South Dakota Medicaid Physician Services Fee Schedule

Effective July 1, 2024 Updated April 1, 2025

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: https://dss.sd.gov/docs/medicaid/modifiers.pdf.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: https://dss.sd.gov/medicaid/providers/billingmanuals/. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual. **Changes to current fees are indicated in red**

The rate of payment for "Price by Report" is generally 40% of the usual and customary charge as established in ARSD 67:16:02:03.

19094 Fine Needle Aspiration Of Flat Lesion Listing Ultrasound Guidance		Description	Fee
1905	01999	Unlisted Anesthesia Procedure(S)	Price by Report
190066 Fine Needle Aspiration Of Flat Steel Capital Control Flat Lesion Using Puroscopic Guidance \$292.07 19007 Fine Needle Aspiration Of Flat Lesion Using Fluoroscopic Guidance \$154.9 19007 Fine Needle Aspiration Of Flat Lesion Using Fluoroscopic Guidance \$179.1 19018 Fine Needle Aspiration Of Flat Lesion Using Ci Guidance \$179.1 19019 Fine Needle Aspiration Of Flat Lesion Using Ci Guidance \$179.1 19010 Fine Needle Aspiration Of Flat Lesion Using Ci Guidance \$179.3 19011 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19012 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19013 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19013 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19013 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19013 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19013 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19013 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19015 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19015 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19015 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19015 Fine Needle Aspiration Of Flat Lesion Using Mc Guidance \$179.3 19015 Fine Needle Aspiration Using Mc Guidance \$179.3 19015 Fine Needle Aspiration Using Mc Guidance \$179.3 19016 Fine Needle Aspiration Using Mc Guidance \$179.3 19017 Fine Needle Aspiration Using Mc Guidance \$179.3 19018 Fine Needle Aspiration Using Mc Guidance \$179.3 19018 Fine Needle Aspiration Using Mc Guidance \$179.3 19019 Fine Needle Aspiration Using			\$47.03
1907 Fine Needle Aspiration Of Additional Listion United Piuroscopic Guidance \$1549,	10005	Fine Needle Aspiration Of First Lesion Using Ultrasound Guidance	\$130.86
1908	10006	Fine Needle Aspiration Of Additional Lesion Using Ultrasound Guidance	\$57.86
1909 Fine Needle Aspration Of First Lesion Using Ci Guidance	10007	Fine Needle Aspiration Of First Lesion Using Fluoroscopic Guidance	\$290.71
190101 Fine Needle Aspration Of Additional Lesion Using Crudiance \$220.3			\$154.94
19011 Fine Needle Aspiration Of First Lesion Using Mr Guidance 1972	10009	Fine Needle Aspiration Of First Lesion Using Ct Guidance	\$379.10
19012 Fine Needle Aspiration Of First Lesion \$983.3 19030 Driange Of Fluid Collection in Soft Tissue Using Imaging Guidance \$983.3 19033 Pleacement Of Soft Tissue Locating Device Using X-Ray, First Growth \$903.5 19035 Pleacement Of Soft Tissue Locating Device Using X-Ray, First Growth \$903.6 19036 Pleacement Of Soft Tissue Locating Device Using X-Ray, Each Additional Growth \$922.5 19040 Arch Surgey (Eg, Marsupilization, Opening O'R Removal Off Multiple Milia, Comedones, Cysts, Pustules) \$103.0 19060 Simple O'R Single Drainage Of Skin Abscess \$112.3 19061 Complicated O' Multiple D'aniage Of Skin Abscess \$119.3 19080 Simple Drainage Of Cyst Off Tailbone \$222.1 19081 Complicate Drainage Of Cyst Off Tailbone \$222.1 19081 Complicate Drainage Of Cyst Off Tailbone \$222.1 19081 Complicate D'aniage Of Cyst Off Tailbone \$200.1 19092 Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Simple \$149.7 19014 Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Complex \$125.2 19015 Complex Drainage Of Would Infection Alter Surgery \$235.9 19016 Apparition Off Abscess Shood, O' Cyst \$125.2 19019 Removal Of Infected Skin, Dr. 10 (196 Off Body Surface Or Less \$24.96 19010 Removal Of Infected Skin, Dr. 10 (196 Off Body Surface Or Less \$24.96 19010 Removal Of Infected Skin, Dr. 10 (196 Off Body Surface Or Less \$24.96 19010 Removal Of Infected Skin, Tissue Off Muscle Of Genitals \$19.1 19010 Removal Of Infected Skin, Tissue Off Muscle Off Genitals \$19.1 19010 Removal Of Infected Skin, Tissue Off Muscle Off Genitals \$19.1 19010 Removal Of Infected Skin, Tissue Off Muscle Off Genitals \$19.1 19010 Removal Off Infected Skin, Tissue, Additional Puscle Androinal Off Puscle Androinal Skin Lesion \$19.1 19010 Removal Off Needes Afficial Material Off Mesh From Abdomen \$19.1 19010 Removal Off Needes Afficial Material Off Mesh From Abdomen \$19.1 19010 Removal Off Nee	10010	Fine Needle Aspiration Of Additional Lesion Using Ct Guidance	\$230.36
19021 Fine Needle Aspiration Of First Lasion \$983.1	10011	Fine Needle Aspiration Of First Lesion Using Mr Guidance	\$173.44
1993 Driange Of Fluid Collection In Soft Tissue Using Imaging Guidance \$625.71	10012	Fine Needle Aspiration Of Additional Lesion Using Mr Guidance	\$173.44
	10021	Fine Needle Aspiration Of First Lesion	\$98.31
	10030	Drainage Of Fluid Collection In Soft Tissue Using Imaging Guidance	\$625.75
19040 Acne Surgery (Eg.) Mersupialization, Opening Or Removal Of Multiple Milia, Comedones, Cysts, Pustules) \$113.0 19068 Simple Or Single Drainage of OS kin Abscess \$113.0 19068 Complicated Or Multiple Drainage of I Skin Abscess \$193.4 19069 Complicated Or Multiple Drainage of I Skin Abscess \$193.4 19080 Simple Drainage of Cyst Of Talibone \$222.1 19081 Complicated Drainage of Cyst Of Talibone \$200.1 19080 Simple Drainage Of Foreigh Body From Tissue, Accessed Beneath The Skin, Simple \$257.0 19090 Drainage Of Foreigh Body From Tissue, Accessed Beneath The Skin, Complex \$257.0 19090 Drainage Of Bodod OF Fluid Accumulation \$160.1 19090 Application of Joseoses, Blood, Or Cyst \$162.2 19180 Complex Drainage Of Wound Infection After Surgery \$182.5 19180 Complex Drainage Of Wound Infection After Surgery \$182.5 19180 Removal Of Infelmed Or Infected Skin, Up To 10% Of Body Surface Or Less \$24.9 19190 Removal Of Infelmed Or Infected Skin, Up To 10% Of Body Surface Or Less \$24.9 19190 Removal Of Infelmed Or Infected Skin, Tissue Of Muscle Of Gentalias \$517.7 19100 Removal Of Infelmed Or Infected Skin, Tissue Of Muscle Of Gentalias \$517.7 19100 Removal Of Infelmed Skin, Tissue Of Muscle Of Gentalias, Perineum, Or Abdomen \$933.5 19100 Removal Of Infelmed Skin, Tissue of Muscle Of Gentalias, Perineum, Or Abdomen \$933.1 19101 Debridement); Skin And Subcutaneous Tissues \$42.1 19101 Removal Of Infelment Of Skin, Tissue Of Muscle Of Gentalias, Perineum, Or Abdomen \$239.9 19101 Debridement); Skin And Subcutaneous Tissues \$42.1 1911 Removal Of Foreigh Material From Skin, Tissue, And Muscle At Open Fracture And/Or Dislocation (Eg. Excisional \$42.1 1911 Removal Of Foreigh Material From Skin, Tissue, And Muscle And Open Fracture And/Or Dis	10035	Placement Of Soft Tissue Locating Device Using X-Ray, First Growth	\$400.88
Simple Of Single Drainage Of Skin Abscess	10036	Placement Of Soft Tissue Locating Device Using X-Ray, Each Additional Growth	\$292.54
19061 Complicated Of Multiple Drainage Of Skin Abscess \$1934.	10040	Acne Surgery (Eg, Marsupialization, Opening Or Removal Of Multiple Milia, Comedones, Cysts, Pustules)	\$103.01
19061 Complicated Of Multiple Drainage Of Skin Abscess \$1934.			\$112.34
			\$193.46
Complicated Drainage Of Cyst Of Tailbone \$301.3		, , ,	\$222.18
			\$301.37
		, ,	\$149.70
Drainage Of Blood Or Fluid Accumulation		· ·	\$257.07
Aspiration Of Abscess, Blood, Or Cyst \$125.2		·	\$166.11
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11201Removal Of Skin Tag, Each Additional 10 Skin Tags\$17.6911300Shaving Of 0.5 Centimeters Or Less Skin Growth Of The Trunk, Arms, Or Legs\$89.1811301Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs\$107.511302Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs\$121.311303Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs\$134.011305Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$93.3811306Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$108.511307Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$122.411308Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$122.4			
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11301 Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs 11302 Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs 11303 Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs 11305 Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11306 Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11307 Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11308 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11308 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11300 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11300 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11300 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11300 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11300 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11300 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals			
11302 Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs 11303 Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs 11305 Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11306 Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11307 Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11308 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11308 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals 11309 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals		· · · ·	_
11303 Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs \$134.0.11305 Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals \$93.38 11306 Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals \$108.51 11307 Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals \$122.4 11308 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals \$140.79	11301		\$107.50
11305Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$93.3811306Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$108.511307Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$122.411308Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$140.79	11302		\$121.39
11306Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$108.511307Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$122.411308Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals\$140.7	11303	<u> </u>	\$134.02
11307 Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals \$122.4 11308 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals \$140.7	11305		\$93.38
11308 Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals \$140.70	11306		\$108.59
1, , , ,	11307		\$122.41
11310 Shaving Of 0.5 Centimeters Or Less Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth \$102.5	11308		\$140.76
	11310	Shaving Of 0.5 Centimeters Or Less Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$102.59

Code	Description	Fee
11311	Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$120.91
11312	Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$137.31
11313	Shaving Of Over 2.0 Centimeters Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$162.53
11400	Removal Of Growth (0.5 Centimeters Or Less) Of The Trunk, Arms Or Legs	\$126.35
11401	Removal Of Growth (0.6 To 1.0 Centimeters) Of The Trunk, Arms, Or Legs	\$144.88
11402	Removal Of Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs	\$168.85
11403	Removal Of Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs	\$185.23
11404	Removal Of Growth (3.1 To 4.0 Centimeters) Of The Trunk, Arms, Or Legs	\$196.34
11404	Removal Of Growth (4.0 Centimeters) Of The Trunk, Arms, Or Legs	\$294.09
11420	Removal Of Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$120.63
11421	Removal Of Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$154.86
11422	Removal Of Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$173.64
11423	Removal Of Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$180.75
11424	Removal Of Growth (3.1 To 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$208.25
11426	Removal Of Growth (Over 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$284.63
11440	Removal Of Growth (0.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$141.87
11441	Removal Of Growth (0.6 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$169.25
11442	Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$189.46
11443	Removal Of Growth (2.1 To 3.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$200.20
11444	Removal (3.1 To 4.0 Centimeters) Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$247.70
11446	Removal (Over 4.0 Centimeters) Growth Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth	\$336.91
11450	Removal Of Skin And Tissue Of Underarms For Inflamed Sweat Glands With Simple Or Intermediate Repair	\$375.17
11451	Removal Of Skin And Tissue Of Underarms For Inflamed Sweat Glands With Complex Repair	\$456.06
11462	Removal Of Skin And Tissue Of Groin For Inflamed Sweat Glands With Simple Or Intermediate Repair	\$402.21
11463	Removal Of Skin And Tissue Of Groin For Inflamed Sweat Glands With Complicated Repair	\$462.79
11463	Removal Of Skin And Tissue Of Groin For inflamed Sweat Glands With Simple Or Intermediate Repair	\$406.03
	Removal Of Skin And Tissue Of Anus Of Navel For Inflamed Sweat Glands With Complicated Repair Removal Of Skin And Tissue Of Anus Or Navel For Inflamed Sweat Glands With Complicated Repair	
11471		\$479.48
	Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Trunk, Arms, Or Legs	\$188.79
11601	Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Trunk, Arms, Or Legs	\$217.37
11602	Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs	\$216.17
11603	Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs	\$245.06
11604	Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs	\$272.34
11606	Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Trunk, Arms, Or Legs	\$392.58
11620	Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$177.81
11621	Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$218.02
11622	Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$239.52
11623	Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$279.13
11624	Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$316.68
11626	Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals	\$351.54
11640	Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Or Lips	\$194.02
11641	Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	\$232.12
11642	Removal Of Malignant Growth (0.0 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	
11042	Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	
11612		\$261.97
11643		\$296.59
11644	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	\$296.59 \$364.26
11644 11646	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	\$296.59 \$364.26 \$442.82
11644 11646 11720	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five	\$296.59 \$364.26 \$442.82 \$31.01
11644 11646 11720 11721	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78
11644 11646 11720	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed	\$296.59 \$364.26 \$442.82 \$31.01
11644 11646 11720 11721	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78
11644 11646 11720 11721 11730 11732	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99
11644 11646 11720 11721 11730 11732 11740	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11
11644 11646 11720 11721 11730 11732 11740 11750	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57
11644 11646 11720 11721 11730 11732 11740 11750 11755	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10
11644 11646 11720 11721 11730 11732 11740 11750 11755 11760	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure)	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17
11644 11646 11720 11721 11730 11732 11740 11750 11755 11760 11762	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95
11644 11646 11720 11721 11730 11732 11740 11750 11760 11762 11765	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94
11644 11646 11720 11721 11730 11732 11740 11755 11760 11762 11765 11770	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58
11644 11646 11720 11721 11730 11732 11740 11750 11755 11760 11762 11765 11770	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29
11644 11646 11720 11721 11730 11732 11740 11755 11765 11765 11770 11771 11772	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41
11644 11646 11720 11721 11730 11732 11740 11750 11755 11760 11765 11770 11771 11772 11900	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41
11644 11646 11720 11721 11730 11732 11740 11755 11765 11765 11770 11771 11772	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; More Than Seven Lesions	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41
11644 11646 11720 11721 11730 11732 11740 11755 11760 11762 11765 11770 11771 11772 11901	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03
11644 11646 11720 11721 11730 11732 11740 11755 11760 11762 11765 11770 11771 11772 11900 11901	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03
11644 11646 11720 11721 11730 11732 11740 11755 11760 11762 11765 11770 11771 11772 11901	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Sikin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; More Than Seven Lesions Infection, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03
11644 11646 11720 11721 11730 11752 11740 11755 11760 11762 11765 11770 11771 11772 11900 11901	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; More Than Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defects Of Skin, Including Micropigmentation; Each	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11
11644 11646 11720 11721 11730 11732 11740 11755 11760 11762 11765 11770 11771 11772 11900 11901 11921	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Separation Of Subungual Hematoma Removal Of Nail(S) By Any Method(S); Six Or More Separation Of Subungual Hematoma Removal Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11
11644 11646 11720 11721 11730 11752 11740 11755 11760 11762 11765 11770 11771 11772 11900 11901	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Separation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg. Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 1 Cc Or Less	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11
11644 11646 11720 11721 11730 11732 11740 11755 11760 11762 11765 11770 11771 11772 11900 11901 11921	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Separation Of Subungual Hematoma Removal Of Nail(S) By Any Method(S); Six Or More Separation Of Subungual Hematoma Removal Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03
11644 11646 11720 11721 11730 11732 11740 11755 11760 11762 11765 11770 11771 11772 11900 11901 11921 11922 11950	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Separation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg. Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 1 Cc Or Less	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11
11644 11646 11720 11721 11730 11732 11740 11755 11760 11765 11765 11770 11771 11972 11900 11901 11921 11922 11950 11951	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Separation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; More Than Seven Lesions Introduction Of Pigment Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material, Beneath The Skin	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30
11644 11646 11720 11721 11730 11732 11740 11755 11760 11765 11770 11771 11772 11900 11901 11921 11922 11950 11951 11952	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Mali(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Dro Ad Including Seven Lesions Injection, Intralesional; Up To And Including Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material, Beneath The Skin Subcutaneous Injection Of "Filling" Material, Beneath The Skin	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11
11644 11646 11720 11721 11730 11752 11740 11755 11760 11765 11765 11770 11771 11772 11900 11901 11921 11922 11950 11951 11952 11954 11960	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Separation Of Subungual Hematoma Removal Of Nail(S) By Any Method(S); Six Or More Separation Of Subungual Hematoma Removal Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Nail Bed With Graft Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; Wore Than Seven Lesions Infection, Intralesronal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 1 Cc Or Less Injection Of Over 10.0 Cc Filling Material, Beneath The Skin Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30 \$132.36 \$145.78 \$879.04
11644 11646 11720 11721 11730 11732 11740 11755 11760 11765 11765 11770 11771 11772 11900 11901 11921 11922 11950 11951 11952 11954 11960 11970	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Separation Of Nail Unit (Eg. Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Removal Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introd	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30 \$132.36 \$145.78 \$879.04 \$535.63
11644 11646 11720 11721 11730 11750 11755 11760 11765 11770 11771 11772 11900 11901 11921 11922 11950 11951 11952 11954 11970 11970 11970	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Separation Of Valditional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg. Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Skin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; Up To And Including Seven Lesions Injection, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defect Subcutaneous Injection Of "Filling" Material (Eg. Collagen); 1 Cc Or Less Injection Of 1.1 To 5.0 Cc Filling Material, Beneath The Skin Subcutaneous Injection Of "Filling" Material (Eg. Collagen); 5.1 To 10.0 Cc Injection Of Over 10.0 Cc Filling Material, Beneath The Skin Insertion Of Tissue Expanders Removal Of Tissue Expanders	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30 \$132.36 \$145.78 \$879.04 \$535.63 \$475.95
11644 11646 11720 11721 11730 11750 11755 11760 11765 11770 11771 11772 11900 11901 11921 11922 11950 11951 11952 11954 11970 11971 11970	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridment Of Nail(S) By Any Method(S); One To Five Debridment Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg. Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Tailbone Oyst, Simple Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; Up To And Including Seven Lesions Injection, Intralesional; More Than Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material (Eg. Collagen); 1 Cc Or Less Injection Of 1.1 To 5.0 Cc Filling Material, Beneath The Skin Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion Removal Of Tissue Expander With Permanent Implant	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30 \$132.36 \$145.78 \$879.04 \$535.63 \$475.95 \$139.29
11644 11646 11720 11721 11730 11732 11740 11755 11760 11765 11765 11770 11900 11901 11921 11922 11950 11951 11952 11954 11960 11971 11976 11976 11976 11976	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridment Of Nail(S) By Any Method(S); One To Five Debridment Of Nail(S) By Any Method(S); One To Five Debridment Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg., Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Sixin Of Finger Or Toe Nail Removal Of Sixin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; More Than Seven Lesions Injection, Intralesional; More Than Seven Lesions Injection, Intralesional; More Than Seven Lesions Intoduction Of Pigment Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material, Beneath The Skin Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion Replacement Of Tissue Expander With Permanent Implant Removal Of Tissue Expander With Permanent Implant Removal Of Tissue Expander With Permanent Implant Removal Implantation Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin)	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30 \$132.36 \$145.78 \$879.04 \$535.63 \$475.95 \$139.29 \$87.05
11644 11646 11720 11721 11730 11750 11755 11760 11762 11762 11770 11771 11772 11900 11901 11921 11922 11950 11951 11960 11970 11970 11971 11980 11980 11980 11980 11980	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridement Of Nail(S) By Any Method(S); One To Five Debridement Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Additional Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Nail Bed With Graft Removal Of Tailbone Cyst, Simple Removal Of Tailbone Cyst, Extensive Removal Of Intralesional; More Than Seven Lesions Injection, Intralesional; More Than Seven Lesions Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material (Eg. Collagen); 1 Cc Or Less Injection Of Over 1.0.0 Cc Filling Material, Beneath The Skin Insertion Of Tissue Expander (S) For Other Than Breast, Including Subsequent Expansion Replacement Of Tissue Expander With Permanent Implant Removal Of Tissue Expander With Permanent Implant Removal Of Tissue Expander With Permanent Implant Insertion, Non-Biodegradable Drug Delivery Implant	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30 \$132.36 \$145.78 \$879.04 \$535.63 \$475.95 \$139.29 \$87.05 \$96.54
11644 11646 11720 11721 11730 11732 11740 11755 11760 11765 11765 11770 11900 11901 11921 11922 11950 11951 11952 11954 11960 11971 11976 11976 11976 11976	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips Debridment Of Nail(S) By Any Method(S); One To Five Debridment Of Nail(S) By Any Method(S); One To Five Debridment Of Nail(S) By Any Method(S); Six Or More Separation Of Single Nail Plate From Nail Bed Separation Of Single Nail Plate From Nail Bed Evacuation Of Subungual Hematoma Removal Of Nail Biopsy Of Nail Unit (Eg., Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) Repair Of Nail Bed Reconstruction Of Nail Bed With Graft Removal Of Sixin Of Finger Or Toe Nail Removal Of Sixin Of Finger Or Toe Nail Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Extensive Removal Of Tailbone Cyst, Complicated Injection, Intralesional; More Than Seven Lesions Injection, Intralesional; More Than Seven Lesions Injection, Intralesional; More Than Seven Lesions Intoduction Of Pigment Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less Introduction Of Pigment Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) Subcutaneous Injection Of "Filling" Material, Beneath The Skin Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion Replacement Of Tissue Expander With Permanent Implant Removal Of Tissue Expander With Permanent Implant Removal Of Tissue Expander With Permanent Implant Removal Implantation Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin)	\$296.59 \$364.26 \$442.82 \$31.01 \$43.78 \$101.99 \$29.11 \$51.57 \$158.44 \$108.10 \$181.17 \$275.95 \$147.94 \$323.58 \$543.29 \$666.41 \$54.41 \$68.03 \$183.91 \$204.11 \$59.40 \$74.52 \$99.30 \$132.36 \$145.78 \$879.04 \$535.63 \$475.95 \$139.29 \$87.05

