.52
J9029	INSTILL ADSTILADRIN, TX DOSE	\$67980.00
J9030	BCG LIVE INTRAVESICAL 1MG	\$3.18
J9032	INJECTION, BELINOSTAT, 10MG	\$53.77
J9033	INJ., TREANDA 1 MG	\$10.11
J9034	INJ., BENDEKA 1 MG	\$16.23
J9035	BEVACIZUMAB INJECTION	\$81.48
J9036	INJ. BELRAPZO/BENDAMUSTINE	\$14.40
J9037	INJ BELANTAMAB MAFODOT BLMF	\$51.46
J9039	INJECTION, BLINATUMOMAB	\$160.12
J9040	BLEOMYCIN SULFATE INJECTION	\$23.13
J9041	INJECTION, BORTEZOMIB, 0.1MG	\$2.15
J9042	BRENTUXIMAB VEDOTIN INJ	\$253.68
J9043	CABAZITAXEL INJECTION	\$231.50
J9045	CARBOPLATIN INJECTION	\$3.96
J9046	INJ, BORTEZOMIB, DR. REDDY'S	\$53.40
J9047	INJECTION, CARFILZOMIB, 1 MG	\$51.79
J9048	INJ, BORTEZOMIB FRESENIUSKAB	\$53.40
J9049	INJ, BORTEZOMIB, HOSPIRA	\$1.67
J9050	CARMUSTINE INJECTION	\$298.61
J9052	INJ, CARMUSTINE (ACCORD)	\$20.24
J9055	CETUXIMAB INJECTION	\$81.09
J9056	INJ, BENDAMUSTINE, 1 MG	\$36.80
J9057	INJ., COPANLISIB, 1 MG	\$96.32
J9058	INJ APOTEX/BENDAMUSTINE 1 MG	\$22.86
J9059	INJ BENDAMUSTINE, BAXTER 1MG	\$22.86
J9060	CISPLATIN 10 MG INJECTION	\$4.44
J9061	INJ, AMIVANTAMAB-VMJW	\$21.97
J9063	INJ, ELAHERE, 1 MG	\$72.28
J9065	INJ CLADRIBINE PER 1 MG	\$17.35
J9070	CYCLOPHOSPHAMIDE 100 MG INJ	\$22.17
J9071	INJ CYCLOPHOSPHAMD AUROMEDIC	\$1.97
J9072	INJ CYCLOPHOS DR.REDDY'S 5MG	\$4.14
J9100	CYTARABINE HCL 100 MG INJ	\$1.07
J9118	INJ. CALASPARGASE PEGOL-MKNL	\$80.17
J9119	INJ., CEMIPIMAB-RWLC, 1 MG	\$30.21
J9120	DACTINOMYCIN INJECTION	\$735.79
J9130	DACARBAZINE 100 MG INJ	\$4.11
J9144	DARATUMUMAB, HYALURONIDASE	\$53.96

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J9145	INJECTION, DARATUMUMAB 10 MG	\$67.88
J9150	DAUNORUBICIN INJECTION	\$39.24
J9153	INJ DAUNORUBICIN, CYTARABINE	\$254.94
J9155	DEGARELIX INJECTION	\$4.61
J9171	DOCETAXEL INJECTION	\$1.09
J9173	INJ., DURVALUMAB, 10 MG	\$88.78
J9176	INJECTION, ELOTUZUMAB, 1MG	\$8.12
J9177	INJ ENFORT VEDO-EJFV 0.25MG	\$38.53
J9178	INJ, EPIRUBICIN HCL, 2 MG	\$1.52
J9179	ERIBULIN MESYLATE INJECTION	\$147.42
J9181	ETOPOSIDE INJECTION	\$1.09
J9185	FLUDARABINE PHOSPHATE INJ	\$191.37
J9190	FLUOROURACIL INJECTION	\$3.54
J9196	INJ GEMCITABINE HCL (ACCORD)	\$9.65
J9198	INJ. INFUGEM, 100 MG	\$44.31
J9200	FLOXURIDINE INJECTION	\$4094.24
J9201	IN GEMCITABINE HCL NOS 200MG	\$4.02
J9202	GOSERELIN ACETATE IMPLANT	\$669.91
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	\$248.91
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	\$257.58
J9205	INJ IRINOTECAN LIPOSOME 1 MG	\$68.22
J9206	IRINOTECAN INJECTION	\$2.14
J9207	IXABEPILONE INJECTION	\$140.88
J9208	I FOSFAMIDE INJECTION	\$29.43
J9209	MESNA INJECTION	\$1.51
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	\$413.22
J9211	IDARUBICIN HCL INJECTION	\$47.22
J9214	INTERFERON ALFA-2B INJ	\$35.83
J9217	LEUPROLIDE ACETATE SUSPNSION	\$199.43
J9218	LEUPROLIDE ACETATE INJECITON	\$15.12
J9223	INJ. LURBINECTEDIN, 0.1 MG	\$220.01
J9225	VANTAS IMPLANT	\$5682.92
J9226	SUPPRELIN LA IMPLANT	\$49033.53
J9227	INJ. ISATUXIMAB-IRFC 10 MG	\$84.15
J9228	IPILIMUMAB INJECTION	\$189.66
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	\$2838.16
J9245	INJ MELPHA HYDROCH NOS 50 MG	\$162.82
J9246	INJ., EVOMELA, 1 MG	\$18.14
J9247	INJ, MELPHALAN FLUFENAMI 1MG	\$553.85
J9250	METHOTREXATE SODIUM INJ	\$0.34
J9259	PACLITAXEL (AMERICAN REGENT)	\$17.00



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J9260	METHOTREXATE SODIUM INJ	\$3.34
J9261	NELARABINE INJECTION	\$122.08
J9262	INJ, OMACETAXINE MEP, 0.01MG	\$4.36
J9263	OXALIPLATIN	\$0.08
J9264	PACLITAXEL PROTEIN BOUND	\$15.72
J9266	PEGASPARGASE INJECTION	\$28359.60
J9267	PACLITAXEL INJECTION	\$0.12
J9268	PENTOSTATIN INJECTION	\$2500.47
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	\$358.11
J9271	INJ PEMBROLIZUMAB	\$61.30
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG	\$256.58
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG	\$185.14
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG	\$229.82
J9280	MITOMYCIN INJECTION	\$69.68
J9281	MITOMYCIN INSTILLATION	\$330.82
J9286	INJ GLOFITAMAB GXBM, 2.5 MG	\$2978.72
J9293	MITOXANTRONE HYDROCHL / 5 MG	\$47.94
J9294	INJ PEMETREXED, HOSPIRA 10MG	\$11.61
J9295	INJECTION, NECITUMUMAB, 1 MG	\$6.31
J9296	INJ PEMETREXED (ACCORD) 10MG	\$10.62
J9297	INJ PEMETREXED (SANDOZ) 10MG	\$1.43
J9298	INJ NIVOL RELATLIMAB 3MG/1MG	\$205.87
J9299	INJECTION, NIVOLUMAB	\$34.20
J9301	OBINUTUZUMAB INJ	\$77.38
J9302	OFATUMUMAB INJECTION	\$70.35
J9303	PANITUMUMAB INJECTION	\$165.72
J9304	INJ. PEMETREXED, 10 MG	\$68.55
J9305	INJ. PEMETREXED NOS 10MG	\$4.81
J9306	INJECTION, PERTUZUMAB, 1 MG	\$16.97
J9307	PRALATREXATE INJECTION	\$318.06
J9308	INJECTION, RAMUCIRUMAB	\$77.27
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	\$136.72
J9311	INJ RITUXIMAB, HYALURONIDASE	\$41.15
J9312	INJ., RITUXIMAB, 10 MG	\$87.12
J9313	INJ., LUMOXITI, 0.01 MG	\$25.73
J9314	INJ PEMETREXED (TEVA) 10MG	\$21.95
J9316	PERTUZU, TRASTUZU, 10 MG	\$73.76
J9317	SACITUZUMAB GOVITECAN-HZIY	\$37.48
J9318	INJ ROMIDEPSIN NON-LYO 0.1MG	\$37.30
J9319	INJ ROMIDEPSIN LYOPHIL 0.1MG	\$35.16
J9320	STREPTOZOCIN INJECTION	\$407.20

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	DESCRIPTION	MAR
J9321	INJ EPCORITAMAB-BYSP 0.16 MG	\$59.18
J9323	INJ PEMETREXED DITROMETHAMIN	\$6.61
J9325	INJ TALIMOGENE LAHERPAREPVEC	\$73.25
J9328	TEMOZOLOMIDE INJECTION	\$11.44
J9330	TEMSIROLIMUS INJECTION	\$34.09
J9331	INJ SIROLIMUS PROT PART 1 MG	\$120.22
J9332	INJ EFGARTIGIMOD 2MG	\$35.29
J9333	INJ RONZANOLIXIZUM-NOLI 1 MG	\$24.48
J9334	INJ EFGART-ALFA 2MG HYA-QVFC	\$35.46
J9340	THIOTEPA INJECTION	\$276.33
J9345	INJ, RETIFANLIMAB-DLWR, 1 MG	\$32.82
J9347	INJ, TREMELIMUMAB-ACTL, 1 MG	\$149.70
J9348	INJ. NAXITAMAB-GQGK, 1 MG	\$670.74
J9349	INJ., TAFASITAMAB-CXIX	\$14.96
J9350	INJ MOSUNETUZUMAB-AXGB, 1 MG	\$692.60
J9351	TOPOTECAN INJECTION	\$0.86
J9352	INJECTION TRABECTEDIN 0.1MG	\$372.24
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	\$51.76
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	\$42.20
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	\$88.51
J9356	INJ. HERCEPTIN HYLECTA, 10MG	\$72.62
J9357	VALRUBICIN INJECTION	\$1500.23
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	\$29.96
J9359	INJ LON TESIRIN-LPYL 0.075MG	\$220.69
J9360	VINBLASTINE SULFATE INJ	\$4.64
J9370	VINCRISTINE SULFATE 1 MG INJ	\$8.50
J9371	INJ, VINCRISTINE SUL LIP 1MG	\$3762.86
J9380	INJ TECLISTAMAB CQYV 0.5 MG	\$33.93
J9381	INJ TEPLIZUMAB MZWV 5 MCG	\$39.88
J9390	VINORELBINE TARTRATE INJ	\$8.16
J9393	INJ, FULVESTRANT (TEVA)	\$23.32
J9394	INJ, FULVESTRANT (FRESENIUS)	\$58.30
J9395	INJECTION, FULVESTRANT	\$9.29
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	\$8.01
J9600	PORFIMER SODIUM INJECTION	\$25110.98

  

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
K0001	RR	STANDARD WHEELCHAIR	\$24.26	\$46.05
K0002	RR	STND HEMI (LOW SEAT) WHLCHR	\$39.41	\$70.67
K0003	RR	LIGHTWEIGHT WHEELCHAIR	\$37.79	\$73.47
K0004	RR	HIGH STRENGTH LTWT WHLCHR	\$44.82	\$106.70
K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR	\$2270.30	\$2270.30

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
K0005	RR	ULTRALIGHTWEIGHT WHEELCHAIR	\$227.01	\$227.01
K0005	UE	ULTRALIGHTWEIGHT WHEELCHAIR	\$1702.67	\$1702.67
K0006	RR	HEAVY DUTY WHEELCHAIR	\$65.31	\$113.59
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	\$88.62	\$160.97
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	\$91.30	\$91.30
K0010	RR	STND WT FRAME POWER WHLCHR	\$523.12	\$523.12
K0011	RR	STND WT PWR WHLCHR W CONTROL	\$629.07	\$629.07
K0012	RR	LTWT PORTBL POWER WHLCHR	\$399.00	\$399.00
K0015	RR	DETACH NON-ADJ HT ARMST REP	\$14.72	\$17.71
K0017	NU	DETACH ADJUST ARMREST BASE	\$50.19	\$52.15
K0017	RR	DETACH ADJUST ARMREST BASE	\$5.02	\$5.21
K0017	UE	DETACH ADJUST ARMREST BASE	\$37.65	\$39.11
K0018	NU	DETACH ADJUST ARMST UPPER	\$28.38	\$29.30
K0018	RR	DETACH ADJUST ARMST UPPER	\$2.84	\$2.93
K0018	UE	DETACH ADJUST ARMST UPPER	\$21.29	\$21.98
K0019	NU	ARM PAD REPL, EACH	\$12.56	\$16.70
K0019	RR	ARM PAD REPL, EACH	\$1.26	\$1.67
K0019	UE	ARM PAD REPL, EACH	\$9.43	\$12.52
K0020	NU	FIXED ADJUST ARMREST PAIR	\$49.18	\$49.18
K0020	RR	FIXED ADJUST ARMREST PAIR	\$4.91	\$4.92
K0020	UE	FIXED ADJUST ARMREST PAIR	\$36.87	\$36.87
K0037	NU	HI MOUNT FLIP-UP FOOTREST EA	\$47.22	\$49.10
K0037	RR	HI MOUNT FLIP-UP FOOTREST EA	\$4.55	\$4.55
K0037	UE	HI MOUNT FLIP-UP FOOTREST EA	\$35.42	\$36.84
K0038	NU	LEG STRAP EACH	\$25.09	\$25.39
K0038	RR	LEG STRAP EACH	\$2.51	\$2.54
K0038	UE	LEG STRAP EACH	\$18.82	\$19.04
K0039	NU	LEG STRAP H STYLE EACH	\$53.87	\$55.45
K0039	RR	LEG STRAP H STYLE EACH	\$5.39	\$5.56
K0039	UE	LEG STRAP H STYLE EACH	\$40.40	\$41.59
K0040	NU	ADJUSTABLE ANGLE FOOTPLATE	\$54.58	\$69.43
K0040	RR	ADJUSTABLE ANGLE FOOTPLATE	\$5.45	\$6.94
K0040	UE	ADJUSTABLE ANGLE FOOTPLATE	\$40.93	\$52.06
K0041	NU	LARGE SIZE FOOTPLATE EACH	\$51.48	\$53.74
K0041	RR	LARGE SIZE FOOTPLATE EACH	\$5.15	\$5.40
K0041	UE	LARGE SIZE FOOTPLATE EACH	\$38.61	\$40.30
K0042	NU	STANDARD SIZE FTPLATE REP EA	\$33.07	\$35.81
K0042	RR	STANDARD SIZE FTPLATE REP EA	\$3.31	\$3.58
K0042	UE	STANDARD SIZE FTPLATE REP EA	\$24.80	\$26.86
K0043	NU	FTRST LOWR EXTEN TUBE REP EA	\$20.41	\$20.53
K0043	RR	FTRST LOWR EXTEN TUBE REP EA	\$2.04	\$2.05
K0043	UE	FTRST LOWR EXTEN TUBE REP EA	\$15.31	\$15.42
K0044	NU	FTRST UPR HANGER BRAC REP EA	\$17.61	\$17.61

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
K0044	RR	FTRST UPR HANGER BRAC REP EA	\$1.77	\$1.77
K0044	UE	FTRST UPR HANGER BRAC REP EA	\$13.21	\$13.21
K0045	NU	FTRST COMPL ASSEMBLY REPL EA	\$58.42	\$59.18
K0045	RR	FTRST COMPL ASSEMBLY REPL EA	\$5.84	\$6.01
K0045	UE	FTRST COMPL ASSEMBLY REPL EA	\$43.81	\$44.38
K0046	NU	ELEV LGRST LWR EXTEN REPL EA	\$20.55	\$20.60
K0046	RR	ELEV LGRST LWR EXTEN REPL EA	\$2.05	\$2.06
K0046	UE	ELEV LGRST LWR EXTEN REPL EA	\$15.42	\$15.47
K0047	NU	ELEV LEGRST UPR HANGR REP EA	\$72.60	\$76.77
K0047	RR	ELEV LEGRST UPR HANGR REP EA	\$7.26	\$7.70
K0047	UE	ELEV LEGRST UPR HANGR REP EA	\$54.45	\$57.56
K0050	NU	RATCHET ASSEMBLY REPLACEMENT	\$33.69	\$34.04
K0050	RR	RATCHET ASSEMBLY REPLACEMENT	\$3.37	\$3.40
K0050	UE	RATCHET ASSEMBLY REPLACEMENT	\$25.26	\$25.54
K0051	NU	CAM REL ASM FT/LEGRST REP EA	\$53.29	\$54.48
K0051	RR	CAM REL ASM FT/LEGRST REP EA	\$5.33	\$5.46
K0051	UE	CAM REL ASM FT/LEGRST REP EA	\$39.97	\$40.85
K0052	NU	SWINGAWAY DETACH FTREST REPL	\$72.59	\$89.42
K0052	RR	SWINGAWAY DETACH FTREST REPL	\$7.26	\$8.94
K0052	UE	SWINGAWAY DETACH FTREST REPL	\$54.44	\$67.05
K0053	NU	ELEVATE FOOTREST ARTICULATE	\$86.39	\$102.20
K0053	RR	ELEVATE FOOTREST ARTICULATE	\$8.64	\$10.22
K0053	UE	ELEVATE FOOTREST ARTICULATE	\$64.79	\$76.64
K0056	NU	SEAT HT <17 OR >=21 LTWT WC	\$94.55	\$112.13
K0056	RR	SEAT HT <17 OR >=21 LTWT WC	\$9.46	\$11.21
K0056	UE	SEAT HT <17 OR >=21 LTWT WC	\$70.92	\$84.11
K0065	NU	SPOKE PROTECTORS	\$48.12	\$54.03
K0065	RR	SPOKE PROTECTORS	\$4.82	\$5.41
K0065	UE	SPOKE PROTECTORS	\$36.09	\$40.53
K0069	NU	RR WHL COMPL SOL TIRE REP EA	\$96.31	\$115.37
K0069	RR	RR WHL COMPL SOL TIRE REP EA	\$9.63	\$11.79
K0069	UE	RR WHL COMPL SOL TIRE REP EA	\$72.23	\$86.52
K0070	RR	RR WHL COMPL PNE TIRE REP EA	\$16.35	\$20.30
K0071	NU	FR CSTR COMP PNE TIRE REP EA	\$112.41	\$129.37
K0071	RR	FR CSTR COMP PNE TIRE REP EA	\$11.24	\$12.94
K0071	UE	FR CSTR COMP PNE TIRE REP EA	\$84.30	\$97.01
K0072	NU	FR CSTR SEMI-PNE TIRE REP EA	\$70.27	\$79.08
K0072	RR	FR CSTR SEMI-PNE TIRE REP EA	\$7.03	\$7.91
K0072	UE	FR CSTR SEMI-PNE TIRE REP EA	\$52.70	\$59.31
K0073	NU	CASTER PIN LOCK EACH	\$36.16	\$41.63
K0073	RR	CASTER PIN LOCK EACH	\$3.62	\$4.17
K0073	UE	CASTER PIN LOCK EACH	\$27.13	\$31.22
K0077	NU	FR CSTR ASMB SOL TIRE REP EA	\$55.36	\$66.76

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
K0077	RR	FR CSTR ASMB SOL TIRE REP EA	\$5.54	\$6.67
K0077	UE	FR CSTR ASMB SOL TIRE REP EA	\$41.53	\$50.07
K0098	NU	DRIVE BELT FOR PWC, REPL	\$24.73	\$28.12
K0098	RR	DRIVE BELT FOR PWC, REPL	\$2.48	\$2.82
K0098	UE	DRIVE BELT FOR PWC, REPL	\$18.56	\$21.08
K0105	NU	IV HANGER	\$102.28	\$117.87
K0105	RR	IV HANGER	\$10.22	\$11.78
K0105	UE	IV HANGER	\$76.71	\$88.41
K0195	RR	ELEVATING WHLCHAIR LEG RESTS	\$10.80	\$17.39
K0455	RR	PUMP UNINTERRUPTED INFUSION	\$325.25	\$325.25
K0552		SUP/EXT NON-INS INF PUMP SYR	\$2.95	\$3.11
K0601	NU	REPL BATT SILVER OXIDE 1.5 V	\$1.34	\$1.35
K0602	NU	REPL BATT SILVER OXIDE 3 V	\$7.55	\$7.68
K0603	NU	REPL BATT ALKALINE 1.5 V	\$0.68	\$0.68
K0604	NU	REPL BATT LITHIUM 3.6 V	\$7.28	\$7.37
K0605	NU	REPL BATT LITHIUM 4.5 V	\$17.40	\$17.67
K0607	RR	REPL BATT FOR AED	\$23.86	\$23.86
K0608	NU	REPL GARMENT FOR AED	\$148.84	\$148.84
K0608	RR	REPL GARMENT FOR AED	\$14.91	\$14.91
K0608	UE	REPL GARMENT FOR AED	\$111.63	\$111.63
K0609		REPL ELECTRODE FOR AED	\$989.87	\$989.87
K0672		REMOVABLE SOFT INTERFACE LE	\$90.26	\$90.26
K0730	RR	CTRL DOSE INH DRUG DELIV SYS	\$211.70	\$211.70
K0733	NU	12-24HR SEALED LEAD ACID	\$29.37	\$31.98
K0733	RR	12-24HR SEALED LEAD ACID	\$2.93	\$3.22
K0733	UE	12-24HR SEALED LEAD ACID	\$22.02	\$23.99
K0738	RR	PORTABLE GAS OXYGEN SYSTEM	\$40.13	\$46.06
K0800	NU	POV GROUP 1 STD UP TO 300LBS	\$866.39	\$1165.09
K0800	RR	POV GROUP 1 STD UP TO 300LBS	\$86.64	\$116.51
K0800	UE	POV GROUP 1 STD UP TO 300LBS	\$649.79	\$873.82
K0801	NU	POV GROUP 1 HD 301-450 LBS	\$1555.69	\$1982.51
K0801	RR	POV GROUP 1 HD 301-450 LBS	\$155.57	\$198.23
K0801	UE	POV GROUP 1 HD 301-450 LBS	\$1166.77	\$1486.88
K0802	NU	POV GROUP 1 VHD 451-600 LBS	\$2102.01	\$2420.29
K0802	RR	POV GROUP 1 VHD 451-600 LBS	\$210.20	\$242.03
K0802	UE	POV GROUP 1 VHD 451-600 LBS	\$1576.51	\$1815.22
K0806	NU	POV GROUP 2 STD UP TO 300LBS	\$1487.93	\$1571.59
K0806	RR	POV GROUP 2 STD UP TO 300LBS	\$148.80	\$157.16
K0806	UE	POV GROUP 2 STD UP TO 300LBS	\$1115.96	\$1178.70
K0807	NU	POV GROUP 2 HD 301-450 LBS	\$2305.93	\$2408.81
K0807	RR	POV GROUP 2 HD 301-450 LBS	\$230.59	\$240.89
K0807	UE	POV GROUP 2 HD 301-450 LBS	\$1729.45	\$1806.61
K0808	NU	POV GROUP 2 VHD 451-600 LBS	\$3564.59	\$3725.33

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
K0808	RR	POV GROUP 2 VHD 451-600 LBS	\$356.46	\$372.53
K0808	UE	POV GROUP 2 VHD 451-600 LBS	\$2673.44	\$2793.99
K0813	RR	PWC GP 1 STD PORT SEAT/BACK	\$276.37	\$342.83
K0814	RR	PWC GP 1 STD PORT CAP CHAIR	\$287.48	\$401.65
K0815	RR	PWC GP 1 STD SEAT/BACK	\$320.26	\$451.82
K0816	RR	PWC GP 1 STD CAP CHAIR	\$294.43	\$427.46
K0820	RR	PWC GP 2 STD PORT SEAT/BACK	\$286.37	\$360.00
K0821	RR	PWC GP 2 STD PORT CAP CHAIR	\$294.43	\$422.99
K0822	RR	PWC GP 2 STD SEAT/BACK	\$320.26	\$489.85
K0823	RR	PWC GP 2 STD CAP CHAIR	\$294.43	\$479.96
K0824	RR	PWC GP 2 HD SEAT/BACK	\$455.17	\$631.85
K0825	RR	PWC GP 2 HD CAP CHAIR	\$425.93	\$581.19
K0826	RR	PWC GP 2 VHD SEAT/BACK	\$728.88	\$916.62
K0827	RR	PWC GP VHD CAP CHAIR	\$646.79	\$789.22
K0828	RR	PWC GP 2 XTRA HD SEAT/BACK	\$946.39	\$1067.60
K0829	RR	PWC GP 2 XTRA HD CAP CHAIR	\$913.19	\$1007.15
K0835	RR	PWC GP2 STD SING POW OPT S/B	\$382.31	\$513.23
K0836	RR	PWC GP2 STD SING POW OPT CAP	\$396.54	\$532.28
K0837	RR	PWC GP 2 HD SING POW OPT S/B	\$490.37	\$629.60
K0838	RR	PWC GP 2 HD SING POW OPT CAP	\$434.63	\$561.20
K0839	RR	PWC GP2 VHD SING POW OPT S/B	\$651.37	\$823.37
K0840	RR	PWC GP2 XHD SING POW OPT S/B	\$1000.05	\$1254.00
K0841	RR	PWC GP2 STD MULT POW OPT S/B	\$430.83	\$558.24
K0842	RR	PWC GP2 STD MULT POW OPT CAP	\$430.21	\$557.93
K0843	RR	PWC GP2 HD MULT POW OPT S/B	\$510.71	\$668.11
K0848	RR	PWC GP 3 STD SEAT/BACK	\$838.98	\$838.98
K0849	RR	PWC GP 3 STD CAP CHAIR	\$806.62	\$806.62
K0850	RR	PWC GP 3 HD SEAT/BACK	\$973.16	\$973.16
K0851	RR	PWC GP 3 HD CAP CHAIR	\$935.71	\$935.71
K0852	RR	PWC GP 3 VHD SEAT/BACK	\$1124.43	\$1124.43
K0853	RR	PWC GP 3 VHD CAP CHAIR	\$1155.09	\$1155.09
K0854	RR	PWC GP 3 XHD SEAT/BACK	\$1530.23	\$1530.23
K0855	RR	PWC GP 3 XHD CAP CHAIR	\$1445.53	\$1445.53
K0856	RR	PWC GP3 STD SING POW OPT S/B	\$900.53	\$900.53
K0857	RR	PWC GP3 STD SING POW OPT CAP	\$918.59	\$918.59
K0858	RR	PWC GP3 HD SING POW OPT S/B	\$1117.31	\$1117.31
K0859	RR	PWC GP3 HD SING POW OPT CAP	\$1065.56	\$1065.56
K0860	RR	PWC GP3 VHD SING POW OPT S/B	\$1596.21	\$1596.21
K0861	RR	PWC GP3 STD MULT POW OPT S/B	\$901.98	\$901.98
K0862	RR	PWC GP3 HD MULT POW OPT S/B	\$1117.31	\$1117.31
K0863	RR	PWC GP3 VHD MULT POW OPT S/B	\$1596.21	\$1596.21
K0864	RR	PWC GP3 XHD MULT POW OPT S/B	\$1899.50	\$1899.50
L0112		CRANIAL CERVICAL ORTHOSIS	\$1490.04	\$1490.04

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L0113		CRANIAL CERVICAL TORTICOLLIS	\$303.62	\$303.62
L0120		CERV FLEX N/ADJ FOAM PRE OTS	\$26.28	\$26.28
L0130		FLEX THERMOPLASTIC COLLAR MO	\$161.55	\$161.55
L0140		CERVICAL SEMI-RIGID ADJUSTAB	\$64.67	\$64.67
L0150		CERV SEMI-RIG ADJ MOLDED CHN	\$107.00	\$107.00
L0160		CERV SR WIRE OCC/MAN PRE OTS	\$206.78	\$206.78
L0170		CERVICAL COLLAR MOLDED TO PT	\$677.29	\$677.29
L0172		CERV COL SR FOAM 2PC PRE OTS	\$139.55	\$139.55
L0174		CERV SR 2PC THOR EXT PRE OTS	\$272.00	\$272.00
L0180		CER POST COL OCC/MAN SUP ADJ	\$407.57	\$407.57
L0190		CERV COLLAR SUPP ADJ CERV BA	\$527.79	\$527.79
L0200		CERV COL SUPP ADJ BAR & THOR	\$589.75	\$589.75
L0220		THOR RIB BELT CUSTOM FABRICA	\$161.69	\$161.69
L0450		TLSO FLEX TRUNK/THOR PRE OTS	\$116.42	\$147.77
L0452		TLSO FLEX CUSTOM FAB THORACI	\$0.00	\$0.00
L0454		TLSO TRNK SJ-T9 PRE CST	\$369.23	\$369.23
L0455		TLSO FLEX TRNK SJ-T9 PRE OTS	\$216.12	\$299.20
L0456		TLSO FLEX TRNK SJ-SS PRE CST	\$1058.81	\$1058.81
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	\$619.76	\$858.02
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	\$949.46	\$949.46
L0460		TLSO 2 SHL SYMPHYS-STERN CST	\$1068.71	\$1068.71
L0462		TLSO 3MOD SACRO-SCAP PRE	\$1329.25	\$1329.25
L0464		TLSO 4MOD SACRO-SCAP PRE	\$1582.44	\$1582.44
L0466		TLSO R FRAM SOFT ANT PRE CST	\$423.88	\$423.88
L0467		TLSO R FRAM SOFT PRE OTS	\$242.38	\$340.45
L0468		TLSO RIG FRAM PELVIC PRE CST	\$490.73	\$490.73
L0469		TLSO RIG FRAM PELVIC PRE OTS	\$308.84	\$409.11
L0470		TLSO RIGID FRAME PRE SUBCLAV	\$631.28	\$631.28
L0472		TLSO RIGID FRAME HYPEREX PRE	\$440.65	\$440.65
L0480		TLSO RIGID PLASTIC CUSTOM FA	\$1518.32	\$1518.32
L0482		TLSO RIGID LINED CUSTOM FAB	\$1535.47	\$1535.47
L0484		TLSO RIGID PLASTIC CUST FAB	\$1759.65	\$1759.65
L0486		TLSO RIGIDLINED CUST FAB TWO	\$1898.79	\$1898.79
L0488		TLSO RIGID LINED PRE ONE PIE	\$1068.71	\$1068.71
L0490		TLSO RIGID PLASTIC PRE ONE	\$301.14	\$301.14
L0491		TLSO 2 PIECE RIGID SHELL	\$817.61	\$817.61
L0492		TLSO 3 PIECE RIGID SHELL	\$529.89	\$529.89
L0621		SIO FLEX PELVIC/SACR PRE OTS	\$61.38	\$81.99
L0622		SIO FLEX PELVISACRAL CUSTOM	\$255.80	\$255.80
L0623		SIO RIG PNL PELV/SAC PRE OTS	\$110.02	\$152.55
L0624		SIO PANEL CUSTOM	\$0.00	\$0.00
L0625		LO FLEX L1-BELOW L5 PRE OTS	\$34.34	\$47.54
L0626		LO SAG RIG PNL STAYS PRE CST	\$82.99	\$82.99

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L0627		LO SAG RI AN/POS PNL PRE CST	\$437.63	\$437.63
L0628		LSO FLEX NO RI STAYS PRE OTS	\$52.28	\$72.37
L0629		LSO FLEX W/RIGID STAYS CUST	\$0.00	\$0.00
L0630		LSO R POST PNL SJ-T9 PRE CST	\$172.39	\$172.39
L0631		LSO SAG R AN/POS PNL PRE CST	\$1092.92	\$1092.92
L0632		LSO SAG RIGID FRAME CUST	\$0.00	\$0.00
L0633		LSO SC R POS/LAT PNL PRE CST	\$305.30	\$305.30
L0634		LSO FLEXION CONTROL CUSTOM	\$0.00	\$0.00
L0635		LSO SAGIT RIGID PANEL PREFAB	\$1053.34	\$1053.34
L0636		LSO SAGITTAL RIGID PANEL CUS	\$1427.96	\$1427.96
L0637		LSO SC R ANT/POS PNL PRE CST	\$1293.39	\$1293.39
L0638		LSO SAG-CORONAL PANEL CUSTOM	\$1404.11	\$1404.11
L0639		LSO S/C SHELL/PANEL PREFAB	\$1293.39	\$1293.39
L0640		LSO S/C SHELL/PANEL CUSTOM	\$1113.95	\$1113.95
L0641		LO RIG POS PNL L1-L5 PRE OTS	\$48.58	\$67.25
L0642		LO SAG RI AN/POS PNL PRE OTS	\$256.20	\$354.65
L0643		LSO SAG CTR RIGI POS PRE OTS	\$100.94	\$139.72
L0648		LSO SAG R AN/POS PNL PRE OTS	\$639.85	\$885.72
L0649		LSO SC R POS/LAT PNL PRE OTS	\$178.73	\$247.41
L0650		LSO SC R ANT/POS PNL PRE OTS	\$740.34	\$1039.23
L0651		LSO SAG-CO SHELL PNL PRE OTS	\$740.34	\$1039.23
L0700		CTL SO A-P-L CONTROL MOLDED	\$2031.93	\$2031.93
L0710		CTL SO A-P-L CONTROL W/ INTER	\$2188.92	\$2188.92
L0810		HALO CERVICAL INTO JCKT VEST	\$2711.80	\$2711.80
L0820		HALO CERVICAL INTO BODY JACK	\$2287.57	\$2287.57
L0830		HALO CERV INTO MILWAUKEE TYP	\$3665.21	\$3665.21
L0859		MRI COMPATIBLE SYSTEM	\$1608.34	\$1608.34
L0861		HALO REPL LINER/INTERFACE	\$229.47	\$229.47
L0970		TL SO CORSET FRONT	\$143.96	\$143.96
L0972		LSO CORSET FRONT	\$131.63	\$131.63
L0974		TL SO FULL CORSET	\$198.99	\$198.99
L0976		LSO FULL CORSET	\$186.35	\$186.35
L0978		AXILLARY CRUTCH EXTENSION	\$195.24	\$195.24
L0980		PERONEAL STRAPS PAIR PRE OTS	\$23.06	\$23.06
L0982		STOCKING SUP GRIPS 4 PRE OTS	\$21.50	\$21.50
L0984		PROTECT BODY SOCK EA PRE OTS	\$60.12	\$60.12
L1000		CTL SO MILWAUKE INITIAL MODEL	\$2185.54	\$2185.54
L1001		CTL SO INFANT IMMOBILIZER	\$0.00	\$0.00
L1005		TENSION BASED SCOLIOSIS ORTH	\$3407.38	\$3407.38
L1010		CTL SO AXILLA SLING	\$78.33	\$78.33
L1020		KYPHOSIS PAD	\$108.53	\$108.53
L1025		KYPHOSIS PAD FLOATING	\$123.47	\$123.47
L1030		LUMBAR BOLSTER PAD	\$83.98	\$83.98



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L1040		LUMBAR OR LUMBAR RIB PAD	\$87.80	\$87.80
L1050		STERNAL PAD	\$106.28	\$106.28
L1060		THORACIC PAD	\$103.14	\$103.14
L1070		TRAPEZIUS SLING	\$100.90	\$100.90
L1080		OUTRIGGER	\$56.76	\$56.76
L1085		OUTRIGGER BIL W/ VERT EXTENS	\$171.40	\$171.40
L1090		LUMBAR SLING	\$101.50	\$101.50
L1100		RING FLANGE PLASTIC/LEATHER	\$174.94	\$174.94
L1110		RING FLANGE PLAS/LEATHER MOL	\$255.12	\$255.12
L1120		COVERS FOR UPRIGHT EACH	\$46.24	\$46.24
L1200		FURNISH INITIAL ORTHOSIS ONLY	\$1784.27	\$1784.27
L1210		LATERAL THORACIC EXTENSION	\$259.08	\$259.08
L1220		ANTERIOR THORACIC EXTENSION	\$250.73	\$250.73
L1230		MILWAUKEE TYPE SUPERSTRUCTUR	\$562.86	\$562.86
L1240		LUMBAR DEROTATION PAD	\$83.03	\$83.03
L1250		ANTERIOR ASIS PAD	\$80.54	\$80.54
L1260		ANTERIOR THORACIC DEROTATION	\$81.04	\$81.04
L1270		ABDOMINAL PAD	\$77.92	\$77.92
L1280		RIB GUSSET (ELASTIC) EACH	\$85.42	\$85.42
L1290		LATERAL TROCHANTERIC PAD	\$77.82	\$77.82
L1300		BODY JACKET MOLD TO PATIENT	\$1906.52	\$1906.52
L1310		POST-OPERATIVE BODY JACKET	\$1836.57	\$1836.57
L1600		HO FLEX FREJKA W/COV PRE CST	\$170.13	\$170.13
L1610		HO FREJKA COV ONLY PRE CST	\$45.08	\$45.08
L1620		HO FLEX PAVLIK HARNS PRE CST	\$132.66	\$132.66
L1630		ABDUCT CONTROL HIP SEMI-FLEX	\$167.79	\$167.79
L1640		PELV BAND/SPREAD BAR THIGH C	\$526.14	\$526.14
L1650		HO ABDUCTION HIP ADJUSTABLE	\$241.61	\$241.61
L1652		HO BI THIGHCUFFS W SPRDR BAR	\$379.51	\$379.51
L1660		HO ABDUCTION STATIC PLASTIC	\$225.95	\$225.95
L1680		PELVIC & HIP CONTROL THIGH C	\$1426.20	\$1426.20
L1681		HO BILATERAL HIP ABDUCTION	\$1806.44	\$1806.44
L1685		POST-OP HIP ABDUCT CUSTOM FA	\$1177.79	\$1177.79
L1686		HO POST-OP HIP ABDUCTION	\$903.22	\$903.22
L1690		COMBINATION BILATERAL HO	\$2058.68	\$2058.68
L1700		LEG PERTHES ORTH TORONTO TYP	\$1698.47	\$1698.47
L1710		LEGG PERTHES ORTH NEWINGTON	\$2184.07	\$2184.07
L1720		LEGG PERTHES ORTHOSIS TRILAT	\$1620.26	\$1620.26
L1730		LEGG PERTHES ORTH SCOTTISH R	\$1282.55	\$1282.55
L1755		LEGG PERTHES PATTEN BOTTOM T	\$1567.68	\$1567.68
L1810		KO ELASTIC WITH JOINTS	\$105.90	\$105.90
L1812		KO ELASTIC W/JOINTS PRE OTS	\$59.66	\$89.42
L1820		KO ELAS W/ CONDYLE PADS & JO	\$142.46	\$142.46

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L1830		KO IMMOB CANVAS LONG PRE OTS	\$53.76	\$76.17
L1831		KNEE ORTH POS LOCKING JOINT	\$313.32	\$313.32
L1832		KO ADJ JNT POS R SUP PRE CST	\$601.99	\$601.99
L1833		KO ADJ JNT POS R SUP PRE OTS	\$387.26	\$537.65
L1834		KO W/O JOINT RIGID MOLDED TO	\$768.63	\$768.63
L1836		KO RIGID W/O JOINTS PRE OTS	\$76.01	\$117.47
L1840		KO DEROT ANT CRUCIATE CUSTOM	\$1118.69	\$1118.69
L1843		KO SINGLE UPRIGHT PRE CST	\$955.23	\$955.23
L1844		KO W/ADJ JT ROT CNTRL MOLDED	\$1652.45	\$1652.45
L1845		KO DOUBLE UPRIGHT PRE CST	\$927.44	\$927.44
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	\$1162.22	\$1162.22
L1847		KO DBL UPRIGHT W/AIR PRE CST	\$612.34	\$612.34
L1848		KO DBL UPRIGHT W/AIR PRE OTS	\$612.34	\$612.34
L1850		KO SWEDISH TYPE PRE OTS	\$175.08	\$271.79
L1851		KO SINGLE UPRIGHT PREFAB OTS	\$511.15	\$789.98
L1852		KO DOUBLE UPRIGHT PREFAB OTS	\$487.63	\$761.72
L1860		KO SUPRACONDYLAR SOCKET MOLD	\$1082.88	\$1082.88
L1900		AFO SPRNG WIR DRSFLX CALF BD	\$343.02	\$343.02
L1902		AFO ANKLE GAUNTLET PRE OTS	\$105.39	\$105.39
L1904		AFO MOLDED ANKLE GAUNTLET	\$465.62	\$465.62
L1906		AFO MULTILIG ANK SUP PRE OTS	\$119.08	\$119.08
L1907		AFO SUPRAMALLEOLAR CUSTOM	\$599.05	\$599.05
L1910		AFO SING BAR CLASP ATTACH SH	\$298.31	\$298.31
L1920		AFO SING UPRIGHT W/ ADJUST S	\$358.42	\$358.42
L1930		AFO PLASTIC	\$312.31	\$312.31
L1932		AFO RIG ANT TIB PREFAB TCF/=	\$950.04	\$950.04
L1940		AFO MOLDED TO PATIENT PLASTI	\$501.39	\$501.39
L1945		AFO MOLDED PLAS RIG ANT TIB	\$916.59	\$916.59
L1950		AFO SPIRAL MOLDED TO PT PLAS	\$740.03	\$740.03
L1951		AFO SPIRAL PREFABRICATED	\$894.08	\$894.08
L1960		AFO POS SOLID ANK PLASTIC MO	\$548.84	\$548.84
L1970		AFO PLASTIC MOLDED W/ANKLE J	\$704.57	\$704.57
L1971		AFO W/ANKLE JOINT, PREFAB	\$499.00	\$499.00
L1980		AFO SING SOLID STIRRUP CALF	\$379.89	\$379.89
L1990		AFO DOUB SOLID STIRRUP CALF	\$441.37	\$441.37
L2000		KAFO SING FRE STIRR THI/CALF	\$1004.32	\$1004.32
L2005		KAFO SNG/DBL MECHANICAL ACT	\$4362.40	\$4362.40
L2006		KAF SNG/DBL SWG/STN MCPR CUS	\$34058.13	\$34058.13
L2010		KAFO SNG SOLID STIRRUP W/O J	\$980.74	\$980.74
L2020		KAFO DBL SOLID STIRRUP BAND/	\$1156.17	\$1156.17
L2030		KAFO DBL SOLID STIRRUP W/O J	\$1014.13	\$1014.13
L2034		KAFO PLA SIN UP W/WO K/A CUS	\$2235.64	\$2235.64
L2035		KAFO PLASTIC PEDIATRIC SIZE	\$184.44	\$184.44

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L2036		KAFO PLAS DOUB FREE KNEE MOL	\$1930.37	\$1930.37
L2037		KAFO PLAS SING FREE KNEE MOL	\$1649.21	\$1649.21
L2038		KAFO W/O JOINT MULTI-AXIS AN	\$1415.67	\$1415.67
L2040		HKAFO TORSION BIL ROT STRAPS	\$175.81	\$175.81
L2050		HKAFO TORSION CABLE HIP PELV	\$559.51	\$559.51
L2060		HKAFO TORSION BALL BEARING J	\$647.36	\$647.36
L2070		HKAFO TORSION UNILAT ROT STR	\$134.16	\$134.16
L2080		HKAFO UNILAT TORSION CABLE	\$380.52	\$380.52
L2090		HKAFO UNILAT TORSION BALL BR	\$461.19	\$461.19
L2106		AFO TIB FX CAST PLASTER MOLD	\$828.59	\$828.59
L2108		AFO TIB FX CAST MOLDED TO PT	\$1151.14	\$1151.14
L2112		AFO TIBIAL FRACTURE SOFT	\$560.84	\$560.84
L2114		AFO TIB FX SEMI-RIGID	\$649.24	\$649.24
L2116		AFO TIBIAL FRACTURE RIGID	\$777.83	\$777.83
L2126		KAFO FEM FX CAST THERMOPLAS	\$1185.69	\$1185.69
L2128		KAFO FEM FX CAST MOLDED TO P	\$1697.88	\$1697.88
L2132		KAFO FEMORAL FX CAST SOFT	\$901.08	\$901.08
L2134		KAFO FEM FX CAST SEMI-RIGID	\$1127.00	\$1127.00
L2136		KAFO FEMORAL FX CAST RIGID	\$1275.95	\$1275.95
L2180		PLAS SHOE INSERT W ANK JOINT	\$154.61	\$154.61
L2182		DROP LOCK KNEE	\$113.58	\$113.58
L2184		LIMITED MOTION KNEE JOINT	\$147.58	\$147.58
L2186		ADJ MOTION KNEE JNT LERMAN T	\$149.07	\$149.07
L2188		QUADRILATERAL BRIM	\$346.89	\$346.89
L2190		WAIST BELT	\$99.13	\$99.13
L2192		PELVIC BAND & BELT THIGH FLA	\$390.54	\$390.54
L2200		LIMITED ANKLE MOTION EA JNT	\$62.77	\$62.77
L2210		DORSIFLEXION ASSIST EACH JOI	\$66.56	\$66.56
L2220		DORSI & PLANTAR FLEX ASS/RES	\$86.51	\$86.51
L2230		SPLIT FLAT CALIPER STIRR & P	\$79.94	\$79.94
L2232		ROCKER BOTTOM, CONTACT AFO	\$102.87	\$102.87
L2240		ROUND CALIPER AND PLATE ATTA	\$82.82	\$82.82
L2250		FOOT PLATE MOLDED STIRRUP AT	\$351.84	\$351.84
L2260		REINFORCED SOLID STIRRUP	\$204.84	\$204.84
L2265		LONG TONGUE STIRRUP	\$155.48	\$155.48
L2270		VARUS/VALGUS STRAP PADDED/LI	\$53.17	\$53.17
L2275		PLASTIC MOD LOW EXT PAD/LINE	\$129.37	\$129.37
L2280		MOLDED INNER BOOT	\$448.36	\$448.36
L2300		ABDUCTION BAR JOINTED ADJUST	\$355.46	\$355.46
L2310		ABDUCTION BAR-STRAIGHT	\$162.41	\$162.41
L2320		NON-MOLDED LACER	\$222.29	\$222.29
L2330		LACER MOLDED TO PATIENT MODE	\$412.07	\$412.07
L2335		ANTERIOR SWING BAND	\$224.94	\$224.94

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L2340		PRE-TIBIAL SHELL MOLDED TO P	\$548.78	\$548.78
L2350		PROSTHETIC TYPE SOCKET MOLDE	\$940.16	\$940.16
L2360		EXTENDED STEEL SHANK	\$68.30	\$68.30
L2370		PATTEN BOTTOM	\$290.58	\$290.58
L2375		TORSION ANK & HALF SOLID STI	\$149.18	\$149.18
L2380		TORSION STRAIGHT KNEE JOINT	\$162.54	\$162.54
L2385		STRAIGHT KNEE JOINT HEAVY DU	\$171.23	\$171.23
L2387		ADD LE POLY KNEE CUSTOM KAFO	\$163.86	\$163.86
L2390		OFFSET KNEE JOINT EACH	\$108.39	\$108.39
L2395		OFFSET KNEE JOINT HEAVY DUTY	\$206.57	\$206.57
L2397		SUSPENSION SLEEVE LOWER EXT	\$116.06	\$116.06
L2405		KNEE JOINT DROP LOCK EA JNT	\$92.83	\$92.83
L2415		KNEE JOINT CAM LOCK EACH JOI	\$129.31	\$129.31
L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	\$152.61	\$152.61
L2430		KNEE JNT RATCHET LOCK EA JNT	\$152.61	\$152.61
L2492		KNEE LIFT LOOP DROP LOCK RIN	\$112.70	\$112.70
L2500		THI/GLUT/SCHIA WGT BEARING	\$364.26	\$364.26
L2510		TH/WGHT BEAR QUAD-LAT BRIM M	\$826.16	\$826.16
L2520		TH/WGHT BEAR QUAD-LAT BRIM C	\$521.55	\$521.55
L2525		TH/WGHT BEAR NAR M-L BRIM MO	\$1207.00	\$1207.00
L2526		TH/WGHT BEAR NAR M-L BRIM CU	\$678.21	\$678.21
L2530		THIGH/WGHT BEAR LACER NON-MO	\$234.55	\$234.55
L2540		THIGH/WGHT BEAR LACER MOLDED	\$445.31	\$445.31
L2550		THIGH/WGHT BEAR HIGH ROLL CU	\$284.38	\$284.38
L2570		HIP CLEVIS TYPE 2 POSIT JNT	\$628.83	\$628.83
L2580		PELVIC CONTROL PELVIC SLING	\$459.55	\$459.55
L2600		HIP CLEVIS/THRUST BEARING FR	\$271.15	\$271.15
L2610		HIP CLEVIS/THRUST BEARING LO	\$320.63	\$320.63
L2620		PELVIC CONTROL HIP HEAVY DUT	\$309.79	\$309.79
L2622		HIP JOINT ADJUSTABLE FLEXION	\$404.86	\$404.86
L2624		HIP ADJ FLEX EXT ABDUCT CONT	\$352.07	\$352.07
L2627		PLASTIC MOLD RECIPRO HIP & C	\$1697.45	\$1697.45
L2628		METAL FRAME RECIPRO HIP & CA	\$1658.92	\$1658.92
L2630		PELVIC CONTROL BAND & BELT U	\$289.94	\$289.94
L2640		PELVIC CONTROL BAND & BELT B	\$381.15	\$381.15
L2650		PELV & THOR CONTROL GLUTEAL	\$143.15	\$143.15
L2660		THORACIC CONTROL THORACIC BA	\$222.90	\$222.90
L2670		THORAC CONT PARASPINAL UPRIG	\$225.21	\$225.21
L2680		THORAC CONT LAT SUPPORT UPRI	\$206.60	\$206.60
L2750		PLATING CHROME/NICKEL PR BAR	\$108.83	\$108.83
L2755		CARBON GRAPHITE LAMINATION	\$139.14	\$139.14
L2760		EXTENSION PER EXTENSION PER	\$80.22	\$80.22
L2768		ORTHO SIDEBAR DISCONNECT	\$138.67	\$138.67