Code	Description The Control of the Contr	Fee
	Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Neck, Underarms, Trunk, Arms And/Or Legs	\$91.25
_	Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs	\$109.98
	Repair Of Wound (7.6 To 12.5 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs	\$127.52
12005	Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs	\$169.53
12006	Repair Of Wound (20.1 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs	\$183.76
12007	Repair Of Wound (Over 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs	\$220.75
12011	Repair Of Wound (2.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$108.19
12013	Repair Of Wound (2.6 To 5.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$112.23
	Repair Of Wound (5.1 To 7.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$128.91
	Repair Of Wound (7.6 To 12.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$156.89
	Repair Of Wound (12.6 To 20.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes Repair Of Wound (20.1 To 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$207.92 \$138.93
	Repair Of Wound (Over 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes Repair Of Wound (Over 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	
_		\$150.99
12020	Simple Closure Of Surface Wound Reopening Repair Of Separation Of Wound Closure With Insertion Of Packing	\$262.76
12021 12031	Repair Of Separation of Wound Closure With insertion of Packing Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$154.54 \$232.34
_		
12032	Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs Repair Of Wound (7.6 To 12.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$293.85
12034		\$294.28
12035	Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$339.16
12036	Repair Of Wound (20.1 To 30.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$374.67
12037	Repair Of Wound (Over 30.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$419.57
12041	Repair Of Wound (2.5 Centimeters Or Less) Of Neck, Hands, Feet, And/Or Genitals	\$232.76
12042	Repair Of Wound (2.6 To 7.5 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$278.59
_	Repair Of Wound (7.6 To 12.5 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$336.49
	Repair Of Wound (12.6 To 20.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$359.91
12046	Repair Of Wound (20.1 To 30.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$437.45
12047	Repair Of Wound (Over 30.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$513.57
	Repair Of Wound (2.5 Centimeters Or Less) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$259.91
12052	Repair Of Wound (2.6 To 5.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$287.11
12053	Repair Of Wound (5.1 To 7.5 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$320.04
12054	Repair Of Wound (7.6 To 12.5 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$335.20
12055	Repair Of Wound (12.6 To 20.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$438.28
12056	Repair Of Wound (20.1 To 30.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$547.55
12057	Repair Of Wound (Over 30.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth	\$576.50
13100	Repair, Complex, Trunk; 1.0 Cm To 2.5 Cm	\$305.74
13101	Repair, Complex, Trunk; 2.5 Cm To 7.5 Cm	\$383.95
13102	Repair, Complex, Trunk; Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure)	\$109.16
	Repair Of Wound (1.1 To 2.5 Centimeters) Of Scalp, Arms, And/Or Legs	\$311.96
13121	Repair Of Wound (2.6 To 7.5 Centimeters) Of Scalp, Arms, And/Or Legs	\$415.08
13122	Repair Of Wound Of Scalp, Arms, And/Or Legs	\$121.97
13131	Repair Of Wound (1.1 To 2.5 Centimeters) Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet	\$353.42
13132	Repair Of Wound (2.6 To 7.5 Centimeters) Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet	\$458.71
13133	Repair of Wound of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/or Feet	\$161.80
13151	Repair Of Wound (1.1 To 2.5 Centimeters) Of Eyelids, Nose, Ears, And/Or Lips	\$405.17
13152	Repair of Wound (2.6 To 7.5 Centimeters) of Eyelids, Nose, Ears, And/or Lips	\$542.71
13153	Repair of Wound of Eyelids, Nose, Ears, And/Or Lips	\$176.80
13160	Extensive Or Complicated Repair Of Surface Wound Reopening	\$752.66
14000	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect Up To 10 Sq Cm	\$559.96
14000	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10 Sq Cm To 30 Sq Cm	\$750.36
	Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of The Scalp, Arms, And/Or Legs	1
14020 14021	Tissue Transfer Repair Of Wound (10.34 Centimeters of Less) Of The Scalp, Arms, And/Or Legs Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Scalp, Arms, And/Or Legs	\$616.89 \$758.24
14021	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Scalp, Affirs, And/Of Legs Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands,	ψ1 30.24
14040	And/Or Feet	\$665.92
1	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands,	
14041	And/Or Feet	\$808.64
14060	Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of Eyelids, Nose, Ears, And/Or Lips	\$672.74
14061	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of Eyelids, Nose, Ears, And/Or Lips	\$917.87
14301	Adjacent Tissue Transfer Or Rearrangement, Any Area; Defect 30.1 Sq Cm To 60.0 Sq Cm	\$1,042.67
14302	Tissue Transfer Repair Of Wound (30.0 Sq Centimeters)	\$199.05
14350	Filleted Finger Or Toe Flap, Including Preparation Of Recipient Site	\$643.50
15002	Preparation Of Graft Site At Trunk, Arms, Or Legs (First 100 Sq Cm Or 1% Body Area Infants And Children)	\$329.28
15003	Preparation Of Graft Site At Trunk, Arms, Or Legs	\$65.54
. 3000	Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	400.01
15004	(First 100 Sq Cm Or 1% Body Area Of Infants And Children)	\$340.84
15005	Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	\$122.68
15011	Harvest Of Skin For Skin Cell Suspension Self Skin Graft, First 25 Sq Cm Or Less	Price by Report
15012	Harvest Of Skin For Skin Cell Suspension Self Skin Graft, Each Additional 25 Sq Cm	Price by Report
15012	Preparation Of Skin Cell Suspension Self Skin Graft, First 25 Sq Cm Or Less Of Harvested Skin	Price by Report
15013	Preparation of Skin Cell Suspension Self Skin Graft, Each Additional 25 Sq Cm Or Less Of Harvested Skin	Price by Report
15014	Application Of Skin Cell Suspension Self Skin Graft To Wound And Donor Sites To Trunk, Arms, Legs, First 480 Sq Cm Or Less	
		Price by Report
15016	Application Of Skin Cell Suspension Self Skin Graft To Wound And Donor Sites To Trunk, Arms, Legs, Each Additional 480 Sq Cm Application Of Skin Cell Suspension Self Skin Graft To Wound And Donor Sites To Each Scale, Evaluate Mouth, Neck, Ears, Eva Sockets	Price by Report
15017	Application Of Skin Cell Suspension Self Skin Graft To Wound And Donor Sites To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Sockets, Genitalia, Hands, Feet, And/Or Multiple Fingers/Toes, First 480 Sq Cm Or Less	Price by Report
1	Application Of Skin Cell Suspension Self Skin Graft To Wound And Donor Sites To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Sockets,	
15018	Genitalia, Hands, Feet, And/Or Multiple Fingers/Toes, Each Additional 480 Sq Cm	Price by Report
15040	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less	\$251.00

Code	Description	Fee
15050	Skin Graft To Tip Of Finger Or Toe, 2.0 Cm Or Less	\$558.59
15100	Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children)	\$830.10
15101	Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children)	\$177.26
15110	Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer	\$791.32
15111	Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children), Outer Layer	\$104.20
	Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm	
15115	Or Less, Or 1% Body Area Of Infants And Children)	\$742.93
	Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq	
15116	Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer	\$141.48
45400	Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	#704.04
15120	(First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	\$731.84
15121	(Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$198.15
15130	Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Deep Layer	\$674.95
15131	Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Deep Layer	\$88.10
	Deep Skin Graft Of Face, Scalp, Evelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq	400
15135	Cm Or Less, Or 1% Body Area Of Infants And Children)	\$817.09
	Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq	
15136	Cm, Or 1% Body Area Of Infants And Children), Deep Layer	\$87.11
15150	Tissue Cultured Skin Graft At Trunk, Arms, Or Legs (First 25 Sq Centimeters Or Less)	\$644.00
15151	Tissue Cultured Skin Graft At Trunk, Arms, Or Legs (Additional 1 Sq Cm To 75 Sq Cm)	\$104.87
15152	Tissue Cultured Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children)	\$132.23
15155	Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 25 Sq Centimeters Or Less)	¢722 00
15155	Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	\$733.80
15156	(Additional 1 Sq Cm To 75 Sq Cm)	\$140.72
10100	Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	Ψ170.72
15157	(Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children)	\$156.45
15200	Full Thickness Skin Graft To Trunk, 20.0 Sq Cm Or Less	\$778.51
15201	Full Thickness Skin Graft To Trunk, Each Additional 20.0 Sq Cm	\$132.34
15220	Full Thickness Skin Graft To Scalp, Arms, Or Legs, 20.0 Sq Cm Or Less	\$680.46
15221	Full Thickness Skin Graft To Scalp, Arms, Or Legs, Each Additional 20.0 Sq Cm	\$124.50
15240	Full Thickness Skin Graft To Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, Or Feet, 20.0 Sq Cm Or Less	\$902.76
15241	Full Thickness Skin Graft To Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, Or Feet, Each Additional 20.0 Sq Cm	\$163.10
15260	Full Thickness Skin Graft To Nose, Ears, Eyelids, Or Lips, 20.0 Sq Cm Or Less	\$876.02
15261 15271	Full Thickness Skin Graft To Nose, Ears, Eyelids, Or Lips, Each Additional 20.0 Sq Cm Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs (First 25 Sq Cm Or Less)	\$193.85
15271	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs	\$149.60 \$23.60
13212	Application Of Skin Substitute (Wound Surface Greater Or Equal To 100 Sq Cm) To Trunk, Arms, Or Legs (First 100 Sq Cm Or 1% Body Area	Ψ23.00
15273	Of Infants And Children)	\$295.08
15274	Application Of Skin Substitute (Wound Surface Greater Or Equal To 100 Sq Cm) To Trunk, Arms, Or Legs	\$75.21
	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands,	•
15275	Feet, And/Or Multiple Fingers Or Toes (First 25 Sq Cm Or Less)	\$154.87
	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands,	
15276	Feet, And/Or Multiple Fingers Or Toes"	\$30.85
45077	Application Of Skin Substitute (Wound Surface Great Than Or Equal To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region,	0005.00
15277	Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or 1% Body Area Of Infants And Children)	\$325.39
15270	Application Of Skin Substitute (Wound Surface Great Than Or Equal To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes	\$90.26
	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Trunk	\$844.17
	Creation Of Flap Graft To Scalp, Arms, Or Legs	\$811.47
	Creation Of Flap Graft To Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, Or Feet	\$818.74
15576	Creation Of Flap Graft To Eyelids, Nose, Ears, Lips, Or Mouth	\$735.00
	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Trunk	\$321.74
15610	Transfer Of Skin Flap To Scalp, Arms, Or Legs	\$348.15
	Transfer Of Skin Flap To Forehead, Cheeks, Chin, Neck, Underarms, Genitals, Hands, Or Feet	\$421.81
15630	Transfer Of Skin Flap To Eyelids, Nose, Ears, Or Lips	\$453.51
15650	Transfer, Intermediate, Of Any Pedicle Flap (Eg, Abdomen To Wrist, "Walking" Tube), Any Location	\$480.51
15730	Creation Of Flap Graft To Midface	\$1,361.09
15731	Creation Of Flap Graft To Nose, Forehead, Temple, Or Scalp	\$1,079.27
15733 15734	Creation Of Flap Graft To Head And/Or Neck Muscle, Myocutaneous, Or Fasciocutaneous Flap Trunk	\$974.26
15734	Muscle, Myocutaneous, Or Fasciocutaneous Flap Trunk Muscle, Myocutaneous, Or Fasciocutaneous Flap Upper Extremity	\$1,395.82 \$1,148.61
15738	Muscle, Myocutaneous, Or Fasciocutaneous Flap Opper Extremity Muscle, Myocutaneous, Or Fasciocutaneous Flap Lower Extremity	\$1,188.89
15740	Flap; Island Pedicle Requiring Identification And Dissection Of An Anatomically Named Axial Vessel	\$979.16
15750	Flap; Neurovascular Pedicle	\$847.76
15756	Creation Of Muscle Or Muscle And Skin Graft With Reattachment Of Small Blood Vessels	\$2,145.39
15757	Creation Of Skin Graft With Reattachment Of Small Blood Vessels	\$2,134.93
15758	Creation Of Fibrous Muscle Covering (Fascia) Graft With Reattachment Of Small Blood Vessels	\$2,072.42
15760	Graft; Composite (Full Thickness Of External Ear Or Nasal Ala), Including Primary Closure, Donor Area	\$787.53
15769	Grafting Of Patient Soft Tissue, Harvested By Direct Excision	\$456.08
		0000 57
15770	Creation Of Skin, Fat And Muscle Graft	\$600.57
	Creation Of Skin, Fat And Muscle Graft Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less	\$587.77
15770	, ,	

Code	Description Confidence Confidence Fact Unavoided Day Lineary State To Face Facilities Mouth Models Face Orbita Confidence And/On Fact 25 Co Onland	Fee
15773	Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; 25 Cc Or Less Injectate	\$556.66
15774	Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; Each Additional	\$170.57
	Implantation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk) (List Separately In Addition To	
15777 15778	Code For Primary Procedure) Implantation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma	\$197.44 \$318.65
15780	Scraping Of Skin Of The Entire Face	\$797.13
15781	Repair Of Detached Retina, 1 Or More Sessions	\$508.34
	Scraping Of Skin Other Than The Face	\$459.01
15783 15786	Scraping Of Skin Any Site (Superficial) Abrasion; Single Lesion (Eg, Keratosis, Scar)	\$423.03 \$220.84
15787	Abrasion; Each Additional Four Lesions Or Less (List Separately In Addition To Code For Primary Procedure)	\$29.55
15788	Chemical Peel Of Skin Of Face, Outer Layer	\$376.18
15789		\$499.84
15792 15793	Chemical Peel Of Skin Other Than Face, Outer Layer Chemical Peel, Nonfacial; Dermal	\$319.60 \$447.49
15820		\$545.59
	Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad	\$583.29
	Blepharoplasty, Upper Eyelid; Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid	\$435.51
15823 15824	Incision, Stretching, And Suture Of Forehead Skin	\$591.34 \$738.97
15825	Incision, Stretching, And Suture Of Neck Skin	Price by Report
15826	Incision, Stretching, And Suture Of Skin Between Eyebrows	\$591.17
15828	Incision, Stretching, And Suture Of Skin	\$2,176.80
15829 15830	Removal Of Excessive Skin At Cheek, Chin, Or Neck Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy	Price by Report \$991.67
	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Thigh	\$816.81
15833	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Leg	\$800.66
15834	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Hip	\$815.29
15835 15836	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Buttock Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Arm	\$848.06 \$728.40
15837	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Forearm Or Hand	\$803.20
15838	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Submental Fat Pad	\$594.88
15839	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Other Area	\$770.45
15840 15841	Fibrous Tissue Graft To Relieve Or Reactivate Facial Paralysis Muscle Graft To Relieve Or Reactivate Facial Paralysis	\$931.99 \$1,617.54
15842	·	\$2,445.61
15845	Regional Muscle Transfer To Relieve Or Reactivate Facial Paralysis	\$968.96
15851	Removal Of Sutures Under Anesthesia (Other Than Local), Other Surgeon	\$67.65
15852 15853	Dressing Change (For Other Than Burns) Under Anesthesia (Other Than Local) Removal Of Sutures Or Staples	\$41.39 \$10.30
15854	Removal Of Sutures And Staples	\$14.25
15860	Intravenous Injection Of Agent (Eg, Fluorescein) To Test Vascular Flow In Flap Or Graft	\$97.58
15876	Suction Assisted Lipectomy; Head And Neck Suction Assisted Lipectomy; Trunk	Price by Report
15877 15878	Suction Assisted Lipectomy; Trunk Suction Assisted Lipectomy; Upper Extremity	Price by Report Price by Report
15879	Suction Assisted Lipectomy; Lower Extremity	Price by Report
15920	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Primary Suture	\$535.73
	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure	\$731.55
	Excision, Sacral Pressure Ulcer, With Primary Suture; Excision, Sacral Pressure Ulcer, With Primary Suture; With Ostectomy	\$592.56 \$746.11
	Excision, Sacral Pressure Ulcer, With Skin Flap Closure;	\$840.54
	Excision, Sacral Pressure Ulcer, With Skin Flap Closure; With Ostectomy	\$1,057.05
15936	Excision, Sacral Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure;	\$840.26
15937 15940	Excision, Sacral Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy Excision, Ischial Pressure Ulcer, With Primary Suture:	\$973.75 \$599.42
15941	Excision, Ischial Pressure Ulcer, With Primary Suture; With Ostectomy (Ischiectomy)	\$880.48
15944	Excision, Ischial Pressure Ulcer, With Skin Flap Closure;	\$856.09
15945	Excision, Ischial Pressure Ulcer, With Skin Flap Closure; With Ostectomy	\$933.59
15946 15950	Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure Excision, Trochanteric Pressure Ulcer, With Primary Suture;	\$1,509.96 \$547.92
15951	Excision, Trochanteric Pressure Ulcer, With Primary Suture; With Ostectomy	\$826.37
15952	Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure;	\$838.53
15953	Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure; With Ostectomy	\$924.32
15956 15958	Excision, Trochanteric Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure; Excision, Trochanteric Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy	\$1,065.98 \$1,087.61
15999	Unlisted Procedure, Excision Pressure Ulcer	Price by Report
16000	Initial Treatment, First Degree Burn, When No More Than Local Treatment Is Required	\$69.31
16020	Dressing Change And/Or Removal Of Burn Tissue (Less Than 5% Total Body Surface)	\$83.75
16025	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Medium (Eg, Whole Face Or Whole Extremity, Or 5% To 10% Total Body Surface Area)	\$136.64
10025	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Large (Eg, More Than One Extremity, Or Greater Than 10%	ψ130.04
16030	Total Body Surface Area)	\$170.18
	Haitial Incinion Of Duran Tingue	\$172.81
16035 16036	Initial Incision Of Burn Tissue Additional Incision Of Burn Tissue	\$70.20

Code	Description	Fee
Code	Description Destruction By Any Method, Including Laser, With Or Without Surgical Curettement, All Benign Or Premalignant Lesions (Eg, Actinic Keratoses)	ree
17003	Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions, Including Local Anesthesia; 2 - 14 Each.	\$6.66
	Destruction Of 15 Or More Premalignant Skin Growths	\$164.68
17106	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); Less Than 10 Sq Cm	\$337.34
	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); 10.0 - 50.0 Sq Cm	\$438.15
17108	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); Over 50.0 Sq Cm	\$616.93
	Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Of Benign Lesions Other Than Skin Tags	.
	Or Cutaneous Vascular Proliferative Lesions; Up To 14 Lesions	\$101.47
	Destruction Of 15 Or More Non-Cancerous Skin Growths	\$118.29
	Application Of Chemical Agent To Excessive Wound Tissue Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 0.5 Cm Or Less	\$77.01 \$92.86
	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 0.6-1.0 Cm	\$133.08
	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 1.1-2.0 Cm	\$167.45
	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 2.1-3.0 Cm	\$170.84
	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 3.1-4.0 Cm	\$196.20
17266	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, More Than 4.0 Cm	\$222.81
17270	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 0.5 Cm Or Less	\$141.33
	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 0.6-1.0 Cm	\$163.81
	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 1.1-2.0 Cm	\$179.08
	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 2.1-3.0 Cm	\$197.95
	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 3.1-4.0 Cm	\$231.11
	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, More Than 4.0 Cm Destruction Of Cancer Skin Growth Of Face, Fars, Evalids, Nose, Lins, Or Mouth, 0.5 Cm Or Less	\$267.98
	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 0.5 Cm Or Less Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 0.6-1.0 Cm	\$138.80 \$176.84
	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 1.1-2.0 Cm Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 1.1-2.0 Cm	\$176.84 \$201.86
	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 2.1-3.0 Cm	\$201.86
17284	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 3.1-4.0 Cm	\$260.35
	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, More Than 4.0 Cm	\$332.57
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17311	Removal And Microscopic Examination Of Growth Of The Head, Neck, Hands, Feet, Or Genitals (First Stage, Up To 5 Tissue Blocks)	\$600.80
17312	Removal And Microscopic Examination Of Growth Of The Head, Neck, Hands, Feet, Or Genitals	\$365.31
	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (First Stage, Up To 5 Tissue Blocks)	\$627.85
	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, Up To 5 Tissue Blocks)	\$372.83
	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, After First 5 Tissue Blocks)	\$72.31
	Cold Treatment Of Acne	\$50.74
	Chemical Treatment Of Acne	\$114.84
	Skin, Mucus Membrane And Beneath The Skin Procedure	Price by Report \$97.93
	Aspiration Of Cyst Of Breast, First Cyst Aspiration Of Cyst Of Breast, Each Additional Cyst	\$24.77
	Drainage Of Abscess Of Breast	\$407.60
	Injection For X-Ray Imaging Of Breast Duct	\$144.32
	Biopsy Of Breast Accessed Through The Skin With Stereotactic Guidance, First Lesion	\$548.47
	Biopsy Of Breast Accessed Through The Skin With Stereotactic Guidance, Additional Lesion	\$423.35
19083	Biopsy Of Breast Accessed Through The Skin With Ultrasound Guidance, First Lesion	\$546.60
19084	Biopsy Of Breast Accessed Through The Skin With Ultrasound Guidance, Additional Lesion	\$416.85
	Biopsy Of Breast Accessed Through The Skin With Mri Guidance, First Lesion	\$841.32
	Biopsy Of Breast Accessed Through The Skin With Mri Guidance, Additional Lesion	\$579.91
	Biopsy Of Breast; Percutaneous, Needle Core, Not Using Imaging Guidance (Separate Procedure)	\$128.48
	Biopsy Of Breast, Open Procedure	\$310.58
	Ablation, Cryosurgical, Of Fibroadenoma, Including Ultrasound Guidance, Each Fibroadenoma	\$2,244.34
	Nipple Exploration, With Or Without Excision Of A Solitary Lactiferous Duct Or A Papilloma Lactiferous Duct Excision Of Lactiferous Duct Fistula	\$419.59
	Removal Of 1 Or More Breast Growth, Open Procedure	\$436.57 \$468.95
	Removal Of Breast Growth, Open Procedure	\$487.90
	Removal Of Growth Of Chest Wall And Ribs, Open Procedure	\$140.41
	Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, First Lesion	\$212.67
	Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, Additional Lesion	\$165.19
	Placement Of Breast Localization Devices Accessed Through The Skin With Stereotactic Guidance, First Lesion	\$251.46
19284	Placement Of Breast Localization Devices Accessed Through The Skin With Stereotactic Guidance, Additional Lesion	\$185.81
19285	Placement Of Breast Localization Devices Accessed Through The Skin With Ultrasound Guidance, First Lesion	\$404.63
	Placement Of Breast Localization Devices Accessed Through The Skin With Ultrasound Guidance, Additional Lesion	\$294.74
19287	Placement Of Breast Localization Devices Accessed Through The Skin With Mri Guidance, First Lesion	\$621.74
19288	Placement Of Breast Localization Devices Accessed Through The Skin With Mri Guidance, Additional Lesion	\$480.07
19294	Preparation Of Tumor Cavity And Placement Of Radiation Therapy Applicator Into Breast For Radiation Therapy Concurrent With Partial Breast Removal	\$143.90
19294	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application	φ143.90
19296	Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy	\$3,568.21
	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application	
	Following Partial Mastectomy, Includes Imaging Guidance; Concurrent With Partial Mastectomy (List Sep	\$82.27
	Insertion Of Catheters Into Breast For Radiation Therapy With Or After Breast Removal Using Imaging Guidance	\$857.00
	Mastectomy For Gynecomastia	\$511.50
	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); With Axillary Lymphadenectomy	\$549.68 \$837.02
	Mastectomy, Partial (Eg, Lumpectorny, Tylectomy, Quadrantectomy, Segmentectomy); with Axiliary Lymphadenectomy Mastectomy, Simple, Complete	\$837.92 \$795.41
	Removal Of Breast, Lymph Nodes, And Muscle	\$1,029.24
	Removal Of Breast, Skin, Lymph Nodes, And Chest Muscles	\$1,098.04
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Code	Description	Fee
	Description Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Without Pectoralis Minor Muscle, But Excluding Pectoralis Major	ree
	Muscle	\$1,089.77
19316	Repair For Sagging Of The Breast	\$749.39
	Breast Reduction	\$1,031.11
	Insertion Of Breast Implant	\$562.72
	Removal Of Intact Breast Implant	\$480.11
	Removal Of Ruptured Breast Implant And Implant Material	\$589.73
	Immediate Insertion Of Breast Implant On Same Day As Mastectomy	\$699.32
	Delayed Insertion Of Breast Implant After Mastectomy Nipple/Areola Reconstruction	\$723.17 \$770.25
	Correction Of Inverted Nipples	\$652.80
	Reconstruction Of Breast Using Tissue Expander	\$1,104.67
	Reconstruction Of Breast With Back Muscle Flap	\$1,464.17
19364	Reconstruction Of Breast With Free Flap	\$2,463.54
	Reconstruction Of Breast With Abdominal Muscle Flap	\$1,606.82
	Reconstruction Of Breast With Single-Based Abdominal Muscle Flap	\$1,967.24
	Reconstruction Of Breast With Double-Based Abdominal Muscle Flap	\$1,828.47
	Surgical Change To Tissue Capsule Surrounding Breast Implant	\$589.85
	Removal Of Entire Tissue Capsule Surrounding Breast Implant Surgical Change To Reconstructed Breast	\$675.09 \$719.31
	Preparation Of Moulage For Custom Breast Implant	\$262.57
	Unlisted Procedure, Breast	Price by Report
	Exploration Of Penetrating Wound (Separate Procedure); Neck	\$622.55
	Exploration Of Penetrating Wound (Separate Procedure); Chest	\$501.42
	Exploration Of Penetrating Wound Of Abdomen, Flank, Or Back	\$532.98
20103	Exploration Of Penetrating Wound (Separate Procedure); Extremity	\$543.37
	Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Obtained Through Same Fascial Incision	\$907.88
	Biopsy Of Muscle	\$187.88
	Biopsy, Muscle; Deep	\$261.90
	Needle Biopsy Of Muscle	\$194.38
	Biopsy Of Bone Using Needle Or Trocar Deep Biopsy Of Bone Using Needle Or Trocar	\$204.65
	Biopsy Of Bone, Open Procedure, Superficial	\$334.50 \$132.97
	Biopsy Of Bone, Open Procedure, Deep	\$304.06
	Biopsy Of Middle Spine Bone	\$363.88
	Biopsy Of Upper Or Lower Spine Bone	\$377.42
20500	Injection Of Sinus Tract; Therapeutic (Separate Procedure)	\$114.84
20501	Injection Of Sinus Tract; Diagnostic (Sinogram)	\$125.43
	Removal Of Foreign Body In Muscle; Simple	\$191.76
	Removal Of Foreign Body In Muscle; Deep Or Complicated	\$405.70
	Injection, Therapeutic (Eg, Local Anesthetic, Corticosteroid), Carpal Tunnel	\$79.06
	Injection Of Enzyme In Palm Tissue	\$80.31
	Injections Of Tendon Sheath, Ligament, Or Muscle Membrane Injection(S); Single Tendon Origin/Insertion	\$55.86
	Injection(S); Single Telition Origin/Insertion Injection(S); Single Or Multiple Trigger Point(S), One Or Two Muscle(S)	\$55.74 \$50.95
	Injections Of Triager Points In 3 Or More Muscles	\$58.73
20000	Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or	φοσ.7ο
20555	Subsequent To The Procedure)	\$309.35
20600	Aspiration And/Or Injection Of Small Joint Or Joint Capsule	\$52.07
	Aspiration And/Or Injection Of Small Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$78.89
	Aspiration And/Or Injection Of Medium Joint Or Joint Capsule	\$53.41
	Aspiration And/Or Injection Of Intermediate Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$86.88
	Aspiration And/Or Injection Of Large Joint Or Joint Capsule	\$62.57
	Aspiration And/Or Injection Of Major Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance Aspiration And/Or Injection Of Ganglion Cyst(S) Any Location	\$96.44 \$57.06
	Aspiration And Injection For Treatment Of Bone Cyst	\$57.06 \$239.52
	Insertion Of Wire Or Pin For Skeletal Traction, Including Removal (Separate Procedure)	\$203.16
	Application Of Cranial Tongs, Caliper, Or Stereotactic Frame, Including Removal (Separate Procedure)	\$206.80
	Placement Of Stabilizing Device To Skull	\$446.70
	Application Of Pelvic Halo Device (Stabilization Device For Pelvis)	\$477.73
	Placement Of Stabilizing Device To Thigh	\$440.81
	Application Of Cranial Halo (Stabilization Device For Skull)	\$777.87
	Removal Of Stabilizing Device From Head Originally Applied By Other Provider	\$109.70
	Removal Of Surface Implant From Bone	\$349.96
	Removal Of Deep Implant From Bone	\$581.03
	Placement Of Single Direction External Bone Stabilizing Device To Arm Or Leg Placement Of Multiple Direction External Bone Stabilizing Device To Arm Or Leg	\$508.61 \$1,075.52
	Revision Of External Bone Stabilizing Device Under Anesthesia	\$1,075.52 \$408.03
	Removal Of External Bone Stabilizing Device Under Anesthesia	\$378.02
	Placement Of Multiple Direction External Bone Stabilizing Device To Arm Or Leg Using Imaging	\$1,075.84
	Placement Of Multiple Direction External Bone Stabilizing Device To Arm Or Leg Using Imaging Guidance	\$1,766.95
	Preparation And Insertion Of Drug-Delivery Devices Beneath Fibrous Covering Of Muscle	\$77.92
	Removal Of Drug-Delivery Devices From Beneath Fibrous Covering Of Muscle	\$59.05
	Preparation And Insertion Of Drug-Delivery Devices Into Marrow Cavity Of Bone	\$127.66
	Removal Of Drug-Delivery Devices From Marrow Cavity Of Bone	\$92.83
20704	Preparation And Insertion Of Drug-Delivery Devices Into Joint	\$137.76
	Removal Of Drug-Delivery Devices Into Joint	\$110.72