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L2780		NON-CORROSIVE FINISH	\$67.01	\$67.01
L2785		DROP LOCK RETAINER EACH	\$31.38	\$31.38
L2795		KNEE CONTROL FULL KNEECAP	\$96.98	\$96.98
L2800		KNEE CAP MEDIAL OR LATERAL P	\$105.62	\$105.62
L2810		KNEE CONTROL CONDYLAR PAD	\$86.08	\$86.08
L2820		SOFT INTERFACE BELOW KNEE SE	\$85.99	\$85.99
L2830		SOFT INTERFACE ABOVE KNEE SE	\$93.02	\$93.02
L2840		TIBIAL LENGTH SOCK FX OR EQU	\$57.68	\$57.68
L2850		FEMORAL LGTH SOCK FX OR EQUA	\$65.97	\$65.97
L3000		FT INSERT UCB BERKELEY SHELL	\$334.43	\$334.43
L3001		FOOT INSERT REMOV MOLDED SPE	\$140.80	\$140.80
L3002		FOOT INSERT PLASTAZOTE OR EQ	\$171.92	\$171.92
L3003		FOOT INSERT SILICONE GEL EAC	\$185.50	\$185.50
L3010		FOOT LONGITUDINAL ARCH SUPPO	\$185.50	\$185.50
L3020		FOOT LONGITUD/METATARSAL SUP	\$211.21	\$211.21
L3030		FOOT ARCH SUPPORT REMOV PREM	\$81.25	\$81.25
L3031		FOOT LAMIN/PREPREG COMPOSITE	\$130.37	\$130.37
L3040		FT ARCH SUPRT PREMOLD LONGIT	\$50.09	\$50.09
L3050		FOOT ARCH SUPP PREMOLD METAT	\$50.09	\$50.09
L3060		FOOT ARCH SUPP LONGITUD/META	\$78.53	\$78.53
L3070		ARCH SUPRT ATT TO SHO LONGIT	\$33.84	\$33.84
L3080		ARCH SUPP ATT TO SHOE METATA	\$33.84	\$33.84
L3090		ARCH SUPP ATT TO SHOE LONG/M	\$43.34	\$43.34
L3100		HALLUS-VALGUS NT DYN PRE OTS	\$46.02	\$46.02
L3140		ABDUCTION ROTATION BAR SHOE	\$94.81	\$94.81
L3150		ABDUCT ROTATION BAR W/O SHOE	\$86.65	\$86.65
L3170		FOOT PLAS HEEL STABI PRE OTS	\$54.15	\$54.15
L3224		WOMAN'S SHOE OXFORD BRACE	\$58.22	\$58.22
L3225		MAN'S SHOE OXFORD BRACE	\$68.27	\$68.27
L3300		SHO LIFT TAPER TO METATARSAL	\$55.50	\$55.50
L3310		SHOE LIFT ELEV HEEL/SOLE NEO	\$86.65	\$86.65
L3330		LIFTS ELEVATION METAL EXTENS	\$602.51	\$602.51
L3332		SHOE LIFTS TAPERED TO ONE-HA	\$78.53	\$78.53
L3334		SHOE LIFTS ELEVATION HEEL /I	\$40.62	\$40.62
L3340		SHOE WEDGE SACH	\$90.69	\$90.69
L3350		SHOE HEEL WEDGE	\$24.35	\$24.35
L3360		SHOE SOLE WEDGE OUTSIDE SOLE	\$37.92	\$37.92
L3370		SHOE SOLE WEDGE BETWEEN SOLE	\$52.80	\$52.80
L3380		SHOE CLUBFOOT WEDGE	\$52.80	\$52.80
L3390		SHOE OUTFLARE WEDGE	\$52.80	\$52.80
L3400		SHOE METATARSAL BAR WEDGE RO	\$43.34	\$43.34
L3410		SHOE METATARSAL BAR BETWEEN	\$98.87	\$98.87
L3420		FULL SOLE/HEEL WEDGE BTWEEN	\$58.21	\$58.21

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L3430		SHO HEEL COUNT PLAST REINFOR	\$170.60	\$170.60
L3440		HEEL LEATHER REINFORCED	\$81.25	\$81.25
L3450		SHOE HEEL SACH CUSHION TYPE	\$112.36	\$112.36
L3455		SHOE HEEL NEW LEATHER STANDA	\$43.34	\$43.34
L3460		SHOE HEEL NEW RUBBER STANDAR	\$36.55	\$36.55
L3465		SHOE HEEL THOMAS WITH WEDGE	\$62.28	\$62.28
L3470		SHOE HEEL THOMAS EXTEND TO B	\$66.34	\$66.34
L3480		SHOE HEEL PAD & DEPRESS FOR	\$66.34	\$66.34
L3500		ORTHO SHOE ADD LEATHER INSOL	\$31.18	\$31.18
L3510		ORTHOPEDIC SHOE ADD RUB INSL	\$31.18	\$31.18
L3520		O SHOE ADD FELT W LEATH INSL	\$33.84	\$33.84
L3530		ORTHO SHOE ADD HALF SOLE	\$33.84	\$33.84
L3540		ORTHO SHOE ADD FULL SOLE	\$54.15	\$54.15
L3550		O SHOE ADD STANDARD TOE TAP	\$9.50	\$9.50
L3560		O SHOE ADD HORSESHOE TOE TAP	\$24.35	\$24.35
L3570		O SHOE ADD INSTEP EXTENSION	\$90.69	\$90.69
L3580		O SHOE ADD INSTEP VELCRO CLO	\$69.06	\$69.06
L3590		O SHOE CONVERT TO SOF COUNT	\$56.88	\$56.88
L3595		ORTHO SHOE ADD MARCH BAR	\$44.67	\$44.67
L3600		TRANS SHOE CALIP PLATE EXIST	\$81.25	\$81.25
L3610		TRANS SHOE CALIPER PLATE NEW	\$106.96	\$106.96
L3620		TRANS SHOE SOLID STIRRUP EXI	\$81.25	\$81.25
L3630		TRANS SHOE SOLID STIRRUP NEW	\$106.96	\$106.96
L3640		SHOE DENNIS BROWNE SPLINT BO	\$46.02	\$46.02
L3650		SO 8 ABD RESTRAINT PRE OTS	\$62.97	\$62.97
L3660		SO 8 AB RSTR CAN/WEB PRE OTS	\$99.59	\$99.59
L3670		SO ACRO/CLAV CAN WEB PRE OTS	\$113.76	\$113.76
L3671		SO CAP DESIGN W/O JNTS CF	\$873.03	\$873.03
L3674		SO AIRPLANE W/WO JOINT CF	\$1145.27	\$1145.27
L3675		SO VEST CANVAS/WEB PRE OTS	\$170.04	\$170.04
L3702		EO W/O JOINTS CF	\$279.79	\$279.79
L3710		EO ELAS W/METAL JNTS PRE OTS	\$143.94	\$143.94
L3720		FOREARM/ARM CUFFS FREE MOTIO	\$735.14	\$735.14
L3730		FOREARM/ARM CUFFS EXT/FLEX A	\$1075.27	\$1075.27
L3740		CUFFS ADJ LOCK W/ ACTIVE CON	\$1380.72	\$1380.72
L3760		EO ADJ JT PREFAB CUSTOM FIT	\$484.52	\$484.52
L3761		EO, ADJ LOCK JOINT PREFAB OT	\$484.52	\$484.52
L3762		EO RIGID W/O JOINTS PRE OTS	\$104.20	\$104.20
L3763		EWHO RIGID W/O JNTS CF	\$678.31	\$678.31
L3764		EWHO W/JOINT(S) CF	\$737.04	\$737.04
L3765		EWHFO RIGID W/O JNTS CF	\$1242.33	\$1242.33
L3766		EWHFO W/JOINT(S) CF	\$1315.55	\$1315.55
L3806		WHFO W/JOINT(S) CUSTOM FAB	\$440.11	\$440.11

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L3807		WHFO W/O JOINTS PRE CST	\$242.28	\$242.28
L3808		WHFO, RIGID W/O JOINTS	\$323.78	\$323.78
L3809		WHFO W/O JOINTS PRE OTS	\$242.28	\$242.28
L3900		HINGE EXTENSION/FLEX WRIST/F	\$1266.53	\$1266.53
L3901		HINGE EXT/FLEX WRIST FINGER	\$1557.09	\$1557.09
L3904		WHFO ELECTRIC CUSTOM FITTED	\$2837.45	\$2837.45
L3905		WHO W/NONTORSION JNT(S) CF	\$960.81	\$960.81
L3906		WHO W/O JOINTS CF	\$382.86	\$382.86
L3908		WHO COCK-UP NONMOLDE PRE OTS	\$58.05	\$58.05
L3912		HFO FLEXION GLOVE PRE OTS	\$120.80	\$120.80
L3913		HFO W/O JOINTS CF	\$262.42	\$262.42
L3915		WHO NONTORSION JNTS PRE CST	\$515.04	\$515.04
L3916		WHO NONTORSION JNTS PRE OTS	\$515.04	\$515.04
L3917		METACARP FX ORTHOSIS PRE CST	\$102.32	\$102.32
L3918		METACARP FX ORTHOSIS PRE OTS	\$102.32	\$102.32
L3919		HO W/O JOINTS CF	\$262.42	\$262.42
L3921		HFO W/JOINT(S) CF	\$311.18	\$311.18
L3923		HFO WITHOUT JOINTS PRE CST	\$84.29	\$84.29
L3924		HFO WITHOUT JOINTS PRE OTS	\$84.29	\$84.29
L3925		FO PIP DIP JNT/SPRNG PRE OTS	\$52.07	\$52.07
L3927		FO PIP DIP NO JT SPR PRE OTS	\$33.90	\$33.90
L3929		HFO NONTORSION JNTS PRE CST	\$89.12	\$89.12
L3930		HFO NONTORSION JNTS PRE OTS	\$89.12	\$89.12
L3931		WHFO NONTORSION JOINT PREFAB	\$199.03	\$199.03
L3933		FO W/O JOINTS CF	\$206.73	\$206.73
L3935		FO NONTORSION JOINT CF	\$214.09	\$214.09
L3956		ADD JOINT UPPER EXT ORTHOSIS	\$0.00	\$0.00
L3960		SEWHO AIRPLAN DESIG ABDU POS	\$868.24	\$868.24
L3961		SEWHO CAP DESIGN W/O JNTS CF	\$1627.82	\$1627.82
L3962		SEWHO ERBS PALSEY DESIGN ABD	\$695.20	\$695.20
L3967		SEWHO AIRPLANE W/O JNTS CF	\$1921.97	\$1921.97
L3971		SEWHO CAP DESIGN W/JNT(S) CF	\$1824.35	\$1824.35
L3973		SEWHO AIRPLANE W/JNT(S) CF	\$1921.97	\$1921.97
L3975		SEWHFO CAP DESIGN W/O JNT CF	\$1627.82	\$1627.82
L3976		SEWHFO AIRPLANE W/O JNTS CF	\$1627.82	\$1627.82
L3977		SEWHFO CAP DESGN W/JNT(S) CF	\$1824.35	\$1824.35
L3978		SEWHFO AIRPLANE W/JNT(S) CF	\$1921.97	\$1921.97
L3980		UP EXT FX ORTHOS HUMERAL NOS	\$356.68	\$356.68
L3981		UE FX ORTH SHOUL CAP FOREARM	\$975.26	\$975.26
L3982		UPPER EXT FX ORTHOSIS RAD/UL	\$402.51	\$402.51
L3984		UPPER EXT FX ORTHOSIS WRIST	\$350.17	\$350.17
L3995		SOCK FRACTURE OR EQUAL EACH	\$41.31	\$41.31
L4000		REPL GIRDLE MILWAUKEE ORTH	\$1334.21	\$1334.21

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L4002		REPLACE STRAP, ANY ORTHOSIS	\$0.00	\$0.00
L4010		REPLACE TRILATERAL SOCKET BR	\$681.86	\$681.86
L4020		REPLACE QUADLAT SOCKET BRIM	\$997.14	\$997.14
L4030		REPLACE SOCKET BRIM CUST FIT	\$652.07	\$652.07
L4040		REPLACE MOLDED THIGH LACER	\$425.01	\$425.01
L4045		REPLACE NON-MOLDED THIGH LAC	\$324.80	\$324.80
L4050		REPLACE MOLDED CALF LACER	\$408.78	\$408.78
L4055		REPLACE NON-MOLDED CALF LACE	\$269.65	\$269.65
L4060		REPLACE HIGH ROLL CUFF	\$314.68	\$314.68
L4070		REPLACE PROX & DIST UPRIGHT	\$350.78	\$350.78
L4080		REPL MET BAND KAFO-AFO PROX	\$100.15	\$100.15
L4090		REPL MET BAND KAFO-AFO CALF/	\$113.12	\$113.12
L4100		REPL LEATH CUFF KAFO PROX TH	\$116.16	\$116.16
L4110		REPL LEATH CUFF KAFO-AFO CAL	\$92.92	\$92.92
L4130		REPLACE PRETIBIAL SHELL	\$572.55	\$572.55
L4350		ANKLE CONTROL ORTHO PRE OTS	\$91.03	\$91.03
L4360		PNEUMAT WALKING BOOT PRE CST	\$274.17	\$274.17
L4361		PNEUMA/VAC WALK BOOT PRE OTS	\$274.17	\$274.17
L4370		PNEUM FULL LEG SPLNT PRE OTS	\$186.93	\$186.93
L4386		NON-PNEUM WALK BOOT PRE CST	\$168.79	\$168.79
L4387		NON-PNEUM WALK BOOT PRE OTS	\$168.79	\$168.79
L4392		REPLACE AFO SOFT INTERFACE	\$25.07	\$25.07
L4394		REPLACE FOOT DROP SPINT	\$18.30	\$18.30
L4396		STATIC OR DYNAMI AFO PRE CST	\$178.70	\$178.70
L4397		STATIC OR DYNAMI AFO PRE OTS	\$178.70	\$178.70
L4398		FOOT DROP SPLINT PRE OTS	\$82.25	\$82.25
L4631		AFO, WALK BOOT TYPE, CUS FAB	\$1574.71	\$1574.71
L5000		SHO INSERT W ARCH TOE FILLER	\$710.66	\$710.66
L5010		MOLD SOCKET ANK HGT W/ TOE F	\$1613.66	\$1613.66
L5020		TIBIAL TUBERCLE HGT W/ TOE F	\$2424.12	\$2424.12
L5050		ANK SYMES MOLD SCKT SACH FT	\$3051.59	\$3051.59
L5060		SYMES MET FR LEATH SOCKET AR	\$3448.15	\$3448.15
L5100		MOLDED SOCKET SHIN SACH FOOT	\$2998.69	\$2998.69
L5105		PLAST SOCKET JTS/THGH LACER	\$3664.67	\$3664.67
L5150		MOLD SCKT EXT KNEE SHIN SACH	\$4368.22	\$4368.22
L5160		MOLD SOCKET BENT KNEE SHIN S	\$4595.89	\$4595.89
L5200		KNE SING AXIS FRIC SHIN SACH	\$3994.17	\$3994.17
L5210		NO KNEE/ANKLE JOINTS W/ FT B	\$2952.35	\$2952.35
L5220		NO KNEE JOINT WITH ARTIC ALI	\$3709.04	\$3709.04
L5230		FEM FOCAL DEFIC CONSTANT FRI	\$4396.23	\$4396.23
L5250		HIP CANAD SING AXI CONS FRIC	\$5951.67	\$5951.67
L5270		TILT TABLE LOCKING HIP SING	\$5655.27	\$5655.27
L5280		HEMIPELVECT CANAD SING AXIS	\$6156.13	\$6156.13



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L5301		BK MOLD SOCKET SACH FT ENDO	\$2909.32	\$2909.32
L5312		KNEE DISART, SACH FT, ENDO	\$3883.11	\$3883.11
L5321		AK OPEN END SACH	\$4058.94	\$4058.94
L5331		HIP DISART CANADIAN SACH FT	\$6110.57	\$6110.57
L5341		HEMIPELVECTOMY CANADIAN SACH	\$6376.75	\$6376.75
L5400		POSTOP DRESS & 1 CAST CHG BK	\$1504.45	\$1504.45
L5410		POSTOP DSG BK EA ADD CAST CH	\$587.67	\$587.67
L5420		POSTOP DSG & 1 CAST CHG AK/D	\$1926.67	\$1926.67
L5430		POSTOP DSG AK EA ADD CAST CH	\$707.80	\$707.80
L5450		POSTOP APP NON-WGT BEAR DSG	\$573.03	\$573.03
L5460		POSTOP APP NON-WGT BEAR DSG	\$766.96	\$766.96
L5500		INIT BK PTB PLASTER DIRECT	\$1513.82	\$1513.82
L5505		INIT AK ISCHAL PLSTR DIRECT	\$2446.41	\$2446.41
L5510		PREP BK PTB PLASTER MOLDED	\$1799.73	\$1799.73
L5520		PERP BK PTB THERMOPLS DIRECT	\$2022.67	\$2022.67
L5530		PREP BK PTB THERMOPLS MOLDED	\$2090.32	\$2090.32
L5535		PREP BK PTB OPEN END SOCKET	\$2094.43	\$2094.43
L5540		PREP BK PTB LAMINATED SOCKET	\$2245.61	\$2245.61
L5560		PREP AK ISCHIAL PLAST MOLDED	\$2700.73	\$2700.73
L5570		PREP AK ISCHIAL DIRECT FORM	\$2666.49	\$2666.49
L5580		PREP AK ISCHIAL THERMO MOLD	\$2977.33	\$2977.33
L5585		PREP AK ISCHIAL OPEN END	\$2987.15	\$2987.15
L5590		PREP AK ISCHIAL LAMINATED	\$2922.70	\$2922.70
L5595		HIP DISARTIC SACH THERMOPLS	\$4247.55	\$4247.55
L5600		HIP DISART SACH LAMINAT MOLD	\$4690.58	\$4690.58
L5610		ABOVE KNEE HYDRACADENCE	\$2531.28	\$2531.28
L5611		AK 4 BAR LINK W/FRIC SWING	\$1699.63	\$1699.63
L5613		AK 4 BAR LING W/HYDRAUL SWIG	\$2617.93	\$2617.93
L5614		4-BAR LINK ABOVE KNEE W/SWNG	\$1799.95	\$1799.95
L5615		AK 4 BAR LINK HYDL SWG/STANC	\$5856.11	\$5856.11
L5616		AK UNIV MULTIPLEX SYS FRICT	\$1910.30	\$1910.30
L5617		AK/BK SELF-ALIGNING UNIT EA	\$596.80	\$596.80
L5618		TEST SOCKET SYMES	\$318.69	\$318.69
L5620		TEST SOCKET BELOW KNEE	\$391.04	\$391.04
L5622		TEST SOCKET KNEE DISARTICULA	\$509.90	\$509.90
L5624		TEST SOCKET ABOVE KNEE	\$511.35	\$511.35
L5626		TEST SOCKET HIP DISARTICULAT	\$561.55	\$561.55
L5628		TEST SOCKET HEMIPELVECTOMY	\$606.03	\$606.03
L5629		BELOW KNEE ACRYLIC SOCKET	\$446.99	\$446.99
L5630		SYME TYP EXPANDABL WALL SCKT	\$545.66	\$545.66
L5631		AK/KNEE DISARTIC ACRYLIC SOC	\$618.00	\$618.00
L5632		SYMES TYPE PTB BRIM DESIGN S	\$234.23	\$234.23
L5634		SYMES TYPE POSTER OPENING SO	\$320.89	\$320.89

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L5636		SYMES TYPE MEDIAL OPENING SO	\$268.79	\$268.79
L5637		BELOW KNEE TOTAL CONTACT	\$406.33	\$406.33
L5638		BELOW KNEE LEATHER SOCKET	\$532.47	\$532.47
L5639		BELOW KNEE WOOD SOCKET	\$1182.73	\$1182.73
L5640		KNEE DISARTICULAT LEATHER SO	\$674.54	\$674.54
L5642		ABOVE KNEE LEATHER SOCKET	\$674.08	\$674.08
L5643		HIP FLEX INNER SOCKET EXT FR	\$1765.91	\$1765.91
L5644		ABOVE KNEE WOOD SOCKET	\$743.27	\$743.27
L5645		BK FLEX INNER SOCKET EXT FRA	\$843.41	\$843.41
L5646		BELOW KNEE CUSHION SOCKET	\$750.29	\$750.29
L5647		BELOW KNEE SUCTION SOCKET	\$839.13	\$839.13
L5648		ABOVE KNEE CUSHION SOCKET	\$818.38	\$818.38
L5649		ISCH CONTAINMT/NARROW M-L SO	\$2563.11	\$2563.11
L5650		TOT CONTACT AK/KNEE DISART S	\$604.32	\$604.32
L5651		AK FLEX INNER SOCKET EXT FRA	\$1689.13	\$1689.13
L5652		SUCTION SUSP AK/KNEE DISART	\$536.57	\$536.57
L5653		KNEE DISART EXPAND WALL SOCK	\$628.45	\$628.45
L5654		SOCKET INSERT SYMES	\$415.85	\$415.85
L5655		SOCKET INSERT BELOW KNEE	\$323.51	\$323.51
L5656		SOCKET INSERT KNEE ARTICULAT	\$401.00	\$401.00
L5658		SOCKET INSERT ABOVE KNEE	\$383.55	\$383.55
L5661		MULTI-DUROMETER SYMES	\$641.96	\$641.96
L5665		MULTI-DUROMETER BELOW KNEE	\$577.25	\$577.25
L5666		BELOW KNEE CUFF SUSPENSION	\$98.45	\$98.45
L5668		BK MOLDED DISTAL CUSHION	\$142.04	\$142.04
L5670		BK MOLDED SUPRACONDYLAR SUSP	\$381.66	\$381.66
L5671		BK/AK LOCKING MECHANISM	\$606.52	\$606.52
L5672		BK REMOVABLE MEDIAL BRIM SUS	\$314.56	\$314.56
L5673		SOCKET INSERT W LOCK MECH	\$772.83	\$772.83
L5676		BK KNEE JOINTS SINGLE AXIS P	\$497.84	\$497.84
L5677		BK KNEE JOINTS POLYCENTRIC P	\$693.50	\$693.50
L5678		BK JOINT COVERS PAIR	\$55.85	\$55.85
L5679		SOCKET INSERT W/O LOCK MECH	\$644.00	\$644.00
L5680		BK THIGH LACER NON-MOLDED	\$344.36	\$344.36
L5681		INTL CUSTM CONG/LATYP INSERT	\$1403.09	\$1403.09
L5682		BK THIGH LACER GLUT/ISCHIA M	\$673.09	\$673.09
L5683		INITIAL CUSTOM SOCKET INSERT	\$1403.09	\$1403.09
L5684		BK FORK STRAP	\$56.79	\$56.79
L5685		BELOW KNEE SUS/SEAL SLEEVE	\$136.60	\$136.60
L5686		BK BACK CHECK	\$56.99	\$56.99
L5688		BK WAIST BELT WEBBING	\$81.01	\$81.01
L5690		BK WAIST BELT PADDED AND LIN	\$113.81	\$113.81
L5692		AK PELVIC CONTROL BELT LIGHT	\$186.89	\$186.89

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L5694		AK PELVIC CONTROL BELT PAD/L	\$255.17	\$255.17
L5695		AK SLEEVE SUSP NEOPRENE/EQUA	\$229.37	\$229.37
L5696		AK/KNEE DISARTIC PELVIC JOIN	\$234.15	\$234.15
L5697		AK/KNEE DISARTIC PELVIC BAND	\$84.68	\$84.68
L5698		AK/KNEE DISARTIC SILESIA BA	\$126.24	\$126.24
L5699		SHOULDER HARNESS	\$196.69	\$196.69
L5700		REPLACE SOCKET BELOW KNEE	\$3022.22	\$3022.22
L5701		REPLACE SOCKET ABOVE KNEE	\$3629.46	\$3629.46
L5702		REPLACE SOCKET HIP	\$4591.82	\$4591.82
L5703		SYMES ANKLE W/O (SACH) FOOT	\$2811.53	\$2811.53
L5704		CUSTOM SHAPE COVER BK	\$565.40	\$565.40
L5705		CUSTOM SHAPE COVER AK	\$1010.22	\$1010.22
L5706		CUSTOM SHAPE CVR KNEE DISART	\$990.32	\$990.32
L5707		CUSTOM SHAPE CVR HIP DISART	\$1305.61	\$1305.61
L5710		KNEE-SHIN EXO SNG AXI MNL LOC	\$451.51	\$451.51
L5711		KNEE-SHIN EXO MNL LOCK ULTRA	\$571.91	\$571.91
L5712		KNEE-SHIN EXO FRICT SWG & ST	\$599.36	\$599.36
L5714		KNEE-SHIN EXO VARIABLE FRICT	\$506.36	\$506.36
L5716		KNEE-SHIN EXO MECH STANCE PH	\$895.04	\$895.04
L5718		KNEE-SHIN EXO FRCT SWG & STA	\$987.47	\$987.47
L5722		KNEE-SHIN PNEUM SWG FRCT EXO	\$959.96	\$959.96
L5724		KNEE-SHIN EXO FLUID SWING PH	\$2123.05	\$2123.05
L5726		KNEE-SHIN EXT JNTS FLD SWG E	\$2446.76	\$2446.76
L5728		KNEE-SHIN FLUID SWG & STANCE	\$2614.06	\$2614.06
L5780		KNEE-SHIN PNEUM/HYDRA PNEUM	\$1391.54	\$1391.54
L5781		LOWER LIMB PROS VACUUM PUMP	\$4267.99	\$4267.99
L5782		HD LOW LIMB PROS VACUUM PUMP	\$4499.38	\$4499.38
L5785		EXOSKELETAL BK ULTRALT MATER	\$611.08	\$611.08
L5790		EXOSKELETAL AK ULTRA-LIGHT M	\$1011.33	\$1011.33
L5795		EXOSKEL HIP ULTRA-LIGHT MATE	\$1510.18	\$1510.18
L5810		ENDOSKEL KNEE-SHIN MNL LOCK	\$567.05	\$567.05
L5811		ENDO KNEE-SHIN MNL LCK ULTRA	\$839.99	\$839.99
L5812		ENDO KNEE-SHIN FRCT SWG & ST	\$635.63	\$635.63
L5814		ENDO KNEE-SHIN HYDRAL SWG PH	\$3961.50	\$3961.50
L5816		ENDO KNEE-SHIN POLYC MCH STA	\$1022.43	\$1022.43
L5818		ENDO KNEE-SHIN FRCT SWG & ST	\$1025.16	\$1025.16
L5822		ENDO KNEE-SHIN PNEUM SWG FRC	\$1796.39	\$1796.39
L5824		ENDO KNEE-SHIN FLUID SWING P	\$1927.14	\$1927.14
L5826		MINIATURE KNEE JOINT	\$3331.12	\$3331.12
L5828		ENDO KNEE-SHIN FLUID SWG/STA	\$2978.97	\$2978.97
L5830		ENDO KNEE-SHIN PNEUM/SWG PHA	\$2196.94	\$2196.94
L5840		MULTI-AXIAL KNEE/SHIN SYSTEM	\$3700.80	\$3700.80
L5845		KNEE-SHIN SYS STANCE FLEXION	\$1911.90	\$1911.90