Code	Description	Fee
	Replantation, Arm; Complete	\$2,464.05
	Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint); Complete Amputation	\$2,924.34
	Replantation, Hand; Complete	\$3,525.09
20816	Replantation, Digit; Complete	\$1,844.88
20822	Replantation, Digit, Excluding Thumb (Includes Distal Tip To Sublimis Tendon Insertion); Complete Amputation	\$1,597.16
20824	Replantation Of Amputated Thumb Between Wrist And Base Of Thumb	\$1,848.47
20827	Replantation Of Amputated Thumb Between Base Of Thumb And Tip Of Thumb	\$1,639.08
	Replantation, Foot; Complete	\$2,505.07
20900	Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button)	\$337.07
20902	Bone Graft, Any Donor Area; Major Or Large	\$256.14
20910	Cartilage Graft; Costochondral	\$415.93
20912		\$445.20
	Fascia Lata Graft; By Stripper	\$368.79
20922	Fascia Lata Graft; By Incision And Area Exposure, Complex Or Sheet	\$529.07
20924	Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris)	\$463.52
	Fragmented Donor Bone Graft Or Placement Of Material To Promote Bone Growth For Spine Surgery	\$211.01
20931	Structural Donor Bone Graft For Spine Surgery	\$97.71
20932	Donor Bone And Joint Graft To Joint Surface And Neighboring Bone	\$671.72
	Half-Cylindrical Donor Bone Graft	\$616.68
20934	Cylindrical Donor Bone Graft	\$671.07
00000	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From	# 000 04
20936	Same Incision (List Separately In Addition To Code For Primary Procedure)	\$260.64
20027	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In	C4.40.24
20937	Addition To Code For Primary Procedure)	\$149.31
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	\$157.72
20938	Harvest Of Bone Marrow For Spine Surgery Graft	
20939	Monitoring Of Interstitial Fluid Pressure (Includes Insertion Of Device Eg, Wick Catheter Technique, Needle Manometer Technique) In Detection	\$62.24
20950	Of Muscle Compartment Syndrome	\$234.40
20955	Bone Graft With Microvascular Anastomosis; Fibula	\$2,298.74
20956	Bone Graft With Microvascular Anastomosis; Historic Grest	\$2,370.29
20957	Bone Graft With Microvascular Anastomosis; Metatarsal	\$2,469.50
20962	Bone Graft With Microvascular Anastomosis; Other Than Fibula, Iliac Crest, Or Metatarsal	\$2,400.64
20969	Free Osteocutaneous Flap With Microvascular Anastomosis; Other Than Iliac Crest, Metatarsal, Or Great Toe	\$2,559.16
20970	Free Osteocutaneous Flap With Microvascular Anastomosis; Iliac Crest	\$2,554.93
20972	Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal	\$2,546.96
20972	Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web Space	\$2,689.82
20973	Destruction Of 1 Or More Bone Growths Accessed Through The Skin	\$3,403.40
20983	Destruction Of 1 Or More Bone Growths, Accessed Through The Skin	
	Destruction of For More Bone Growths, Accessed Through The Orkin	
	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image, Less (List Separately In Addition To Code For	\$5,590.23
	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For	
20985	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure)	\$132.64
20985 20999	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General	\$132.64 Price by Report
20985 20999 21010	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint	\$132.64 Price by Report \$692.79
20985 20999 21010 21011	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	\$132.64 Price by Report \$692.79 \$333.83
20985 20999 21010 21011 21012	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp	\$132.64 Price by Report \$692.79 \$333.83 \$323.81
20985 20999 21010 21011 21012 21013	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18
20985 20999 21010 21011 21012 21013 21014	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50
20985 20999 21010 21011 21012 21013 21014 21015	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65
20985 20999 21010 21011 21012 21013 21014 21015 21016	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S)	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia)	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030 21031	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Torus Mandibularis	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030 21031 21032	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030 21031 21032 21034	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Malignant Tumor Of Maxillar Or Zygoma Excision Of Malignant Tumor Of Maxilla Or Zygoma	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030 21031 21032 21034 21040	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Malignant Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030 21031 21032 21034 21044	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus Excision Of Maxillary Torus Palatinus Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible,	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$7742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70
20985 20999 21010 21011 21011 21012 21013 21014 21015 21026 21026 21029 21030 21031 21032 21034 21044 21044	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Malignant Tumor Or Cyst Of Mandible; By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible; Radical Resection	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21026 21029 21030 21031 21032 21034 21044	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible; Radical Resection Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$7742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70
20985 20999 21010 21011 21012 21013 21014 21015 21025 21026 21029 21030 21031 21032 21034 21040 21044 21046	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus Excision Of Maxillary Torus Palatinus Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Malignant Tumor Of Mandible; By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Mandibulectomy (Eg, Locally Aggressive Or	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08
20985 20999 21010 21011 21012 21013 21014 21015 21025 21026 21029 21030 21031 21031 21044 21044 21045 21046 21046	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus Excision Of Maxillary Torus Palatinus Excision Of Maxillary Torus Palatinus Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy And Partial Mandibulectomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08
20985 20999 21010 21011 21012 21013 21014 21015 21025 21026 21029 21030 21031 21032 21034 21040 21044 21046	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Boning Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Malignant Tumor Of Mandible, By Enucleation And/Or Curettage Excision Of Malignant Tumor Or Cyst Of Mandible, Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08
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20985 20999 21010 21011 21011 21012 21013 21014 21015 21025 21026 21029 21030 21031 21032 21034 21044 21046 21047 21048 21049 21050 21070	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus Excision Of Maxillary Torus Palatinus Excision Of Malignant Tumor Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy And Partial Mandibulectomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy And Partial Maxillectomy (Eg, Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy And Partial Maxillectomy (Eg, Local	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$11,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08 \$1,157.96 \$946.07 \$1,099.26 \$811.85 \$735.74 \$566.86
20985 20999 21010 21011 21012 21013 21014 21015 21016 21025 21030 21031 21032 21034 21044 21045 21046 21047 21048 21049 21050 21070 21073 21073	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg. Fibrous Dysplasia) Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus Excision Of Malignant Tumor Of Maxilla Or Zygoma Excision Of Malignant Tumor Of Mandible; Requiring Intra-Oral Osteotomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Mandibulectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggres	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08 \$1,157.96 \$946.07 \$1,099.26 \$811.85 \$735.74 \$566.86 \$357.82 \$836.45 \$1,965.03
20985 20999 21010 21011 21012 21013 21014 21015 21026 21026 21029 21030 21031 21032 21034 21040 21044 21045 21046 21049 21050 21070 21070 21070	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg., Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Maxillary Torus Palatinus Excision Of Haxillary Torus Palatinus Excision Of Madignant Tumor Of Mandible, By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible; Requiring Intra-Oral Osteotomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Mandibulectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08 \$1,157.96 \$946.07 \$1,099.26 \$811.85 \$735.74 \$566.86 \$357.82 \$836.45 \$1,965.03 \$1,348.68
20985 20999 21010 21011 21012 21013 21014 21015 21016 21026 21029 21030 21031 21032 21034 21040 21047 21048 21049 21050 21070 21073 21073 21079 21080	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg. Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Mailgnant Tumor Of Mandible; Excision Of Malignant Tumor Of Wardible, By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible; Excision Of Benign Tumor Or Cyst Of Mandible; Redical Resection Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy And Partial Mandibulectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08 \$1,157.96 \$946.07 \$1,099.26 \$811.85 \$735.74 \$566.86
20985 20999 21010 21011 21012 21013 21014 21015 21026 21026 21029 21030 21031 21032 21034 21040 21044 21045 21046 21049 21046 21049 21050 21070 21070 21070 21070 21070 21070 21070 21070 21070 21070 21070 21070 21070 21070 21080 21081	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subdascial (Eg. Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Hamighant Tumor Or Maxilla Or Zygoma By Enucleation And Curettage Excision Of Malignant Tumor Of Mandible, Sequiring Intra-Oral Osteotomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible, Requiring Intra-Oral Osteotomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy And Partial Mandibulectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$506.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08 \$1,157.96 \$946.07 \$1,099.26 \$811.85 \$735.74 \$566.86 \$357.82 \$836.45 \$1,965.03 \$1,348.68 \$1,561.58 \$1,433.31
20985 20999 21010 21011 21012 21013 21014 21015 21025 21026 21029 21030 21031 21032 21034 21040 21045 21046 21047 21048 21049 21050 21070	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) Unlisted Procedure, Musculoskeletal System, General Arthrotomy, Temporomandibular Joint Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); Less Than 2 Cm Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, Intramuscular); 2 Cm Or Greater Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Mandible Excision Of Bone (Eg. For Osteomyelitis Or Bone Abscess) Facial Bone(S) Removal By Contouring Of Benign Tumor Of Facial Bone (Eg. Fibrous Dysplasia) Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage Excision Of Mailgnant Tumor Of Mandible; Excision Of Malignant Tumor Of Wardible, By Enucleation And/Or Curettage Excision Of Malignant Tumor Of Mandible; Excision Of Benign Tumor Or Cyst Of Mandible; Redical Resection Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy And Partial Mandibulectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg. Locally Aggressive Or Destructive Lesion(S)) Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy	\$132.64 Price by Report \$692.79 \$333.83 \$323.81 \$518.18 \$497.50 \$640.65 \$913.82 \$742.15 \$5566.06 \$718.12 \$432.96 \$367.84 \$354.86 \$1,209.87 \$407.84 \$799.70 \$1,105.70 \$939.08 \$1,157.96 \$946.07 \$1,099.26 \$811.85 \$735.74 \$566.86

Description	Fee \$1,435.34 \$661.22 \$1,463.89 \$1,463.89 \$1,463.89 \$1,428.26 Price by Report \$599.18 \$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Impression And Custom Preparation Of Oral Surgical Splint	\$661.22 \$1,463.89 \$1,463.89 \$1,428.26 Price by Report \$599.18 \$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Impression And Custom Preparation; Auricular Prosthesis	\$1,463.89 \$1,463.89 \$1,428.26 Price by Report \$599.18 \$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Impression And Custom Preparation; Nasal Prosthesis	\$1,463.89 \$1,428.26 Price by Report \$599.18 \$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Impression And Custom Preparation, Facial Prosthesis 2008 United Maxillafocal Prosthetic Procedure	\$1,428.26 Price by Report \$599.18 \$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,547.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Unilsted Maxilofacial Prosthetic Procedure Application Of Halo Type Appliance For Maxillofacial Fixation, includes Removal (Separate Procedure) Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation Injection Procedure For Temporomandibular Arthrotomography Injection Or Siding Osteotomy, Single Piece Injection Of Siding Steotomy, Single Piece Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft Injection Of Siding Bone Graft To Enlarge Chia Bone, Additional Bone Graft (Includes Obtaining Autograft Injection Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) Injection Forehead; Contouring And Sebback Of Anterior Frontal Sinus Wall Reconstruction Of Midface Bones, Single Piece (Lefort I) Injection Forehead; Contouring And Sebback Of Anterior Frontal Sinus Wall Reconstruction Of Midface Bones, 2 Pieces (Lefort I) Injection Forehead; Contouring And Sebback Of Anterior Frontal Sinus Wall Reconstruction Of Midface Bones, 2 Pieces (Lefort I) Injection Forehead; Pieces Separate Pieces Separate Pieces (Lefort I) Injection Forehead; Pieces Separate Pieces Separate Pieces Separate Pi	Price by Report \$599.18 \$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Application Of Irlato Type Applicance For Maxilofacial Fixation, Includes Removal (Separate Procedure) Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation This place of the Procedure For Temporomandbular Arthrotomography Cenioplasty, Augmentation (Autograft, Allograft, Prosthetic Material) Genioplasty, Sliding Osteotomy, Single Piece Cenioplasty, Sliding Osteotomy, Single Piece (Pina) Prosthetic Material Or Bone Graft (Includes Obtaining Autograft	\$599.18 \$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Application Of Interdental Fixation Device For Conditions Other Than Fracture Of Dislocation	\$842.24 \$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21120 Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Material) 21121 Genioplasty; Silding Osteotomy, Single Piece 21122 Genioplasty; Silding Osteotomy, Single Piece 21123 Insertion Of Silding Bone Graft To Enlarge Chin Bone, Additional Bone Graft 21124 Augmentation, Mandibular Body Or Angle; Prosthetic Material 21127 Augmentation, Mandibular Body Or Angle; Prosthetic Material 21128 Augmentation, Mandibular Body Or Angle; Prosthetic Material 21129 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft 21130 Reduction Forehead; Contouring Only 21131 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21138 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21139 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21140 Reconstruction Of Midface Bones, Single Piece (Lefort I) 21141 Reconstruction Of Midface Bones, Single Piece (Lefort I) 21142 Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I) 21143 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21144 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21153 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21154 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21156 Reconstruction Midface Bones With Bone Graft With Forehead Advancement Or Alteration, With Or Without Grafts (Includes Obtaining Autografts) 21157 Reconstruction Of Benign Tumor Of Cranial Bones (Eg. Fibrous Dysplasia), Extracranial 21158 Reconstr	\$210.06 \$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$334.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Senioplasty: Augmentation (Autograft, Allograft, Prosthetic Material)	\$629.52 \$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21121 Genioplasty; Silding Osteotomy, Single Piece 21122 Genioplasty; Silding Osteotomies, Two Or More Osteotomies (Eg., Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin) 21123 Insention Of Silding Bone Graft To Enlarge Chin Bone, Additional Bone Graft 21125 Augmentation, Mandibular Body Or Angle; Prostheit Material 21127 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft) 21137 Reduction Forehead; Contouring And Application Of Prosthetic Material 21138 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21139 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21140 Reconstruction Of Midface Bones, Single Piece (Lefort I) 21141 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21142 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21143 Reconstruction Of Midface Bones, With Bone Graft, Single Piece (Lefort I) 21144 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21148 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21149 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort II) 21152 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21153 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21154 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort IIi) 21156 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement Or Alteration, With Or Without Grafts (Includes Obtain Reconstruction Of M	\$599.64 \$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21122 Genioplasty; Sliding Osteotomies, Two Or More Osteotomies (Eg, Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin) 21123 Insertion Of Sliding Bone Graft To Enlarge Chin Bone, Additional Bone Graft 21125 Augmentation, Mandibular Body Or Angle; Prosthetic Material 21127 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft) 21137 Reduction Forehead; Contouring Only 21138 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21139 Reduction Forehead; Contouring And Selback Of Anterior Frontal Sinus Wall 21141 Reconstruction Of Midface Bones, Single Piece (Lefort I) 21142 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21143 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21144 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21145 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21148 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21151 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21151 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21153 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21156 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21157 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement Or Alteration, With Or Without Grafts (Includes Obtaining Autografts) 21158 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement Or Alteration, With Or Without Grafts (Includes Obtaining Autografts) 21159 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21168 Reconstruction Of Bony Def	\$695.10 \$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21123 Insertion Of Siding Bone Graft To Enlarge Chin Bone, Additional Bone Graft	\$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21123 Insertion Of Siding Bone Graft To Enlarge Chin Bone, Additional Bone Graft	\$800.84 \$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21127 Augmentation, Mandibular Body Or Angle; Prosthetic Material 21127 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft 21137 Reduction Forehead; Contouring Only 21138 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21139 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21141 Reconstruction Of Midface Bones, Single Piece (Lefort I) 21142 Reconstruction Of Midface Bones, 3 Prieces (Lefort I) 21143 Reconstruction Of Midface Bones, 3 Prieces (Lefort I) 21144 Reconstruction Of Midface Bones, 3 Prieces (Lefort I) 21145 Reconstruction Of Midface Bones With Bone Graft, 3 Prieces (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, 3 Prieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Prieces (Lefort I) 21148 Reconstruction Of Midface Bones With Bone Graft (Lefort Iii) 21150 Reconstruction Of Midface Bones With Bone Graft (Lefort Iii) 21151 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21151 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21150 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Or Without Grafts (Includes Obtain Autografts) 21152 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21168 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft (Or Prosthetic Material) 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft (Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21181 Removal By Contouring Of Be	\$2,556.98 \$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft	\$3,966.04 \$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21137 Reduction Forehead; Contouring Only 21138 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21139 Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) 21141 Reconstruction Of Midface Bones, Single Piece (Lefort I) 21142 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21143 Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I) 21144 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21145 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21158 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21159 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21151 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21152 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21153 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21154 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21155 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain) 21160 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonocial Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21169 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Includes Obtaining Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, To	\$686.61 \$834.65 \$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) Reduction Forehead; Contouring And Setback Of Anterior Frontal Sinus Wall Reconstruction Of Midface Bones, Single Piece (Lefort I) Reconstruction Of Midface Bones, 2 Pieces (Lefort I) Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I) Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I) Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement Or Alteration, With Or Without Grafts (Includes Obtain) Reconstruction Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachy), With Or Without Grafts (Includes Obtaining Autografts) Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Graft) Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft (Includes Obtaining G	\$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21139 Reduction Forehead; Contouring And Setback Of Anterior Frontal Sinus Wall 21141 Reconstruction Of Midface Bones, Single Piece (Lefort I) 21142 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21143 Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I) 21145 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, Single Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21148 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21150 Reconstruction Of Midface Bones (Lefort II) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort II) 21152 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort IIi) 21153 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort IIi) 21154 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort IIi) 21155 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort IIi) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort IIi) 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21173 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg. Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg. Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Gra	\$999.98 \$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21142 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21143 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21150 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21152 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21153 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21156 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21172 Autografts) 21172 Autografts) 21173 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Parchysephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachysephaly), With Or Without Grafts (Includes Obtaining Autografts) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21183 Greater Than 40 Sq Cm 21184 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21185 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bo	\$1,281.83 \$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21142 Reconstruction Of Midface Bones, 2 Pieces (Lefort I) 21143 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21150 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21152 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21153 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21156 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21172 Autografts) 21172 Autografts) 21173 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Parchysephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachysephaly), With Or Without Grafts (Includes Obtaining Autografts) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21183 Greater Than 40 Sq Cm 21184 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21185 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bo	\$1,314.80 \$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21145 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21146 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21150 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21152 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21153 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21154 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement Or Alteration, With Or Without Grafts (Includes Obtain Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21172 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21173 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm 21184 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21185 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of	\$1,317.19 \$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21146 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21150 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21152 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21153 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21159 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21170 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21171 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21170 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21183 Greater Than 40 Sq Cm 21184 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21185 Greater Than 40 Sq Cm But Less Than 80 Sq Cm 21186 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21187 Greater Than 40 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft (Includes Obtaini	\$1,447.15 \$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21146 Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) 21147 Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) 21150 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21152 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21153 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21159 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21170 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21171 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21170 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21183 Greater Than 40 Sq Cm 21184 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21185 Greater Than 40 Sq Cm But Less Than 80 Sq Cm 21186 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21187 Greater Than 40 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft (Includes Obtaini	\$1,511.07 \$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21150 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21154 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21159 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21160 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21172 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 80 Sq Cm 21184 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21195 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21196 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation	\$1,589.85 \$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21150 Reconstruction Of Midface Bones (Lefort Ii) 21151 Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) 21154 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21159 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21160 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21172 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm 21183 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm 21184 Repair Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 80 Sq Cm 21185 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21196 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation	\$1,511.98 \$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21154 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21159 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21160 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21172 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21175 Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21176 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial 21182 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm 21184 Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 80 Sq Cm 21185 Reconstruction Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft (Includes Obtaining Graft) 21186 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Internal Rigid Fixation	\$1,662.28 \$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21154 Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) 21155 Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) 21159 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) 21160 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) 21172 Autografts) Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21175 Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21176 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction Fore Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 80 Sq Cm Reconstruction Of Middibular Rami, Horizontal, Vertical, "C", or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21198 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21198 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", or "L" Osteotomy; Without Internal Rigid Fixation	\$1,788.33 \$1,981.62 \$2,371.52 \$2,570.61
21159 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) 21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii Greater Than 80 Sq Cm Reconstruction Of Mondibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation	\$2,371.52 \$2,570.61
21160 Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain Autografts) Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21182 Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21184 Greater Than 80 Sq Cm 21185 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21196 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of Mandibular Ramis And/Or Body, Sagittal Split; With Internal Rigid Fixation	\$2,371.52 \$2,570.61
Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtain 21172 Autografts) Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce 21175 Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 80 Sq Cm Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation	
21172 Autografts) Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21182 Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21184 Greater Than 80 Sq Cm 21185 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21196 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) Reconstruction Of Mandibular Ramis And/Or Body, Sagittal Split; With Internal Rigid Fixation	
Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoce 21175 Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftic Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftic Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftic Greater Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftic Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Ramis And/Or Body, Sagittal Split; With Unternal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	ig I
21175 Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21182 Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21184 Greater Than 80 Sq Cm 21185 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21196 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,832.82
21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) 21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21182 Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21184 Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21196 Reconstruction Of Mandibular Ramis And/Or Body, Sagittal Split; With Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	ohaly,
21180 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) 21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21182 Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21184 Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21194 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$2,010.37
21181 Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii Greater Than 80 Sq Cm Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,384.19
Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,544.90
21182 Than 40 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Graftii 21184 Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21194 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Ramus, Horizontal, Sagittal Split; Without Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$677.24
Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti Greater Than 80 Sq Cm Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft (Includes Obtaining Graft) Reconstruction Of Mandibular Rami, And/Or Body, Sagittal Split; With Uniternal Rigid Fixation Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	g Less
21183 Greater Than 40 Sq Cm But Less Than 80 Sq Cm Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafti 21184 Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21194 Reconstruction Of Mandibular Ramis, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Ramis And/Or Body, Sagittal Split; With Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,918.61
Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting 21184 Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21194 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	g
21184 Greater Than 80 Sq Cm 21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21194 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$2,086.10
21188 Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft 21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21194 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	g
21193 Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft 21194 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$2,242.87
21194 Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) 21195 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,481.78
21195 Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation 21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,181.95
21196 Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$1,330.20
	\$1,259.34
lavian love to M. Pill O. Add	\$1,320.23
21198 Osteotomy, Mandible, Segmental	\$960.27
21199 Osteotomy, Mandible, Segmental; With Genioglossus Advancement	\$945.72
21206 Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard)	\$905.09
21208 Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant)	\$1,606.51
21209 Osteoplasty, Facial Bones Reduction	\$733.81
21210 Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) 21215 Graft, Bone; Mandible (Includes Obtaining Graft)	\$1,595.61
- , , , , , , , , , , , , , , , , , , ,	\$3,619.68
21230 Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft)	\$711.40
21235 Graft; Ear Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft)	\$646.96
21240 Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft)	\$975.32
21242 Arthroplasty, Temporomandibular Joint, With Alloplastic Material (Eg, Silicone)	\$944.97
21243 Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement	\$1,493.54
21244 Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (Eg, Mandibular Staple Bone Plate)	\$938.02
21245 Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant Partial	\$1,107.74
21246 Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant Complete	\$792.83
21247 Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (Includes Obtaining Grafts) (Eg, For Hemifacial Microsomia)	ı
21248 Reconstruction Of Mandible Or Maxilla, Endosteal Implant (Eg, Blade, Cylinder); Partial	¢4 472 54
21249 Reconstruction Of Mandible Of Maxilla, Endosteal Implant (Eg, Blade, Cylinder), Partial 21249 Reconstruction Of Mandible Of Maxilla, Endosteal Implant Complete	\$1,473.54 \$925.25
21255 Reconstruction of Maxima, Endosted Implant Complete 21255 Reconstruction of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining Autografts)	\$925.25
2120 Indestruction of Zygornatic Arch And Giendia Fussa With Dutte And Cartiage (Includes Obtaining Adogratis)	\$925.25 \$1,256.34
21256 Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts (Includes Obtaining Autografts) (Eg, Microophthalmia)	\$925.25
21260 Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach	\$925.25 \$1,256.34 \$1,256.37
21261 Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And Extracranial Approach	\$925.25 \$1,256.34 \$1,256.37 \$1,128.93
21263 Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With Forehead Advancement	\$925.25 \$1,256.34 \$1,256.37 \$1,128.93 \$1,261.62
21267 Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Extracranial Approach	\$925.25 \$1,256.34 \$1,256.37 \$1,128.93 \$1,261.62 \$2,220.91
	\$925.25 \$1,256.34 \$1,256.37 \$1,128.93 \$1,261.62 \$2,220.91 \$2,057.03
21268 Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Combined Approach	\$925.25 \$1,256.34 \$1,256.37 \$1,128.93 \$1,261.62 \$2,220.91