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L5848		KNEE-SHIN SYS HYDRAUL STANCE	\$1147.01	\$1147.01
L5850		ENDO AK/HIP KNEE EXTENS ASSI	\$179.93	\$179.93
L5855		MECH HIP EXTENSION ASSIST	\$362.58	\$362.58
L5856		ELEC KNEE-SHIN SWING/STANCE	\$25606.50	\$25606.50
L5857		ELEC KNEE-SHIN SWING ONLY	\$9086.17	\$9086.17
L5858		STANCE PHASE ONLY	\$19824.43	\$19824.43
L5859		KNEE-SHIN PRO FLEX/EXT CONT	\$15476.76	\$15476.76
L5910		ENDO BELOW KNEE ALIGNABLE SY	\$509.41	\$509.41
L5920		ENDO AK/HIP ALIGNABLE SYSTEM	\$746.30	\$746.30
L5925		ABOVE KNEE MANUAL LOCK	\$472.61	\$472.61
L5926		ENDOSKEL POSIT ROTAT UNIT	\$709.21	\$709.21
L5930		HIGH ACTIVITY KNEE FRAME	\$3590.33	\$3590.33
L5940		ENDO BK ULTRA-LIGHT MATERIAL	\$705.53	\$705.53
L5950		ENDO AK ULTRA-LIGHT MATERIAL	\$1094.29	\$1094.29
L5960		ENDO HIP ULTRA-LIGHT MATERIA	\$1355.96	\$1355.96
L5961		ENDO POLY HIP, PNEU/HYD/ROT	\$5029.77	\$5029.77
L5962		BELOW KNEE FLEX COVER SYSTEM	\$669.23	\$669.23
L5964		ABOVE KNEE FLEX COVER SYSTEM	\$987.94	\$987.94
L5966		HIP FLEXIBLE COVER SYSTEM	\$1258.88	\$1258.88
L5968		MULTIAXIAL ANKLE W DORSIFLEX	\$3876.20	\$3876.20
L5970		FOOT EXTERNAL KEEL SACH FOOT	\$240.10	\$240.10
L5971		SACH FOOT, REPLACEMENT	\$240.10	\$240.10
L5972		FLEXIBLE KEEL FOOT	\$452.01	\$452.01
L5973		ANK-FOOT SYS DORS-PLANT FLEX	\$18351.86	\$18351.86
L5974		FOOT SINGLE AXIS ANKLE/FOOT	\$279.63	\$279.63
L5975		COMBO ANKLE/FOOT PROSTHESIS	\$494.53	\$494.53
L5976		ENERGY STORING FOOT	\$640.34	\$640.34
L5978		FT PROSTH MULTIAXIAL ANKL/FT	\$359.03	\$359.03
L5979		MULTI-AXIAL ANKLE/FT PROSTH	\$2407.03	\$2407.03
L5980		FLEX FOOT SYSTEM	\$4137.08	\$4137.08
L5981		FLEX-WALK SYS LOW EXT PROSTH	\$3159.47	\$3159.47
L5982		EXOSKELETAL AXIAL ROTATION U	\$660.27	\$660.27
L5984		ENDOSKELETAL AXIAL ROTATION	\$709.21	\$709.21
L5985		LWR EXT DYNAMIC PROSTH PYLON	\$301.19	\$301.19
L5986		MULTI-AXIAL ROTATION UNIT	\$705.70	\$705.70
L5987		SHANK FT W VERT LOAD PYLON	\$7673.42	\$7673.42
L5988		VERTICAL SHOCK REDUCING PYLO	\$2130.90	\$2130.90
L5990		USER ADJUSTABLE HEEL HEIGHT	\$1935.15	\$1935.15
L5991		LOW PROS EXT OSSEO CONNECTOR	\$10129.00	\$10129.00
L6000		PART HAND THUMB REM	\$1578.93	\$1578.93
L6010		PART HAND LITTLE/RING	\$1588.59	\$1588.59
L6020		PART HAND NO FINGERS	\$1580.16	\$1580.16
L6026		PART HAND MYO EXCLU TERM DEV	\$3955.02	\$3955.02

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L6050		WRST MLD SCK FLX HNG TRI PAD	\$2427.47	\$2427.47
L6055		WRST MOLD SOCK W/EXP INTERFA	\$2994.49	\$2994.49
L6100		ELB MOLD SOCK FLEX HINGE PAD	\$2490.53	\$2490.53
L6110		ELBOW MOLD SOCK SUSPENSION T	\$2643.73	\$2643.73
L6120		ELBOW MOLD DOUB SPLT SOC STE	\$2980.82	\$2980.82
L6130		ELBOW STUMP ACTIVATED LOCK H	\$2762.08	\$2762.08
L6200		ELBOW MOLD OUTSID LOCK HINGE	\$3360.60	\$3360.60
L6205		ELBOW MOLDED W/ EXPAND INTER	\$3841.49	\$3841.49
L6250		ELBOW INTER LOC ELBOW FORARM	\$3484.97	\$3484.97
L6300		SHLDER DISART INT LOCK ELBOW	\$4196.61	\$4196.61
L6310		SHOULDER PASSIVE RESTOR COMP	\$3369.54	\$3369.54
L6320		SHOULDER PASSIVE RESTOR CAP	\$2027.18	\$2027.18
L6350		THORACIC INTERN LOCK ELBOW	\$4131.96	\$4131.96
L6360		THORACIC PASSIVE RESTOR COMP	\$3360.04	\$3360.04
L6370		THORACIC PASSIVE RESTOR CAP	\$2342.55	\$2342.55
L6380		POSTOP DSG CAST CHG WRST/ELB	\$1384.79	\$1384.79
L6382		POSTOP DSG CAST CHG ELB DIS/	\$1642.82	\$1642.82
L6384		POSTOP DSG CAST CHG SHLDER/T	\$2036.57	\$2036.57
L6386		POSTOP EA CAST CHG & REALIGN	\$471.59	\$471.59
L6388		POSTOP APPLICAT RIGID DSG ON	\$527.04	\$527.04
L6400		BELOW ELBOW PROSTH TISS SHAP	\$2645.92	\$2645.92
L6450		ELB DISART PROSTH TISS SHAP	\$3252.35	\$3252.35
L6500		ABOVE ELBOW PROSTH TISS SHAP	\$3281.67	\$3281.67
L6550		SHLDR DISAR PROSTH TISS SHAP	\$4022.60	\$4022.60
L6570		SCAP THORAC PROSTH TISS SHAP	\$4617.16	\$4617.16
L6580		WRIST/ELBOW BOWDEN CABLE MOL	\$1733.45	\$1733.45
L6582		WRIST/ELBOW BOWDEN CBL DIR F	\$1607.62	\$1607.62
L6584		ELBOW FAIR LEAD CABLE MOLDED	\$2348.52	\$2348.52
L6586		ELBOW FAIR LEAD CABLE DIR FO	\$2310.66	\$2310.66
L6588		SHDR FAIR LEAD CABLE MOLDED	\$3181.23	\$3181.23
L6590		SHDR FAIR LEAD CABLE DIRECT	\$3119.90	\$3119.90
L6600		POLYCENTRIC HINGE PAIR	\$263.84	\$263.84
L6605		SINGLE PIVOT HINGE PAIR	\$260.51	\$260.51
L6610		FLEXIBLE METAL HINGE PAIR	\$213.35	\$213.35
L6611		ADDITIONAL SWITCH, EXT POWER	\$439.18	\$439.18
L6615		DISCONNECT LOCKING WRIST UNI	\$204.81	\$204.81
L6616		DISCONNECT INSERT LOCKING WR	\$87.06	\$87.06
L6620		FLEXION/EXTENSION WRIST UNIT	\$353.89	\$353.89
L6621		FLEX/EXT WRIST W/WO FRICTION	\$2439.81	\$2439.81
L6623		SPRING-ASS ROT WRST W/ LATCH	\$710.58	\$710.58
L6624		FLEX/EXT/ROTATION WRIST UNIT	\$4017.21	\$4017.21
L6625		ROTATION WRST W/ CABLE LOCK	\$748.06	\$748.06
L6628		QUICK DISCONN HOOK ADAPTER O	\$544.52	\$544.52

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L6629		LAMINATION COLLAR W/ COUPLIN	\$187.23	\$187.23
L6630		STAINLESS STEEL ANY WRIST	\$303.14	\$303.14
L6632		LATEX SUSPENSION SLEEVE EACH	\$68.54	\$68.54
L6635		LIFT ASSIST FOR ELBOW	\$233.39	\$233.39
L6637		NUDGE CONTROL ELBOW LOCK	\$454.80	\$454.80
L6638		ELEC LOCK ON MANUAL PW ELBOW	\$2667.47	\$2667.47
L6640		SHOULDER ABDUCTION JOINT PAI	\$380.48	\$380.48
L6641		EXCURSION AMPLIFIER PULLEY T	\$205.78	\$205.78
L6642		EXCURSION AMPLIFIER LEVER TY	\$244.97	\$244.97
L6645		SHOULDER FLEXION-ABDUCTION J	\$424.89	\$424.89
L6646		MULTIPO LOCKING SHOULDER JNT	\$3364.27	\$3364.27
L6647		SHOULDER LOCK ACTUATOR	\$553.88	\$553.88
L6648		EXT PWRD SHLDER LOCK/UNLOCK	\$3469.80	\$3469.80
L6650		SHOULDER UNIVERSAL JOINT	\$446.11	\$446.11
L6655		STANDARD CONTROL CABLE EXTRA	\$97.67	\$97.67
L6660		HEAVY DUTY CONTROL CABLE	\$108.90	\$108.90
L6665		TEFLON OR EQUAL CABLE LINING	\$64.77	\$64.77
L6670		HOOK TO HAND CABLE ADAPTER	\$67.46	\$67.46
L6672		HARNESS CHEST/SHLDER SADDLE	\$187.69	\$187.69
L6675		HARNESS FIGURE OF 8 SING CON	\$131.62	\$131.62
L6676		HARNESS FIGURE OF 8 DUAL CON	\$138.37	\$138.37
L6677		UE TRIPLE CONTROL HARNESS	\$316.45	\$316.45
L6680		TEST SOCK WRIST DISART/BEL E	\$326.32	\$326.32
L6682		TEST SOCK ELBW DISART/ABOVE	\$319.55	\$319.55
L6684		TEST SOCKET SHLDR DISART/THO	\$367.70	\$367.70
L6686		SUCTION SOCKET	\$683.67	\$683.67
L6687		FRAME TYP SOCKET BEL ELBOW/W	\$608.48	\$608.48
L6688		FRAME TYP SOCK ABOVE ELB/DIS	\$719.16	\$719.16
L6689		FRAME TYP SOCKET SHOULDER DI	\$752.54	\$752.54
L6690		FRAME TYP SOCK INTERSCAP-THO	\$816.53	\$816.53
L6691		REMOVABLE INSERT EACH	\$364.14	\$364.14
L6692		SILICONE GEL INSERT OR EQUAL	\$750.60	\$750.60
L6693		LOCKINGELBOW FOREARM CNTRBAL	\$3028.28	\$3028.28
L6694		ELBOW SOCKET INS USE W/LOCK	\$772.83	\$772.83
L6695		ELBOW SOCKET INS USE W/O LCK	\$644.00	\$644.00
L6696		CUS ELBO SKT IN FOR CON/ATYP	\$1403.09	\$1403.09
L6697		CUS ELBO SKT IN NOT CON/ATYP	\$1403.09	\$1403.09
L6698		BELOW/ABOVE ELBOW LOCK MECH	\$606.52	\$606.52
L6703		TERM DEV, PASSIVE HAND MITT	\$348.88	\$348.88
L6704		TERM DEV, SPORT/REC/WORK ATT	\$818.15	\$818.15
L6706		TERM DEV MECH HOOK VOL OPEN	\$424.45	\$424.45
L6707		TERM DEV MECH HOOK VOL CLOSE	\$1510.34	\$1510.34
L6708		TERM DEV MECH HAND VOL OPEN	\$1015.07	\$1015.07

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L6709		TERM DEV MECH HAND VOL CLOSE	\$1489.30	\$1489.30
L6711		PED TERM DEV, HOOK, VOL OPEN	\$717.15	\$717.15
L6712		PED TERM DEV, HOOK, VOL CLOS	\$1320.43	\$1320.43
L6713		PED TERM DEV, HAND, VOL OPEN	\$1666.46	\$1666.46
L6714		PED TERM DEV, HAND, VOL CLOS	\$1411.50	\$1411.50
L6715		TERM DEVICE, MULTI ART DIGIT	\$3367.66	\$3367.66
L6721		HOOK/HAND, HVY DTY, VOL OPEN	\$2508.80	\$2508.80
L6722		HOOK/HAND, HVY DTY, VOL CLOS	\$2162.75	\$2162.75
L6805		TERM DEV MODIFIER WRIST UNIT	\$448.90	\$448.90
L6810		TERM DEV PRECISION PINCH DEV	\$262.37	\$262.37
L6880		ELEC HAND IND ART DIGITS	\$25485.56	\$25485.56
L6881		TERM DEV AUTO GRASP FEATURE	\$4360.84	\$4360.84
L6882		MICROPROCESSOR CONTROL UPLMB	\$3307.92	\$3307.92
L6883		REPLC SOCKT BELOW E/W DISA	\$1968.40	\$1968.40
L6884		REPLC SOCKT ABOVE ELBOW DISA	\$2954.21	\$2954.21
L6885		REPLC SOCKT SHLDR DIS/INTERC	\$3360.04	\$3360.04
L6890		PREFAB GLOVE FOR TERM DEVICE	\$194.48	\$194.48
L6895		CUSTOM GLOVE FOR TERM DEVICE	\$589.05	\$589.05
L6900		HAND RESTORAT THUMB/1 FINGER	\$1631.03	\$1631.03
L6905		HAND RESTORATION MULTIPLE FI	\$1548.82	\$1548.82
L6910		HAND RESTORATION NO FINGERS	\$1526.24	\$1526.24
L6915		HAND RESTORATION REPLACMNT G	\$660.39	\$660.39
L6920		WRIST DISARTICUL SWITCH CTRL	\$7730.41	\$7730.41
L6925		WRIST DISART MYOELECTRONIC C	\$8162.64	\$8162.64
L6930		BELOW ELBOW SWITCH CONTROL	\$8299.48	\$8299.48
L6935		BELOW ELBOW MYOELECTRONIC CT	\$9129.36	\$9129.36
L6940		ELBOW DISARTICULATION SWITCH	\$10372.58	\$10372.58
L6945		ELBOW DISART MYOELECTRONIC C	\$11733.81	\$11733.81
L6950		ABOVE ELBOW SWITCH CONTROL	\$11028.04	\$11028.04
L6955		ABOVE ELBOW MYOELECTRONIC CT	\$13838.64	\$13838.64
L6960		SHLDR DISARTIC SWITCH CONTRO	\$13645.59	\$13645.59
L6965		SHLDR DISARTIC MYOELECTRONIC	\$19934.26	\$19934.26
L6970		INTERSCAPULAR-THOR SWITCH CT	\$20261.83	\$20261.83
L6975		INTERSCAP-THOR MYOELECTRONIC	\$20370.57	\$20370.57
L7007		ADULT ELECTRIC HAND	\$4839.98	\$4839.98
L7008		PEDIATRIC ELECTRIC HAND	\$7617.61	\$7617.61
L7009		ADULT ELECTRIC HOOK	\$4938.30	\$4938.30
L7040		PREHENSILE ACTUATOR	\$3965.27	\$3965.27
L7045		PEDIATRIC ELECTRIC HOOK	\$2273.42	\$2273.42
L7170		ELECTRONIC ELBOW HOSMER SWIT	\$8247.22	\$8247.22
L7180		ELECTRONIC ELBOW SEQUENTIAL	\$43089.80	\$43089.80
L7181		ELECTRONIC ELBO SIMULTANEOUS	\$42739.69	\$42739.69
L7185		ELECTRON ELBOW ADOLESCENT SW	\$8351.42	\$8351.42

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L7186		ELECTRON ELBOW CHILD SWITCH	\$12053.12	\$12053.12
L7190		ELBOW ADOLESCENT MYOELECTRON	\$10625.60	\$10625.60
L7191		ELBOW CHILD MYOELECTRONIC CT	\$12812.09	\$12812.09
L7259		ELECTRONIC WRIST ROTATOR ANY	\$4050.54	\$4050.54
L7360		SIX VOLT BAT OTTO BOCK/EQ EA	\$254.01	\$254.01
L7362		BATTERY CHRGR SIX VOLT OTTO	\$305.51	\$305.51
L7364		TWELVE VOLT BATTERY UTAH/EQU	\$556.52	\$556.52
L7366		BATTERY CHRGR 12 VOLT UTAH/E	\$754.97	\$754.97
L7367		REPLACEMNT LITHIUM IONBATTER	\$415.27	\$415.27
L7368		LITHIUM ION BATTERY CHARGER	\$538.36	\$538.36
L7400		ADD UE PROST BE/WD, ULTLITE	\$326.93	\$326.93
L7401		ADD UE PROST A/E ULTLITE MAT	\$365.99	\$365.99
L7402		ADD UE PROST S/D ULTLITE MAT	\$395.24	\$395.24
L7403		ADD UE PROST B/E ACRYLIC	\$392.81	\$392.81
L7404		ADD UE PROST A/E ACRYLIC	\$592.86	\$592.86
L7405		ADD UE PROST S/D ACRYLIC	\$775.40	\$775.40
L7700		PROS SOC INSERT GASKET/SEAL	\$119.06	\$119.06
L8000		MASTECTOMY BRA	\$39.56	\$39.56
L8001		BREAST PROSTHESIS BRA & FORM	\$133.79	\$133.79
L8002		BRST PRSTH BRA & BILAT FORM	\$175.99	\$175.99
L8015		EXT BREASTPROSTHESIS GARMENT	\$63.94	\$63.94
L8020		MASTECTOMY FORM	\$239.67	\$239.67
L8030		BREAST PROSTHES W/O ADHESIVE	\$351.89	\$351.89
L8031		BREAST PROSTHESIS W ADHESIVE	\$351.89	\$351.89
L8032		REUSABLE NIPPLE PROSTHESIS	\$41.79	\$41.79
L8035		CUSTOM BREAST PROSTHESIS	\$3907.90	\$3907.90
L8040		NASAL PROSTHESIS	\$2542.44	\$2542.44
L8041		MIDFACIAL PROSTHESIS	\$3064.50	\$3064.50
L8042		ORBITAL PROSTHESIS	\$3443.26	\$3443.26
L8043		UPPER FACIAL PROSTHESIS	\$3856.43	\$3856.43
L8044		HEMI-FACIAL PROSTHESIS	\$4269.62	\$4269.62
L8045		AURICULAR PROSTHESIS	\$2673.61	\$2673.61
L8046		PARTIAL FACIAL PROSTHESIS	\$2754.59	\$2754.59
L8047		NASAL SEPTAL PROSTHESIS	\$1411.74	\$1411.74
L8300		TRUSS SINGLE W/ STANDARD PAD	\$88.98	\$88.98
L8310		TRUSS DOUBLE W/ STANDARD PAD	\$140.50	\$140.50
L8320		TRUSS ADDITION TO STD PAD WA	\$64.87	\$64.87
L8330		TRUSS ADD TO STD PAD SCROTAL	\$69.44	\$69.44
L8400		SHEATH BELOW KNEE	\$16.61	\$16.61
L8410		SHEATH ABOVE KNEE	\$24.26	\$24.26
L8415		SHEATH UPPER LIMB	\$24.68	\$24.68
L8417		PROS SHEATH/SOCK W GEL CUSHN	\$80.21	\$80.21
L8420		PROSTHETIC SOCK MULTI PLY BK	\$21.93	\$21.93



## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L8430		PROSTHETIC SOCK MULTI PLY AK	\$24.08	\$24.08
L8435		PROS SOCK MULTI PLY UPPER LM	\$25.43	\$25.43
L8440		SHRINKER BELOW KNEE	\$46.59	\$46.59
L8460		SHRINKER ABOVE KNEE	\$81.07	\$81.07
L8465		SHRINKER UPPER LIMB	\$57.77	\$57.77
L8470		PROS SOCK SINGLE PLY BK	\$8.44	\$8.44
L8480		PROS SOCK SINGLE PLY AK	\$11.09	\$11.09
L8485		PROS SOCK SINGLE PLY UPPER L	\$11.74	\$11.74
L8500		ARTIFICIAL LARYNX	\$820.11	\$820.11
L8501		TRACHEOSTOMY SPEAKING VALVE	\$127.43	\$127.43
L8507		TRACH-ESOPH VOICE PROS PT IN	\$44.68	\$44.68
L8509		TRACH-ESOPH VOICE PROS MD IN	\$116.50	\$116.50
L8510		VOICE AMPLIFIER	\$269.56	\$269.56
L8511		INDWELLING TRACH INSERT	\$77.57	\$77.57
L8512		GEL CAP FOR TRACH VOICE PROS	\$2.33	\$2.33
L8513		TRACH PROS CLEANING DEVICE	\$5.57	\$5.57
L8514		REPL TRACH PUNCTURE DILATOR	\$100.58	\$100.58
L8515		GEL CAP APP DEVICE FOR TRACH	\$67.33	\$67.33
L8600		IMPLANT BREAST SILICONE/EQ	\$658.73	\$658.73
L8603		COLLAGEN IMP URINARY 2.5 ML	\$461.93	\$461.93
L8605		INJ BULKING AGENT ANAL CANAL	\$763.97	\$763.97
L8606		SYNTHETIC IMPLNT URINARY 1ML	\$232.13	\$232.13
L8607		INJ VOCAL CORD BULKING AGENT	\$45.77	\$45.77
L8609		ARTIFICIAL CORNEA	\$6949.86	\$6949.86
L8610		OCULAR IMPLANT	\$699.80	\$699.80
L8612		AQUEOUS SHUNT PROSTHESIS	\$676.20	\$676.20
L8613		OSSICULAR IMPLANT	\$317.52	\$317.52
L8614		COCHLEAR DEVICE	\$20417.72	\$20417.72
L8615		COCH IMPLANT HEADSET REPLACE	\$481.10	\$481.10
L8616		COCH IMPLANT MICROPHONE REPL	\$112.06	\$112.06
L8617		COCH IMPLANT TRANS COIL REPL	\$97.90	\$97.90
L8618		COCH IMPLANT TRAN CABLE REPL	\$27.96	\$27.96
L8619		COCH IMP EXT PROC/CONTR RPLC	\$8765.17	\$8765.17
L8621		REPL ZINC AIR BATTERY	\$0.66	\$0.66
L8622		REPL ALKALINE BATTERY	\$0.34	\$0.34
L8623		LITH ION BATT CID, NON-EARLVL	\$68.98	\$68.98
L8624		LITH ION BATT CID, EAR LEVEL	\$172.00	\$172.00
L8625		CHARGER COCH IMPL/AOI BATTERY	\$201.47	\$201.47
L8627		CID EXT SPEECH PROCESS REPL	\$7445.60	\$7445.60
L8628		CID EXT CONTROLLER REPL	\$1319.59	\$1319.59
L8629		CID TRANSMIT COIL AND CABLE	\$190.99	\$190.99
L8630		METACARPOPHALANGEAL IMPLANT	\$355.40	\$355.40
L8631		MCP JOINT REPL 2 PC OR MORE	\$2315.64	\$2315.64

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
L8641		METATARSAL JOINT IMPLANT	\$369.27	\$369.27
L8642		HALLUX IMPLANT	\$307.05	\$307.05
L8658		INTERPHALANGEAL JOINT SPACER	\$321.96	\$321.96
L8659		INTERPHALANGEAL JOINT REPL	\$2058.36	\$2058.36
L8670		VASCULAR GRAFT, SYNTHETIC	\$587.22	\$587.22
L8678		EXT SPLY IMPLT NEUROSIM	\$10.93	\$23.66
L8679		IMP NEUROSTI PLS GN ANY TYPE	\$8900.40	\$8900.40
L8681		PT PRGRM FOR IMPLT NEUROSTIM	\$1138.02	\$1138.02
L8682		IMPLT NEUROSTIM RADIOFQ REC	\$6359.16	\$6359.16
L8683		RADIOFQ TRSMTR FOR IMPLT NEU	\$5597.51	\$5597.51
L8684		RADIOF TRSMTR IMPLT SCRL NEU	\$823.54	\$823.54
L8689		EXTERNAL RECHARG SYS INTERN	\$1839.99	\$1839.99
L8690		AUD OSSEO DEV, INT/EXT COMP	\$5074.35	\$5074.35
L8691		AOI SND PROC REPL EXCL ACTUA	\$1836.99	\$1836.99
L8693		AUD OSSEO DEV, ABUTMENT	\$1617.46	\$1617.46
L8694		AOI TRANSDUCER/ACTUATOR REPL	\$1007.39	\$1007.39
L8695		EXTERNAL RECHARG SYS EXTERN	\$17.77	\$17.77
L8696		EXT ANTENNA PHREN NERVE STIM	\$231.19	\$231.19
Q0477		PWR MODULE PT CABLE LVAD RPL	\$827.59	\$827.59
Q0478		POWER ADAPTER, COMBO VAD	\$196.02	\$196.02
Q0479		POWER MODULE COMBO VAD, REP	\$12773.02	\$12773.02
Q0480		DRIVER PNEUMATIC VAD, REP	\$89999.96	\$89999.96
Q0481		MICROPRCSR CU ELEC VAD, REP	\$15499.76	\$15499.76
Q0482		MICROPRCSR CU COMBO VAD, REP	\$4854.81	\$4854.81
Q0483		MONITOR ELEC VAD, REP	\$19999.63	\$19999.63
Q0484		MONITOR ELEC OR COMB VAD REP	\$3883.86	\$3883.86
Q0485		MONITOR CABLE ELEC VAD, REP	\$374.99	\$374.99
Q0486		MON CABLE ELEC/PNEUM VAD REP	\$312.08	\$312.08
Q0487		LEADS ANY TYPE VAD, REP ONLY	\$364.10	\$364.10
Q0489		PWR PCK BASE COMBO VAD, REP	\$17338.61	\$17338.61
Q0490		EMR PWR SOURCE ELEC VAD, REP	\$750.02	\$750.02
Q0491		EMR PWR SOURCE COMBO VAD REP	\$1179.05	\$1179.05
Q0492		EMR PWR CBL ELEC VAD, REP	\$95.02	\$95.02
Q0493		EMR PWR CBL COMBO VAD, REP	\$270.42	\$270.42
Q0494		EMR HD PMP ELEC/COMBO, REP	\$228.83	\$228.83
Q0495		CHARGER ELEC/COMBO VAD, REP	\$4455.58	\$4455.58
Q0496		BATTERY ELEC/COMBO VAD, REP	\$1599.17	\$1599.17
Q0497		BAT CLPS ELEC/COMB VAD, REP	\$499.33	\$499.33
Q0498		HOLSTER ELEC/COMBO VAD, REP	\$547.88	\$547.88
Q0499		BELT/VEST ELEC/COMBO VAD REP	\$178.03	\$178.03
Q0500		FILTERS ELEC/COMBO VAD, REP	\$32.57	\$32.57
Q0501		SHWR COV ELEC/COMBO VAD, REP	\$544.76	\$544.76
Q0502		MOBILITY CART PNEUM VAD, REP	\$693.51	\$693.51