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Code 21275	Description	Fee \$772.87
21275	Reattachment Of Nasal And Eye Socket Ligament, Ear Side	\$545.91
21282	Reattachment Of Nasal And Eye Socket Ligament, Nose Side	\$370.44
21295	Reduction Of Masseter Muscle And Bone (Eq. For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach	\$182.71
21296	Reduction Of Masseter Muscle (Eg, Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach	\$381.08
21299	Unlisted Craniofacial And Maxillofacial Procedure	Price by Report
21315	Closed Treatment Of Broken Nasal Bone, Without Stabilization	\$134.85
21320	Manipulative Treatment, Nasal Bone Fracture; Without Stabilization With Stabilization	\$212.10
21325	Open Treatment Of Nasal Fracture; Uncomplicated	\$391.83
21330	Open Treatment Of Nasal Fracture; Complicated, With Internal And/Or External Skeletal Fixation	\$504.21
21335	Open Treatment Of Nasal Fracture; With Concomitant Open Treatment Of Fractured Septum	\$692.36
21336 21337	Open Treatment Of Nasal Septal Fracture, With Or Without Stabilization Closed Treatment Of Nasal Septal Fracture, With Or Without Stabilization	\$607.19 \$368.45
21337	Open Treatment Of Nasoethmoid Fracture; Without External Fixation	\$636.07
21339	Open Treatment Of Nasoethmoid Fracture; Without External Fixation With External Fixation	\$716.40
21340	Treatment Of Broken Eye Socket And Nasal Bones, Accessed Through The Skin	\$692.94
21343	Open Treatment Of Depressed Frontal Sinus Fracture	\$1,014.59
		* /-
21344	Open Treatment Of Complicated (Eg, Comminuted Or Involving Posterior Wall) Frontal Sinus Fracture, Via Coronal Or Multiple Approaches	\$1,289.75
21345	Closed Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint	\$750.78
21346	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); With Wiring And/Or Local Fixation	\$970.15
21347	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); Requiring Multiple Open Approaches	\$973.68
21348	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); With Bone Grafting (Includes Obtaining Graft)	\$1,005.09
21355 21356	Treatment Of Broken Lower And Upper Cheek Bones With Manipulation, Accessed Through The Skin Open Treatment Of Broken Cheek Bone, Zygoma Fracture	\$421.05 \$477.36
21356	Open Treatment Of Broken Cheek Bone, Aglar Fracture	\$477.36 \$484.34
21300	Open Treatment Of Complicated (Eq. Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch	ψ404.34
21365	And Malar Tripod; With Internal Fixation And Multiple Surgical Approaches	\$1,027.50
	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch	
21366	And Malar Tripod; With Bone Grafting (Includes Obtaining Graft)	\$1,162.69
21385	Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Transantral Approach	\$674.90
21386	Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Periorbital Approach	\$740.07
21387	Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Combined Approach	\$703.71
21390	Open Treatment Of Broken Eye Socket Bone With Implant, Blowout Fracture	\$772.29
21395	Open Treatment Of Broken Eye Socket Bone With Bone Graft, Blowout Fracture	\$920.69
21400	Closed Treatment Of Fracture Of Orbit, Except "Blowout"; Without Manipulation Closed Treatment Of Broken Eye Socket Bone With Manipulation	\$199.71 \$448.48
21401 21406	Open Treatment Of Broken Eye Socket Bone Without Implant, Other Than Blowout Fracture	\$448.48 \$537.38
21407	Open Treatment Of Broken Eye Socket Bone With Implant, Other Than Blowout Fracture	\$619.25
21407	Open Treatment Of Broken Eye Socket Bone With Implant, Other Than Blowout Fracture	\$825.04
21421	Closed Treatment Of Palatal Or Maxillary Fracture (Lefort I Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint	\$618.00
21422	Open Treatment Of Fracture At Roof Of Mouth Or Cheek Bone (Lefort I)	\$599.25
21423	Open Treatment Of Fracture At Roof Of Mouth Or Cheek Bone (Lefort I), Complicated	\$733.55
21431	Closed Treatment Of Broken Bones Of Cheek, Nose Or Face With Insertion Of Hardware Or Oral Splint (Lefort Iii)	\$663.97
21432	Open Treatment Of Broken Bones Of Face (Lefort Iii) And Head And/Or Insertion Of Hardware	\$665.90
21433	Open Treatment Of Broken Bones Of Face And Head (Lefort Iii), Complicated	\$1,575.05
21435	Open Treatment Of Broken Bones Of Face And Head And/Or Insertion Of Hardware (Lefort Iii), Complicated	\$1,281.44
21436	Open Treatment Of Broken Bones Of Face And Head With Insertion Of Hardware And Bone Graft (Lefort Iii), Complicated	\$1,850.08
21440	Closed Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	\$676.99
	Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	\$685.75
21450 21451	Closed Treatment Of Mandibular Fracture; Without Manipulation Closed Treatment Of Mandibular Fracture; With Manipulation	\$524.21 \$748.02
21451	Treatment Of Broken Jaw Bone With Placement Of External Hardware, Accessed Through The Skin	\$748.02 \$726.06
21452	Closed Treatment Of Mandibular Fracture With Interdental Fixation	\$966.40
21454	Open Treatment Of Mandibular Fracture With External Fixation	\$454.10
21461	Open Treatment Of Mandibular Fracture; Without Interdental Fixation	\$1,624.15
21462	Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation	\$1,729.52
21465	Open Treatment Of Mandibular Condylar Fracture	\$739.94
	Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or	
21470	Wiring Of Dentures Or Splints	\$1,115.44
21480	Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated	\$125.10
21485	Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated	\$946.48
21490	Open Treatment Of Temporomandibular Dislocation	\$728.70
21497	Interdental Wiring, For Condition Other Than Fracture Unlisted Orthopedic Procedure, Head	\$627.88
21499 21501	Incision And Drainage, Deep Abscess Or Hematoma;	Price by Report \$427.01
21501	Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy	\$457.77
	Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess);	\$410.42
	Excisional Biopsy, Soft Tissues	\$235.13
	Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater	\$472.86
21554	Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater	\$686.49
21555	Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; Less Than 3 Cm	\$378.06
21556	Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$452.76
21557	Removal Of (Less Than 5 Centimeters) Growth Of Neck Or Front Of Chest	\$861.77
	Description of Continuation On Constant Continuation Of Mark On Const	\$1,204.22
21558	Removal Of (5 Centimeters Or Greater) Growth Of Neck Or Front Of Chest	
21558 21600 21601	Removal Of (5 Centimeters of Greater) Growth Of Neck of Front of Chest Excision Of Rib, Partial Removal Of Tumor From Chest Wall Including Ribs	\$510.02 \$1,055.13

	Description	Fee
	Removal Of Tumor From Chest Wall Including Ribs With Plastic Reconstruction	\$1,394.60
	Removal Of Tumor From Chest Wall Including Ribs With Plastic Reconstruction And Removal Of Lymph Nodes From Chest Cavity	\$1,509.83
21610	Costotransversectomy (Separate Procedure)	\$1,041.59
21615	Excision First And/Or Cervical Rib;	\$567.86
21616	Excision First And/Or Cervical Rib For Outlet Compression Syndrome Or Other Cause; With Sympathectomy	\$623.10
21620	Ostectomy Of Sternum, Partial	\$456.30
21627	Sternal Debridement	\$473.78
21630	Radical Resection Of Sternum;	\$1,195.99
21685	Hyoid Myotomy And Suspension	\$907.92
21700	Division Of Scalenus Anticus; Without Resection Of Cervical Rib	\$311.49
21705	Division Of Scalenus Anticus; With Resection Of Cervical Rib	\$477.00
21720	Release Of Tendons Of Neck Muscle, Open Procedure	\$446.36
21725	Release Of Tendons Of Neck Muscle With Cast Application, Open Procedure	\$496.56
	Repair of Depression Of Breast Bone. Open Procedure	\$903.16
21742	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), Without Thoracoscopy	\$1,027.93
21743	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), With Thoracoscopy	\$1,102.82
	Closure Of Median Sternotomy Separation With Or Without Debridement (Separate Procedure)	
21750		\$616.33
21811	Open Treatment Of Broken Ribs With Insertion Of Hardware, 1-3 Ribs	\$534.78
21812	Open Treatment Of Broken Ribs With Insertion Of Hardware, 4-6 Ribs	\$645.79
21813	Open Treatment Of Broken Ribs With Insertion Of Hardware, 7 Or More Ribs	\$859.25
21820	Closed Treatment Of Sternum Fracture	\$139.77
21825	Open Treatment Of Sternum Fracture With Or Without Skeletal Fixation	\$496.37
21899	Unlisted Procedure, Neck Or Thorax	Price by Report
21920	Biopsy Of Tissue Of Back Or Flank, Superficial	\$225.77
	Biopsy Of Tissue Of Back Or Flank, Deep	\$463.63
	Excision, Tumor, Soft Tissue Of Back Or Flank	\$436.28
21931	Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; 3 Cm Or Greater	\$495.32
	Excision, Tumor, Soft Tissue Of Back Or Flank, Subdactial (Eg, Intramuscular); Less Than 5 Cm	\$621.41
21932	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular); 5 Cm Or Greater	\$688.08
	Removal (Less Than 5 Centimeters) Tissue Growth Of Back Or Flank	
21935	,	\$920.97
21936	Removal (5 Centimeters Or Greater) Tissue Growth Of Back Or Flank	\$1,260.22
22010	Drainage Of Abscess Of Upper Or Middle Spine, Open Chest Procedure	\$901.77
22015	Drainage Of Abscess Of Lower Spine Or Sacrum, Open Procedure	\$886.03
22100	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Neck (Cervical Spine)	\$783.48
22101	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Upper Back (Thoracic Spine)	\$771.48
	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Lower Back (Lumber Spine)	\$709.42
22103	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality From Additional Vertebral Segment Of Spine	\$118.74
	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Neck (Cervical	
22110	Spine)	\$932.98
	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Upper Back	
22112	(Thoracic Spine)	\$988.41
2211/	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Lower Back (Lumbar Spine)	\$988.41
22117	(euribui Opino)	ψ300.+1
22116	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In Additional Vertebral Segment Of Spine	\$121.11
	Extensive Incision Of Spinal Column (3-Column Osteotomy) In Upper Back (Thoracic Spine) To Correct Deformity	\$2,222.32
	The second secon	w-,
22207	Extensive Incision Of Spinal Column (3-Column Osteotomy) In 1 Vertebral Segment Of Lower Back (Lumbar Spine) To Correct Deformity	\$2,104.42
22208	Extensive Incision Of Spinal Column (3-Column Osteotomy) In 1 Additional Vertebral Segment Of Spine	\$521.03
22210	Incision Of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment Of Neck (Cervical Spine) To Correct Deformity	\$1,574.18
22212	Incision Of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment Of Upper Back (Thoracic Spine) To Correct Deformity	\$1,400.68
22214	Incision Of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment Of Upper Back (Lumbar Spine) To Correct Deformity	¢1 200 00
22214		\$1,399.99
22216	Incision Of Spinal Column (Single Column Osteotomy) In Additional Vertebral Segment Of Spine	\$323.63
22220	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral Segment; Cervical	\$1,431.94
22222	Osteotomy Of Spine, Anterior Approach, For Correction Of Thoracic	\$1,519.73
22224	Osteotomy Of Spine, Anterior Approach, For Correction Of Lumbar Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral Segment; Each Additional Vertebral Segment (List Separately	\$1,421.89
22226	In Addition To Code For Primary Procedure)	\$312.93
22310	Closed Treatment Of Vertebral Body Fracture(S), Without Manipulation, Requiring And Including Casting Or Bracing	\$272.44
22315	Closed Treatment Of Broken And/Or Dislocated Spine Bones With Casting And/Or Bracing With Manipulation	\$807.06
22318	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Anterior Approach	\$1,421.57
22319	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones With Bone Graft, Anterior Approach	\$1,573.10
	Open Treatment Of Broken And/Or Dislocated Lower Spine Bones, Posterior Approach	\$1,220.75
22325		- · ,====
22325		\$1 377 22
22326	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach	\$1,377.22 \$1,409.42
22326 22327	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach	\$1,409.42
22326 22327 22328	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Spine Bones, Posterior Approach	\$1,409.42 \$248.19
22326 22327	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach	\$1,409.42
22326 22327 22328	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Spine Bones, Posterior Approach	\$1,409.42 \$248.19
22326 22327 22328 22505	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach Open Treatment Of Broken And/Or Dislocated Spine Bones, Posterior Approach Manipulation Of Spine Requiring Anesthesia, Any Region	\$1,409.42 \$248.19 \$116.93

Code	Description Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Thoracic To Correct	Fee
22513	Forward Bending	\$6,264.84
	Injection Of Bone Cement Into Body Of Lower Spine Bone Accessed Through The Skin Using Imaging Guidance	\$6,240.15
22515	Injection Of Bone Cement Into Body Of Middle Or Lower Spine Bone Accessed Through The Skin Using Imaging Guidance	\$2,852.93
22532	Fusion Of Middle Spine Bones With Removal Of Disc, Lateral Approach	\$1,575.67
22533	Fusion Of Lower Spine Bones With Removal Of Disc, Lateral Approach	\$1,473.93
22534	Fusion Of Middle Or Lower Spine Bones With Removal Of Disc, Lateral Approach	\$321.48
22548	Fusion Of Spine Bones At Base Of Neck, Oral Approach	\$1,686.44
22551	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Complex	\$1,542.94
22552	Fusion Of Spine Bones With Removal Of Disc In Upper Spinal Column Below Second Vertebra Of Neck , Anterior Approach	\$350.64
22554	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Simple	\$1,106.47
22556	Fusion Of Middle Spine Bones With Removal Of Disc, Anterior Approach	\$1,463.58
22558	Fusion Of Spine Bones With Removal Of Disc At Lower Spinal Column, Anterior Approach	\$1,398.76
22585	Fusion Of Spine Bones With Removal Of Disc, Anterior Approach	\$289.23
	Arthrodesis, Pre-Sacral Interbody Technique, Including Disc Space Preparation, Discectomy, With Posterior Instrumentation, With Image	, , , , ,
22586	Guidance, Includes Bone Graft When Performed, L5-S1 Interspace	\$1,743.75
22590	Fusion Of First Two Upper Spine Bones Of Spinal Column, Posterior Approach	\$1,380.26
22595	Fusion Of Spine Bones At Skull Base, Posterior Approach	\$1,320.98
22600	Fusion Of Upper Spine Bones, Posterior Or Posterolateral Approach	\$1,140.83
22610	Fusion Of Middle Spine Bones, Posterior Or Posterolateral Approach	\$1,179.72
22612	Fusion Of Lower Spine Bones, Posterior Or Posterolateral Approach	\$1,452.16
22614	Fusion Of Spine Bones, Posterior Or Posterolateral Approach	\$346.67
22630	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace	\$1,414.77
22632	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace, Each Additional Interspace	\$273.06
22633	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment	\$1,646.66
000	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment, Each Additional	ψ1,010.00
22634	Interspace And Segment	\$429.26
22800	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, Up To 6 Vertebral Segments	\$1,263.52
22802	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 7 To 12 Vertebral Segments	\$1,939.71
22804	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 13 Or More Vertebral Segments	\$2,502.81
22808	Fusion Of Spine Bones For Correction of Deformity, Anterior Approach, 75 of 3 Vertebral Segments	\$1,610.71
22810	Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 4 To 7 Vertebral Segments	\$1,805.06
22812	Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 8 Or More Vertebral Segments	\$1,978.63
22818	Fusion Of Spine Bones For Correction Of Hunchback Deformity, Single Or 2 Segments	\$1,929.36
22819	Fusion Of Spine Bones For Correction Of Hunchback Deformity, 3 Or More Segments	\$2,221.43
22830	Exploration Of Spinal Fusion	
	Tethering Of 7 Or Fewer Middle Spine Bones	\$730.16
22836 22837		\$1,453.65
	Tethering Of 8 Or More Middle Spine Bones	\$1,600.81
22838	Revision, Replacement, Or Removal Of Middle Spine Tethering	\$1,621.82
22840	Insertion Of Posterior Spinal Instrumentation At Base Of Neck For Stabilization, 1 Interspace	\$673.10
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	\$0.00
22842	Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 3 To 6 Vertebral Segments	\$676.80
22843	Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 7 To 12 Vertebral Segments	\$724.55
22844	Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 13 Or More Vertebral Segments	\$880.51
22845	Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 2 To 3 Vertebral Segments	\$643.19
22846	Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 4 To 7 Vertebral Segments	\$668.90
22847	Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 8 Or More Vertebral Segments	\$711.26
	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To	****
22848	Code For Primary Procedure)	\$321.71
	Reinsertion of Spinal Fixation Device	\$1,087.64
	Removal Of Posterior Nonsegmental Spinal Instrumentation	\$655.66
	Removal Of Posterior Segmental Spinal Instrumentation	\$659.92
	Insertion Of Device Into Intervertebral Disc Space Of Spine And Fusion Of Vertebrae	\$228.75
	Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra And Fusion Of Vertebrae	\$296.23
22855	Removal Of Anterior Instrumentation (Eg, Dwyer Device)	\$976.52
	Insertion Of Artificial Upper Spine Disc, Anterior Approach	\$1,480.38
22857	Insertion Of Artificial Lower Spine Disc, Anterior Approach	\$1,590.00
	Insertion Of Artificial Upper Spine Disc Anterior Approach	\$437.01
22859	Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra	\$286.55
22860	Insertion Of Artificial Disc Between Bones Of Lower Spine, Additional Space	\$293.93
22861	Revision With Replacement Of Artificial Upper Spine Disc	\$1,976.38
	Revision With Replacement Of Artificial Lower Spine Disc	\$1,981.17
	Revision Of Artificial Upper Spine Disc, Cervical	\$1,767.73
	Revision Of Artificial Lower Spine Disc, Lumbar	\$1,934.92
22867	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level With Open Decompression	\$946.06
		\$208.12
22868	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Additional Level With Open Decompression	
22868 22869	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level	\$418.67
22868 22869 22870	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level	\$418.67 \$109.34
22868 22869 22870 22899	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine	\$418.67 \$109.34 Price by Report
22868 22869 22870 22899 22900	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid)	\$418.67 \$109.34 Price by Report \$510.79
22868 22869 22870 22899	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine	\$418.67 \$109.34 Price by Report
22868 22869 22870 22899 22900	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid)	\$418.67 \$109.34 Price by Report \$510.79
22868 22869 22870 22899 22900 22901	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid) Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular); 5 Cm Or Greater	\$418.67 \$109.34 Price by Report \$510.79 \$601.06
22868 22869 22870 22899 22900 22901 22902	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid) Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular); 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm	\$418.67 \$109.34 Price by Report \$510.79 \$601.06 \$445.56
22868 22869 22870 22899 22900 22901 22902 22903	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid) Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular); 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater	\$418.67 \$109.34 Price by Report \$510.79 \$601.06 \$445.56 \$463.84
22868 22869 22870 22899 22900 22901 22902 22903 22904	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level Unlisted Procedure, Spine Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid) Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular); 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater Removal (Less Than 5 Centimeters) Tissue Growth In Abdominal Wall	\$418.67 \$109.34 Price by Report \$510.79 \$601.06 \$445.56 \$463.84 \$943.67

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Excision Or Curettage Of Bone Cyst O' Benign Tumor Of Clavide Or Scapula; Excision Or Curettage Of Bone Cyst O' Benign Tumor Of Clavide Or Scapula; With Primary Autogenous Graft (includes Obtaining Graft) S2146 Excision Or Curettage Of Bone Cyst O' Benign Tumor Of Clavide O' Scapula; With Homogenous O' Other Nonautogenous Graft S2146 Excision Or Curettage Of Bone Cyst O' Benign Tumor Of Proximal Humerus; S2145 Excision Or Curettage Of Bone Cyst O' Benign Tumor O' Proximal Humerus; S2145 Excision Or Curettage Of Bone Cyst O' Benign Tumor O' Proximal Humerus; S2145 Excision Or Curettage Of Bone Cyst O' Benign Tumor O' Proximal Humerus; S2145 Excision Or Curettage Of Bone Cyst O' Benign Tumor O' Proximal Humerus; S2146 Excision Or Curettage Of Bone Cyst O' Benign Tumor O' Proximal Humerus; S2147 Sequestrectomy (E', Br O' Steomyvillis O' Bone Abscess), S2147 S2148 S2148 S2148 S2149 S2148 S2149 S2148 S2149 S2148 S2149 S2148 S2149 S2149 S2149 S2149 S2149 S2149 S2149 S2149 S2140		T.	\$649.50
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2316 Exision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavinle Or Scapula; With Homogenous Or Other Nonautogenous Graft 2315 Exision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; 2315 Exision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Primary Autogenous Graft (Includes Obtaining Graft) 2316 Exision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Homogenous Or Other Nonautogenous Graft 2317 Sequestrectomy (E.g. For Osteomyelisis Or Bone Abscess), 2318 Sequestrectomy (E.g. For Osteomyelisis Or Bone Abscess), 2319 Sequestrectomy (E.g. For Osteomyelisis Or Bone Abscess), 23117 Removal Of Oead Upper Arm Bone For Bone Infection In The Upper Portion Or The Bone 2370 Partial Removal Of Collar Bone For A Bone Infection In The Upper Portion Or The Bone 2370 Partial Removal Of Collar Bone For A Bone Infection 2318 Partial Existion (Craterizanio, Saucerization, Or Displaysectomy) Bone (Eg. Osteomyeliis), Scapula 2319 Partial Removal Of Upper Portion Upper Arm Bone Fitumerus) For Bone Infection 2319 Osteomy Of Scapula, Partial (Eg. Superior Medial Angle) 2319 Osteomy Of Scapula, Partial (Eg. Superior Medial Angle) 2320 Radical Resection Of Tumor, Powamal Humerus 23210 Radical Resection Of Tumor, Powamal Humerus 2322 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin 2323 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin 2323 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle 2323 Removal Of Portiseis Of Shoulder 2324 Removal Of Portiseis Of Shoulder 2325 Removal Of Portiseis Of Shoulder 2326 Removal Of Portiseis Of Shoulder For Attrography Or Shoulder Removal Of Portiseis Of Shoulder Attrography Or Shoulder Removal Or	∠3140	Excision of Curetage of Bone Cyst of Benign Turnor of Clavicie of Scapula;	\$485.06
Series S	23115	Excision Or Curattage Of Rone Cyst Or Renign Tumor Of Claviela Or Scanula: With Drimary Autography Graff (Includes Obtaining Craff)	¢627.40
Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Primary Autogenous Graft (Includes Obtaining Graft) \$722 \$23156			\$637.48
23156 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Primary Autogenous Graft (Includes Obtaining Graft) 23172 Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Homogenous Or Other Nonautogenous Graft 23173 Sequestrectomy (Eg. For Osteomyellis Or Bone Abscess), 23174 Removal Of Dead Upper Arm Bone For Bone Abscess), 23174 Removal Of Dead Upper Arm Bone For Bone Infection In The Upper Portion Or The Bone 2370 Partial Removal Of Collet Bone For A Bone Infection 23180 Partial Removal Of Collet Bone For A Bone Infection 23181 Partial Removal Of Lupper Portion Upper Arm Bone Fittenson 23182 Partial Existion (Cristraticanio, Suscentration), Or Displaysectomy) Bone (Eg. Osteomyellis), Scapula 23181 Partial Removal Of Upper Portion Upper Arm Bone Humerus) For Bone Infection 23190 Osteomy Of Scapula, Partial (Eg. Superior Medial Angle) 23190 Resection Humeral Head 23190 Resection Of Tumor: Clavicle 23191 Resection Of Tumor: Clavicle 23191 Redical Resection Of Tumor: Devardal Humerus 2320 Redical Resection Of Tumor: Proximal Humerus 2321 Removal Of Foreign Body Of Shoulder Joint. Accessed Beneath The Skin 2322 Removal Of Foreign Body Of Shoulder Joint. Accessed Beneath The Skin 2323 Removal Of Portises of Shoulder Joint. Accessed Beneath The Tissue Or Muscle 2323 Removal Of Portises of Shoulder Arthrography Of Shoulder Arthrography Of Shoulder For Shoulder Arthrography Of Shoulder Received Of Tomine Stope Of Shoulder For Shoulder Arthrography Of Shoulder Received Of Tomine Stope Of Shoulder Received Of Tomine Stope Of Shoulder Received Of Profite Shoulder Arthrography Of Shoulder Received Of		ů , ů	\$572.82 \$611.22
Seciolar Of Curettage Of Bone Cyst Of Benigh Tumor Of Proximal Humerus; With Homogenous Or Other Nonautogenous Graft \$82	∠3150	LAUSIUM OF CUREMAGE OF DUTIE CYST OF DERINGE FUTURITIES FUTURITIES,	\$611.23
Seciolar Of Curettage Of Bone Cyst Of Benigh Tumor Of Proximal Humerus; With Homogenous Or Other Nonautogenous Graft \$82	23155	Excision Or Curettage Of Rone Cyst Or Renign Tumor Of Proximal Humanus: With Primary Autogenous Graft (Includes Obtaining Graft)	\$729.40
Sequestrectomy (Eg. For Osteomywillis Or Bone Abscess). \$512712 Sequestrectomy (Eg. For Osteomywillis Or Bone Abscess). \$52172 Sequestrectomy (Eg. For Osteomywillis Or Bone Abscess). \$52172 Sequestrectomy (Eg. For Osteomywillis Or Bone Abscess). \$52182 Partial Removal Of Codiar Bone For Bone Infection in The Upper Portion Or The Bone \$500 Partial Removal Of Codiar Bone For A Bone Infection in The Upper Portion Or The Bone \$510 Partial Removal Of Upper Portion Upper Arm Bone (Humerus) For Bone Infection \$52182 Partial Excision (Craterization, Saucetraziation, Or Diaphysectomy) Bone (Eg. Osteomywillis), Scapula \$512390 Osteomy Of Scapula, Partial (Eg. Superior Medial Angle) \$52390 Resection Humeral Head \$52390 Resection Humeral Head \$52300 Resection Humeral Head \$52300 Resection Of Tumor; Clavicle \$13,23210 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin \$62300 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin \$63330 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin \$63330 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin \$643330 Removal Of Foreishesis Of Shoulder Foreign Shoulder \$643330 Removal Of Foreishesis Of Shoulder Arthrography Of Enhanced Ct/Mri Shoulder Arthrography \$6440 Repair Of Foreishesis Of Shoulder Arthrography Of Enhanced Ct/Mri Shoulder Arthrography \$6450 Foreign Portion Shoulder Research of Transity, Shoulder Arthrography \$6460 Foreign Portion Shoulder Research Shoulder Arthrography \$6470 Foreign Portion Shoulder Research Shoulder Arthrography \$6480 Foreign Portion Shoulder Research Shoulder Arthrography \$6490 Foreign Portion Shoulder Research Shoulder Arthrography \$6490 Foreign Portion Shoulder Research Shoulder Shoulder Shoulder Shoulder Shoulder Shoulder Shoulder Shoulder Shoul			\$622.19
Sequestractomy (Eg. For Osteonyellis Or Bone Abscess), S521714 Removal Of Dead Upper Am Bone For Bone Infection in The Upper Portion Or The Bone S701812 Partial Removal Of Coller Bone For A Bone Infection in The Upper Portion Or The Bone S701812 Partial Removal Of Coller Bone For A Bone Infection S701812 Partial Removal Of Upper Portion (Upper Am Bone (Fumerus) For Bone Infection S701812 Partial Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Partial Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Resection (Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Upper Portion (Upper Am Bone (Humerus) For Bone Infection S701812 Removal Of Portion Bondy Of Shoulder Joint, Accessed Beneath The Sixin S711812 Removal Of Portion Bondy Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle S701812 Removal Of Portion Bondy Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle S701812 Removal Of Portion Bondy Of Shoulder Anthrography Of Enhanced Cl/Min Shoulder Anthrography S701812 Removal Of Portion Bone Of Shoulder Anthrography Of Enhanced Cl/Min Shoulder Anthrography S701812 Removal Of Portion Bone Of Shoulder Anthrography Of Enhanced Cl/Min Shoulder Anthrography S701812 Repair Of Tom Tendons Of Shoulder Anthrography Of Enhanced Cl/Min Shoulder Anthrography S701812 Repair Of Tom Tendons Of Shoulder Anthrography Of Enhanced Cl/Min Shoulder Anthrography S701812 Repair Of Tom Tendons Of Shoulder Anthrography Of Enhanced Cl/Min Shoulder Anthrography S701812 Rep		ů , ů	\$519.44
Removal Of Dead Upper Arm Bone For Bone Infection in The Upper Portion Or The Bone \$700			
Partial Removal Of Collar Bone For A Bone Infection \$60 Septiment Revision (Craterization, Sucerization, Or Diaphysectomy) Bone (Eg. Osteomyelitis), Scapula \$61 Septiment Revision (Craterization, Sucerization, Or Diaphysectomy) Bone (Eg. Osteomyelitis), Scapula \$61 Septiment Revision (Craterization, Sucerization, Or Diaphysectomy) Bone (Eg. Osteomyelitis), Scapula \$61 Septiment Revision (Craterization, Sucerization, Or Diaphysectomy) Bone (Eg. Osteomyelitis), Scapula \$61 Septiment Revision (Craterization, Sucerization, Or Diaphysectomy) Bone (Eg. Osteomyelitis), Scapula \$61 Septiment Revision (Craterization, Sucerization, Or Diaphysectomy) Bone (Eg. Osteomyelitis), Scapula \$61 Septiment Revision (Craterization, Sucerization, Scapula, Spatian, Spa			
Partial Excision (Craterization, Saucerization, or Diaphysectomy) Bone (Eg. Osteomyelitis), Scapula Set		''	
Partial Removal Of Upper Portion Upper Arm Bone (Humens) For Bone Infection \$70			\$607.72
Sesection Ostectomy Of Scapula, Partial (Eg. Superior Medial Angle) \$544			\$617.35
Resection Humeral Head \$1.32 22200 Radical Resection Of Tumor; Clavicle \$1.35 22210 Radical Resection Of Tumor; Scapula \$1.55 22210 Radical Resection Of Tumor; Scapula \$1.57 22220 Radical Resection Of Tumor, Proximal Humerus \$1.57 22220 Radical Resection Of Prosthesis Of Shoulder Accessed Beneath The Skin \$2.58 22220 Removal Of Prosthesis Of Shoulder, Total Shoulder 22220 Removal Of Prosthesis Of Shoulder, Total Shoulder \$1.57 22220 Removal Of Prosthesis Of Shoulder Radical Shoulder Of Upper Arm; Shoulder Arthrography \$1.57 22220 Removal Of Prosthesis Of Shoulder Radical Shoulder Of Upper Arm; Multiple \$1.57 22220 Removal Of Prosthesis Of Shoulder Radical Shoulder Of Upper Arm; Multiple \$1.57 22220 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New \$2.58 222210 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old \$2.57 222210 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old \$2.57 222222 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old \$2.57 22222 Repair Of Tom Tendons Of Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) \$2.57 22222 Repair Of Tom Tendons Of Shoulder (Rotator) Cuff, Open Procedure, Chronic Or Old Repair Or Open Procedure, Chronic Or Ol			\$709.74
232200 Radical Resection Of Tumor, Clavicle \$1,36 23220 Radical Resection Of Tumor, Proximal Humerus \$1,76 23220 Radical Resection Of Tumor, Proximal Humerus \$1,77 23230 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin \$28 23333 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle \$43 23334 Removal Of Prosthesis Of Shoulder \$96 23335 Removal Of Prosthesis Of Shoulder, Arthrography Or Enhanced Ct/Mri Shoulder Arthrography \$14 23350 Injection Procedure For Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography \$14 23397 Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single \$1,16 23397 Muscle Transfer, Any Type, For Paralysis Of Shoulder Or Upper Arm; Multiple \$1,10 23400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$88 23410 Tenotomy, Shoulder Area; Single Tendon \$86 23410 Tenotomy, Shoulder Area; Single Tendon \$86 23410 Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision \$86 23411 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New \$78 <			\$546.03
Radical Resection Of Tumor, Scapula 23220 Radical Resection Of Tumor, Proximal Humerus \$1,74 23330 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin \$281 23331 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle \$3334 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle \$3334 Removal Of Prosthesis Of Shoulder \$3432 Removal Of Prosthesis Of Shoulder, Total Shoulder \$3432 Removal Of Prosthesis Of Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography \$3442 Repair Of Prosthesis Of Shoulder Or Upper Arm; Single \$3440 Repair Of Tom Tendons Of Shoulder Or Upper Arm; Multiple \$3440 Repair Of Tom Tendons Of Shoulder (Rotator Cutfl), Open Procedure, Acute Or New \$3440 Repair Of Tom Tendons Of Shoulder (Rotator Cutfl), Open Procedure, Acute Or New \$3441 Repair Of Tom Tendons Of Shoulder (Rotator Cutfl), Open Procedure, Acute Or New \$3441 Repair Of Tom Tendons Of Shoulder (Rotator Cutfl), Open Procedure, Acute Or New \$3441 Repair Of Tom Tendons Of Shoulder (Rotator) Cutfl Avulsion, Chronic Or Old \$3411 Coracaromial Ligament Release, With Or Without Acromioplasty \$3440 Reconstruction Of Complete Shoulder (Rotator) Cutfl Avulsion, Chronic (Includes Acromioplasty) \$3440 Resection Or Transplantation Of Long Tendon Of Biceps \$4410 Repair Of Tom Tendons Of Shoulder (Rotator) Cutfl Avulsion, Chronic (Includes Acromioplasty) \$4410 Resection Or Transplantation Of Long Tendon Of Biceps \$4411 Repair Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim \$4412 Archaelachment Of Shoulder Joint Capsule Mith Bone Block \$4412 Repair Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim \$4412 Archaelachment Of Shoulder Joint Vith Instabil			\$714.45
Sacrostic Radical Resection Of Tumor, Proximal Humerus \$1.7¢			\$1,356.86
Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin \$433 3334 Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle \$433 3334 Removal Of Prosthesis Of Shoulder \$107 3336 Removal Of Prosthesis Of Shoulder, Total Shoulder \$108 3336 Removal Of Prosthesis Of Shoulder, Total Shoulder \$109 3336 Injection Procedure For Shoulder Athrography Or Enhanced Ct/Mri Shoulder Arthrography \$147 3337 Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single \$1,107 3337 Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single \$1,007 33400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$1,007 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$2,008 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$2,009 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$2,009 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$2,000 3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) \$2,000 3400 Scapulopexy (Eg. Sprengel'S Deformity Or Foredure, Chronic Or New \$2,000 3400 Scapulopexy (Eg. Sprengel'S Deformity Or Foredure, Chronic Or New \$2,000 3400 Scapulopexy (Eg. Sprengel'S Deformity Or Foredure, Chronic Or New \$2,000 3400 Scapulopexy (Eg. Sprengel'S Deformity Or Paralysis) \$2,000 3400 Scapulopexy (Eg. Sprengel'S Deformity Or Paralysis) \$2,000 3400 Scapulopexy (Eg. Sprengel'S Deformity Or Paralysis) \$2,000 3400 Sc		' '	\$1,589.14
Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle \$43. Removal Of Prosthesis Of Shoulder \$96. \$986. \$3335 Removal Of Prosthesis Of Shoulder, Total Shoulder \$1,007. \$3350 Injection Procedure For Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography \$1,107. \$3350 Injection Procedure For Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography \$1,107. \$1,107. \$1,107. \$1,107. \$1,107. \$1,107. \$2,107. \$1,107. \$2,107. \$1,107. \$2,107. \$1,107. \$2,107. \$1,107. \$2,107. \$1,107. \$2,107. \$2,107. \$2,107. \$2,107. \$3,107. \$4,1		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	\$1,742.46
Removal Of Prosthesis Of Shoulder, Total Shoulder Removal Of Prosthesis Of Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography Removal Of Prosthesis Of Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography Removal Of Prosthesis Of Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography Repair Of Tom Shoulder Area: Multiple Tendons Of Upper Arm; Multiple Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old Repair Of Tom Tendons Of Shoulder (Rotator) Cuff Arulsion, Chronic (Includes Acromioplasty) Reconstruction Of Complete Shoulder (Rotator) Cuff Arulsion, Chronic (Includes Acromioplasty) Reconstruction Of Complete Shoulder (Rotator) Cuff Arulsion, Chronic (Includes Acromioplasty) Respective Of Long Tendon Of Biceps Reattachment Of Shoulder Joint Capsule Without Bone Transfer Reattachment Of Shoulder Joint Capsule Without Bone Transfer Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block Repair Of Shoulder Joint Capsule And Cartilage With Bone Block Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) Repair Of Shoulder Joint Capsule With Bone Bransfer (Coracoid Bone) Repair Of Shoulder Joint With Instability In Multiple Directions Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions Repair Of Shoulder Joint V			\$288.29
Removal Of Prosthesis Of Shoulder, Total Shoulder S1,07 S3355 Injection Procedure For Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography S1,14 S3395 Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single S1,16 S3400 Scapulopexy (Eg. Sprengel'S Deformity Or For Paralysis) S2400 Tenotomy, Shoulder Area; Single Tendon S250 S2401 Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision S2401 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New S2410 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New S2411 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New S2412 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New S2412 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New S2412 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old S2413 Remain Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old S2414 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old S2415 Reconstruction Of Complete Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old S2416 Reconstruction Of Complete Shoulder Old Biceps S2423 Tenodesis Of Long Tendon Of Biceps S2423 Tenodesis Of Long Tendon Of Biceps S2424 Resection Of Transplantation Of Long Tendon Of Biceps S2425 Reattachment Of Shoulder Joint Capsule Without Bone Transfer S2426 Reattachment Of Shoulder Joint Capsule Without Bone Transfer With Repair Of Shoulder Rim S2426 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim S2427 Prosthetic Repair Of Shoulder Joint Capsule With Bone Block Repair Of Shoulde			\$434.30
Injection Procedure For Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography \$1433355 Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single \$1,105 State			\$964.67
Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single 3395 Muscle Transfer, Any Type For Paralysis Of Shoulder Or Upper Arm; Multiple 33400 Sapulopexy (Eg., Sprengel'S Deformity Or For Paralysis) 3888- 3405 Tenotomy, Shoulder Area; Single Tendon 3888- 3405 Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision 3888- 3406 Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision 3888- 3410 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New 3788 3411 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New 3788 3412 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old 3811 3412 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old 3812 3413 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old 3814 Repair Of Tom Tendons Of Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) 3824 Repair Of Tom Tendons Of Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) 3824 Repair Of Shoulder Joint Capsule Without Bone Transfer 3825 Reattachment Of Shoulder Joint Capsule Mithout Bone Transfer With Repair Of Shoulder Rim 3836 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block 3838 Repair Of Shoulder Joint Capsule In The Back Of The Joint 3846 Repair Of Shoulder Joint Capsule In The Back Of The Joint 38470 Arthoplasty, Glenohumeral Joint, Hemiathroplasty 38471 Arthoplasty, Glenohumeral Joint, Hemiathroplasty 38472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 38473 Revision Of Total Shoulder Apint, Total Shoulder 38474 Revision Of Total Shoulder Repair, Total Shoulder 38475 Revision Of Total Shoulder Repair, Total Shoulder 38486 Repair Of Capsule Repair Of Shoulder Repair, Total Shoulder 38496 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Proximal Humerus 3822 38497 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Proximal Humerus		,	\$1,073.91
Muscle Transfer, Any Type For Paralysis Of Shoulder Or Upper Arm; Multiple \$1,03		, 01,	\$143.45
Scapulopexy (Eg, Sprengel'S Deformity Or For Paralysis) Fenotomy, Shoulder Area; Single Tendon \$590 Sava Fenotomy, Shoulder Area; Single Tendon \$590 Sava Repair Of Tom Tendons Of Shoulder (Rotator Cutf), Open Procedure, Acute Or New \$780 Sava Repair Of Tom Tendons Of Shoulder (Rotator Cutf), Open Procedure, Acute Or New \$780 Sava Repair Of Tom Tendons Of Shoulder (Rotator Cutf), Open Procedure, Chronic Or Old \$811 Sava Reconstruction Of Complete Shoulder (Rotator) Cutf Avulsion, Chronic (Includes Acromioplasty) \$922 Sava Tendons of Shoulder Sava Reconstruction Of Complete Shoulder (Rotator) Cutf Avulsion, Chronic (Includes Acromioplasty) \$924 Sava Reconstruction Of Complete Shoulder (Rotator) Cutf Avulsion, Chronic (Includes Acromioplasty) \$925 Sava Tendons of Long Tendon Of Biceps \$3440 Reattachment Of Shoulder Joint Capsule Without Bone Transfer Sava Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Transfer With Repair Of Shoulder Rim \$900 Sava Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block \$9346 Reattachment Of Shoulder Joint Capsule Nith Bone Bransfer (Coracoid Bone) \$1,00 Sava Repair Of Shoulder Joint Capsule In The Back Of The Joint \$1,01 Sava Repair Of Shoulder Joint Capsule In The Back Of The Joint \$1,01 Sava Revision Of Total Shoulder Joint, Total Shoulder Sava Revision Of Total Shoulder Acetal Shoulder Repair, Total Shoulder Sava Revision Of Total Shoulder Repair, Total Shoul			\$1,161.92
Tenotomy, Shoulder Area; Single Tendon \$590 23406 Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision \$688. Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New \$780 23412 Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New \$810 23415 Coracoacromial Ligament Release, With Or Without Acromioplasty \$640 23420 Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) \$921 23430 Tenodesis Of Long Tendon Of Biceps \$690 23430 Tenodesis Of Long Tendon Of Biceps \$690 23440 Resection Or Transplantation Of Long Tendon Of Biceps \$690 23450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer \$855 23450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer With Repair Of Shoulder Rim \$900 23460 Reattachment Of Shoulder Joint Capsule With Bone Block \$988 23462 Reattachment Of Shoulder Joint Capsule With Bone Block \$988 23463 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$1,00 23466 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$1,00 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty \$1,10 23471 Prosthetic Repair Of Shoulder Joint Total Shoulder 23472 Prosthetic Repair Of Shoulder Joint Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,50 23474 Revision Of Total Shoulder Repair, Total Shoulder 23475 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23476 Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) 23486 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Proximal Humerus 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Proximal Humerus 23500 Closed Treatment Of Closed Clavicular Fracture; Without Manipulation 23600 Closed Treatment Of Closed Clavicular Fracture; Without Manipu		7 7 21 7 1	\$1,030.58
Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision Se823410 Repair Of Tom Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New \$788	23400	Scapulopexy (Eg, Sprengel'S Deformity Or For Paralysis)	\$884.57
Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New S78(23412 Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old \$810 S2415 Coracoacromial Ligament Release, With Or Without Acromioplasty S64(23420 Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) S92(23430 Tenodesis Of Long Tendon Of Biceps \$711 S2440 Resection Or Transplantation Of Long Tendon Of Biceps \$850 S2450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer S850 S2451 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim \$90 S2460 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block S2461 Reattachment Of Shoulder Joint Capsule With Bone Block S2462 Reattachment Of Shoulder Joint Capsule With Bone Block S2463 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$1,00 S2460 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$1,00 S2470 Arthroplasty, Glenohumeral Joint, Hemiarthroplasty Prosthetic Repair Of Shoulder Joint With Instability In Multiple Directions \$1,12 S2472 Prosthetic Repair Of Shoulder Joint Mith Instability In Multiple Directions \$1,35 S2474 Revision Of Total Shoulder Repair, Total Shoulder S2485 Incision To Repair Collarbone S2490 Incision To Repair Collarbone S240 Incision To Repair Collarbone S240 Incision To Repair Collarbone S240 Sectomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) S240 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle Teatment Of Closed Clavicular Fracture; With Manipulation S250 Closed Treatment Of Closed Clavicular Fracture; With Manipulation S250 Closed Treatment Of Closed Clavicular Fracture; With Manipulation			\$590.92
Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old \$810 23415 Coracoacromial Ligament Release, With Or Without Acromioplasty \$640 23420 Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) \$921 23430 Tenodesis Of Long Tendon Of Biceps \$711 23440 Resection Or Transplantation Of Long Tendon Of Biceps \$692 23450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer \$851 23451 Reattachment Of Shoulder Joint Capsule Without Bone Transfer With Repair Of Shoulder Rim \$900 23462 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block \$3463 Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$3464 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$3465 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$3466 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions \$3470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty \$3471 Revision Of Total Shoulder Joint, Total Shoulder \$3472 Prosthetic Repair Of Shoulder Joint, Total Shoulder \$3473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component \$3474 Revision Of Total Shoulder Repair, Total Shoulder \$3480 Incision To Repair Collarbone \$3480 Incision To Repair Collarbone \$3480 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle \$3481 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Proximal Humerus \$3500 Closed Treatment Of Closed Clavicular Fracture; With Manipulation \$32500 Treatment Of Closed Clavicular Fracture; With Manipulation \$32600 Treatment Of Closed Clavicular Fracture; With Manipulation \$3270			\$684.42
23415 Coracoacromial Ligament Release, With Or Without Acromioplasty 23420 Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) 23430 Tenodesis Of Long Tendon Of Biceps 23440 Resection Or Transplantation Of Long Tendon Of Biceps 23450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer 23455 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim 23460 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Block 23461 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block 23462 Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) 23463 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) 23464 Repair Of Shoulder Joint Capsule In The Back Of The Joint 23466 Repair Of Shoulder Joint With Instability In Multiple Directions 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23475 Revision To Repair Collarbone 23480 Incision To Repair Collarbone 23480 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Proximal Humerus 23500 Closed Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23505 Treatment Of Closed Clavicular Fracture; Without Manipulation 23505			\$780.62
23420 Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) 23430 Tenodesis Of Long Tendon Of Biceps 23430 Resettion Or Transplantation Of Long Tendon Of Biceps 23450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer 23451 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim 23460 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block 23461 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block 23462 Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) 23463 Repair Of Shoulder Joint Capsule In The Back Of The Joint 23464 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23480 Incision To Repair Collarbone 23480 Incision To Repair Collarbone 23480 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Proximal Humerus 23505 Treatment Of Closed Clavicular Fracture; Without Manipulation 23605 Treatment Of Closed Clavicular Fracture; With Manipulation 23606			\$810.78
23430 Tenodesis Of Long Tendon Of Biceps \$71 23440 Resection Or Transplantation Of Long Tendon Of Biceps \$690 23450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer \$855 23455 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim \$900 23460 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block \$980 23462 Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) \$1,000 23465 Repair Of Shoulder Joint Capsule In The Back Of The Joint \$1,000 23466 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions \$1,000 23470 Arthroplasty, Glenohumeral Joint, Hemiarthroplasty \$1,120 23472 Prosthetic Repair Of Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,500 23474 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,500 23480 Incision To Repair Collarbone \$1,600 23480 Incision To Repair Collarbone \$1,600 23480 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle \$780 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus \$920 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation \$220 23505 Treatment Of Closed Clavicular Fracture; With Manipulation \$330		ů , i ,	\$640.30
23440 Resection Or Transplantation Of Long Tendon Of Biceps 23450 Reattachment Of Shoulder Joint Capsule Without Bone Transfer 23451 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim 23460 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block 23462 Reattachment Of Shoulder Joint Capsule Mith Bone Transfer (Coracoid Bone) 23463 Repair Of Shoulder Joint Capsule Mith Bone Transfer (Coracoid Bone) 23464 Repair Of Shoulder Joint Capsule In The Back Of The Joint 23466 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23471 Arthroplasty, Glenohumeral Joint, Total Shoulder 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23480 Incision To Repair Collarbone 23480 Incision To Repair Collarbone 23480 Incision To Repair Collarbone 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation 23500 Treatment Of Closed Clavicular Fracture; With Manipulation 2360			\$926.20
Reattachment Of Shoulder Joint Capsule Without Bone Transfer Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block Reattachment Of Shoulder Joint Capsule Mith Bone Transfer (Coracoid Bone) Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions Arthroplasty, Glenohumeral Joint, Hemiarthroplasty Revision Of Total Shoulder Joint, Total Shoulder Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component Revision Of Total Shoulder Repair, Total Shoulder Revision To Repair Collarbone Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus Proximal Humerus Sections Closed Treatment Of Clavicular Fracture; Without Manipulation Sasson Treatment Of Closed Clavicular Fracture; With Manipulation Sasson			\$711.95
23455 Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim 23460 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block 23462 Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) 23465 Repair Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) 23466 Repair Of Shoulder Joint Capsule In The Back Of The Joint 23467 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions 23468 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23471 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23472 Prosthetic Repair Of Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23480 Incision To Repair Collarbone 23480 Incision To Repair Collarbone 23485 Fixation) 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation 23600 Treatment Of Closed Clavicular Fracture; Without Manipulation 23601		i i	\$690.12
23460 Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block 23462 Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) 23465 Repair Of Shoulder Joint Capsule In The Back Of The Joint 23466 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23471 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23472 Prosthetic Repair Of Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23480 Incision To Repair Collarbone 23480 Incision To Repair Collarbone 23485 Fixation) 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation 23600 Treatment Of Closed Clavicular Fracture; With Manipulation 23601		'	\$859.50
23462 Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) 23465 Repair Of Shoulder Joint Capsule In The Back Of The Joint 23466 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions 31,06 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 31,35 23474 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 31,62 23480 Incision To Repair Collarbone Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) 23480 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 3782 3890 Closed Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 3922 23500 Treatment Of Closed Clavicular Fracture; Without Manipulation \$333		1 0	\$901.62
23465 Repair Of Shoulder Joint Capsule In The Back Of The Joint 23466 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23480 Incision To Repair Collarbone 23480 Incision To Repair Collarbone 23485 Fixation) 23480 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23260 Closed Treatment Of Clavicular Fracture; Without Manipulation 23505 Treatment Of Closed Clavicular Fracture; With Manipulation 3360			\$989.42
23466 Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions \$1,06 23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty \$1,12 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder \$3473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,56 23474 Revision Of Total Shoulder Repair, Total Shoulder \$34,62 23480 Incision To Repair Collarbone Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) \$900 23480 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle \$788 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus \$922 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation \$333			\$1,006.33
23470 Arthroplasty, Glenohumeral Joint; Hemiarthroplasty 23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23480 Incision To Repair Collarbone 23480 Incision To Repair Collarbone 23485 Fixation) 23486 Fixation) 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation 2360 Treatment Of Closed Clavicular Fracture; With Manipulation 2370 Statement Of Closed Clavicular Fracture; With Manipulation			\$1,014.53
23472 Prosthetic Repair Of Shoulder Joint, Total Shoulder 23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component 23474 Revision Of Total Shoulder Repair, Total Shoulder 23480 Incision To Repair Collarbone 23480 Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation 23701 Treatment Of Closed Clavicular Fracture; With Manipulation 33702 33703 Treatment Of Closed Clavicular Fracture; With Manipulation 33704 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation 3470 Prophylactic Treatment Of Closed Clavicular Fracture; With Manipulation			\$1,064.74
23473 Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component \$1,50 23474 Revision Of Total Shoulder Repair, Total Shoulder \$1,62 23480 Incision To Repair Collarbone \$747 Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle \$783 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus \$923 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation \$224 23505 Treatment Of Closed Clavicular Fracture; With Manipulation \$333			\$1,128.65
23474 Revision Of Total Shoulder Repair, Total Shoulder \$1,62 23480 Incision To Repair Collarbone \$747 Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) \$907 23485 Fixation) \$907 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle \$783 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus \$923 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation \$224 23505 Treatment Of Closed Clavicular Fracture; With Manipulation \$333		·	\$1,355.57
23480 Incision To Repair Collarbone \$74			\$1,506.24
Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) 23485 Fixation) 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation 23505 Treatment Of Closed Clavicular Fracture; With Manipulation 333		·	\$1,624.27
23485 Fixation) 23490 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle 23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation 23505 Treatment Of Closed Clavicular Fracture; With Manipulation \$333	23480	· ·	\$747.66
23490Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle\$7823491Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus\$9223500Closed Treatment Of Clavicular Fracture; Without Manipulation\$2223505Treatment Of Closed Clavicular Fracture; With Manipulation\$33			
23491 Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus \$923 23500 Closed Treatment Of Clavicular Fracture; Without Manipulation \$224 23505 Treatment Of Closed Clavicular Fracture; With Manipulation \$333		'	\$902.54
23500 Closed Treatment Of Clavicular Fracture; Without Manipulation \$224 23505 Treatment Of Closed Clavicular Fracture; With Manipulation \$33			\$783.80
23505 Treatment Of Closed Clavicular Fracture; With Manipulation \$33			\$923.23
	23500	Closed Treatment Of Clavicular Fracture; Without Manipulation	\$224.32
23515 Open Treatment Of Clavicular Fracture, Includes Internal Fixation. When Performed \$62	23505	Treatment Of Closed Clavicular Fracture; With Manipulation	\$337.72
Ψ02	23515	Open Treatment Of Clavicular Fracture, Includes Internal Fixation, When Performed	\$621.26
23520 Closed Treatment Of Sternoclavicular Dislocation; Without Manipulation \$22	23520	Closed Treatment Of Sternoclavicular Dislocation; Without Manipulation	\$227.49
23525 Treatment Of Closed Sternoclavicular Dislocation; With Manipulation \$373	23525	Treatment Of Closed Sternoclavicular Dislocation; With Manipulation	\$373.04