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
Q0503		BATTERY PNEUM VAD REPLACEMNT	\$1387.10	\$1387.10
Q0504		PWR ADPT PNEUM VAD, REP VEH	\$731.91	\$731.91
Q0506		LITH-ION BATT ELEC/PNEUM VAD	\$911.08	\$911.08
Q4001		CAST SUP BODY CAST PLASTER	\$53.74	\$53.74
Q4002		CAST SUP BODY CAST FIBERGLAS	\$203.05	\$203.05
Q4003		CAST SUP SHOULDER CAST PLSTR	\$38.58	\$38.58
Q4004		CAST SUP SHOULDER CAST FBRGL	\$133.59	\$133.59
Q4005		CAST SUP LONG ARM ADULT PLST	\$14.23	\$14.23
Q4006		CAST SUP LONG ARM ADULT FBRG	\$32.06	\$32.06
Q4007		CAST SUP LONG ARM PED PLSTER	\$7.11	\$7.11
Q4008		CAST SUP LONG ARM PED FBRGLS	\$16.02	\$16.02
Q4009		CAST SUP SHT ARM ADULT PLSTR	\$9.50	\$9.50
Q4010		CAST SUP SHT ARM ADULT FBRGL	\$21.37	\$21.37
Q4011		CAST SUP SHT ARM PED PLASTER	\$4.73	\$4.73
Q4012		CAST SUP SHT ARM PED FBRGLAS	\$10.71	\$10.71
Q4013		CAST SUP GAUNTLET PLASTER	\$17.30	\$17.30
Q4014		CAST SUP GAUNTLET FIBERGLASS	\$29.16	\$29.16
Q4015		CAST SUP GAUNTLET PED PLSTER	\$8.66	\$8.66
Q4016		CAST SUP GAUNTLET PED FBRGLS	\$14.57	\$14.57
Q4017		CAST SUP LNG ARM SPLINT PLST	\$9.99	\$9.99
Q4018		CAST SUP LNG ARM SPLINT FBRG	\$15.93	\$15.93
Q4019		CAST SUP LNG ARM SPLNT PED P	\$5.00	\$5.00
Q4020		CAST SUP LNG ARM SPLNT PED F	\$8.00	\$8.00
Q4021		CAST SUP SHT ARM SPLINT PLST	\$7.40	\$7.40
Q4022		CAST SUP SHT ARM SPLINT FBRG	\$13.36	\$13.36
Q4023		CAST SUP SHT ARM SPLNT PED P	\$3.72	\$3.72
Q4024		CAST SUP SHT ARM SPLNT PED F	\$6.69	\$6.69
Q4025		CAST SUP HIP SPICA PLASTER	\$41.46	\$41.46
Q4026		CAST SUP HIP SPICA FIBERGLAS	\$129.53	\$129.53
Q4027		CAST SUP HIP SPICA PED PLSTR	\$20.75	\$20.75
Q4028		CAST SUP HIP SPICA PED FBRGL	\$64.80	\$64.80
Q4029		CAST SUP LONG LEG PLASTER	\$31.73	\$31.73
Q4030		CAST SUP LONG LEG FIBERGLASS	\$83.51	\$83.51
Q4031		CAST SUP LNG LEG PED PLASTER	\$15.85	\$15.85
Q4032		CAST SUP LNG LEG PED FBRGLS	\$41.76	\$41.76
Q4033		CAST SUP LNG LEG CYLINDER PL	\$29.60	\$29.60
Q4034		CAST SUP LNG LEG CYLINDER FB	\$73.58	\$73.58
Q4035		CAST SUP LNGLEG CYLNDR PED P	\$14.80	\$14.80
Q4036		CAST SUP LNGLEG CYLNDR PED F	\$36.82	\$36.82
Q4037		CAST SUP SHRT LEG PLASTER	\$18.03	\$18.03
Q4038		CAST SUP SHRT LEG FIBERGLASS	\$45.22	\$45.22
Q4039		CAST SUP SHRT LEG PED PLSTER	\$9.05	\$9.05
Q4040		CAST SUP SHRT LEG PED FBRGLS	\$22.61	\$22.61

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
Q4041		CAST SUP LNG LEG SPLNT PLSTR	\$21.95	\$21.95
Q4042		CAST SUP LNG LEG SPLNT FBRGL	\$37.48	\$37.48
Q4043		CAST SUP LNG LEG SPLNT PED P	\$10.98	\$10.98
Q4044		CAST SUP LNG LEG SPLNT PED F	\$18.77	\$18.77
Q4045		CAST SUP SHT LEG SPLNT PLSTR	\$12.74	\$12.74
Q4046		CAST SUP SHT LEG SPLNT FBRGL	\$20.49	\$20.49
Q4047		CAST SUP SHT LEG SPLNT PED P	\$6.35	\$6.35
Q4048		CAST SUP SHT LEG SPLNT PED F	\$10.26	\$10.26
Q4049		FINGER SPLINT, STATIC	\$2.31	\$2.31
S9122		HOME HEALTH AIDE OR CERTIFIE	\$46.85	\$46.85
S9123		NURSING CARE IN HOME RN	\$88.03	\$88.03
S9124		NURSING CARE, IN THE HOME; B	\$71.04	\$71.04
V2020		VISION SVCS FRAMES PURCHASES	\$71.03	\$71.03
V2100		LENS SPHER SINGLE PLANO 4.00	\$50.72	\$50.72
V2101		SINGLE VISN SPHERE 4.12-7.00	\$58.06	\$58.06
V2102		SINGL VISN SPHERE 7.12-20.00	\$64.52	\$64.52
V2103		SPHEROCYLINDR 4.00D/12-2.00D	\$38.39	\$38.39
V2104		SPHEROCYLINDR 4.00D/2.12-4D	\$45.41	\$45.41
V2105		SPHEROCYLINDER 4.00D/4.25-6D	\$44.44	\$44.44
V2106		SPHEROCYLINDER 4.00D/>6.00D	\$53.11	\$53.11
V2107		SPHEROCYLINDER 4.25D/12-2D	\$57.24	\$57.24
V2108		SPHEROCYLINDER 4.25D/2.12-4D	\$56.17	\$56.17
V2109		SPHEROCYLINDER 4.25D/4.25-6D	\$53.86	\$53.86
V2110		SPHEROCYLINDER 4.25D/OVER 6D	\$51.74	\$51.74
V2111		SPHEROCYLINDR 7.25D/.25-2.25	\$60.56	\$60.56
V2112		SPHEROCYLINDR 7.25D/2.25-4D	\$78.31	\$78.31
V2113		SPHEROCYLINDR 7.25D/4.25-6D	\$84.29	\$84.29
V2114		SPHEROCYLINDER OVER 12.00D	\$95.61	\$95.61
V2115		LENS LENTICULAR BIFOCAL	\$104.04	\$104.04
V2118		LENS ANISEIKONIC SINGLE	\$77.36	\$77.36
V2121		LENTICULAR LENS, SINGLE	\$106.49	\$106.49
V2200		LENS SPHER BIFOC PLANO 4.00D	\$62.46	\$62.46
V2201		LENS SPHERE BIFOCAL 4.12-7.0	\$65.78	\$65.78
V2202		LENS SPHERE BIFOCAL 7.12-20.	\$74.75	\$74.75
V2203		LENS SPHCYL BIFOCAL 4.00D/.1	\$61.36	\$61.36
V2204		LENS SPHCY BIFOCAL 4.00D/2.1	\$62.43	\$62.43
V2205		LENS SPHCY BIFOCAL 4.00D/4.2	\$65.13	\$65.13
V2206		LENS SPHCY BIFOCAL 4.00D/OVE	\$66.60	\$66.60
V2207		LENS SPHCY BIFOCAL 4.25-7D/.	\$62.06	\$62.06
V2208		LENS SPHCY BIFOCAL 4.25-7/2.	\$68.86	\$68.86
V2209		LENS SPHCY BIFOCAL 4.25-7/4.	\$68.11	\$68.11
V2210		LENS SPHCY BIFOCAL 4.25-7/OV	\$77.87	\$77.87
V2211		LENS SPHCY BIFO 7.25-12/.25-	\$77.90	\$77.90

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
V2212		LENS SPHCYL BIFO 7.25-12/2.2	\$80.44	\$80.44
V2213		LENS SPHCYL BIFO 7.25-12/4.2	\$85.97	\$85.97
V2214		LENS SPHCYL BIFOCAL OVER 12.	\$88.34	\$88.34
V2215		LENS LENTICULAR BIFOCAL	\$100.72	\$100.72
V2218		LENS ANISEIKONIC BIFOCAL	\$106.70	\$106.70
V2219		LENS BIFOCAL SEG WIDTH OVER	\$54.23	\$54.23
V2220		LENS BIFOCAL ADD OVER 3.25D	\$49.65	\$49.65
V2221		LENTICULAR LENS, BIFOCAL	\$106.10	\$106.10
V2300		LENS SPHERE TRIFOCAL 4.00D	\$81.57	\$81.57
V2301		LENS SPHERE TRIFOCAL 4.12-7.	\$106.82	\$106.82
V2302		LENS SPHERE TRIFOCAL 7.12-20	\$107.33	\$107.33
V2303		LENS SPHCY TRIFOCAL 4.0/12-	\$77.52	\$77.52
V2304		LENS SPHCY TRIFOCAL 4.0/2.25	\$75.69	\$75.69
V2305		LENS SPHCY TRIFOCAL 4.0/4.25	\$94.00	\$94.00
V2306		LENS SPHCYL TRIFOCAL 4.00/>6	\$112.76	\$112.76
V2307		LENS SPHCY TRIFOCAL 4.25-7/.	\$84.76	\$84.76
V2308		LENS SPHC TRIFOCAL 4.25-7/2.	\$88.17	\$88.17
V2309		LENS SPHC TRIFOCAL 4.25-7/4.	\$98.62	\$98.62
V2310		LENS SPHC TRIFOCAL 4.25-7/>6	\$90.33	\$90.33
V2311		LENS SPHC TRIFO 7.25-12/25-	\$112.95	\$112.95
V2312		LENS SPHC TRIFO 7.25-12/2.25	\$106.79	\$106.79
V2313		LENS SPHC TRIFO 7.25-12/4.25	\$111.53	\$111.53
V2314		LENS SPHCYL TRIFOCAL OVER 12	\$113.38	\$113.38
V2315		LENS LENTICULAR TRIFOCAL	\$125.87	\$125.87
V2318		LENS ANISEIKONIC TRIFOCAL	\$154.74	\$154.74
V2319		LENS TRIFOCAL SEG WIDTH > 28	\$59.14	\$59.14
V2320		LENS TRIFOCAL ADD OVER 3.25D	\$73.68	\$73.68
V2321		LENTICULAR LENS, TRIFOCAL	\$125.51	\$125.51
V2410		LENS VARIAB ASPHERICITY SING	\$111.57	\$111.57
V2430		LENS VARIABLE ASPHERICITY BI	\$129.24	\$129.24
V2500		CONTACT LENS PMMA SPHERICAL	\$107.18	\$107.18
V2501		CNTCT LENS PMMA-TORIC/PRISM	\$130.60	\$130.60
V2502		CONTACT LENS PMMA BIFOCAL	\$160.89	\$160.89
V2503		CNTCT LENS PMMA COLOR VISION	\$148.19	\$148.19
V2510		CNTCT GAS PERMEABLE SPHERICL	\$154.76	\$154.76
V2511		CNTCT TORIC PRISM BALLAST	\$200.71	\$200.71
V2512		CNTCT LENS GAS PERMBL BIFOCL	\$264.95	\$264.95
V2513		CONTACT LENS EXTENDED WEAR	\$222.44	\$222.44
V2520		CONTACT LENS HYDROPHILIC	\$133.18	\$133.18
V2521		CNTCT LENS HYDROPHILIC TORIC	\$203.67	\$203.67
V2522		CNTCT LENS HYDROPHIL BIFOCL	\$248.54	\$248.54
V2523		CNTCT LENS HYDROPHIL EXTEND	\$194.16	\$194.16
V2524		CNTCT LENS HYDROPHIL PHOTOCH	\$155.21	\$155.21

## Durable Medical Equipment, Supplies, Orthotics and Prostheses, Physician Administered Drugs, Home Health

CODE	MOD	DESCRIPTION	MAR (NON RURAL)	MAR (RURAL)
V2530		CONTACT LENS GAS IMPERMEABLE	\$299.90	\$299.90
V2531		CONTACT LENS GAS PERMEABLE	\$577.53	\$577.53
V2623		PLASTIC EYE PROSTH CUSTOM	\$1262.56	\$1262.56
V2624		POLISHING ARTIFICIAL EYE	\$84.25	\$84.25
V2625		ENLARGEMNT OF EYE PROSTHESIS	\$404.66	\$404.66
V2626		REDUCTION OF EYE PROSTHESIS	\$280.62	\$280.62
V2627		SCLERAL COVER SHELL	\$1527.71	\$1527.71
V2628		FABRICATION & FITTING	\$397.41	\$397.41
V2630		ANTER CHAMBER INTRAOCUL LENS	\$125.57	\$125.57
V2631		IRIS SUPPORT INTRAOCLR LENS	\$125.57	\$125.57
V2632		POST CHMBR INTRAOCULAR LENS	\$125.57	\$125.57
V2700		BALANCE LENS	\$55.90	\$55.90
V2710		GLASS/PLASTIC SLAB OFF PRISM	\$83.92	\$83.92
V2715		PRISM LENS/ES	\$13.85	\$13.85
V2718		FRESNELL PRISM PRESS-ON LENS	\$34.41	\$34.41
V2730		SPECIAL BASE CURVE	\$29.66	\$29.66
V2744		TINT PHOTOCHROMATIC LENS/ES	\$22.02	\$22.02
V2745		TINT, ANY COLOR/SOLID/GRAD	\$14.44	\$14.44
V2750		ANTI-REFLECTIVE COATING	\$26.85	\$26.85
V2755		UV LENS/ES	\$23.36	\$23.36
V2760		SCRATCH RESISTANT COATING	\$18.70	\$18.70
V2762		POLARIZATION, ANY LENS	\$63.58	\$63.58
V2770		OCCLUDER LENS/ES	\$22.58	\$22.58
V2780		OVERSIZE LENS/ES	\$13.22	\$13.22
V2782		LENS, 1.54-1.65 P/1.60-1.79G	\$68.66	\$68.66
V2783		LENS, >= 1.66 P/>=1.80 G	\$77.41	\$77.41
V2784		LENS POLYCARB OR EQUAL	\$50.35	\$50.35
V2786		OCCUPATIONAL MULTIFOCAL LENS	\$0.00	\$0.00

**This page was intentionally left blank.**

## AMBULANCE SERVICES GROUND RULES

### General Information and Instructions

1. **BILLING:** The Oklahoma Workers' Compensation Commission adopts by reference the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedures Coding System (HCPCS) for the coding of ambulance services.
2. **REIMBURSEMENT:**
  - a. **GROUND AMBULANCE SERVICES**
    - (1) **EMERGENCY TRANSPORT** (when the injury to the worker is so serious that immediate and rapid ambulance transportation by ground ambulance is reasonable and necessary): The maximum allowable reimbursement for emergency transportation of an injured worker by ground ambulance to the nearest place of proper treatment shall be the lesser of the provider's usual and customary charge or one hundred fifty percent (150%) of the corresponding Oklahoma fee for ground transportation, in effect on the date of service, as reflected in the CMS Ambulance Fee Schedule.
    - (2) **NONEMERGENCY TRANSPORT:** The maximum allowable reimbursement for physician arranged and medically necessary nonemergency transportation of an injured worker by ground ambulance shall be the lesser of the provider's usual and customary charge or one hundred twenty-five percent (125%) of the corresponding Oklahoma fee for ground transportation, in effect on the date of service, as reflected in the CMS Ambulance Fee Schedule.
  - b. **AIR AMBULANCE SERVICES**
    - (1) The maximum allowable reimbursement for transportation of an injured worker by air ambulance to the nearest place of proper treatment shall be the lesser of the provider's usual and customary charge or one hundred percent (100%) of the corresponding Oklahoma fee for air transportation, in effect on the date of service, as reflected in the CMS Ambulance Fee Schedule.
    - (2) Air ambulance transportation will only be paid if transportation is to an acute care hospital AND either the worker's medical condition requires immediate and rapid ambulance transportation that could not be provided by a ground ambulance; or the point of pick up is not accessible to a ground ambulance; or unreasonable distance or other obstacle prevents ground ambulance transportation from timely transporting an injured worker to the nearest treatment facility.
- (3) **NON-TRANSPORT:** If a ground ambulance provider responds to a call for service and provides on-site treatment but does not transport the injured worker, the appropriate HCPCS code shall be reported. The ambulance provider shall be reimbursed at the appropriate base rate, not to exceed Two Hundred Dollars (\$200.00).



## Ambulance Services

- c. The Centers for Medicare and Medicaid Services Ambulance Fee Schedule is available via the Internet at <http://www.cms.gov/AmbulanceFeeSchedule/>.
3. PAYMENT DISPUTES: Nothing in these Ground Rules shall be construed to preclude a payer from challenging a provider's charges.

## HOSPITAL OUTPATIENT AND AMBULATORY SURGERY CENTER GROUND RULES

### General Information and Instructions

#### 1. INTRODUCTION

This section provides the ground rules that govern reimbursement for services provided in an outpatient hospital or ambulatory surgery center (ASC) setting. For ease of use, the Outpatient Maximum Allowable Reimbursement (OP MAR) rates are included on the same line as the Professional (PROF MAR) rates in other sections of this fee schedule. Refer to this section for definitions, ground rules and other information about outpatient reimbursement and refer to the rate tables in the appropriate service area sections for maximum allowable reimbursement amounts.

#### 2. DEFINITIONS: For purposes of this section,

a. Hospital Outpatient - A hospital outpatient facility is that portion of a hospital that provides services to sick or injured individuals who do not require hospitalization. Hospital outpatient services may include rehabilitation services, diagnostic and therapeutic (both surgical and non-surgical) services, laboratory tests, an emergency room or outpatient clinic, ambulatory surgical procedures and/or medical supplies. Outpatient hospital services must be medically necessary and provided by or under the supervision of a physician, dentist, or other provider having medical staff privileges in the facility.

b. Ambulatory Surgery Center (ASC) - An ASC is a distinct entity that operates exclusively to furnish outpatient surgical services to patients who need no hospitalization and for whom the expected duration of services is less than 24 hours following admission. ASC patients should not need active medical monitoring at midnight on the day of the

procedure. ASC services must be medically necessary and provided by or under the supervision of a physician, dentist, or other provider having medical staff privileges in the ASC.

c. Implantables are items or devices that are billed through revenue codes 274 (prosthetic/orthotic devices), 275 (pace-maker), 276 (intraocular lens), and 278 (other implants), and are intended for permanent placement in the body. "Implantables items" which are properly indicated by revenue code 278 include rods, pins, screws, plates, prosthetic joint replacements, anchors, artificial joints, mesh, radioactive seeds, shunts, stents, allografts, and autografts in addition to non-soluble, or solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed, and other items which are made of plastic, metallic, or of autogenous/non-autogenous graft material that are implanted in the body either alone or in combination with other materials. FDA investigational devices (if left in the patient) billed through Revenue Code 624, are not eligible for reimbursement. Implants may deliver medication, monitor body functions, or provide support to organs and tissues. A supply or instrument that is purposed to be removed or discarded during the same inpatient or outpatient procedure in which they are placed in the body is not an implant. Liquids or materials that are absorbed or incorporated by the surrounding tissue will not be reimbursed if billed as an implant. In addition to meeting the above criteria, implants must also remain in the individual's body upon discharge from the inpatient stay or outpatient procedure. Staples, sutures,

## Hospital Outpatient and Ambulatory Surgery Center Services

clips, as well as temporary drains, tubes, and similar temporary medical devices shall not be considered implants.

3. **AMBULATORY PAYMENT CLASSIFICATION (APC):** The classification system developed by the Centers for Medicare and Medicaid Services (CMS) that serves as a unit of payment under the CMS Outpatient Prospective Payment System (OPPS). CMS classifies services into ambulatory payment classifications (APCs) on the basis of clinical and cost similarity and assigns a relative weight to each APC.

4. **STATUS INDICATOR (SI):** The status indicator provides information about the circumstances under which a separate facility fee may be paid or is bundled with other facility services. For detailed information about status indicators, please view the CMS Addendum D1 of the 2024 OPPS fee schedule, available at: <https://www.cms.gov/license/ama?file=/files/zipp/2024-nfrm-opps-addenda.zip>.

5. **FEES:** Fees charged by a hospital outpatient or ambulatory surgery center facility shall not include any professional fees. Professional fees are considered for payment according to separately billed Current Procedural Terminology (CPT) codes and reimbursed based on the MAR in other sections of this fee schedule.

The MAR for hospital outpatient facilities and ambulatory surgery centers are listed under the OP MAR column on the same line as the professional fees in each section of this fee schedule.

See each section of this Fee Schedule for the listing of OP MAR values on the same line as PROF MAR values for each procedure code.

6. **BILLING:** Billing for outpatient hospital and ambulatory surgical services shall reference appropriate coding, state the actual charges billed, and, if applicable, include an invoice

for implantables as provided in Ground Rule 8 of these Ground Rules. A hospital outpatient facility or ambulatory surgery center shall not knowingly charge a payer more for treatment under workers' compensation than that normally charged for similar treatment outside the workers' compensation system.

Requests for payment for outpatient services and associated goods rendered by a hospital or an ASC must be submitted on the Uniform Billing 04 form (UB-04) (or most current form as required under CMS). Facilities that bill for services on a UB-04 are required to include all appropriate CPT and HCPCS codes.

The OP MAR includes all facility services directly related to the procedure performed on the day of surgery or other treatment. Facility services include:

- a. Nursing and technician services;
- b. Use of the facility;
- c. Drugs, biologicals, surgical dressings, splints, casts and equipment directly related to the provision of the procedure;
- d. Materials for anesthesia; and
- e. Administration, record keeping and housekeeping items and services.

Implantables will be separately reimbursed.

Hospitals and ASCs will be reimbursed the lesser of the sum of billed charges for all services that are bundled with the primary code, or the fee schedule OP MAR at the procedure code level. The OP MAR includes payment for facility services that are bundled with the primary code. See Ground Rule 4. Status Indicator (SI).

7. **COMPUTATION OF MAXIMUM ALLOWABLE REIMBURSEMENT:** Unless otherwise indicated in these Ground Rules, the CMS hospital Outpatient Prospective Payment System (OPPS) rules and guidelines shall apply. Reimbursement for all hospital-based outpatient facility and freestanding ambulatory surgery center

## Hospital Outpatient and Ambulatory Surgery Center Services

services shall be based on the CMS final rule payment rate for each APC group effective January 2024, to which an Oklahoma multiplier is applied. Certain outpatient procedures are assigned to APC groups that are designated with a status indicator of J1, indicating that the cost of a device or implant reflects a portion of the APC payment rate. For purposes of this fee schedule, the estimated cost of the device or implant is subtracted from the APC payment rate before applying the Oklahoma multiplier. The device or implant will be reimbursed separately, based on the invoice price as described in Ground Rule 8 below. The MAR for outpatient hospital or ambulatory surgery center facility costs are included in the rate table listings in each section of the Fee Schedule under the column OP MAR.

### 8. IMPLANTABLES:

- a. Hospital outpatient and ambulatory surgery centers shall be separately reimbursed for medically necessary implantables. The maximum allowable reimbursement for the implantables shall be five percent (5%) above the manufacturer's invoice price, including taxes and shipping and handling fees, less an adjustment to reflect, at the time implanted, all applicable discounts, rebates, considerations and product replacement programs. The invoice, as adjusted, shall be provided to the payer as a condition of payment for the implantable.
- b. Fifty percent (50%) of the monetary value to the facility of any discounts, rebates, considerations and product replacement programs applicable to an implantable occurring or earned after the time implanted shall be accounted for and paid by the facility to the payer financially responsible for the implantable, in instances where the monetary value of the discount, rebate, consideration or product replacement program on a per-patient- per-surgery basis exceeds Four Hundred Dollars (\$400.00).