Code	Description Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic;	Fee \$529.61
23530 23532	Open Treatment Of Sternoclavicular Dislocation, Acute Of Chronic, With Fascial Graft (Includes Obtaining Graft)	\$575.35
23540	Closed Treatment Of Acromioclavicular Dislocation; Without Manipulation	\$225.10
23545	Treatment Of Closed Acromicolavicular Dislocation; With Manipulation	\$330.41
23550	Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic;	\$550.47

23552	Open Treatment Of Closed Or Open Acromioclavicular Dislocation, Acute Or Chronic; With Fascial Graft (Includes Obtaining Graft)	\$623.58
23570	Closed Treatment Of Scapular Fracture; Without Manipulation	\$212.09
23575	Closed Treatment Of Scapular Fracture; With Manipulation, With Or Without Skeletal Traction (With Or Without Shoulder Joint Involvement)	\$385.20
23585	Open Treatment Of Scapular Fracture (Body, Glenoid Or Acromion) Includes Internal Fixation, When Performed	\$840.68
23600	Closed Treatment A Fracture Of The Upper End Of The Upper Arm Bone Without Manipulation	\$335.72
23605	Closed Treatment Of A Break Of The Upper Portion Of Upper Arm Bone With Manipulation Open Treatment Of Broken Upper Arm Bone, Upper End	\$439.98 \$799.43
23615	Open Treatment Of Broximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of	\$799.43
23616	Tuberosity(S), When Performed; With Proximal Humeral Prosthetic Replacement	\$1,117.90
23620	Closed Treatment Of Greater Humeral Tuberosity Fracture; Without Manipulation	\$245.69
23625	Treatment Of Closed Greater Tuberosity Fracture; With Manipulation	\$360.43
23630	Open Treatment Of Greater Humeral Tuberosity Fracture, Includes Internal Fixation, When Performed	\$712.77
23650	Closed Treatment Of Shoulder Dislocation, With Manipulation; Without Anesthesia	\$298.66
23655	Treatment Of Closed Shoulder Dislocation, With Manipulation; Requiring Anesthesia	\$359.52
23660	Open Treatment Of Acute Shoulder Dislocation	\$537.56
23665	Closed Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tuberosity, With Manipulation	\$406.16
l	Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Bone Boney Prominence Outside Of	_
23670	The Joint	\$793.57
23675	Closed Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fracture, With Manipulation	\$514.54
23680	Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Head Or Neck	\$844.16
23700	*Manipulation Under Anesthesia, Including Application Of Fixation Apparatus (Dislocation Excluded) Arthrodesis. Glenohumeral Joint:	\$172.31
23800 23802	Arthrodesis, Glenonumeral Joint; Arthrodesis, Glenonumeral Joint; With Autogenous Graft (Includes Obtaining Graft)	\$932.95 \$1,162.21
23900	Interthoracoscapular Amputation (Forequarter)	\$1,250.83
23920	Removal Of Tendons, Ligaments, And Muscles Of Shoulder	\$1,017.46
23921	Removal Of Tendons, Ligaments, And Muscles Of Shoulder, Secondary Closure	\$434.28
23929	Unlisted Procedure, Shoulder	Price by Report
23930	Incision And Drainage; Deep Abscess Or Hematoma	\$313.09
23931	Incision And Drainage, Upper Arm Or Elbow Area; Bursa	\$267.94
23935	Ncision, Deep, With Opening Of (Eg, Cortex For Osteomyelitis Or Bone Abscess);	\$470.72
24000	Incision Of Elbow With Exploration, Drainage, Or Removal Of Foreign Body	\$436.25
24006	Arthrotomy Of The Elbow, With Capsular Excision For Capsular Release (Separate Procedure)	\$673.09
24065	Biopsy Of Soft Tissue Of Upper Arm Or Elbow, Superficial	\$249.77
24066	Biopsy Of Soft Tissue Of Upper Arm Or Elbow, Deep	\$584.82
24071	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 3 Cm Or Greater	\$383.56
24073 24075	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subcutaneous; Less Than 3 Cm	\$733.83 \$474.37
24075	Excision, Tumor, Soft Tissue Of Opper Arm Or Elbow Area, Subcataneous, Less Than 5 Cm	\$469.82
24077	Removal (Less Than 5 Centimeters) Tissue Growth Of Upper Arm Or Elbow	\$929.65
24079	Removal (5 Centimeters Or Greater) Tissue Growth Of Upper Arm Or Elbow	\$1,186.45
24100	Arthrotomy, Elbow; With Synovial Biopsy Only	\$388.22
24101	Arthrotomy, Elbow; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body	\$466.13
	Arthrotomy, Elbow; With Synovectomy	\$569.32
	Excision, Olecranon Bursa	\$319.91
	Removal Of Upper Arm Bone Cyst Or Growth Without A Bone Graft	\$543.12
	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Primary Autogenous Graft (Includes Obtaining Graft)	\$704.31
	Removal Of Upper Arm Bone Cyst Or Growth With A Bone Graft	\$783.27
24120	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process;	\$491.90
24425	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Primary Autogenous Graft (Includes Obtaining Graft)	¢E70.40
24125	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Homogenous Or Other	\$572.40
24126	Nonautogenous Graft	\$597.08
	Excision, Radial Head	\$471.69
	Removal Of Dead Upper Arm Bone For Bone Infection In The Main Portion And Lower Portion Or The Bone	\$683.24
	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Radial Head Or Neck;	\$580.70
24138	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Olecranon Process;	\$633.37
24140	Partial Removal Of Upper Arm Bone (Humerus) For Bone Infection	\$644.88
	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Radial Head Or Neck	\$546.42
	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg. Osteomyelitis), Olecranon Process	\$580.62
	Radical Resection Of Capsule, Soft Tissue, And Heterotopic Bone, Elbow, With Contracture Release (Separate Procedure)	\$1,125.40
24150	Radical Resection Of Tumor, Shaft Or Distal Humerus	\$1,392.14
24152		\$1,212.61
	Resection Of Elbow Joint (Arthrectomy)	\$775.85
17416()	Removal Of Elbow Joint Hardware Removal Of Hardware Of Forearm Bone At Elbow Joint	\$1,135.85
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Memiopiphyseal Arrest (Eg. Cublus Varus Or Valgus, Distal Humenus) \$916.73	24435		
Prophylacinic Treatment (Nailing, Pinning, Plating Or Wirling), With or Without Manipulation \$383.37	24470	Hemiepiphyseal Arrest (Eg, Cubitus Varus Or Valgus, Distal Humerus)	\$616.73
Closed Treatment Of Ereatment of Search (Closed Treatment of Search (Closed Treatment of A Break Of The Mid Portion Of Upper Arm Bone With Manipulation \$449.43	24495	Decompression Fasciotomy, Forearm, With Brachial Artery Exploration	\$803.71
S449.43	24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft	\$789.37
September Sept	24500	Closed Treatment A Fracture Of The Mid Portion Of The Upper Arm Bone Without Manipulation	\$364.39
Closed Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without Intercondylar Extension; Without Manipulation \$84.23 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation, With Or Stephal Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation, With Or Stephal Treatment Or Skeletal Traction \$55.58 S85.58	24505	Closed Treatment Of A Break Of The Mid Portion Of Upper Arm Bone With Manipulation	\$449.43
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Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation \$384.23 (Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation, With Or Without Skin Or Skeletal Traction \$55.55.88 (Without Skin Or Skeletal Traction) \$55.55.89 (Without Skin Or Skin	24516	Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without Cerclage And/Or Locking Screws	\$815.66
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Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Top Of The Wrist (Extensor) With Graft Repair, Tendon Sheath, Extensor, Forearm And/Or Wrist, With Free Graft (Includes Obtaining Graft) (Eg, For Extensor Carpi Ulnaris Subluxation) Security Lengthening Or Shortening Of Flexor Or Extensor Tendon, Single, Each Tendon Incision Of Tendon Of Forearm And/Or Wrist, Open Procedure Tenolysis, Single Flexor Or Extensor Tendon, Each Tendon Anchoring Of Flexing Tendon Of Fingers To Wrist Bone Security Anchoring Of Extending Tendon Of Fingers To Wrist Bone Security Securi	25270	Removal Of Upper Arm Bone Cyst Or Growth	\$431.96
Repair, Tendon Sheath, Extensor, Forearm And/Or Wrist, With Free Graft (Includes Obtaining Graft) (Eg, For Extensor Carpi Ulnaris \$618.51 25275 Subluxation) \$618.51 25280 Lengthening Or Shortening Of Flexor Or Extensor Tendon, Single, Each Tendon \$522.88 25290 Incision Of Tendon Of Forearm And/Or Wrist, Open Procedure \$382.37 25295 Tenolysis, Single Flexor Or Extensor Tendon, Each Tendon \$460.02 25300 Anchoring Of Flexing Tendon Of Fingers To Wrist Bone \$634.05 25301 Anchoring Of Extending Tendon Of Fingers To Wrist Bone \$591.77			
25280Lengthening Or Shortening Of Flexor Or Extensor Tendon, Single, Each Tendon\$522.8825290Incision Of Tendon Of Forearm And/Or Wrist, Open Procedure\$382.3725295Tenolysis, Single Flexor Or Extensor Tendon, Each Tendon\$460.0225300Anchoring Of Flexing Tendon Of Fingers To Wrist Bone\$634.0525301Anchoring Of Extending Tendon Of Fingers To Wrist Bone\$591.77	25274		\$611.95
25290 Incision Of Tendon Of Forearm And/Or Wrist, Open Procedure \$382.37 25295 Tenolysis, Single Flexor Or Extensor Tendon, Each Tendon \$460.02 25300 Anchoring Of Flexing Tendon Of Fingers To Wrist Bone \$634.05 25301 Anchoring Of Extending Tendon Of Fingers To Wrist Bone \$591.77			
25295Tenolysis, Single Flexor Or Extensor Tendon, Each Tendon\$460.0225300Anchoring Of Flexing Tendon Of Fingers To Wrist Bone\$634.0525301Anchoring Of Extending Tendon Of Fingers To Wrist Bone\$591.77			
25300 Anchoring Of Flexing Tendon Of Fingers To Wrist Bone \$634.05 25301 Anchoring Of Extending Tendon Of Fingers To Wrist Bone \$591.77			
25301 Anchoring Of Extending Tendon Of Fingers To Wrist Bone \$591.77			
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Code	Description	Fee
	Tendon Transplantation Or Transfer, Flexor Or Extensor, Single; With Tendon Graft(S) (Includes Obtaining Graft), Each Tendon	\$656.95
		\$702.89
	Flexor Origin Slide For Cerebral Palsy; With Tendon(S) Transfer	\$834.78
25320 25332	Repair Of Wrist Joint, Open Procedure Repair Of Wrist Joint (Arthroplasty)	\$862.16 \$773.22
25552	Transposition And Realignment Of Hand Over Ulna With Or Without Removal Of Bone Or Bones, And With Or Without Tendon Transfer Or	\$113.22
25335	Advancement (Riordon Type Operation)	\$860.23
	Reconstruction For Stabilization Of Unstable Distal Ulna Or Distal Radioulnar Joint, Secondary By Soft Tissue Stabilization (Eg, Tendon	
25337	Transfer, Tendon Graft Or Weave, Or Tenodesis) With Or Without Open Reduction Of Distal Radioulnar Joint	\$813.41
25350	Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm Towards The Wrist Area	\$620.37
25355 25360	Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm In The Mid Forearm Region Incision Or Wedge Of Forearm Bone (Ulna) On The Small Finger Side Of The Forearm	\$699.28 \$602.81
25365	Incision Or Wedge Of Both Forearm Bones (Ulna And Radius)	\$870.80
25370	Incisions Or Wedges Of One Or Both Forearm Bones (Ulna And Radius) With Insertion Of A Rod Inside The Bone	\$922.54
25375	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type Procedure); Radius And Ulna	\$868.64
25390	Osteoplasty, Radius Or Ulna; Shortening	\$735.84
25391	Osteoplasty, Radius Or Ulna; Lengthening With Autogenous Bone Graft	\$905.99
25392 25393	Osteoplasty, Radius And Ulna; Shortening Osteoplasty, Radius And Ulna; Lengthening With Autogenous Bone Graft	\$921.61 \$1,023.82
25394	Osteoplasty, Carpal Bone, Shortening	\$748.36
25400	Repair Of Nonunion Or Malunion, Radius Or Ulna; Without Graft (Eg, Compression Technique, Etc)	\$765.70
25405	Repair Of Nonunion Or Malunion, Radius Or Ulna; With Autograft (Includes Obtaining Graft)	\$945.86
		\$881.31
	Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes Obtaining Graft)	\$1,057.33
25425 25426	Repair Of Defect With Autogenous Bone Graft; Radius Or Ulna Repair Of Defect With Autogenous Bone Graft; Radius And Ulna	\$877.59 \$1,018.25
25426	Insertion Of Vascular Pedicle Into Carpal Bone (Eg, Harii Procedure)	\$669.99
25431	Repair Of Non-Healed Wrist Bone Other Than (Scaphoid Or Navicular)	\$719.26
	Repair Of Non-Healed Wrist Bone, Scaphoid Or Navicular At The Base Of The Thumb	\$735.96
25441	Arthroplasty Or Replacement Of The End Of The Forearm Bone On The Thumb Side At The Wrist Level	\$854.44
25442	Arthroplasty Or Replacement Of The End Of The Forearm Bone On The Small Finger Side At The Wrist Level	\$743.17
25443	Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Scaphoid Or Navicular Bone)	\$718.37
25444	Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Lunate Bone)	\$759.45
25445 25446	Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Trapezium Bone) Arthroplasty Or Replacement Of The Entire Wrist Joint	\$660.23 \$1,064.95
25447	Replacement Of Joint Between Wrist And Fingers Using Tissue	\$799.43
25448	Replacement Of Joint Between Wrist And Fingers Using Tendon Or Stitches	\$749.98
25449	Arthroplasty With Removal Of Implant	\$943.09
25450	Stapling Of Growth Plate Of Either Of The Two Main Forearm Bones	\$567.91
25455	Stapling Of Growth Plate Of Both Of The Two Main Forearm Bones	\$669.99
25490	Stabilization Of Forearm Bone On The Thumb Side (Radius) Stabilization Of Forearm Bone On The Small Finger Side (Ulna)	\$657.90
25491 25492	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Radius And Ulna	\$675.82 \$826.70
25500	Closed Treatment Of Broken Forearm Bone (Radius) At The Mid Portion On The Thumb Side Of The Arm Without Manipulation	\$259.17
	Closed Treatment Of Broken Forearm Bone (Radius) At The Mid Portion On The Thumb Side Of The Arm With Manipulation	\$453.63
25515	Open Treatment Of The Shaft Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone)	\$646.27
25520	Closed Treatment Of Broken Forearm And Dislocated Wrist Bones	\$510.55
05505	Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed, And Closed Treatment Of Distal Radioulnar Joint	* 750.00
25525	Dislocation (Galeazzi Fracture/ Dislocation), Includes Percutaneous Skeletal Fixation, When Performed Open Treatment Of The Shaft Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) Associated With A Dislocation At The	\$758.36
25526	Wrist, Includes Internal Hardware	\$872.19
25530	Closed Treatment Of Broken Forearm Bone (Ulna) At The Mid Portion On The Small Finger Side Of The Arm Without Manipulation	\$241.89
	Closed Treatment Of Broken Forearm Bone (Ulna) At The Mid Portion On The Small Finger Side Of The Arm With Manipulation	\$441.56
25545	Open Treatment Of The Shaft Of The Forearm Bone On The Small Finger Side Of The Forearm, Ulna Bone	\$604.37
25560	Closed Treatment Of Both Forearm Bones (Ulna And Ulna) At The Mid Portion Without Manipulation Treatment Of Closed Redial And Ulnas Shoft Frontiuson With Manipulation	\$276.13
25565 25574	Treatment Of Closed Radial And Ulnar Shaft Fractures; With Manipulation Open Treatment Of Broken One Forearm Bone	\$512.37 \$650.18
25575	Open Treatment Of Broken Both Forearm Bones	\$857.88
25600	Closed Treatment Of Broken Forearm (Radius) Bone At The Wrist Area On The Thumb Side Of The Wrist Without Manipulation	\$308.76
	Treatment Of Closed Distal Radial Fracture (Eg, Colles Or Smith Type) Or Epiphyseal Separation, With Or Without Fracture Of Ulnar Styloid;	, , , , , , ,
25605	With Manipulation	\$531.90
	With Manipulation	
25606	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin	\$647.17
25607	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation	\$647.17 \$713.83
25607 25608	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments	\$647.17 \$713.83 \$795.00
25607	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments	\$647.17 \$713.83 \$795.00 \$1,006.01
25607 25608 25609	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments	\$647.17 \$713.83 \$795.00
25607 25608 25609 25622	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation	\$647.17 \$713.83 \$795.00 \$1,006.01 \$279.89
25607 25608 25609 25622 25624	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation	\$647.17 \$713.83 \$795.00 \$1,006.01 \$279.89 \$440.69
25607 25608 25609 25622 25624 25628 25630	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular) Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, Without Manipulation	\$647.17 \$713.83 \$795.00 \$1,006.01 \$279.89 \$440.69 \$634.92 \$276.57
25607 25608 25609 25622 25624 25628 25630 25635	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular) Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation	\$647.17 \$713.83 \$795.00 \$1,006.01 \$279.89 \$440.69 \$634.92 \$276.57
25607 25608 25609 25622 25624 25628 25630 25635 25645	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular) Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Other Wrist (Carpal) Bone, Than The Bone Between The Thumb And Wrist (Navicular)	\$647.17 \$713.83 \$795.00 \$1,006.01 \$279.89 \$440.69 \$634.92 \$276.57 \$438.21 \$550.72
25607 25608 25609 25622 25624 25628 25630 25635	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular) Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation	\$647.17 \$713.83 \$795.00 \$1,006.01 \$279.89 \$440.69 \$634.92 \$276.57
25607 25608 25609 25622 25624 25628 25630 25635 25645 25650	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular) Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, Without Manipulation Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation Open Treatment Of Broken Other Wrist (Carpal) Bone, Than The Bone Between The Thumb And Wrist (Navicular) Closed Treatment Of Ulnar Styloid Fracture	\$647.17 \$713.83 \$795.00 \$1,006.01 \$279.89 \$440.69 \$634.92 \$276.57 \$438.21 \$550.72 \$298.11

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	Description Open Treatment Of Radiocarpal Or Intercarpal Dislocation, One Or More Bones	Fee \$559.62
25670	Insertion Of Hardware To Dislocated Wrist, Accessed Through The Skin	\$559.62 \$490.35
23071	Thousand Trindaware to Dissociate White, Accepted Through The Oran	ψ+30.00
25675	Closed Treatment Of Dislocated Wrist Between The Thumb Side And Small Finger Side Forearm Bones At The Wrist, With Manipulation	\$407.84
	Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic	\$580.76
	Closed Treatment Of Dislocated Wrist Through The Mid Portion Of The Wrist (Carpus) Bones With Manipulation	\$492.10
	Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation	\$672.32
25690	Closed Treatment Of Lunate Dislocation, With Manipulation	\$456.84
	Open Treatment Of Dislocation Wrist Bone (Lunate)	\$582.35
	Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/ Or Intercarpal And/Or Carpometacarpal Joints) Arthrodesis, Wrist Joint; With Sliding Graft	\$700.89 \$774.18
	Arthrodesis, Wrist Joint; With Iliac Or Other Autogenous Distant Bone Graft (Includes Obtaining Graft)	\$792.17
	Arthrodesis, Wrist, Limited, Without Bone Graft (Eq. Intercarpal Or Radiocarpal)	\$628.31
25825	Intercarpal Fusion; With Autogenous Bone Graft (Includes Obtaining Graft)	\$736.72
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	Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With Or Without Bone Graft (Eg, Sauve-Kapandji Procedure)	\$969.11
	Amputation, Forearm, Through Radius And Ulna;	\$657.30
	Amputation Through Both Bones Of Forearm, Open Procedure	\$658.46
	Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Revision	\$564.65
	Amputation, Forearm, Through Radius And Ulna; Reamputation	\$595.16
	Krukenberg Procedure Removal Of Tendons, Ligaments, And Muscles Of Wrist	\$1,055.08 \$676.36
	Removal Of Tendons, Ligaments, And Muscles Of Wrist, Secondary Closure	\$601.24
	Removal Of Tendons, Ligaments, And Muscles Of Wrist With Re-Amputation Of Remaining Arm	\$661.19
	Transmetacarpal Amputation;	\$813.82
	Transmetacarpal Amputation; Secondary Closure Or Scar Revision	\$550.79
25931	Transmetacarpal Amputation; Reamputation	\$756.17
	Unlisted Procedure, Forearm Or Wrist	Price by Report
	Drainage Of Finger Abscess, Uncomplicated	\$305.37
	Drainage Of Finger Abscess, Complicated	\$421.72
	Drainage Of Tendon Sheath, Digit And/Or Palm, Each	\$485.34
	Drainage Of Palmar Bursa; Single, Bursa	\$389.60
	Drainage Of Palmar Bursa; Multiple Bursa Incision, Bone Cortex, Hand Or Finger (Eg, Osteomyelitis Or Bone Abscess)	\$472.90 \$485.08
	Decompression Fingers And/Or Hand, Injection Injury (Eg, Grease Gun, Etc)	\$747.02
	Decompressive Fasciotomy, Hand (Excludes 26035)	\$515.49
	Release Of Tissues Of Palm, Accessed Through The Skin	\$295.16
	Partial Release Of Tissues Of Palm, Open Procedure	\$413.78
26055	Tendon Sheath Incision (Eg, For Trigger Finger)	\$522.64
26060	Incision Of Finger Tendon, Accessed Through The Skin	\$241.32
	Exploration, Drainage, Or Removal Of Foreign Body Of Wrist Bone	\$299.20
	Exploration, Drainage, Or Removal Of Foreign Body Of Joint Between The Fingers And The Hand	\$307.32
	Exploration, Drainage, Or Removal Of Foreign Body Of Hand Joint Between The Finger Joints	\$353.74
	Arthrotomy With Biopsy; Carpometacarpal Joint, Each Arthrotomy With Biopsy; Metacarpophalangeal Joint, Each	\$315.82 \$317.90
	Arthrotomy With Synovial Biopsy; Interphalangeal Joint, Each	\$303.68
	Arthrotomy With Biopsy; 1.5 Cm Or Greater	\$401.48
	Arthrotomy With Biopsy; 1.5 Cm Or Greater	\$528.67
	Excision, Tumor Or Vascular Malformation, Soft Tissue Of Hand Or Finger, Subcutaneous; Less Than 1.5 Cm	\$484.93
	Excision, Tumor, Soft Tissue, Or Vascular Malformation, Of Hand Or Finger, Subfascial (Eg, Intramuscular); Less Than 1.5 Cm	\$457.51
26117	Removal (Less Than 3 Centimeters) Tissue Growth Of Hand Or Finger	\$675.63
	Removal (3 Centimeters Or Greater) Tissue Growth Of Hand Or Finger	\$961.68
	Removal Of Tissue Of Palm Only	\$553.21
	Removal Of Tissue Of Palm And Release Of Finger	\$807.99
	Removal Of Tissue Of Palm And Release Of Finger, Additional Digit	\$248.40
	Removal Of The Lining Of The Wrist Joint	\$434.37
	Synovectomy, Metacarpophalangeal Joint Including Intrinsic Release And Extensor Hood Reconstruction, Each Digit Removal Of The Joint Lining And Repair Of The Tendon On The Topside Of The Finger (Extensor Tendon)	\$512.51 \$470.67
	Repair Of Tendon, Finger And/Or Hand	\$501.31
	Excision Of Lesion Of Tendon Sheath Or Joint Capsule (Eg, Cyst, Mucous Cyst, Or Ganglion), Hand Or Finger	\$544.64
	Excision of Tendon, Palm, Flexor Or Extensor, Single, Each Tendon	\$379.43
	Excision Of Tendon, Finger, Flexor Or Extensor, Each Tendon	\$395.93
	Sesamoidectomy, Thumb Or Finger (Separate Procedure)	\$514.58
26200	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal;	\$413.19
	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal; With Autogenous Graft (Includes Obtaining Graft)	\$556.90
26210	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle Or Distal Phalanx;	\$415.76
26215	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle Or Distal Phalanx; With Autogenous Graft (Includes Obtaining Graft)	\$522.49
	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis); Metacarpal	\$461.97
	Partial Removal Of Finger Bone For Bone Infection At The Middle Of Hand Side Of The Finger	\$430.46
	Partial Removal Of Finger Bone For Bone Infection At The End Of The Finger	\$386.92
	Radical Resection Of Tumor, Metacarpal	\$965.92
	Radical Resection Of Tumor, Proximal Or Middle Phalanx Of Finger	\$725.40
	Radical Resection Of Tumor, Distal Phalanx Of Finger	\$577.21
	Removal Of Implant From Finger Or Hand Manipulation, Finger Joint, Under Anesthesia, Each Joint	\$325.85
	Manipulation Of Palm Pretendinous Cord Following Enzyme Injection	\$333.26 \$110.62
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Code	Description	Fee
26350	Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) Without A Graft Not In Zone 2	\$658.45
26352	Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With A Graft Not In Zone 2	\$795.00
26356	Repair Of Finger Tendon (Primary) On The Under Side Of The Hand (Flexor) Without A Graft In Zone 2	\$770.40
26357	Repair Of Finger Tendon (Secondary) On The Under Side Of The Hand (Flexor) Without A Graft In Zone 2	\$821.31
26358	Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With A Graft In Zone 2	\$904.42
	Repair Of Finger Deep Tendon (Primary) On The Under Side Of The Hand (Flexor) With An Intact Superficial Tendon)	\$763.73
	Repair of Finger Tendon (Secondary) on The Under Side of The Hand (Flexor) With A Graft In Zone 2	\$869.53
	Repair Of Finger Deep Tendon (Secondary) On The Under Side Of The Hand (Flexor) With An Intact Superficial Tendon)	\$838.39
26390	Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With Implanted Rod	\$827.81
26392	Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Finger (Includes Obtaining Graft), Each Rod	\$946.52
26410	Repair, Extensor Tendon, Hand, Primary Or Secondary; Without Free Graft, Each Tendon	\$531.51
	Extensor Tendon Repair, Dorsum Of Hand, Single, Primary Or Secondary; With Free Graft (Includes Obtaining Graft), Each Tendon	\$686.31
26415	Excision Of Extensor Tendon, With Implantation Of Synthetic Rod For Delayed Tendon Graft, Hand Or Finger, Each Rod	\$823.82
26416	Removal Of Synthetic Rod And Insertion Of Extensor Tendon Graft (Includes Obtaining Graft), Hand Or Finger, Each Rod	\$870.78
26418	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft	\$554.49
26420	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) With A Graft	\$665.05
	Repair Of Extensor Tendon, Central Slip, Secondary (Eg, Boutonniere Deformity); Using Local Tissue(S), Including Lateral Band(S), Each	
26426	Finger	\$489.40
26428	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) With A Graft, Central Slip, Boutonniere Deformity	\$758.95
26432	Closed Treatment Of Distal Extensor Tendon Insertion, With Or Without Percutaneous Pinning (Eg, Mallet Finger)	\$481.98
26433	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft Toward The End Of The Finger (Mallet Finger)	\$516.35
00.00	Description of the Taylor Office Health (1971)	
	Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft Toward The End Of The Finger (Mallet Finger) With A Graft	\$610.64
	Realignment Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft	\$598.62
26440	Removal Of Scar Tissue To Release Tendon On The Palm Of The Hand (Flexor) Or Finger	\$587.47
26442	Tenolysis, Simple, Flexor Tendon; Palm And Finger, Each Tendon	\$937.84
26445	Removal Of Scar Tissue To Release Tendon On The Top Of The Hand (Extensor) Or Finger	\$535.28
26449	Tenolysis, Complex, Extensor Tendon, Finger, Including Forearm, Each Tendon	\$643.55
26450	Incision Of Tendon Of Palm. Open Procedure	\$445.41
26455	Incision Of Tendon Of Finger, Open Procedure	\$416.87
	Incision Of Tendon Of Hand Or Finger, Open Procedure	
26460		\$434.47
26471	Tenodesis; Of Proximal Interphalangeal Joint, Each Joint	\$632.18
26474	Tenodesis; Of Distal Joint, Each Joint	\$624.47
26476	Lengthening Of Tendon Of Hand Or Finger On The Back Of The Hand (Extensor)	\$617.16
26477	Shortening Of Tendon, Extensor, Hand Or Finger, Each Tendon	\$600.53
26478	Lengthening Of Tendon Of Hand Or Finger On The Front Of The Hand (Flexor)	\$634.82
26479	Shortening Of Tendon Of Hand Or Finger On The Front Of The Hand (Flexor)	\$646.20
26480	Transplant Of Tendon Of Hand, Without Graft	\$694.76
26483	Transplant Of Tendon Of Hand, With Graft	\$828.94
26485	Transplant Of Tendon To Palm, Without Tendon Graft Other Than Thumb	\$733.18
26489	Transplant Of Tendon To Palm, With Tendon Graft Other Than Thumb	\$913.53
	Transplant Of Thumb Tendon To Palm, With rendon Graft Other Than Thumb	
26490	· ·	\$744.46
26492	Transplant Of Thumb Tendon To Palm, With Tendon Graft Other Than Thumb	\$874.72
26494	Opponens Plasty; Hypothenar Muscle Transfer	\$796.57
26496	Transplant Of Tendon Thumb, Palm, Or Wrist	\$854.44
26497	Transfer Of Tendon To Restore Intrinsic Function; Ring And Small Finger	\$853.46
26498	Transfer Of Tendon Of Hand, All Four Fingers	\$1,100.45
26499	Correction Claw Finger, Other Methods	\$822.77
26500	Reconstruction Of Tendon Pulley, Each Tendon; With Local Tissues (Separate Procedure)	\$604.31
26502	Tendon Pulley Reconstruction; With Tendon Or Fascial Graft (Includes Obtaining Graft) (Separate Procedure)	\$718.50
	Release Of Thenar Muscle(S) (Eg, Thumb Contracture)	\$596.46
	Cross Intrinsic Transfer, Each Tendon	\$614.74
	Repair Of Joint Capsule Of Hand And Finger, One Finger	\$707.86
	Repair Of Joint Capsule Of Hand And Finger, Two Fingers	\$818.40
	Repair Of Joint Capsule Of Hand And Finger, 3 Or Four Fingers	\$828.36
26520	Capsulectomy Or Capsulotomy; Metacarpophalangeal Joint, Each Joint	\$657.88
	Repair Of Joint Capsule, Hand And Finger	\$659.96
	Repair Of Joint Of Hand Bone And Finger, With Implant	\$500.06
	Repair Of Joint Of Hand Bone And Finger, Without Implant	\$610.97
26535	Joint Replacement (Arthroplasty) Without A Prosthesis	\$405.50
26536	Joint Replacement (Arthroplasty) With A Prosthesis Between The Finger Joints	\$659.99
26540	Repair Of Ligament Of Hand To Finger Joint, Or Finger Joint Without Graft	\$614.38
26541	Repair Of Ligament Of Hand To Finger Joint With Tendon Or Graft	\$789.21
	Repair Of Ligament Of Hand To Finger Joint With Local Tissue	\$688.64
	Repair Of Ligament Of Finger Joint With Graft	\$655.32
	Repair Non-Union, Metacarpal Or Phalanx, (Includes Obtaining Bone Graft With Or Without External Or Internal Fixation)	
26546		\$981.06
26548	Repair And Reconstruction, Finger, Volar Plate, Interphalangeal Joint	\$712.46
.00550	Pollicization Of A Digit	\$1,529.55
26550		#0.000.00
26550 26551	Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe "Wrap-Around" With Bone Graft	\$3,083.06
	Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe "Wrap-Around" With Bone Graft Transfer Of Toe To Hand, Single	\$3,083.06
26551		
26551 26553 26554	Transfer Of Toe To Hand, Single	\$2,977.78 \$3,459.88
26551 26553 26554 26555	Transfer Of Toe To Hand, Single Transfer Of Toe To Hand, Double Transfer, Finger To Another Position Without Microvascular Anastomosis	\$2,977.78 \$3,459.88 \$1,292.25
26551 26553 26554 26555 26556	Transfer Of Toe To Hand, Single Transfer Of Toe To Hand, Double Transfer, Finger To Another Position Without Microvascular Anastomosis Transfer, Free Toe Joint, With Microvascular Anastomosis	\$2,977.78 \$3,459.88 \$1,292.25 \$3,097.29
26551 26553 26554 26555 26556 26560	Transfer Of Toe To Hand, Single Transfer Of Toe To Hand, Double Transfer, Finger To Another Position Without Microvascular Anastomosis Transfer, Free Toe Joint, With Microvascular Anastomosis Repair Of Webbed Finger, With Skin Flaps	\$2,977.78 \$3,459.88 \$1,292.25 \$3,097.29 \$608.88
26551 26553 26554 26555 26556	Transfer Of Toe To Hand, Single Transfer Of Toe To Hand, Double Transfer, Finger To Another Position Without Microvascular Anastomosis Transfer, Free Toe Joint, With Microvascular Anastomosis	\$2,977.78 \$3,459.88 \$1,292.25 \$3,097.29

Code	Description	Fee
26565 26567	Osteotomy; Metacarpal, Each Osteotomy; Phalanx Of Finger, Each	\$684.06 \$631.06
26568	Osteoplasty, Lengthening, Metacarpal Or Phalanx	\$883.29
26580	Repair Cleft Hand	\$1,424.83
26587	Reconstruction Of Polydactylous Digit, Soft Tissue And Bone	\$989.52
26590	Repair Macrodactylia, Each Digit	\$1,325.32
26591	Repair, Intrinsic Muscles Of Hand, Each Muscle	\$441.71
	Release, Intrinsic Muscles Of Hand, Each Muscle	\$618.43
26596	Excision Of Constricting Ring With Multiple Z-Plasties	\$766.85
26600 26605	Closed Treatment Of Metacarpal Fracture, Single; Without Manipulation, Each Bone Treatment Of Closed Metacarpal Fracture, Single; With Manipulation, Each Bone	\$274.46 \$332.06
26607	Closed Treatment Of Metacarpal Fracture, With Manipulation, With External Fixation, Each Bone	\$478.29
26608	Insertion Of Hardware To Broken Finger, Accessed Through The Skin	\$471.56
26615	Open Treatment Of Fracture Of Bone In The Midportion Of The Hand Between The Wrist And Fingers	\$559.09
26641	Closed Treatment Of Carpometacarpal Dislocation, Thumb, With Manipulation	\$394.67
26645	Closed Treatment Of Carpometacarpal Fracture Dislocation, Thumb (Bennett Fracture), With Manipulation	\$406.81
26650	Insertion Of Hardware To Broken Thumb With Manipulation, Accessed Through The Skin	\$425.03
26665	Open Treatment Of Carpometacarpal Fracture Dislocation, Thumb (Bennett Fracture), Includes Internal Fixation, When Performed	\$576.35
26670 26675	Closed Treatment Of Carpometacarpal Dislocation, Other Than Thumb, With Manipulation, Each Joint; Without Anesthesia Treatment Of Closed Carpometacarpal Dislocation, Other Than Bennett Fracture, Single, With Manipulation; Requiring Anesthesia	\$314.69 \$433.53
26676	Insertion Of Hardware To Dislocated Hand Bone At Wrist Joint With Manipulation, Accessed Through The Skin	\$500.11
26685	Open Treatment Of Dislocation At The Wrist To Mid Hand Bones, Except The Thumb, Single	\$533.22
26686	Open Treatment Of Dislocation At The Wrist To Mid Hand Bones, Except The Thumb, Multiple	\$585.98
26700	Closed Treatment Of Metacarpophalangeal Dislocation, Single, With Manipulation; Without Anesthesia	\$304.69
26705	Treatment Of Closed Metacarpophalangeal Dislocation, Single, With Manipulation; Requiring Anesthesia	\$392.94
26706	Insertion Of Hardware To Dislocated Hand Joint With Manipulation, Accessed Through The Skin	\$415.88
26715	Open Treatment Of Metacarpophalangeal Dislocation, Single, Includes Internal Fixation, When Performed	\$504.66
26720	Closed Treatment Of Broken Finger Or Thumb At The Mid Portion Or Part Near The Hand Without Manipulation Closed Treatment Of Broken Finger Or Thumb At The Mid Portion Or Part Near The Hand With Manipulation	\$198.83 \$342.31
26725 26727	Insertion Of Hardware To Broken Finger Or Thumb With Manipulation, Accessed Through The Skin	\$439.20
20121	Open Treatment Of Phalangeal Shaft Fracture, Proximal Or Middle Phalanx, Finger Or Thumb, Includes Internal Fixation, When Performed,	ψ+33.20
26735	Each	\$519.37
26740	Closed Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint; Without Manipulation, Each	\$220.59
26742	Treatment Of Closed Articular Fracture, Involving Metacarpophalangeal Or Proximal Interphalangeal Joint; With Manipulation, Each	\$334.58
00740	Open Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint, Includes Internal Fixation, When Performed,	0040.70
	Each Closed Treatment Of Broken Finger Or Thumb At The Portion Furthest Away From The Hand Without Manipulation	\$642.70
26750 26755	Closed Treatment of Broken Finger or Thumb At The Portion Furthest Away From The Hand With Manipulation	\$182.19 \$288.91
26756	Insertion Of Hardware To Broken Finger Or Thumb, Accessed Through The Skin	\$414.78
26765	Open Treatment Of Distal Phalangeal Fracture, Finger Or Thumb, Includes Internal Fixation, When Performed, Each	\$442.84
26770	Closed Treatment Of Interphalangeal Joint Dislocation, Single, With Manipulation; Without Anesthesia	\$260.55
26775	Treatment Of Closed Interphalangeal Joint Dislocation, Single, With Manipulation; Requiring Anesthesia	\$356.71
26776	Insertion Of Hardware To Dislocated Finger Joint With Manipulation, Accessed Through The Skin	\$420.87
26785	Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed, Single	\$479.68 \$785.86
26820 26841	Fusion In Opposition, Thumb, With Autogenous Graft (Includes Obtaining Graft) Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixation;	\$785.86
26842	Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixation; With Autogenous Graft (Includes Obtaining Graft)	\$787.82
26843	Arthrodesis, Carpometacarpal Joint, Digit, Other Than Thumb, Each;	\$742.97
26844	Arthrodesis, Carpometacarpal Joint, Digits, Other Than Thumb; With Autogenous Graft (Includes Obtaining Graft)	\$813.27
26850	Fusion Of The Joints Between Finger Joints	\$644.47
	Fusion Of The Joints Between Finger Joints, With Bone Graft From The Patient	\$788.84
26860	Fusion Of The Joints Between The Finger And The Hand	\$542.12
26861	Fusion Of The Joints Between The Finger And The Hand, Additional Joint Fusion Of The Joints Between The Finger And The Hand, With Bone Graft From The Patient	\$91.28 \$729.01
26862 26863	Fusion Of Finger Joints With Bone Graft, Additional Joint	\$728.91 \$203.84
26910	Amputation Of Hand Bone, Finger, Or Thumb	\$722.32
26951	Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Direct Closure	\$652.97
26952	Amputation Of Finger Or Thumb, With Tissue Flap	\$600.37
26989	Unlisted Procedure, Hands Or Fingers	Price by Report
26990	Incision And Drainage; Deep Abscess Or Hematoma	\$588.26
26991	Incision And Drainage; Infected Bursa	\$663.19
26992 27000	Incision, Bone Cortex, Pelvis And/Or Hip Joint (Eg, Osteomyelitis Or Bone Abscess) Incision Of Hip Tendon, Accessed Through The Skin	\$923.79 \$344.60
27000	Incision Of Hip Tendon, Open Procedure	\$344.69 \$466.20
27003	Incision Of Hip Tendon With Removal Of Nerve, Open Procedure	\$550.35
27005	Incision Of Flexor Tendons Of Hip, Open Procedure	\$619.92
27006	Incision Of Abductor And/Or Extensor Tendons Of Hip, Open Procedure	\$661.86
27025	Fasciotomy, Hip Or Thigh, Any Type	\$839.91
27027	Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis	\$804.24
27030	Arthrotomy, Hip, With Drainage (Eg, Infection)	\$995.22
27033 27035	Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves	\$882.30 \$1,089.63
21033	Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (le, Gluteus Medius,	ψ1,003.03
27036	Gluteus Minimus, Tensor Fascia Latae, Rectus Femoris, Sartorius, Iliopsoas)	\$925.72
	Biopsy Of Tissue Of Pelvis And Hip, Superficial	\$324.28
	Biopsy Of Tissue Of Pelvis And Hip, Deep	\$645.81
27043	Biopsy, Soft Tissue Of Pelvis And Hip Area; 3 Cm Or Greater	\$494.71

Code	Description	Fee
27045	Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater	\$663.73
	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm	\$465.74
	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$551.70
27049	Removal Of (Less Than 5 Centimeters) Tissue Growth Of Pelvis Or Hip	\$1,202.43
27050	Arthrotomy, With Biopsy; Sacroiliac Joint	\$375.11
27052 27054	Arthrotomy, For Biopsy; Hip Joint Arthrotomy With Synovectomy, Hip Joint	\$531.02
27054 27057	Incision Of Tissue On One Side Of Pelvic Muscle Compartment With Removal Of Muscle	\$659.03 \$914.76
27059	Removal (5 Centimeters Or Greater) Tissue Growth Of Pelvis Or Hip	\$1,623.49
27060	Excision; Ischial Bursa	\$428.95
27062	Excision; Trochanteric Bursa Or Calcification	\$394.95
27065	Removal Of Bone Cyst Or Growth Of Hip Or Pelvic Bone, Superficial	\$484.71
27066	Removal Of Bone Cyst Or Growth Of Hip Or Pelvic Bone, Deep"	\$744.15
27067	Excision Of Bone Cyst Or Benign Tumor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur; With Autograft Requiring Separate Incision	\$941.13
27070	Partial Removal Of Hip Or Pelvic Bone, Superficial	\$820.31
27071	Partial Removal Of Hip Or Pelvic Bone, Deep	\$897.20
	Radical Removal Of Growth From Wing Of Upper Pelvic Bone (Ilium), Base Of Pelvic Bone (Ischium), 1 Pubic Bone Or Joint Between Pubic	
27075	Bones Radical Removal Of Growth From Upper Pelvic Bone (Ilium) Including Hip Socket, Base Of Pelvic Bone (Ischium) Including Hip Socket, Or Both	\$1,869.58
27076	Pubic Bones	\$2,256.39
27077	Radical Resection Of Tumor; Innominate Bone, Total	\$2,514.77
	Radical Removal Of Growth From Sit Bone Of Pelvis (Ischial Tuberosity) And Upper End Of Shaft Of Thigh Bone (Greater Trochanter)	\$1,843.59
27080	Coccygectomy, Primary	\$444.79
	Removal Of Foreign Body In Tissue Of Pelvis Or Hip, Accessed Beneath The Skin	\$298.21
27087	Removal Of Foreign Body, Pelvis Or Hip; Deep (Subfascial Or Intramuscular)	\$555.87
27090 27091	Removal Of Hip Prosthesis; (Separate Procedure) Removal Of Hip Prosthesis, Complicated	\$756.93 \$1.489.41
27091	Injection Procedure For Hip Arthrography; Without Anesthesia	\$203.94
27095	Injection Procedure For Hip Arthrography; With Anesthesia	\$300.39
27096 27097	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed Release Or Recession, Hamstring, Proximal	\$161.23 \$625.60
27098	Transfer, Adductor To Ischium	\$665.74
27100	Transfer Of Muscle To Thigh Bone At Hip Joint, External Oblique Muscle	\$758.33
27105	Transfer Paraspinal Muscle To Hip (Includes Fascial Or Tendon Extension Graft)	\$794.16
27110	Transfer Of Muscle To Thigh Bone At Hip Joint, Iliopsoas Muscle	\$883.27
27111	Transfer Iliopsoas; To Femoral Neck	\$823.32
27120	Acetabuloplasty; (Eg, Whitman, Colonna, Haygroves, Or Cup Type)	\$1,220.87
27122	Acetabuloplasty; Resection, Femoral Head (Eg, Girdlestone Procedure)	\$1,000.66
27125	Hemiarthroplasty, Hip, Partial (Eg, Femoral Stem Prosthesis, Bipolar Arthroplasty)	\$1,065.95
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	\$1,202.99
27132	Conversion Of Previous Replacement Of Thigh Bone And Hip Joint Prosthesis	\$1,561.08
27134	Revision Of Total Hip Arthroplasty Both Components, With Or Without Autograft Or Allograft	\$1,770.35
27137	Revision Of Total Hip Arthroplasty Acetabular Component Only, With Or Without Autograft Or Allograft	\$1,368.25
27138	Revision Of Total Hip Arthroplasty Femoral Component Only, With Or Without Allograft	\$1,420.39
27140	Osteotomy And Transfer Of Greater Trochanter Of Femur (Separate Procedure)	\$812.64
27140	Osteotomy, Iliac, Acetabular Or Innominate Bone; Incision Of Pelvic Bone With Repair Of Hip Joint Dislocation, Open Procedure	\$1,082.70 \$1,318.99
27151	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy	\$1,424.36
27156	Incision Of Pelvic And Thigh Bone With Repair Of Hip Joint Dislocation, Open Procedure	\$1,591.49
27158	Osteotomy, Pelvis, Bilateral (Eg, Congenital Malformation)	\$1,263.39
27161	Incision Of Neck Of Thigh Bone	\$1,104.83
27165	Incision Below Neck Of Thigh Bone (Intertrochanteric Or Subtrochanteric)	\$1,290.48
27170	Bone Graft, Femoral Head, Neck, Intertrochanteric Or Subtrochanteric Area (Includes Obtaining Bone Graft)	\$1,053.34
27175	Treatment Of Slipped Femoral Epiphysis; By Traction, Without Reduction	\$607.07
27176	Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In Situ	\$875.13
27177	Open Treatment Of Slipped Femoral Epiphysis; Single Or Multiple Pinning Or Bone Graft (Includes Obtaining Graft)	\$1,053.62
27178 27179	Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Single Or Multiple Pinning Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (Heyman Type Procedure)	\$875.13
27179	Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixation	\$889.94 \$1,014.74
27185	Epiphyseal Arrest By Epiphysiodesis Or Stapling, Greater Trochanter Of Femur	\$656.92
27187	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femoral Neck And Proximal Femur	\$943.29
27197	Closed Treatment Of Fracture And/Or Dislocation Of Pelvis And/Or Sacrum	\$123.44
27198	Closed Treatment Of Fracture And/Or Dislocation Of Pelvis And/Or Sacrum With Manipulation	\$298.13
27200	Closed Treatment Of Coccygeal Fracture	\$176.55
27202	Open Treatment Of Coccygeal Fracture	\$481.73
	Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fracture(S) (Eg, Pelvic Fracture(S) Which Do Not Disrupt The Pelvic Ring), With Internal Fixation	\$1,008.11
7/715	U.	
	Ilnsertion Of Hardware To Broken And/Or Dislocated Bone On One Side Of Pelvis. Accessed Through The Skin	5454 UU
27216	Insertion Of Hardware To Broken And/Or Dislocated Bone On One Side Of Pelvis, Accessed Through The Skin Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Anterior	\$454.00 \$1,226.04
27216 27217		
27215 27216 27217 27218 27220	Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Anterior	\$1,226.04