### 9. MULTIPLE PROCEDURES:

- a. If a procedure code is assigned a status indicator of J1, then other charges/procedure codes on the bill are considered packaged in the J1 payment and no additional reimbursement is due. If there are multiple codes with status indicator J1 on the bill, only the J1 code with the highest value will be reimbursed.
- b. Certain pairs of multiple procedures with a status indicator of J1 performed on the same day may qualify for a C-APC complexity adjustment. An adjustment is applied by mapping to the next higher paying C-APC within the clinical family. To determine whether a pair of codes qualifies for a complexity adjustment and which APC level is payable, see [Addendum J for CY 2024, Complexity Adjustments of Combinations of Comprehensive HCPCS Codes](#).
- c. Do not separately reimburse non-implantable orthotic or prosthetic devices when associated with a procedure code that has a status code of J1. Payment is packaged into the allowable for the procedure code.
- d. Multiple procedures consisting of an endoscopic or arthroscopic procedure followed by an open procedure on the same body part or system do not warrant separate reimbursement. The higher valued procedure, usually the open procedure, should be listed on the UB-04 and will be reimbursed as the primary procedure. The endoscopic or arthroscopic procedure is considered to be part of the larger procedure and will not be reimbursed separately.

10. PAYMENT DISPUTES: Nothing in these Ground Rules shall be construed to preclude a payer from challenging a provider's charges.

**This page was intentionally left blank.**

## PHARMACEUTICAL SERVICES GROUND RULES

### General Information and Instructions

1. **DEFINITIONS:** The following words and terms, when used in the Pharmaceutical Services Ground Rules, have the following meanings, unless the context clearly indicates otherwise:
  - a. **Average Wholesale Price (AWP)** - The amount determined from the latest publication of the RED BOOK®, published by IBM Micromedex. If an AWP is not available in the RED BOOK, Medi-Span, published by Wolters Kluwer may be used as an alternate source of AWP.
  - b. **Nonprescription Drugs or Over-the-Counter Medications (OTC)** - Medicines or drugs which are sold without a prescription and which are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government. Nonprescription Drugs or OTCs shall not include medical marijuana for purposes of reimbursement under this Medical Fee Schedule.
  - c. **Open Formulary** - Includes all available Food and Drug Administration (FDA) approved prescriptions and nonprescription drugs, but does not include drugs that lack FDA approval, or non-drug items.
  - d. **Prescribing Practitioner** - A licensed practitioner of allopathic or osteopathic medicine, dentistry, or optometry, or, under the supervision of an Oklahoma licensed physician, an Oklahoma licensed advanced practice nurse, an Oklahoma licensed nurse practitioner or an Oklahoma licensed physician assistant, who prescribes prescription drugs or over-the-counter medications in accordance with the practitioner's professional license and state and federal laws and regulations.
  - e. **Prescription** - An order by a prescribing practitioner for a prescription or nonprescription drug to be filled, compounded, or dispensed by a pharmacist. Prescription shall not include any recommendation or permit for the use of medical marijuana for purposes of reimbursement under this Medical Fee Schedule.
  - f. **Prescription Drug** -
    - (1) A drug which is required by any applicable federal or state regulation to be dispensed on prescription only, not to include medical marijuana; or
    - (2) A drug which, under federal law, is required, before being dispensed or delivered, to be labeled with one of the following statements: "Caution: Federal law prohibits dispensing without a prescription" or "Rx Only".
2. **CLOSED DRUG FORMULARY:** The Oklahoma Workers' Compensation Commission, as mandated by 85A O.S. § 50(l), has adopted a closed drug formulary the requirements of which are set forth in Oklahoma Workers' Compensation Commission Rule 810:15-5-1, et seq.
3. **PHARMACEUTICAL SERVICES - PRESCRIPTIONS:**
  - a. A doctor providing care to an injured employee shall prescribe for the employee medically necessary prescription drugs and over-the-counter medication (OTC) alternatives as clinically appropriate and applicable in

## Pharmaceutical Services

accordance with applicable state law and as provided in these Ground Rules.

- b. When prescribing an OTC medication alternative to a prescription drug, the prescribing practitioner is encouraged to indicate on the prescription the appropriate strength of the medication and the approximate quantity of the OTC medication that is reasonably required by the nature of the compensable injury or occupational disease.
- c. Physicians shall prescribe and pharmacies shall dispense generic equivalent drugs when available.
- d. The prescribing practitioner shall prescribe OTC medications in lieu of a prescription drug when clinically appropriate.
- e. When prescribing, the prescribing practitioner shall choose medications and drugs from the formulary adopted in Ground Rule 2 of these Ground Rules.

### 4. REIMBURSEMENT METHODOLOGY:

- a. **PRESCRIPTION DRUGS DISPENSED BY A PHARMACY:** The maximum allowable reimbursement (MAR) for prescription drugs dispensed by a pharmacy for a compensable work-related injury or occupational disease shall be the lesser of:
  - (1) the pharmacy's usual and customary charge for the same or similar service; or
  - (2) ninety percent (90%) of the average wholesale price of the prescription, plus a dispensing fee of Five Dollars (\$5.00) per prescription.
- b. **PRESCRIPTION FOR GENERIC OR NON-BRAND-NAME DRUGS:** When the prescribing practitioner has written a prescription for a generic prescription drug or a prescription that does not require the use of a brand-name drug, as

provided in Ground Rule 3(c) of these Ground Rules, the pharmacist shall dispense and be reimbursed for the generic pharmaceutical medication.

- c. **OVER-THE-COUNTER MEDICATIONS**  
When the prescribing practitioner's prescription for an over-the-counter medication includes the appropriate strength of the medication and the approximate quantity of the OTC medication that is reasonably required by the nature of the compensable injury or occupational disease, reimbursement for the over-the-counter medication shall be the retail price of the lowest package quantity reasonably available that will fill the prescription.
- d. **REPACKAGED MEDICATIONS DISPENSED BY A PHARMACY OR PROVIDER:** If the National Drug Code (NDC) for the drug product dispensed is a repackaged drug, the maximum allowable reimbursement shall be the lesser of ninety percent (90%) of the average wholesale price for the original labeler's NDC or ninety percent (90%) of the average wholesale price of the lowest cost therapeutic equivalent drug product for generics and brand name drugs. For purposes of this subparagraph:
  - (1) "Original Labeler's NDC" means the National Drug Code of the drug product actually utilized by the repackager in producing the repackaged product; and
  - (2) "Therapeutically Equivalent Drugs" means drugs that have been assigned the same Therapeutic Equivalent Code starting with the letter "A" in the Food and Drug Administration's publication "Approved Drug Products with Therapeutic Equivalence Evaluations" (the "Orange Book").
- e. **COMPOUND MEDICATIONS:**  
Compound medications shall be billed by

## Pharmaceutical Services

the compounding pharmacy. Compound drugs shall be billed by listing each ingredient, the corresponding NDC, and quantity. If there is no NDC for an ingredient (e.g. distilled water), it will not be reimbursed. If the NDC for the compound ingredient is a repackaged drug, the maximum allowable fee for the repackaged drug is determined per subparagraph d of this ground rule. The maximum allowable reimbursement for the compound medication shall be based upon the sum of the allowable fee for each ingredient plus a dispensing fee of five dollars (\$5.00) per prescription for the compound medication.

f. **MEDICATION, OTHER THAN REPACKAGED MEDICATION, DISPENSED BY A PROVIDER:** Provider offices that prescribe and dispense non-repackaged medications from their office shall be reimbursed the lesser of:

- (1) ninety percent (90%) of the average wholesale price of the prescription; exclusive of any dispensing fee, or
- (2) the amount for the prescription drug(s) at the payer's contracted rate with a mail order provider, if any, at the time the medication was dispensed by the provider's office; or
- (3) the amount for the prescription drug(s) obtained at a retail pharmacy as determined in Pharmaceutical Services Ground Rule 4(a).

If reimbursement is made pursuant to Pharmaceutical Services Ground Rule

4(f)(2), the payer's explanation of benefits (EOB) shall include the contracted mail order provider's pricing information for each medication billed, the name and address of the mail order provider whose contracted rates were used in calculating the reimbursement, and the commencement and termination dates of the mail order contract.

g. **SCOPE OF THIS GROUND RULE:** This ground rule applies to the dispensing of all drugs except inpatient hospital drugs, inpatient rehabilitation facility drugs, drugs dispensed by outpatient hospitals and ambulatory surgery centers and parenteral drugs.

5. **BILLING:** The date the item was dispensed, the metric quantity of the item dispensed, the appropriate National Drug Code (NDC) number of the item dispensed, and the usual and customary charge of the dispensing entity for the medication or drugs must be included on each billing.
6. **AUTHORIZED PRESCRIPTION NECESSARY:** Any medication or drugs not specifically prescribed by a health care provider shall not be reimbursed.
7. **REIMBURSEMENT TO AN INJURED WORKER:** An injured worker may be reimbursed by a payer for actual expenses incurred for reasonable and necessary medication related to the injury that was purchased during the employer's failure or refusal to provide such medication within seven (7) days of actual notice of the injury, or in relation to emergency treatment not provided by the employer.



**This page intentionally left blank.**

## INPATIENT HOSPITAL SERVICES GROUND RULES

### General Information and Instructions

1. **DEFINITIONS:** For purposes of this Schedule of Hospital Fees,
  - a. Audited charges means those charges that remain after deducting charges for services which are not documented as rendered during the admission and charges for items and services which are not related to the compensable injury or occupational disease. The formula to obtain audited charges is as follows: Total Charges - Deducted Charges = Audited Charges. The payer may have the bill audited at its own expense and shall provide the detailed results of the audit to the provider upon request.
  - b. Implantables means those services indicated by revenue codes 274 (prosthetic/ orthotic devices), 275 (pacemaker), 276 (intraocular lens), and 278 (other implants), which involve an item or device intended for permanent placement in the body. "Implantable items" include rods, pins, screws, plates, prosthetic joint replacements, and other items properly indicated by revenue code 278 which are made of plastic, metallic, or of autogenous/non-autogenous graft material. Services billed through revenue code 624 (FDA Investigational device (if left in the patient)) are not eligible for reimbursement.
  - c. Inpatient means being confined to a hospital setting for a stay that is expected to cross two or more midnights and where the medical record supports that expectation. This includes stays in which the physician's expectation is supported, but the length of the actual stay was less than two midnights due to unforeseen circumstances such as unexpected patient death, transfer, clinical improvement or departure against medical advice. An inpatient stay does not require official admission to the hospital.
  - d. Rural hospital means a hospital located in any city, town, or municipality with a population of 20,000 or fewer inhabitants as determined by the most recent U.S. Census.
2. **REIMBURSEMENT AND BILLING:** Except as otherwise provided in Ground Rules 4, 5 and 6 of these Ground Rules, reimbursement for inpatient hospital services shall be limited to the maximum allowable reimbursement per inpatient stay as computed in Ground Rule 3 of these Ground Rules, or the hospital's usual and customary charge, whichever is less. Billing for inpatient hospital services shall reference the MS-DRG code, state the actual charges billed, and, if applicable, include an invoice for implantables as provided in Ground Rule 5 of these Ground Rules. A hospital shall not knowingly charge a payer more for treatment under workers' compensation than that normally charged for similar treatment outside the workers' compensation system.
3. **REIMBURSEMENT:** The maximum allowable reimbursement per inpatient stay for non-rural hospitals is listed in the rate table and based on the MS-DRG Relative Weights established by CMS.
4. **RURAL HOSPITAL REIMBURSEMENT:** When inpatient services are provided in a rural hospital as defined in Ground Rule 1.d., the maximum allowable reimbursement per inpatient stay is 105% of the amount listed in the rate tables.  
  
For example, for MS-DRG 461:  
$$\$42,872.76 \times 1.05 = \$45,016.40$$

## Inpatient Hospital Services

5. INSTITUTIONS OF HIGHER EDUCATION: When services are provided by any hospital, clinic, physician, or medical services provider affiliated with any institution of higher education, the charges shall not exceed the greater of the amount pursuant to this fee schedule or the usual and customary amount reimbursed for the same service by the provider for the same service pursuant to any agreement with any state or federal agency for enhanced teaching reimbursement.

6. IMPLANTABLES:

a. Generally, durable medical equipment and supplies provided or administered in an inpatient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. However, surgical implantables as defined in Rule 1 of these Ground Rules which are medically necessary are excepted from this rule. Accordingly, inpatient hospitals shall be separately reimbursed for medically necessary implantables. The maximum allowable reimbursement for the implantables shall be five percent (5%) above the manufacturer's invoice price, including taxes and shipping and handling fees, less an adjustment to reflect, at the time implanted, all applicable discounts, rebates, considerations and product replacement programs. The invoice, as adjusted, shall be provided to the payer as a condition of payment for the implantable.

b. Fifty percent (50%) of the monetary value to the hospital of any discounts, rebates, considerations and product replacement programs applicable to an implantable occurring or earned after the time implanted shall be accounted for and paid by the hospital to the payer

financially responsible for the implantable, in instances where the monetary value of the discount, rebate, consideration or product replacement program on a per-patient-per-surgery basis, exceeds Four Hundred Dollars (\$400.00).

7. STOP-LOSS METHOD:

a. PURPOSE AND APPLICATION: Stop-loss is an independent reimbursement methodology that will reimburse the hospital for unusually costly services rendered during treatment to an injured worker. No charge attributable to implantables shall be considered for purposes of determining eligibility for, and reimbursement under, stop-loss.

b. COMPUTATION OF THE MAXIMUM ALLOWABLE REIMBURSEMENT UNDER STOP-LOSS FOR CATASTROPHIC INJURIES: To be eligible for the stop-loss payment, the total audited charges for the hospital inpatient stay for treatment of major burns, severe head and neurological injuries and multiple system injuries, excluding charges attributable to implantables, must be at least Ninety-Eight Thousand Dollars (\$98,000.00), the minimum stop-loss threshold. If the total audited charges for the hospital inpatient stay equal or exceed the minimum stop-loss threshold, the total audited charges are then multiplied by seventy percent (70%) to determine the maximum allowable reimbursement. For purposes of this calculation, "audited charges" do not include any charges for implantables since implantables are reimbursed separately under Ground Rule 4 of these Ground Rules.

## Inpatient Hospital Services

Catastrophic injuries are those injuries identified by the following MS-DRG codes:

<b>MS-DRG codes for major burns:</b>	
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT
928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC
929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT
<b>MS-DRG codes for severe head and neurological injuries:</b>	
082	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC
085	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC
088	CONCUSSION W MCC
<b>MS-DRG codes for multiple system injuries:</b>	
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC
<b>MS-DRG codes for other catastrophic injuries:</b>	
856	POSTOPERATIVE OR POST TRAUMATIC INFECTIONS W O.R. PROC W MCC
862	POSTOPERATIVE & POST TRAUMATIC INFECTIONS W MCC
901	WOUND DEBRIDEMENTS FOR INJURIES W MCC
904	SKIN GRAFTS FOR INJURIES W CC/MCC
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC
913	TRAUMATIC INJURY W MCC
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC

## Inpatient Hospital Services

- c. COMPUTATION OF THE MAXIMUM ALLOWABLE REIMBURSEMENT UNDER STOP-LOSS FOR INJURIES OTHER THAN CATASTROPHIC INJURIES: To be eligible for the stop-loss payment for treatment of injuries other than catastrophic injuries described in subparagraph b of this Ground Rule, the total audited charges for the hospital inpatient stay, excluding

charges attributable to implantables, must be at least Seventy Thousand Dollars (\$70,000.00), the minimum stop-loss threshold. If the total audited charges for the hospital inpatient stay are equal to or exceed the minimum stop-loss threshold, the maximum allowable reimbursement under stop loss shall be computed as follows:

MAXIMUM ALLOWABLE REIMBURSEMENT = [Total Audited Charges – (MS-DRG reimbursement per Ground Rule 3 x 50%)] x 65%.

For example, MS-DRG 461  
 Billed charges = \$150,000  
 Implant Charges = \$25,000  
 Total Audited Charges = \$125,000  
 Base rate = \$6,074.08

Since the total audited charges exceed the minimum stop-loss threshold, the MAR is calculated as follows:

MS-DRG reimbursement per Ground Rule 3 = 6.8185 x \$6,074.08 = \$42,872.76.

MAR = [\$125,000 – (\$42,872.76 x 50%)] x 65%  
 = (\$125,000 – \$21,436.38) x 65%  
 = \$103,563.60 x 65%  
 = \$67,316.35

For purposes of this calculation, “audited charges” do not include any charges for implantables since implantables are reimbursed separately under Ground Rule 4 of these Ground Rules.

8. PAYMENT DISPUTES: Nothing in these Ground Rules shall be construed to preclude a payer from challenging a provider’s charges.

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC	\$170,388.19
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC	\$76,987.37
003	ECMO OR TRACHEOSTOMY WITH MV >96 HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK WITH MAJOR O.R. PROCEDURES	\$134,055.90
004	TRACHEOSTOMY WITH MV >96 HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK WITHOUT MAJOR O.R. PROCEDURES	\$92,429.36
005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT	\$65,077.82
006	LIVER TRANSPLANT WITHOUT MCC	\$30,413.03
007	LUNG TRANSPLANT	\$77,127.59
008	SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT	\$33,084.05
010	PANCREAS TRANSPLANT	\$30,266.53
011	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LARYNGECTOMY WITH MCC	\$32,421.33
012	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LARYNGECTOMY WITH CC	\$25,181.66
013	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LARYNGECTOMY WITHOUT CC/MCC	\$16,886.91
014	ALLOGENEIC BONE MARROW TRANSPLANT	\$72,062.84
016	AUTOLOGOUS BONE MARROW TRANSPLANT WITH CC/MCC	\$38,839.20
017	AUTOLOGOUS BONE MARROW TRANSPLANT WITHOUT CC/MCC	\$38,839.20
018	CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL AND OTHER IMMUNOTHERAPIES	\$231,656.28
019	SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	\$50,260.82
020	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS HEMORRHAGE WITH MCC	\$53,146.25
021	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS HEMORRHAGE WITH CC	\$38,615.35
022	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS HEMORRHAGE WITHOUT CC/MCC	\$24,664.81
023	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS WITH MCC OR CHEMOTHERAPY IMPLANT OR EPILEPSY WITH NEUROSTIMULATOR	\$35,643.78
024	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS WITHOUT MCC	\$23,822.88
025	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH MCC	\$27,766.54
026	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH CC	\$18,568.24
027	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITHOUT CC/MCC	\$15,297.37
028	SPINAL PROCEDURES WITH MCC	\$37,890.38
029	SPINAL PROCEDURES WITH CC OR SPINAL NEUROSTIMULATORS	\$21,555.53
030	SPINAL PROCEDURES WITHOUT CC/MCC	\$14,581.20
031	VENTRICULAR SHUNT PROCEDURES WITH MCC	\$25,883.99
032	VENTRICULAR SHUNT PROCEDURES WITH CC	\$13,542.47
033	VENTRICULAR SHUNT PROCEDURES WITHOUT CC/MCC	\$10,204.33
034	CAROTID ARTERY STENT PROCEDURES WITH MCC	\$24,530.88
035	CAROTID ARTERY STENT PROCEDURES WITH CC	\$14,458.59
036	CAROTID ARTERY STENT PROCEDURES WITHOUT CC/MCC	\$11,369.44
037	EXTRACRANIAL PROCEDURES WITH MCC	\$21,224.80
038	EXTRACRANIAL PROCEDURES WITH CC	\$10,059.71
039	EXTRACRANIAL PROCEDURES WITHOUT CC/MCC	\$7,174.28
040	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH MCC	\$24,210.83
041	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH CC OR PERIPHERAL NEUROSTIMULATOR	\$14,026.00
042	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITHOUT CC/MCC	\$10,939.36
052	SPINAL DISORDERS AND INJURIES WITH CC/MCC	\$12,226.46
053	SPINAL DISORDERS AND INJURIES WITHOUT CC/MCC	\$6,185.85
054	NERVOUS SYSTEM NEOPLASMS WITH MCC	\$9,264.94

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
055	NERVOUS SYSTEM NEOPLASMS WITHOUT MCC	\$6,747.97
056	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	\$15,052.78
057	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	\$8,571.41
058	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH MCC	\$10,864.54
059	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH CC	\$7,464.77
060	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITHOUT CC/MCC	\$5,642.59
061	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITH MCC	\$17,623.20
062	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITH CC	\$11,768.71
063	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITHOUT CC/MCC	\$9,348.57
064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MCC	\$12,594.29
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	\$6,390.83
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHOUT CC/MCC	\$4,322.80
067	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITH MCC	\$8,909.06
068	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITHOUT MCC	\$5,476.60
069	TRANSIENT ISCHEMIA WITHOUT THROMBOLYTIC	\$5,022.00
070	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH MCC	\$11,251.86
071	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC	\$6,676.29
072	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC/MCC	\$4,923.28
073	CRANIAL AND PERIPHERAL NERVE DISORDERS WITH MCC	\$9,513.31
074	CRANIAL AND PERIPHERAL NERVE DISORDERS WITHOUT MCC	\$6,452.45
075	VIRAL MENINGITIS WITH CC/MCC	\$12,033.42
076	VIRAL MENINGITIS WITHOUT CC/MCC	\$5,800.41
077	HYPERTENSIVE ENCEPHALOPATHY WITH MCC	\$9,500.10
078	HYPERTENSIVE ENCEPHALOPATHY WITH CC	\$6,393.97
079	HYPERTENSIVE ENCEPHALOPATHY WITHOUT CC/MCC	\$4,657.94
080	NONTRAUMATIC STUPOR AND COMA WITH MCC	\$13,887.67
081	NONTRAUMATIC STUPOR AND COMA WITHOUT MCC	\$5,718.67
082	TRAUMATIC STUPOR AND COMA >1 HOUR WITH MCC	\$14,325.29
083	TRAUMATIC STUPOR AND COMA >1 HOUR WITH CC	\$8,528.65
084	TRAUMATIC STUPOR AND COMA >1 HOUR WITHOUT CC/MCC	\$5,782.81
085	TRAUMATIC STUPOR AND COMA <1 HOUR WITH MCC	\$14,290.71
086	TRAUMATIC STUPOR AND COMA <1 HOUR WITH CC	\$8,281.55
087	TRAUMATIC STUPOR AND COMA <1 HOUR WITHOUT CC/MCC	\$5,572.17
088	CONCUSSION WITH MCC	\$9,644.09
089	CONCUSSION WITH CC	\$7,230.24
090	CONCUSSION WITHOUT CC/MCC	\$5,877.75
091	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC	\$11,249.97
092	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC	\$6,451.82
093	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC/MCC	\$4,869.20
094	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH MCC	\$22,778.49
095	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH CC	\$14,991.16
096	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITHOUT CC/MCC	\$13,705.33
097	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH MCC	\$22,867.78
098	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH CC	\$13,546.87

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
099	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITHOUT CC/MCC	\$8,301.04
100	SEIZURES WITH MCC	\$12,465.39
101	SEIZURES WITHOUT MCC	\$5,719.30
102	HEADACHES WITH MCC	\$7,586.75
103	HEADACHES WITHOUT MCC	\$5,296.77
113	ORBITAL PROCEDURES WITH CC/MCC	\$15,765.18
114	ORBITAL PROCEDURES WITHOUT CC/MCC	\$7,745.20
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	\$9,836.50
116	INTRAOCULAR PROCEDURES WITH CC/MCC	\$11,511.54
117	INTRAOCULAR PROCEDURES WITHOUT CC/MCC	\$7,535.19
121	ACUTE MAJOR EYE INFECTIONS WITH CC/MCC	\$8,055.82
122	ACUTE MAJOR EYE INFECTIONS WITHOUT CC/MCC	\$4,681.20
123	NEUROLOGICAL EYE DISORDERS	\$5,055.32
124	OTHER DISORDERS OF THE EYE WITH MCC OR THROMBOLYTIC AGENT	\$8,311.73
125	OTHER DISORDERS OF THE EYE WITHOUT MCC	\$5,014.45
135	SINUS AND MASTOID PROCEDURES WITH CC/MCC	\$16,675.64
136	SINUS AND MASTOID PROCEDURES WITHOUT CC/MCC	\$6,566.26
137	MOUTH PROCEDURES WITH CC/MCC	\$9,461.12
138	MOUTH PROCEDURES WITHOUT CC/MCC	\$5,443.27
139	SALIVARY GLAND PROCEDURES	\$7,467.92
140	MAJOR HEAD AND NECK PROCEDURES WITH MCC	\$23,755.60
141	MAJOR HEAD AND NECK PROCEDURES WITH CC	\$13,026.25
142	MAJOR HEAD AND NECK PROCEDURES WITHOUT CC/MCC	\$9,714.51
143	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	\$20,910.41
144	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	\$10,880.89
145	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	\$7,677.92
146	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH MCC	\$13,273.36
147	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH CC	\$7,770.35
148	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITHOUT CC/MCC	\$5,594.18
149	DYSEQUILIBRIUM	\$4,682.46
150	EPISTAXIS WITH MCC	\$8,265.20
151	EPISTAXIS WITHOUT MCC	\$4,845.94
152	OTITIS MEDIA AND URI WITH MCC	\$7,471.06
153	OTITIS MEDIA AND URI WITHOUT MCC	\$4,620.21
154	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH MCC	\$9,671.76
155	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH CC	\$5,951.95
156	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITHOUT CC/MCC	\$4,121.60
157	DENTAL AND ORAL DISEASES WITH MCC	\$10,733.12
158	DENTAL AND ORAL DISEASES WITH CC	\$5,901.02
159	DENTAL AND ORAL DISEASES WITHOUT CC/MCC	\$4,245.46
163	MAJOR CHEST PROCEDURES WITH MCC	\$29,637.76
164	MAJOR CHEST PROCEDURES WITH CC	\$16,036.18
165	MAJOR CHEST PROCEDURES WITHOUT CC/MCC	\$11,798.26
166	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH MCC	\$25,514.28



## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
167	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH CC	\$11,442.38
168	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	\$8,524.25
173	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	\$19,334.71
175	PULMONARY EMBOLISM WITH MCC OR ACUTE COR PULMONALE	\$8,821.66
176	PULMONARY EMBOLISM WITHOUT MCC	\$5,128.26
177	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	\$10,666.47
178	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC	\$6,204.09
179	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC	\$4,799.41
180	RESPIRATORY NEOPLASMS WITH MCC	\$10,929.30
181	RESPIRATORY NEOPLASMS WITH CC	\$6,923.40
182	RESPIRATORY NEOPLASMS WITHOUT CC/MCC	\$5,022.62
183	MAJOR CHEST TRAUMA WITH MCC	\$9,900.00
184	MAJOR CHEST TRAUMA WITH CC	\$6,614.04
185	MAJOR CHEST TRAUMA WITHOUT CC/MCC	\$4,751.62
186	PLEURAL EFFUSION WITH MCC	\$9,759.16
187	PLEURAL EFFUSION WITH CC	\$6,264.45
188	PLEURAL EFFUSION WITHOUT CC/MCC	\$4,693.78
189	PULMONARY EDEMA AND RESPIRATORY FAILURE	\$7,746.46
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	\$6,929.06
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC	\$5,338.27
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC	\$4,035.45
193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	\$8,341.28
194	SIMPLE PNEUMONIA AND PLEURISY WITH CC	\$5,169.76
195	SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC	\$3,933.59
196	INTERSTITIAL LUNG DISEASE WITH MCC	\$11,917.73
197	INTERSTITIAL LUNG DISEASE WITH CC	\$6,271.99
198	INTERSTITIAL LUNG DISEASE WITHOUT CC/MCC	\$4,893.10
199	PNEUMOTHORAX WITH MCC	\$11,155.03
200	PNEUMOTHORAX WITH CC	\$6,771.87
201	PNEUMOTHORAX WITHOUT CC/MCC	\$4,439.75
202	BRONCHITIS AND ASTHMA WITH CC/MCC	\$6,020.48
203	BRONCHITIS AND ASTHMA WITHOUT CC/MCC	\$4,369.33
204	RESPIRATORY SIGNS AND SYMPTOMS	\$5,174.16
205	OTHER RESPIRATORY SYSTEM DIAGNOSES WITH MCC	\$11,382.64
206	OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT MCC	\$5,743.82
207	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT >96 HOURS	\$43,435.51
208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <=96 HOURS	\$17,000.72
212	CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	\$67,723.06
215	OTHER HEART ASSIST SYSTEM IMPLANT	\$64,227.72
216	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	\$61,024.13
217	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH CC	\$40,023.17
218	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITHOUT CC/MCC	\$35,819.21
219	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH MCC	\$48,485.80

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
220	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH CC	\$32,976.53
221	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITHOUT CC/MCC	\$29,229.06
228	OTHER CARDIOTHORACIC PROCEDURES WITH MCC	\$31,681.89
229	OTHER CARDIOTHORACIC PROCEDURES WITHOUT MCC	\$19,992.41
231	CORONARY BYPASS WITH PTCA WITH MCC	\$51,026.04
232	CORONARY BYPASS WITH PTCA WITHOUT MCC	\$37,403.08
233	CORONARY BYPASS WITH CARDIAC CATHETERIZATION OR OPEN ABLATION WITH MCC	\$49,041.64
234	CORONARY BYPASS WITH CARDIAC CATHETERIZATION OR OPEN ABLATION WITHOUT MCC	\$32,682.90
235	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH MCC	\$36,975.52
236	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHOUT MCC	\$25,409.90
239	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH MCC	\$30,223.77
240	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH CC	\$17,663.44
241	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITHOUT CC/MCC	\$8,765.07
242	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC	\$21,724.67
243	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC	\$14,320.89
244	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC	\$11,503.37
245	AICD GENERATOR PROCEDURES	\$28,492.14
250	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT INTRALUMINAL DEVICE WITH MCC	\$14,781.15
251	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT INTRALUMINAL DEVICE WITHOUT MCC	\$9,977.97
252	OTHER VASCULAR PROCEDURES WITH MCC	\$21,087.73
253	OTHER VASCULAR PROCEDURES WITH CC	\$16,040.58
254	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC	\$10,909.81
255	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH MCC	\$17,274.86
256	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH CC	\$10,309.96
257	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITHOUT CC/MCC	\$6,231.12
258	CARDIAC PACEMAKER DEVICE REPLACEMENT WITH MCC	\$17,030.90
259	CARDIAC PACEMAKER DEVICE REPLACEMENT WITHOUT MCC	\$11,736.64
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH MCC	\$20,845.02
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH CC	\$11,832.22
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITHOUT CC/MCC	\$10,345.17
263	VEIN LIGATION AND STRIPPING	\$17,764.04
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	\$20,535.67
265	AICD LEAD PROCEDURES	\$22,221.40
266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITH MCC	\$39,273.68
267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITHOUT MCC	\$30,685.29
268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON WITH MCC	\$43,100.38
269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON WITHOUT MCC	\$26,148.08
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH MCC	\$31,796.33
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH CC	\$21,731.59
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITHOUT CC/MCC	\$15,338.87
273	PERCUTANEOUS AND OTHER INTRACARDIAC PROCEDURES WITH MCC	\$24,503.21
274	PERCUTANEOUS AND OTHER INTRACARDIAC PROCEDURES WITHOUT MCC	\$20,377.22
275	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	\$44,239.08

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
276	CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	\$39,047.95
277	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	\$30,070.35
278	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	\$28,045.71
279	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	\$20,124.45
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	\$9,975.45
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC	\$5,740.68
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITHOUT CC/MCC	\$4,515.21
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH MCC	\$12,395.59
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH CC	\$4,651.02
285	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITHOUT CC/MCC	\$3,072.80
286	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITH MCC	\$13,553.79
287	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITHOUT MCC	\$6,800.79
288	ACUTE AND SUBACUTE ENDOCARDITIS WITH MCC	\$16,304.04
289	ACUTE AND SUBACUTE ENDOCARDITIS WITH CC	\$9,291.35
290	ACUTE AND SUBACUTE ENDOCARDITIS WITHOUT CC/MCC	\$6,822.80
291	HEART FAILURE AND SHOCK WITH MCC	\$8,072.79
292	HEART FAILURE AND SHOCK WITH CC	\$5,385.43
293	HEART FAILURE AND SHOCK WITHOUT CC/MCC	\$3,530.55
294	DEEP VEIN THROMBOPHLEBITIS WITH CC/MCC	\$6,876.87
295	DEEP VEIN THROMBOPHLEBITIS WITHOUT CC/MCC	\$5,011.94
296	CARDIAC ARREST, UNEXPLAINED WITH MCC	\$10,080.46
297	CARDIAC ARREST, UNEXPLAINED WITH CC	\$4,581.23
298	CARDIAC ARREST, UNEXPLAINED WITHOUT CC/MCC	\$2,764.71
299	PERIPHERAL VASCULAR DISORDERS WITH MCC	\$9,910.69
300	PERIPHERAL VASCULAR DISORDERS WITH CC	\$6,708.99
301	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC	\$4,463.02
302	ATHEROSCLEROSIS WITH MCC	\$7,049.15
303	ATHEROSCLEROSIS WITHOUT MCC	\$4,137.94
304	HYPERTENSION WITH MCC	\$7,224.58
305	HYPERTENSION WITHOUT MCC	\$4,737.79
306	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITH MCC	\$9,662.96
307	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITHOUT MCC	\$5,926.80
308	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC	\$7,559.09
309	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH CC	\$4,682.46
310	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT CC/MCC	\$3,477.10
311	ANGINA PECTORIS	\$4,389.45
312	SYNCOPE AND COLLAPSE	\$5,429.44
313	CHEST PAIN	\$4,549.79
314	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH MCC	\$13,163.32
315	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH CC	\$6,082.10
316	OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT CC/MCC	\$4,355.50
319	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITH MCC	\$27,426.37
320	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITHOUT MCC	\$13,996.45

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
321	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUMINAL DEVICES	\$18,075.28
322	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	\$11,465.01
323	CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	\$26,031.13
324	CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	\$18,665.70
325	CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	\$16,626.60
326	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH MCC	\$31,935.29
327	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH CC	\$15,702.93
328	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITHOUT CC/MCC	\$10,043.36
329	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	\$28,400.34
330	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	\$14,915.08
331	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	\$10,513.05
332	RECTAL RESECTION WITH MCC	\$22,977.19
333	RECTAL RESECTION WITH CC	\$13,075.30
334	RECTAL RESECTION WITHOUT CC/MCC	\$10,092.41
335	PERITONEAL ADHESIOLYSIS WITH MCC	\$22,478.57
336	PERITONEAL ADHESIOLYSIS WITH CC	\$13,237.52
337	PERITONEAL ADHESIOLYSIS WITHOUT CC/MCC	\$9,408.93
344	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	\$17,230.85
345	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	\$9,686.85
346	MINOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	\$8,097.32
347	ANAL AND STOMAL PROCEDURES WITH MCC	\$16,028.01
348	ANAL AND STOMAL PROCEDURES WITH CC	\$8,182.83
349	ANAL AND STOMAL PROCEDURES WITHOUT CC/MCC	\$6,135.55
350	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH MCC	\$15,090.51
351	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH CC	\$9,152.39
352	INGUINAL AND FEMORAL HERNIA PROCEDURES WITHOUT CC/MCC	\$6,973.07
353	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH MCC	\$18,387.16
354	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH CC	\$10,801.03
355	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITHOUT CC/MCC	\$8,567.64
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH MCC	\$26,903.23
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC	\$13,812.85
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	\$8,055.19
368	MAJOR ESOPHAGEAL DISORDERS WITH MCC	\$10,387.30
369	MAJOR ESOPHAGEAL DISORDERS WITH CC	\$6,214.15
370	MAJOR ESOPHAGEAL DISORDERS WITHOUT CC/MCC	\$4,676.17
371	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH MCC	\$10,989.03
372	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH CC	\$6,553.68
373	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITHOUT CC/MCC	\$4,505.15
374	DIGESTIVE MALIGNANCY WITH MCC	\$13,197.91
375	DIGESTIVE MALIGNANCY WITH CC	\$7,534.57
376	DIGESTIVE MALIGNANCY WITHOUT CC/MCC	\$5,604.87
377	GASTROINTESTINAL HEMORRHAGE WITH MCC	\$11,256.89
378	GASTROINTESTINAL HEMORRHAGE WITH CC	\$6,185.85
379	GASTROINTESTINAL HEMORRHAGE WITHOUT CC/MCC	\$3,981.38

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
380	COMPLICATED PEPTIC ULCER WITH MCC	\$12,251.61
381	COMPLICATED PEPTIC ULCER WITH CC	\$6,746.71
382	COMPLICATED PEPTIC ULCER WITHOUT CC/MCC	\$4,760.43
383	UNCOMPLICATED PEPTIC ULCER WITH MCC	\$8,791.48
384	UNCOMPLICATED PEPTIC ULCER WITHOUT MCC	\$5,506.15
385	INFLAMMATORY BOWEL DISEASE WITH MCC	\$9,852.22
386	INFLAMMATORY BOWEL DISEASE WITH CC	\$6,109.14
387	INFLAMMATORY BOWEL DISEASE WITHOUT CC/MCC	\$4,301.42
388	GASTROINTESTINAL OBSTRUCTION WITH MCC	\$9,139.19
389	GASTROINTESTINAL OBSTRUCTION WITH CC	\$5,007.53
390	GASTROINTESTINAL OBSTRUCTION WITHOUT CC/MCC	\$3,514.83
391	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITH MCC	\$8,021.23
392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	\$4,939.63
393	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH MCC	\$10,183.58
394	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH CC	\$5,890.96
395	OTHER DIGESTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC	\$4,071.29
397	APPENDIX PROCEDURES WITH MCC	\$14,125.97
398	APPENDIX PROCEDURES WITH CC	\$9,515.19
399	APPENDIX PROCEDURES WITHOUT CC/MCC	\$6,998.85
405	PANCREAS, LIVER AND SHUNT PROCEDURES WITH MCC	\$34,615.11
406	PANCREAS, LIVER AND SHUNT PROCEDURES WITH CC	\$18,155.14
407	PANCREAS, LIVER AND SHUNT PROCEDURES WITHOUT CC/MCC	\$13,524.87
408	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH MCC	\$23,404.12
409	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH CC	\$12,306.94
410	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITHOUT CC/MCC	\$9,841.53
411	CHOLECYSTECTOMY WITH C.D.E. WITH MCC	\$19,117.16
412	CHOLECYSTECTOMY WITH C.D.E. WITH CC	\$12,991.04
413	CHOLECYSTECTOMY WITH C.D.E. WITHOUT CC/MCC	\$9,491.93
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH MCC	\$22,165.44
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH CC	\$12,423.26
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITHOUT CC/MCC	\$8,420.50
417	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH MCC	\$14,573.66
418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	\$10,278.52
419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT CC/MCC	\$8,257.02
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITH MCC	\$20,125.71
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITH CC	\$10,749.47
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITHOUT CC/MCC	\$8,871.96
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH MCC	\$24,590.61
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH CC	\$13,403.52
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITHOUT CC/MCC	\$10,072.29
432	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH MCC	\$12,047.26
433	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH CC	\$6,482.63
434	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITHOUT CC/MCC	\$4,209.62
435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITH MCC	\$11,065.74

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
436	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITH CC	\$6,920.88
437	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITHOUT CC/MCC	\$5,225.72
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH MCC	\$10,492.93
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC	\$5,377.25
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC/MCC	\$3,870.72
441	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC HEPATITIS WITH MCC	\$11,495.19
442	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC HEPATITIS WITH CC	\$5,982.76
443	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC HEPATITIS WITHOUT CC/MCC	\$4,493.83
444	DISORDERS OF THE BILIARY TRACT WITH MCC	\$10,269.09
445	DISORDERS OF THE BILIARY TRACT WITH CC	\$6,833.49
446	DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC	\$5,039.60
453	COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION WITH MCC	\$55,717.93
454	COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION WITH CC	\$38,457.53
455	COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION WITHOUT CC/MCC	\$28,958.69
456	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MALIGNANCY, INFECTION OR EXTENSIVE FUSIONS WITH MCC	\$53,001.64
457	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MALIGNANCY, INFECTION OR EXTENSIVE FUSIONS WITH CC	\$38,199.74
458	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MALIGNANCY, INFECTION OR EXTENSIVE FUSIONS WITHOUT CC/MCC	\$28,489.62
459	SPINAL FUSION EXCEPT CERVICAL WITH MCC	\$41,701.99
460	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	\$22,999.82
461	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITH MCC	\$42,872.76
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITHOUT MCC	\$17,896.71
463	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS WITH MCC	\$35,611.71
464	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS WITH CC	\$18,871.94
465	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	\$11,763.05
466	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC	\$32,611.85
467	REVISION OF HIP OR KNEE REPLACEMENT WITH CC	\$21,920.85
468	REVISION OF HIP OR KNEE REPLACEMENT WITHOUT CC/MCC	\$16,785.68
469	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITH MCC OR TOTAL ANKLE REPLACEMENT	\$20,936.82
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	\$11,831.59
471	CERVICAL SPINAL FUSION WITH MCC	\$30,929.25
472	CERVICAL SPINAL FUSION WITH CC	\$18,582.70
473	CERVICAL SPINAL FUSION WITHOUT CC/MCC	\$15,471.54
474	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH MCC	\$27,054.77
475	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH CC	\$13,485.26
476	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	\$7,400.01
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	\$21,183.30
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	\$14,988.02
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	\$11,720.29
480	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC	\$18,541.83
481	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	\$13,046.37
482	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC	\$9,987.40
483	MAJOR JOINT OR LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITIES	\$15,619.93

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
485	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITH MCC	\$20,711.72
486	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITH CC	\$12,627.61
487	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITHOUT CC/MCC	\$9,713.89
488	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTION WITH CC/MCC	\$13,245.69
489	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTION WITHOUT CC/MCC	\$7,782.30
492	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITH MCC	\$21,768.69
493	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITH CC	\$15,101.20
494	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITHOUT CC/MCC	\$11,752.99
495	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH MCC	\$22,517.55
496	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC	\$12,496.83
497	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC/MCC	\$8,975.08
498	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITH CC/MCC	\$16,417.22
499	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITHOUT CC/MCC	\$8,109.89
500	SOFT TISSUE PROCEDURES WITH MCC	\$20,389.79
501	SOFT TISSUE PROCEDURES WITH CC	\$10,913.58
502	SOFT TISSUE PROCEDURES WITHOUT CC/MCC	\$8,694.02
503	FOOT PROCEDURES WITH MCC	\$16,863.01
504	FOOT PROCEDURES WITH CC	\$10,859.51
505	FOOT PROCEDURES WITHOUT CC/MCC	\$10,724.95
506	MAJOR THUMB OR JOINT PROCEDURES	\$9,196.41
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITH CC/MCC	\$13,403.52
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITHOUT CC/MCC	\$9,016.58
509	ARTHROSCOPY	\$8,589.64
510	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR JOINT PROCEDURES WITH MCC	\$17,106.35
511	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR JOINT PROCEDURES WITH CC	\$12,536.44
512	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR JOINT PROCEDURES WITHOUT CC/MCC	\$10,147.11
513	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITH CC/MCC	\$10,192.38
514	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITHOUT CC/MCC	\$6,548.65
515	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITH MCC	\$19,878.60
516	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITH CC	\$12,831.96
517	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITHOUT CC/MCC	\$9,396.36
518	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH MCC OR DISC DEVICE OR NEUROSTIMULATOR	\$22,961.47
519	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC	\$12,377.99
520	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC/MCC	\$9,000.86
521	HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	\$18,826.67
522	HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	\$13,280.90
533	FRACTURES OF FEMUR WITH MCC	\$10,257.77
534	FRACTURES OF FEMUR WITHOUT MCC	\$5,093.05
535	FRACTURES OF HIP AND PELVIS WITH MCC	\$8,153.28
536	FRACTURES OF HIP AND PELVIS WITHOUT MCC	\$4,949.06
537	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH WITH CC/MCC	\$6,080.22
538	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH WITHOUT CC/MCC	\$4,458.62
539	OSTEOMYELITIS WITH MCC	\$12,477.34
540	OSTEOMYELITIS WITH CC	\$8,162.71

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
541	OSTEOMYELITIS WITHOUT CC/MCC	\$5,394.23
542	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH MCC	\$11,466.90
543	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH CC	\$6,858.01
544	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITHOUT CC/MCC	\$4,825.82
545	CONNECTIVE TISSUE DISORDERS WITH MCC	\$15,676.52
546	CONNECTIVE TISSUE DISORDERS WITH CC	\$7,540.85
547	CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	\$5,176.67
548	SEPTIC ARTHRITIS WITH MCC	\$12,259.78
549	SEPTIC ARTHRITIS WITH CC	\$7,584.24
550	SEPTIC ARTHRITIS WITHOUT CC/MCC	\$5,932.46
551	MEDICAL BACK PROBLEMS WITH MCC	\$10,701.06
552	MEDICAL BACK PROBLEMS WITHOUT MCC	\$6,075.82
553	BONE DISEASES AND ARTHROPATHIES WITH MCC	\$8,497.84
554	BONE DISEASES AND ARTHROPATHIES WITHOUT MCC	\$5,167.24
555	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	\$8,796.51
556	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT MCC	\$5,183.59
557	TENDONITIS, MYOSITIS AND BURSITIS WITH MCC	\$9,788.71
558	TENDONITIS, MYOSITIS AND BURSITIS WITHOUT MCC	\$5,523.13
559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	\$11,635.41
560	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	\$7,118.32
561	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	\$4,905.67
562	FRACTURE, SPRAIN, STRAIN AND DISLOCATION EXCEPT FEMUR, HIP, PELVIS AND THIGH WITH MCC	\$9,561.72
563	FRACTURE, SPRAIN, STRAIN AND DISLOCATION EXCEPT FEMUR, HIP, PELVIS AND THIGH WITHOUT MCC	\$5,631.27
564	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH MCC	\$9,820.78
565	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH CC	\$6,283.94
566	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITHOUT CC/MCC	\$4,718.93
570	SKIN DEBRIDEMENT WITH MCC	\$18,373.95
571	SKIN DEBRIDEMENT WITH CC	\$10,638.18
572	SKIN DEBRIDEMENT WITHOUT CC/MCC	\$7,165.48
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH MCC	\$39,097.62
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH CC	\$21,414.69
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC	\$12,864.66
576	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH MCC	\$35,733.69
577	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH CC	\$16,656.78
578	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC	\$10,126.36
579	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH MCC	\$21,014.79
580	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH CC	\$10,982.12
581	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC	\$8,467.66
582	MASTECTOMY FOR MALIGNANCY WITH CC/MCC	\$10,948.79
583	MASTECTOMY FOR MALIGNANCY WITHOUT CC/MCC	\$9,569.27
584	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDURES WITH CC/MCC	\$12,315.11
585	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDURES WITHOUT CC/MCC	\$10,588.51
592	SKIN ULCERS WITH MCC	\$13,141.95
593	SKIN ULCERS WITH CC	\$7,607.50



## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
594	SKIN ULCERS WITHOUT CC/MCC	\$4,950.94
595	MAJOR SKIN DISORDERS WITH MCC	\$13,675.77
596	MAJOR SKIN DISORDERS WITHOUT MCC	\$6,344.30
597	MALIGNANT BREAST DISORDERS WITH MCC	\$10,063.48
598	MALIGNANT BREAST DISORDERS WITH CC	\$7,537.71
599	MALIGNANT BREAST DISORDERS WITHOUT CC/MCC	\$4,230.37
600	NON-MALIGNANT BREAST DISORDERS WITH CC/MCC	\$6,448.05
601	NON-MALIGNANT BREAST DISORDERS WITHOUT CC/MCC	\$3,983.27
602	CELLULITIS WITH MCC	\$9,352.97
603	CELLULITIS WITHOUT MCC	\$5,562.74
604	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITH MCC	\$9,470.55
605	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITHOUT MCC	\$5,714.27
606	MINOR SKIN DISORDERS WITH MCC	\$9,971.05
607	MINOR SKIN DISORDERS WITHOUT MCC	\$5,618.07
614	ADRENAL AND PITUITARY PROCEDURES WITH CC/MCC	\$14,162.44
615	ADRENAL AND PITUITARY PROCEDURES WITHOUT CC/MCC	\$9,249.85
616	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH MCC	\$24,884.88
617	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	\$12,477.96
618	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITHOUT CC/MCC	\$7,303.18
619	O.R. PROCEDURES FOR OBESITY WITH MCC	\$16,363.77
620	O.R. PROCEDURES FOR OBESITY WITH CC	\$10,199.93
621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	\$9,540.35
622	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH MCC	\$24,054.27
623	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	\$11,703.95
624	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITHOUT CC/MCC	\$7,007.65
625	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITH MCC	\$18,367.66
626	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITH CC	\$9,380.64
627	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITHOUT CC/MCC	\$7,771.61
628	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH MCC	\$25,242.02
629	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH CC	\$14,227.83
630	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITHOUT CC/MCC	\$8,779.53
637	DIABETES WITH MCC	\$9,112.78
638	DIABETES WITH CC	\$5,655.17
639	DIABETES WITHOUT CC/MCC	\$3,914.10
640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITH MCC	\$8,269.60
641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITHOUT MCC	\$4,913.22
642	INBORN AND OTHER DISORDERS OF METABOLISM	\$8,194.77
643	ENDOCRINE DISORDERS WITH MCC	\$10,343.91
644	ENDOCRINE DISORDERS WITH CC	\$6,675.66
645	ENDOCRINE DISORDERS WITHOUT CC/MCC	\$4,784.32
650	KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	\$28,278.98
651	KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	\$21,745.42
652	KIDNEY TRANSPLANT	\$18,890.80

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
653	MAJOR BLADDER PROCEDURES WITH MCC	\$34,039.16
654	MAJOR BLADDER PROCEDURES WITH CC	\$17,212.61
655	MAJOR BLADDER PROCEDURES WITHOUT CC/MCC	\$13,253.24
656	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH MCC	\$19,728.32
657	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH CC	\$11,595.80
658	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITHOUT CC/MCC	\$9,308.33
659	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH MCC	\$16,278.26
660	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC	\$8,462.63
661	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	\$6,592.04
662	MINOR BLADDER PROCEDURES WITH MCC	\$18,842.39
663	MINOR BLADDER PROCEDURES WITH CC	\$9,173.77
664	MINOR BLADDER PROCEDURES WITHOUT CC/MCC	\$6,675.03
665	PROSTATECTOMY WITH MCC	\$19,423.37
666	PROSTATECTOMY WITH CC	\$10,798.52
667	PROSTATECTOMY WITHOUT CC/MCC	\$6,599.58
668	TRANSURETHRAL PROCEDURES WITH MCC	\$17,718.77
669	TRANSURETHRAL PROCEDURES WITH CC	\$9,649.12
670	TRANSURETHRAL PROCEDURES WITHOUT CC/MCC	\$6,052.55
671	URETHRAL PROCEDURES WITH CC/MCC	\$10,763.93
672	URETHRAL PROCEDURES WITHOUT CC/MCC	\$5,894.73
673	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH MCC	\$23,251.96
674	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH CC	\$14,978.59
675	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITHOUT CC/MCC	\$9,975.45
682	RENAL FAILURE WITH MCC	\$9,436.60
683	RENAL FAILURE WITH CC	\$5,663.97
684	RENAL FAILURE WITHOUT CC/MCC	\$3,826.07
686	KIDNEY AND URINARY TRACT NEOPLASMS WITH MCC	\$11,565.62
687	KIDNEY AND URINARY TRACT NEOPLASMS WITH CC	\$6,572.55
688	KIDNEY AND URINARY TRACT NEOPLASMS WITHOUT CC/MCC	\$4,910.07
689	KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	\$7,384.29
690	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	\$5,073.55
693	URINARY STONES WITH MCC	\$8,905.29
694	URINARY STONES WITHOUT MCC	\$4,921.39
695	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITH MCC	\$7,520.10
696	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITHOUT MCC	\$4,351.73
697	URETHRAL STRICTURE	\$6,998.85
698	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH MCC	\$10,402.39
699	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH CC	\$6,418.50
700	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITHOUT CC/MCC	\$4,453.59
707	MAJOR MALE PELVIC PROCEDURES WITH CC/MCC	\$12,335.86
708	MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC	\$9,170.63
709	PENIS PROCEDURES WITH CC/MCC	\$13,649.36
710	PENIS PROCEDURES WITHOUT CC/MCC	\$8,157.05
711	TESTES PROCEDURES WITH CC/MCC	\$13,348.18

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
712	TESTES PROCEDURES WITHOUT CC/MCC	\$7,472.32
713	TRANSURETHRAL PROSTATECTOMY WITH CC/MCC	\$9,121.58
714	TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC	\$6,026.77
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITH CC/MCC	\$13,880.12
716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITHOUT CC/MCC	\$8,942.38
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEPT MALIGNANCY WITH CC/MCC	\$11,404.02
718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEPT MALIGNANCY WITHOUT CC/MCC	\$7,393.09
722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH MCC	\$11,788.20
723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH CC	\$7,006.40
724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	\$5,089.90
725	BENIGN PROSTATIC HYPERTROPHY WITH MCC	\$7,802.42
726	BENIGN PROSTATIC HYPERTROPHY WITHOUT MCC	\$4,595.69
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITH MCC	\$10,192.38
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITHOUT MCC	\$5,030.80
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITH CC/MCC	\$6,312.23
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC	\$3,908.44
734	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITH CC/MCC	\$13,666.97
735	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITHOUT CC/MCC	\$7,923.77
736	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH MCC	\$24,441.59
737	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH CC	\$12,410.69
738	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITHOUT CC/MCC	\$8,580.21
739	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITH MCC	\$22,738.25
740	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITH CC	\$11,236.14
741	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITHOUT CC/MCC	\$8,169.62
742	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITH CC/MCC	\$11,204.07
743	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC/MCC	\$7,306.32
744	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WITH CC/MCC	\$11,835.99
745	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WITHOUT CC/MCC	\$6,513.44
746	VAGINA, CERVIX AND VULVA PROCEDURES WITH CC/MCC	\$10,538.83
747	VAGINA, CERVIX AND VULVA PROCEDURES WITHOUT CC/MCC	\$5,578.46
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	\$8,833.61
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITH CC/MCC	\$15,827.43
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	\$8,551.29
754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH MCC	\$11,647.99
755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH CC	\$6,820.28
756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	\$6,222.95
757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH MCC	\$9,378.75
758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH CC	\$6,241.18
759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	\$4,063.12
760	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITH CC/MCC	\$6,258.79
761	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITHOUT CC/MCC	\$3,807.84
768	VAGINAL DELIVERY WITH O.R. PROCEDURES EXCEPT STERILIZATION AND/OR D&C	\$7,659.06
769	POSTPARTUM AND POST ABORTION DIAGNOSES WITH O.R. PROCEDURES	\$9,707.60
770	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	\$5,022.00

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
776	POSTPARTUM AND POST ABORTION DIAGNOSES WITHOUT O.R. PROCEDURES	\$4,506.40
779	ABORTION WITHOUT D&C	\$6,219.80
783	CESAREAN SECTION WITH STERILIZATION WITH MCC	\$11,140.57
784	CESAREAN SECTION WITH STERILIZATION WITH CC	\$6,439.25
785	CESAREAN SECTION WITH STERILIZATION WITHOUT CC/MCC	\$5,447.04
786	CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	\$11,000.35
787	CESAREAN SECTION WITHOUT STERILIZATION WITH CC	\$6,609.01
788	CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	\$5,375.99
789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	\$11,439.86
790	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	\$37,726.90
791	PREMATURITY WITH MAJOR PROBLEMS	\$25,765.16
792	PREMATURITY WITHOUT MAJOR PROBLEMS	\$15,546.37
793	FULL TERM NEONATE WITH MAJOR PROBLEMS	\$26,466.87
794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	\$9,368.06
795	NORMAL NEWBORN	\$1,268.23
796	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITH MCC	\$8,918.49
797	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITH CC	\$6,261.93
798	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITHOUT CC/MCC	\$5,250.87
799	SPLENIC PROCEDURES WITH MCC	\$31,153.10
800	SPLENIC PROCEDURES WITH CC	\$17,716.89
801	SPLENIC PROCEDURES WITHOUT CC/MCC	\$11,253.12
802	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITH MCC	\$21,571.88
803	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITH CC	\$11,683.83
804	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITHOUT CC/MCC	\$7,610.65
805	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	\$6,339.27
806	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	\$4,695.03
807	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	\$4,114.05
808	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITH MCC	\$13,770.72
809	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITH CC	\$7,572.92
810	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITHOUT CC/MCC	\$6,316.01
811	RED BLOOD CELL DISORDERS WITH MCC	\$8,825.43
812	RED BLOOD CELL DISORDERS WITHOUT MCC	\$5,663.34
813	COAGULATION DISORDERS	\$9,808.83
814	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH MCC	\$13,380.88
815	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH CC	\$6,251.24
816	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITHOUT CC/MCC	\$4,465.53
817	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH MCC	\$17,711.23
818	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH CC	\$8,998.34
819	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITHOUT CC/MCC	\$5,704.21
820	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITH MCC	\$38,019.91
821	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITH CC	\$14,034.80
822	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITHOUT CC/MCC	\$7,789.22
823	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURES WITH MCC	\$28,306.65

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
824	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURES WITH CC	\$14,039.83
825	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURES WITHOUT CC/MCC	\$8,119.95
826	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURES WITH MCC	\$29,097.64
827	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURES WITH CC	\$14,569.89
828	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURES WITHOUT CC/MCC	\$10,314.36
829	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER PROCEDURES WITH CC/MCC	\$19,830.19
830	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER PROCEDURES WITHOUT CC/MCC	\$9,942.13
831	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH MCC	\$6,761.18
832	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH CC	\$4,638.44
833	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	\$3,218.05
834	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURES WITH MCC	\$35,204.90
835	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURES WITH CC	\$14,056.18
836	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURES WITHOUT CC/MCC	\$8,877.62
837	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS OR WITH HIGH DOSE CHEMOTHERAPY AGENT WITH MCC	\$30,457.68
838	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC OR HIGH DOSE CHEMOTHERAPY AGENT	\$12,586.11
839	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC	\$8,193.52
840	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH MCC	\$19,650.36
841	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH CC	\$9,893.71
842	LYMPHOMA AND NON-ACUTE LEUKEMIA WITHOUT CC/MCC	\$6,705.22
843	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITH MCC	\$11,698.92
844	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITH CC	\$7,276.14
845	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITHOUT CC/MCC	\$5,438.24
846	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC	\$15,367.17
847	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC	\$7,624.48
848	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC	\$5,257.78
849	RADIOTHERAPY	\$16,922.75
853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	\$31,434.16
854	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH CC	\$12,815.61
855	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITHOUT CC/MCC	\$10,700.43
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURES WITH MCC	\$27,844.50
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURES WITH CC	\$13,428.67
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURES WITHOUT CC/MCC	\$8,069.65
862	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITH MCC	\$11,581.97
863	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITHOUT MCC	\$6,322.29
864	FEVER AND INFLAMMATORY CONDITIONS	\$5,550.79
865	VIRAL ILLNESS WITH MCC	\$10,311.22
866	VIRAL ILLNESS WITHOUT MCC	\$5,770.23
867	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH MCC	\$13,155.78
868	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH CC	\$6,825.31
869	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITHOUT CC/MCC	\$4,342.92
870	SEPTICEMIA OR SEVERE SEPSIS WITH MV >96 HOURS	\$43,793.28
871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	\$12,466.02

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	\$6,475.71
876	O.R. PROCEDURES WITH PRINCIPAL DIAGNOSIS OF MENTAL ILLNESS	\$23,462.60
880	ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	\$6,002.25
881	DEPRESSIVE NEUROSES	\$5,699.81
882	NEUROSES EXCEPT DEPRESSIVE	\$5,906.05
883	DISORDERS OF PERSONALITY AND IMPULSE CONTROL	\$11,791.97
884	ORGANIC DISTURBANCES AND INTELLECTUAL DISABILITY	\$11,046.88
885	PSYCHOSES	\$8,591.53
886	BEHAVIORAL AND DEVELOPMENTAL DISORDERS	\$10,574.04
887	OTHER MENTAL DISORDER DIAGNOSES	\$8,146.36
894	ALCOHOL, DRUG ABUSE OR DEPENDENCE, LEFT AMA	\$3,612.29
895	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY	\$10,115.67
896	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC	\$11,180.18
897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	\$5,379.77
901	WOUND DEBRIDEMENTS FOR INJURIES WITH MCC	\$27,211.96
902	WOUND DEBRIDEMENTS FOR INJURIES WITH CC	\$11,850.45
903	WOUND DEBRIDEMENTS FOR INJURIES WITHOUT CC/MCC	\$7,806.19
904	SKIN GRAFTS FOR INJURIES WITH CC/MCC	\$20,474.05
905	SKIN GRAFTS FOR INJURIES WITHOUT CC/MCC	\$9,957.85
906	HAND PROCEDURES FOR INJURIES	\$11,830.96
907	OTHER O.R. PROCEDURES FOR INJURIES WITH MCC	\$23,387.14
908	OTHER O.R. PROCEDURES FOR INJURIES WITH CC	\$12,601.20
909	OTHER O.R. PROCEDURES FOR INJURIES WITHOUT CC/MCC	\$8,528.02
913	TRAUMATIC INJURY WITH MCC	\$9,396.99
914	TRAUMATIC INJURY WITHOUT MCC	\$5,707.36
915	ALLERGIC REACTIONS WITH MCC	\$11,154.40
916	ALLERGIC REACTIONS WITHOUT MCC	\$4,142.34
917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	\$10,034.56
918	POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC	\$5,413.09
919	COMPLICATIONS OF TREATMENT WITH MCC	\$11,473.19
920	COMPLICATIONS OF TREATMENT WITH CC	\$6,500.24
921	COMPLICATIONS OF TREATMENT WITHOUT CC/MCC	\$4,387.57
922	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITH MCC	\$10,971.43
923	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITHOUT MCC	\$6,359.39
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOURS WITH SKIN GRAFT	\$165,735.91
928	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITH CC/MCC	\$43,509.08
929	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITHOUT CC/MCC	\$20,218.14
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOURS WITHOUT SKIN GRAFT	\$19,064.34
934	FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY	\$13,157.04
935	NON-EXTENSIVE BURNS	\$12,833.85
939	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH MCC	\$20,216.88
940	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH CC	\$13,622.96
941	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITHOUT CC/MCC	\$11,669.99
945	REHABILITATION WITH CC/MCC	\$9,491.30

## Inpatient Hospital Services

MS-DRG	DESCRIPTION	MAR
946	REHABILITATION WITHOUT CC/MCC	\$6,367.57
947	SIGNS AND SYMPTOMS WITH MCC	\$7,869.70
948	SIGNS AND SYMPTOMS WITHOUT MCC	\$5,036.46
949	AFTERCARE WITH CC/MCC	\$6,745.46
950	AFTERCARE WITHOUT CC/MCC	\$4,015.33
951	OTHER FACTORS INFLUENCING HEALTH STATUS	\$3,709.75
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	\$38,293.42
956	LIMB REATTACHMENT, HIP AND FEMUR PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	\$24,385.00
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC	\$45,475.88
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH CC	\$25,432.54
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC	\$15,923.00
963	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH MCC	\$17,192.49
964	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH CC	\$9,437.86
965	OTHER MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC	\$6,010.42
969	HIV WITH EXTENSIVE O.R. PROCEDURES WITH MCC	\$43,212.93
970	HIV WITH EXTENSIVE O.R. PROCEDURES WITHOUT MCC	\$17,477.32
974	HIV WITH MAJOR RELATED CONDITION WITH MCC	\$18,338.11
975	HIV WITH MAJOR RELATED CONDITION WITH CC	\$8,572.04
976	HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC	\$5,315.00
977	HIV WITH OR WITHOUT OTHER RELATED CONDITION	\$8,904.03
981	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC	\$29,806.27
982	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC	\$15,631.25
983	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	\$10,281.67
987	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC	\$21,231.72
988	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC	\$10,670.25
989	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	\$6,792.62
998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	BR
999	UNGROUPABLE	BR

## INPATIENT REHABILITATION FACILITY SERVICES AND SKILLED NURSING FACILITY GROUND RULES

### General Information and Instructions

1. DEFINITIONS: For purposes of this section,
  - a. Inpatient Rehabilitation Facility means a free-standing rehabilitation hospital or rehabilitation unit in an acute care hospital that provides an intensive rehabilitation program on an inpatient basis.
  - b. Inpatient means admission to a rehabilitation facility for bed occupancy for purposes of receiving inpatient rehabilitation facility services.
  - c. A Skilled Nursing Facility means a facility that provides 24-hour care for patients requiring skilled nursing care and/or skilled therapy.
2. REIMBURSEMENT FOR SKILLED NURSING FACILITIES: Reimbursement shall be based at 110% of the CMS per diem prospective payment system (PPS) for the skilled nursing facility, covering all costs (routine, ancillary, and capital) of covered SNF services furnished to patients. The files are available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS>.
3. REIMBURSEMENT AND BILLING FOR INPATIENT REHABILITATION: Reimbursement for inpatient rehabilitation facility services shall be limited to the maximum allowable reimbursement per inpatient rehabilitation stay as computed in Ground Rule 4 of these Ground Rules, or the facility's usual and customary charge, whichever is less. Billing for inpatient rehabilitation facility services shall reference the Centers for Medicare and Medicaid Services (CMS) Case-Mix Groups (CMG) code and applicable Tier, and the injured worker's length of stay, and state the actual charges billed. An inpatient rehabilitation facility shall not knowingly charge a payer more for treatment under workers' compensation than that normally charged for similar treatment outside the workers' compensation system.
4. COMPUTATION OF MAXIMUM ALLOWABLE REIMBURSEMENT: Inpatient rehabilitation services are reimbursed under the following formulas based on:



## Inpatient Rehabilitation Facility and Skilled Nursing Facility Services

MAR = Maximum Allowable Reimbursement LOS = Injured Worker's Length of Stay

ALOS = Average Length of Stay value for the applicable CMG and Tier base rate = \$4,875.17

a. WHEN LOS IS LESS THAN 35 DAYS

(1) If LOS is less than or equal to 7 days:

MAR = the Base Rate of \$4,875.17.

(2) If LOS is greater than 7 days and less than 35 days, but less than or equal to the ALOS:

MAR = Base Rate + [(LOS - 7) x \$987.33].

For example, a case with CMG 101, Tier 1, hospitalized for 9 days would be reimbursed as follows:

$$\text{MAR} = \$4,875.17 + [(9 - 7) \times \$987.33] = \$4,875.17 + \$1,974.66 = \$6,849.83$$

(3) If LOS is greater than 7 days and less than 35 days, but greater than the ALOS:

MAR = Base Rate + [(ALOS - 7) x \$987.33] + [(LOS - ALOS) x \$493.67].

For Example, a case with CMG 101, Tier 1, hospitalized for 15 days would be reimbursed as follows:

$$\begin{aligned} \text{MAR} &= \$4,875.17 + [(9 - 7) \times \$987.33] + [(15 - 9) \times \$493.67] \\ &= \$4,875.17 + \$1,974.66 + \$2,962.02 \\ &= \$9,811.85 \end{aligned}$$

b. WHEN THE LOS EQUALS OR EXCEEDS 35 DAYS, REGARDLESS OF THE ALOS: If the LOS equals or exceeds 35 days, regardless of the ALOS, the maximum allowable reimbursement shall be as follows:

MAR = Base Rate + [(LOS - 7) x \$987.33].

For example, a case with CMG 101, Tier 1, hospitalized for 40 days would be reimbursed as follows:

$$\begin{aligned} \text{MAR} &= \$4,875.17 + [(40 - 7) \times \$987.33] \\ &= \$4,875.17 + \$32,581.89 \\ &= \$37,457.06 \end{aligned}$$

5. PAYMENT DISPUTES: Nothing in these Ground Rules shall be construed to preclude a payer from challenging a provider's charges.

**Inpatient Rehabilitation Facility and Skilled Nursing Facility Services**

CMG	CMG DESCRIPTION (M=MOTOR, A=AGE)	AVERAGE LENGTH OF STAY			
		Tier 1	Tier 2	Tier 3	None
0101	Stroke M >=72.50	9	10	9	9
0102	Stroke M >=63.50 and M <72.50	12	11	11	11
0103	Stroke M >=50.50 and M <63.50	14	14	14	13
0104	Stroke M >=41.50 and M <50.50	17	18	17	17
0105	Stroke M <41.50 and A >=84.50	24	21	20	20
0106	Stroke M <41.50 and A <84.50	25	25	23	22
0201	Traumatic brain injury M >=73.50	10	11	9	8
0202	Traumatic brain injury M >=61.50 and M <73.50	12	12	11	11
0203	Traumatic brain injury M >=49.50 and M <61.50	15	15	13	13
0204	Traumatic brain injury M >=35.50 and M <49.50	18	18	16	16
0205	Traumatic brain injury M <35.50	30	23	19	18
0301	Non-traumatic brain injury M >=65.50	10	10	10	9
0302	Non-traumatic brain injury M >=52.50 and M <65.50	13	13	12	12
0303	Non-traumatic brain injury M >=42.50 and M <52.50	15	15	14	13
0304	Non-traumatic brain injury M <42.50 and A >=78.50	19	17	16	15
0305	Non-traumatic brain injury M <42.50 and A <78.50	20	19	17	17
0401	Traumatic spinal cord injury M >=56.50	13	11	11	12
0402	Traumatic spinal cord injury M >=47.50 and M <56.50	16	15	14	13
0403	Traumatic spinal cord injury M >=41.50 and M <47.50	19	17	16	16
0404	Traumatic spinal cord injury M <31.50 and A <61.50	22	25	27	20
0405	Traumatic spinal cord injury M >=31.50 and M <41.50	21	22	22	20
0406	Traumatic spinal cord injury M >=24.50 and M <31.50 and A >=61.50	24	28	27	24
0407	Traumatic spinal cord injury M <24.50 and A >=61.50	44	36	33	35
0501	Non-traumatic spinal cord injury M >=60.50	12	11	10	10
0502	Non-traumatic spinal cord injury M >=53.50 and M <60.50	14	13	12	12
0503	Non-traumatic spinal cord injury M >=48.50 and M <53.50	16	14	14	13
0504	Non-traumatic spinal cord injury M >=39.50 and M <48.50	19	16	17	16
0505	Non-traumatic spinal cord injury M <39.50	28	25	23	21
0601	Neurological M >=64.50	11	10	10	9
0602	Neurological M >=52.50 and M <64.50	13	13	12	11
0603	Neurological M >=43.50 and M <52.50	15	14	14	13
0604	Neurological M <43.50	20	18	17	16
0701	Fracture of lower extremity M >=61.50	12	11	10	10
0702	Fracture of lower extremity M >=52.50 and M <61.50	13	13	12	12
0703	Fracture of lower extremity M >=41.50 and M <52.50	16	15	15	14
0704	Fracture of lower extremity M <41.50	18	18	18	16
0801	Replacement of lower-extremity joint M >=63.50	10	9	9	9
0802	Replacement of lower-extremity joint M >=57.50 and M <63.50	10	11	10	10
0803	Replacement of lower-extremity joint M >=51.50 and M <57.50	13	13	11	11
0804	Replacement of lower-extremity joint M >=42.50 and M <51.50	15	14	13	12
0805	Replacement of lower-extremity joint M <42.50	17	17	16	15

**Inpatient Rehabilitation Facility and Skilled Nursing Facility Services**

CMG	CMG DESCRIPTION (M=MOTOR, A=AGE)	AVERAGE LENGTH OF STAY			
		Tier 1	Tier 2	Tier 3	None
0901	Other orthopedic M >=63.50	11	10	10	9
0902	Other orthopedic M >=51.50 and M <63.50	14	12	12	11
0903	Other orthopedic M >=44.50 and M <51.50	15	14	14	13
0904	Other orthopedic M <44.5	19	17	16	15
1001	Amputation lower extremity M >=64.50	10	10	10	10
1002	Amputation lower extremity M >=55.50 and M <64.50	14	14	12	12
1003	Amputation lower extremity M >=47.50 and M <55.50	15	16	14	13
1004	Amputation lower extremity M <47.50	19	19	18	17
1101	Amputation non-lower extremity M >=58.50	12	14	11	10
1102	Amputation non-lower extremity M >=52.50 and M <58.50	13	16	12	11
1103	Amputation non-lower extremity M <52.50	17	18	16	13
1201	Osteoarthritis M >=61.50	12	11	10	10
1202	Osteoarthritis M >=49.50 and M <61.50	14	14	12	11
1203	Osteoarthritis M <49.50 and A >=74.50	17	17	17	14
1204	Osteoarthritis M <49.50 and A <74.50	18	18	16	15
1301	Rheumatoid other arthritis M >=62.50	10	11	10	10
1302	Rheumatoid other arthritis M >=51.50 and M <62.50	12	13	12	11
1303	Rheumatoid other arthritis M >=44.50 and M <51.50 and A >=64.50	13	12	15	12
1304	Rheumatoid other arthritis M <44.50 and A >=64.50	15	17	16	16
1305	Rheumatoid other arthritis M <51.50 and A <64.50	15	16	17	14
1401	Cardiac M >=68.50	10	10	9	9
1402	Cardiac M >=55.50 and M <68.50	12	12	11	11
1403	Cardiac M >=45.50 and M <55.50	15	14	13	12
1404	Cardiac M <45.50	18	17	16	15
1501	Pulmonary M >=68.50	13	10	10	10
1502	Pulmonary M >=56.50 and M <68.50	12	12	12	11
1503	Pulmonary M >=45.50 and M <56.50	15	14	13	13
1504	Pulmonary M <45.50	22	17	16	16
1601	Pain syndrome M >=65.50	10	10	9	10
1602	Pain syndrome M >=58.50 and M <65.50	9	11	12	11
1603	Pain syndrome M >=43.50 and M <58.50	10	13	13	13
1604	Pain syndrome M <43.50	11	15	17	15
1701	Major multiple trauma without brain or spinal cord injury M >=57.50	12	11	10	10
1702	Major multiple trauma without brain or spinal cord injury M >=50.50 and M <57.50	15	14	13	12
1703	Major multiple trauma without brain or spinal cord injury M >=41.50 and M <50.50	16	16	15	14
1704	Major multiple trauma without brain or spinal cord injury M >=36.50 and M <41.50	20	18	16	16
1705	Major multiple trauma without brain or spinal cord injury M <36.50	20	20	19	18
1801	Major multiple trauma with brain or spinal cord injury M >=67.50	11	11	10	9

## Inpatient Rehabilitation Facility and Skilled Nursing Facility Services

CMG	CMG DESCRIPTION (M=MOTOR, A=AGE)	AVERAGE LENGTH OF STAY			
		Tier 1	Tier 2	Tier 3	None
1802	Major multiple trauma with brain or spinal cord injury M $\geq$ 55.50 and M $<$ 67.50	14	13	12	11
1803	Major multiple trauma with brain or spinal cord injury M $\geq$ 45.50 and M $<$ 55.50	13	16	14	14
1804	Major multiple trauma with brain or spinal cord injury M $\geq$ 40.50 and M $<$ 45.50	19	18	16	16
1805	Major multiple trauma with brain or spinal cord injury M $\geq$ 30.50 and M $<$ 40.50	22	23	19	18
1806	Major multiple trauma with brain or spinal cord injury M $<$ 30.50	38	32	29	24
1901	Guillain-Barré M $\geq$ 66.50	12	12	11	10
1902	Guillain-Barré M $\geq$ 51.50 and M $<$ 66.50	20	14	13	14
1903	Guillain-Barré M $\geq$ 38.50 and M $<$ 51.50	25	19	19	18
1904	Guillain-Barré M $<$ 38.50	40	34	29	26
2001	Miscellaneous M $\geq$ 66.50	11	10	10	9
2002	Miscellaneous M $\geq$ 55.50 and M $<$ 66.50	13	12	12	11
2003	Miscellaneous M $\geq$ 46.50 and M $<$ 55.50	15	14	13	13
2004	Miscellaneous M $<$ 46.50 and A $\geq$ 77.50	18	17	16	15
2005	Miscellaneous M $<$ 46.50 and A $<$ 77.50	19	18	16	16
2101	Burns M $\geq$ 52.50	17	15	12	11
2102	Burns M $<$ 52.50	24	21	18	18
5001	Short-stay cases, length of stay is 3 days or fewer	0	0	0	3
5101	Expired, orthopedic, length of stay is 13 days or fewer	0	0	0	8
5102	Expired, orthopedic, length of stay is 14 days or more	0	0	0	18
5103	Expired, not orthopedic, length of stay is 15 days or fewer	0	0	0	8
5104	Expired, not orthopedic, length of stay is 16 days or more	0	0	0	25

**This page intentionally left blank.**