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Code	Description With Internal Control of Control	Fee
	Open Treatment Of Posterior Or Anterior Acetabular Wall Fracture, With Internal Fixation	\$997.17
27227	Open Treatment Of Fracture Of Front Or Back Column Of Hip Socket Or Across Hip Socket With Insertion Of Fixation Hardware	\$1,493.39
27228	Open Treatment Of Fracture Of Front And Back Column Or Wall Of Hip Socket With Insertion Of Fixation Hardware	\$1,608.57
27230	Closed Treatment Of Femoral Fracture, Proximal End, Neck; Without Manipulation Closed Treatment Of Fracture Of Neck Of Thigh Bone With Manipulation	\$451.29
27232	Insertion Of Hardware To Broken Thigh Bone, Accessed Through The Skin	\$665.72
27235	ů ř	\$858.77
27236	Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation Or Prosthetic Replacement Closed Treatment Of Intertrochanteric, Pertrochanteric, Or Subtrochanteric Femoral Fracture; Without Manipulation	\$1,123.96
27238		\$432.20
27240	Closed Treatment Of Fracture Below Neck Of Thigh Bone (Intertrochanteric Or Subtrochanteric) With Manipulation	\$872.26
27244	Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant	\$1,110.07
27245	Surgical Treatment Of Broken Thigh Bone With Implant Closed Treatment Of Broken Hip, Trochanter	\$1,153.86
27246	Open Treatment Of Broken Thigh Bone Using Internal Fixation	\$348.81
27248 27250	Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia	\$679.02
		\$162.50
27252 27253	Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	\$638.22 \$854.47
21233	Open freathers of hip disocation, fraumatic, without internal fraution	φου4.47
27254	Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation	\$1,149.94
27256	Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation	¢274.47
27256 27257	Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia	\$271.17 \$326.10
21251	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In	φ326.10
27258	Acetabulum (Including Tenotomy, Etc);	\$1,048.55
27259	Open Treatment Of Spontaneous Hip Dislocation, With Shortening	\$1,391.25
27265	Closed Treatment Of Post Hip Arthroplasty Dislocation; Without Anesthesia	\$406.57
27266	Closed Treatment Of Post Hip Arthroplasty Dislocation; Willout Ariestnesia	\$516.31
27267	Closed Treatment Of Broken Hip, At The Joint	\$407.75
27268	Closed Treatment Of Femoral Fracture, Proximal End, Head; With Manipulation	\$500.03
27269	Open Treatment Of Femoral Fracture, Proximal End, Head, Includes Internal Fixation, When Performed	\$1,161.60
27275	Manipulation, Hip Joint, Requiring General Anesthesia	\$168.72
27278	Fusion Of Pelvic Joint Including Joint Implant Using Imaging Guidance	\$10,728.64
27279	Fusion Sacroiliac Joint Through The Skin Or Minimally Invasive Using Image Guidance	\$678.82
27280	Fusion Of Sacrolliac Joint Obtaining Bone Graft Open Procedure	\$1,200.02
27282	Fusion Of Joint Between Public Bones	\$784.55
27284	Fusion Of Hip Joint	\$1,441.67
27286	Fusion Of Hip Joint With Incision Or Partial Removal Of Thigh Bone Below Neck	\$1,478.53
27290	Interpelviabdominal Amputation (Hind Quarter Amputation)	\$1,465.61
27295	Disarticulation Of Hip	\$1,178.17
	Unlisted Procedure, Pelvis Or Hip Joint	
27299	Unlisted Procedure, Pelvis Or Hip Joint Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region	Price by Report
27299 27301	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region	Price by Report \$584.91
27299		Price by Report
27299 27301 27303	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess)	Price by Report \$584.91 \$575.86
27299 27301 27303 27305	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure	Price by Report \$584.91 \$575.86 \$444.99
27299 27301 27303 27305 27306 27307	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin	Price by Report \$584.91 \$575.86 \$444.99 \$304.89
27299 27301 27303 27305 27306 27307 27310	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29
27299 27301 27303 27305 27306 27307 27310 27323	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58
27299 27301 27303 27305 27306 27307 27310	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09
277299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius)	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29
27299 27301 27303 27305 27306 27306 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27331	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03
277299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27332	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59
277299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82
277299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$5592.59 \$541.82 \$657.57
27299 27301 27303 27305 27306 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27333	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27335	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69
27299 27301 27303 27305 27306 27306 27323 27324 27325 27326 27327 27328 27328 27329 27330 27331 27332 27333 27333 27333 27333	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69 \$709.65
27299 27301 27303 27305 27306 27306 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27335 27336	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Excision, Prepatellar Bursa	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69 \$709.65 \$329.93
277299 27301 27303 27305 27306 27306 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27335 27335 27339	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front Or Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater Excision, Prepatellar Bursa Removal Of Cyst Of Membrane Covering Behind Knee Joint	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69 \$709.65 \$329.93 \$448.04
277299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27331 27332 27333 27334 27335 27337 27335 27337 27337	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg. Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg. Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Excision, Prepatellar Bursa Removal Of Cyst Of Membrane Covering Behind Knee Joint Excision Of Lesion Of Meniscus Or Capsule (Eg. Cyst, Ganglion), Knee	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69 \$709.65 \$329.93 \$448.04 \$509.69
27299 27301 27303 27305 27306 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27337 27339 27345 27347	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Excision, Prepatellar Bursa Removal Of Cyst Of Membrane Covering Behind Knee Joint Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee Patellectomy Or Hemipatellectomy Excision Of Curettage Of Bone Cyst Or Benign Tumor Of Femur; Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$304.89 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$669.62 \$395.69 \$709.65 \$329.93 \$448.04 \$550.69 \$628.62
27299 27301 27303 27305 27306 27306 27307 27310 27323 27324 27325 27326 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27337 27339 27340 27345 27347 27355	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater Excision, Prepatellar Bursa Removal Of Cyst Of Membrane Covering Behind Knee Joint Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee Patellectomy Or Hemipstellectomy Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$304.89 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69 \$709.65 \$329.93 \$448.04 \$5509.69 \$628.62 \$583.75
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277299 27301 27303 27305 27306 27306 27330 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27335 27335 27335 27340 27345 27356 27356	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg. Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Excision, Prepatellar Bursa Removal Of Cyst Of Membrane Covering Behind Knee Joint Excision Of Lesion Of Meniscus Or Capsule (Eg. Cyst, Ganglion), Knee Patellectomy Or Hemipatellectomy Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal Fixation (List In Addition To Code For Primary Procedure)	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69 \$709.65 \$329.93 \$448.04 \$509.69 \$628.62 \$583.75 \$6676.57 \$780.42
277299 27301 27305 27305 27306 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27337 27340 2735 27347 27356 27356 27357	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreigh Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subclataneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subclataneous; Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Lose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater Excision, Prepatellar Bursa Removal Of Cyst Of Membrane Covering Behind Knee Joint Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee Patellectomy Or Hemipatellectomy Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft)	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$669.62 \$395.69 \$709.65 \$329.93 \$448.04 \$509.69 \$628.62 \$583.75 \$676.57 \$780.42
277299 27301 27303 27305 27306 27306 27307 27310 27323 27324 27325 27326 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27337 27340 27345 27355 27356 27356 27357	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg. Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subdascial (Eg, Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Excision, Prepatellar Bursa Removal Of Cyst Of Membrane Covering Behind Knee Joint Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee Patellectomy Or Hemipatellectomy Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Primary Autogenous Graft (Includes Obtaining Graft)	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$669.62 \$395.69 \$709.65 \$329.93 \$444.04 \$509.69 \$628.62 \$583.75 \$676.57 \$780.42
27299 27301 27303 27305 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27337 27335 27337 27345 27355 27356 27357	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg., Osteomyelitis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Torsue At Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subclutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subclutaneous; Less Than 3 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater Excision, Prepatellar Bursa Removal Of Knee Joint Lining, Front And Back Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater Excision Or Lesion Of Memiscus Or Capsule (Eg. Cyst, Ganglion), Knee Patellectomy Or Hemipatellectomy Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur, With Homogenous Graft (Includes Obtaining Graft)	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$669.62 \$395.69 \$709.65 \$329.93 \$444.04 \$509.69 \$628.62 \$583.75 \$676.57 \$780.42
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27299 27301 27303 27306 27306 27307 27310 27323 27324 27325 27326 27327 27328 27329 27330 27331 27332 27333 27334 27335 27337 27335 27337 27355 27355 27355 27355 27355 27355	Incision, And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region Incision, Deep, With Opening Of Bone Cortex, Fermur Or Knee (Eg. Osteomyellis Or Bone Abscess) Removal Of Tissue At Thigh Or Knee Region, Open Procedure Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Superficial Biopsy Of Thigh Or Knee Region Tissue, Deep Neurectomy, Hamstring Muscle Neurectomy, Popliteal (Gastrocnemius) Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg. Intramuscular); Less Than 5 Cm Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee Arthrotomy, Knee; With Synovial Biopsy Only Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint Removal Of Knee Joint Lining, Front Or Back Removal Of Chroe Joint Lining, Front Or Back Removal Of Cruettage Of Bone Cyst Or Benign Tumor Of Femur; Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft (Includes Obtaining Graft) Excision Or Curettage O	Price by Report \$584.91 \$575.86 \$444.99 \$304.89 \$392.29 \$700.01 \$260.58 \$372.98 \$520.09 \$482.41 \$437.17 \$564.88 \$935.36 \$390.29 \$461.03 \$592.59 \$541.82 \$657.57 \$699.62 \$395.69 \$709.65 \$329.93 \$448.04 \$509.69 \$628.62 \$583.75 \$676.57 \$780.42 \$244.29

	Description	Fee
	Suture Of Ruptured Muscle Of Thigh, Primary	\$588.43
	Suture Of Ruptured Muscle Of Thigh, Secondary	\$791.53
	Repair Of Hamstring Tendon, Open Procedure	\$393.16
	Repair Of Multiple Hamstring Tendons, Open Procedure	\$512.76
	Repair Of Multiple Hamstring Tendons Of Both Legs, Open Procedure	\$652.44
27393	Lengthening Of Hamstring Tendon; Single Tendon	\$483.97
27394	Lengthening Of Hamstring Tendon; Multiple Tendons, One Leg	\$581.67
	Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral	\$839.39
	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Single Tendon	\$593.91
	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Multiple Tendons	\$833.25
	Transfer Of Tendon Or Muscle In Hamstring	\$637.16
	Arthrotomy With Meniscus Repair, Knee	\$618.89
	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral	\$648.61
	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Cruciate	\$760.68
	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral And Cruciate Ligaments	\$880.10
	Autologous Chondrocyte Implantation, Knee	\$1,486.34
	Implantation Of Donor Cartilage Cells Into Knee Bone, Open Procedure	\$1,293.14
	Implantation Of Patient'S Knee Cartilage Cells Into Knee Bone, Open Procedure	\$927.11
	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	\$785.01
	Repair Of Dislocating Knee Cap, Without Realignment	\$679.50
	Repair Of Dislocating Knee Cap, With Realignment	\$708.59
	Reconstruction For Recurrent Dislocating Patella; With Patellectomy	\$684.12
	Release Of Ligaments Of Knee Joint, Open Procedure	\$441.86
	Reconstruction (Augmentation), Knee; Extra-Articular	\$678.05
	Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside The Knee Joint Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside Or Outside The Knee Joint	\$1,060.41
	Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside Or Outside The Knee Joint Quadricepsplasty (Eq. Bennett Or Thompson Type)	\$1,143.70
	Quadricepsplasty (Eg, Bennett Or Thompson Type) Capsulotomy, Posterior Capsular Release, Knee	\$709.18
	Arthroplasty, Patella; Without Prosthesis	\$736.89
	Arthroplasty, Patella; Without Prosthesis With Prosthesis	\$633.64
	Repair Of Knee Joint, Lower Part Of Joint	\$799.25
_	Repair Of Knee Joint, Lower Part Of Joint With Cleaning And Lining Removal	\$727.68
	Revision Of Total Elbow Repair	\$750.94
	'	\$792.44
	Repair Of Knee Joint, Lower Or Upper Part Of Joint With Cleaning And Lining Removal Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)	\$776.85 \$1,134.32
	Repair Of Knee Joint, Lower Or Upper Part Of Joint, Inside Or Outside Area	\$1,041.55
	Repair Of Knee Joint, Lower Or Opper Part Of Joint, Inside Or Odtside Area	\$1,201.41
	Osteotomy, Femur, Shaft Or Supracondylar, Without Fixation; Unilateral	\$737.52
	Osteotomy, Femur, Shaft Or Supracondylar, Without Fixation; Unilateral	\$955.74
	Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft (Eg, Sofield Type Procedure)	\$1,168.83
27 10 1	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock-	ψ1,100.00
27455	Knee)), Unilateral; Before Epiphyseal Closure	\$911.43
27 100	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock-	φοτιτο
27457	Knee)), Unilateral; After Epiphyseal Closure	\$871.73
	Osteoplasty, Femur; Shortening	\$1,127.68
	Osteoplasty, Femur; Lengthening	\$1,116.92
	Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer	
	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (Eg, Compression Technique, Etc)	
	1 / / /	\$1,211.95
27472	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$1,211.95
	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur	\$1,211.95 \$1,114.41
27475		\$1,211.95 \$1,114.41 \$1,143.04
27475 27477	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43
27475 27477 27479	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65
27475 27477 27479 27485	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92
27475 27477 27479 27485 27486	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus)	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59
27475 27477 27479 27485 27486 27487	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99
27475 27477 27479 27485 27486 27487 27488	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47
27475 27477 27479 27485 27486 27487 27488 27495	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08
27475 27477 27479 27485 27486 27487 27488 27495	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16
27475 27477 27479 27485 27486 27487 27488 27495 27496	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor);	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16
27475 27477 27479 27485 27486 27487 27488 27495 27496	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45
27475 27477 27479 27485 27486 27487 27488 27495 27496 27497 27498	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45
27475 27477 27479 27485 27486 27487 27488 27495 27496 27497 27498 27499	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45
27475 27477 27479 27485 27486 27487 27488 27495 27496 27497 27498 27499 27500	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$532.04 \$602.64 \$642.06
27475 27477 27479 27485 27486 27487 27488 27495 27496 27497 27498 27499 27500 27501	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$642.06 \$483.37
27475 27477 27479 27485 27486 27487 27488 27496 27496 27497 27498 27499 27500 27501	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$632.04 \$642.06 \$483.37 \$488.34
27475 27477 27479 27485 27486 27487 27488 27495 27496 27497 27498 27499 27500 27501 27502 27503	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Mid-Portion With Manipulation	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$602.64 \$642.06 \$483.37 \$488.34 \$712.48
27475 27477 27479 27486 27486 27487 27498 27496 27497 27498 27499 27500 27500 27500 27505	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$642.04 \$602.64 \$642.06 \$483.37 \$488.34 \$712.48
27475 27477 27479 27486 27486 27488 27495 27496 27496 27497 27498 27499 27500 27501 27502 27503 27506 27507	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation Open Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$532.04 \$602.64 \$642.06 \$483.37 \$488.34 \$712.48 \$728.77 \$1,260.12
27475 27477 27479 27486 27486 27488 27495 27496 27496 27497 27498 27499 27500 27501 27502 27503 27506 27507	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation Open Treatment Of Broken Thigh Bone, With Implant Open Treatment With Plate/Screws Of Broken Thigh Bone	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$532.04 \$602.64 \$642.06 \$483.37 \$488.34 \$772.48 \$728.77 \$1,260.12 \$909.98
27475 27477 27479 27485 27486 27486 27487 27488 27495 27496 27497 27498 27499 27500 27501 27502 27503 27506 27507 27508	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation Open Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$532.04 \$602.64 \$642.06 \$483.37 \$488.34 \$712.48 \$728.77 \$1,260.12 \$909.98 \$480.99
27475 27477 27479 27485 27486 27486 27488 27495 27496 27497 27498 27499 27500 27501 27502 27503 27506 27508 27509 27509	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Femoral Shaft Fracture, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation Closed Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion Insertion Of Hardware To Stabilize Broken Thigh Bone Or Separated Growth Plate, Accessed Through The Skin	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$532.04 \$602.64 \$642.06 \$483.37 \$488.34 \$712.48 \$728.77 \$1,260.12 \$909.98 \$480.99 \$627.98
27475 27477 27479 27485 27486 27486 27488 27495 27496 27497 27498 27499 27500 27501 27502 27503 27506 27507 27508 27509	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation Open Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion Insertion Of Hardware To Stabilize Broken Thigh Bone Or Separated Growth Plate, Accessed Through The Skin Closed Treatment Of Broken Thigh Bone In The Area Of The Knee With Manipulation	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$602.64 \$642.06 \$483.37 \$488.34 \$712.48 \$728.77 \$1,260.12 \$999.98 \$480.99 \$627.98 \$618.75
27475 27477 27479 27485 27486 27486 27487 27488 27495 27496 27497 27498 27499 27500 27501 27502 27503 27506 27507 27508 27507 27508 27507 27508 27501	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation Open Treatment Of Broken Thigh Bone, With Implant Open Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion Insertion Of Hardware To Stabilize Broken Thigh Bone Or Separated Growth Plate, Accessed Through The Skin Closed Treatment Of Broken Thigh Bone In The Area Of The Knee With Manipulation	\$1,211.95 \$1,114.41 \$1,143.04 \$635.43 \$699.65 \$834.92 \$642.59 \$1,316.99 \$1,636.47 \$1,131.08 \$1,065.16 \$505.45 \$602.64 \$642.06 \$483.37 \$488.34 \$712.48 \$728.77 \$1,260.12 \$999.98 \$480.99 \$627.98 \$618.75

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	Description Closed Treatment Of Distal Femoral Epiphyseal Separation; Without Manipulation	Fee
	Closed Treatment of Distal Fernoral Epiphyseal Separation; With Manipulation, With Or Without Skin Or Skeletal Traction	\$483.43 \$632.00
	Open Treatment Of Distal Femoral Epiphyseal Separation, Includes Internal Fixation, When Performed	\$807.23
27520	Closed Treatment Of Patellar Fracture, Without Manipulation	\$294.77
27524	Open Treatment Of Patellar Fracture, With Internal Fixation And/Or Partial Or Complete Patellectomy And Soft Tissue Repair	\$718.54
27530	Closed Treatment Of Tibial Fracture, Proximal (Plateau); Without Manipulation	\$279.48
27532	Closed Treatment Of Tibial Fracture, Proximal (Plateau); With Or Without Manipulation, With Skeletal Traction	\$542.92
27535	Open Treatment Of Fracture Of One Side Of Upper End Of Shinbone (Medial Or Lateral Condyle Fracture Of Tibial Plateau)	\$843.73
27536	Open Treatment Of Fracture Of Both Sides Of Upper End Of Shinbone (Medial Or Lateral Condyle Fracture Of Tibial Plateau)	\$1,111.94
27538	Closed Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of Knee, With Or Without Manipulation	\$455.91
07540	Ones Treatment Of International Color (C) And On Tuberraity Franking (C) Of The Visco Includes Internal Fination When Defended	0774.55
27540 27550	Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, Includes Internal Fixation, When Performed Closed Treatment Of Knee Dislocation; Without Anesthesia	\$774.55 \$479.10
27552	Treatment Of Closed Knee Dislocation; Requiring Anesthesia	\$550.58
21002	Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; Without Primary Ligamentous Repair Or	ψ550.50
27556	Augmentation/Reconstruction	\$794.35
27557	Open Treatment Of Knee Dislocation With Ligament Repair	\$944.51
27558	Open Treatment Of Knee Dislocation With Ligament Repair And Augmentation/Reconstruction	\$1,072.49
27560	Closed Treatment Of Patellar Dislocation; Without Anesthesia	\$334.44
27562	Treatment Of Closed Patellar Dislocation; Requiring Anesthesia	\$450.63
27566	Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Patellectomy	\$846.66
27570	Manipulation Of Knee Joint Under General Anesthesia (Includes Application Of Traction Or Other Fixation Devices)	\$136.54
	Arthrodesis, Knee, Any Technique	\$1,391.60
	Amputation, Thigh, Through Femur, Any Level;	\$712.99
27591 27592	Amputation Of Thigh Through Thigh Bone With Immediate Fitting Amputation Of Thigh Through Thigh Bone, Open Procedure	\$875.44 \$595.16
	Amputation Of Thigh Through Thigh Bone, Secondary Closure	
27594 27596	Amputation, Thigh, Through Femur, Any Level; Reamputation	\$424.68 \$655.51
27598	Disarticulation At Knee	\$637.53
27599	Unlisted Procedure, Femur Or Knee	Price by Report
	Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only	\$366.40
27601	Decompression Fasciotomy, Leg; Posterior Compartment(S) Only	\$409.98
27602	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(S)	\$437.08
27603	Incision And Drainage; Deep Abscess Or Hematoma	\$456.96
27604	Incision And Drainage; Infected Bursa	\$424.01
27605	Incision Of Achilles Tendon, Accessed Through The Skin Using Local Anesthetic	\$290.93
27606	Incision Of Achilles Tendon, Accessed Through The Skin Requiring General Anesthesia	\$258.00
27607	Incision (Eg, Osteomyelitis Or Bone Abscess), Leg Or Ankle	\$555.02
_	Exploration, Drainage, Or Removal Of Foreign Body Of Ankle Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Tendon Lengthening	\$618.24
	Biopsy, Soft Tissues; Superficial	\$552.49 \$240.71
	Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or Intramuscular)	\$547.79
	Removal (Less Than 5 Centimeters) Tissue Growth Of Leg Or Ankle	\$923.77
	Removal (5 Centimeters Or Greater) Tissue Growth Of Leg Or Ankle	\$1,138.57
	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subcutaneous; Less Than 3 Cm	\$433.97
27619	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$451.20
27620	Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body	\$434.70
	Arthrotomy, Ankle, With Synovectomy;	\$552.82
	Arthrotomy, Ankle, For Synovectomy; Including Tenosynovectomy	\$555.67
	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion)	\$513.54
	Removal (3 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Leg Or Ankle	\$435.52
	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion), Leg And/Or Ankle 5 Cm Or Greater Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula;	\$613.42
	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Primary Autogenous Graft (Includes Obtaining Graft)	\$556.98 \$673.65
	Excision or Curettage of Bone Cyst or Benign Tumor, Tibia or Fibula; With Primary Homogenous Graft (includes Obtaining Graft) Excision or Curettage of Bone Cyst or Benign Tumor, Tibia or Fibula; With Primary Homogenous Graft	\$673.65 \$709.55
	Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (Eg, Osteomyelitis); Tibia	\$709.55
27641	Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (Eg, Osteomyelitis); Fibula	\$598.63
	Radical Resection Of Tumor; Tibia	\$1,589.14
	Radical Resection Of Tumor; Fibula	\$1,382.97
	Radical Resection Of Tumor; Talus Or Calcaneus	\$922.40
	Injection Procedure For Ankle Arthrography	\$194.99
	Repair Of Ruptured Achilles Tendon, Open Or Through Skin Procedure	\$634.34
	Repair Of Ruptured Achilles Tendon With Graft, Open Or Through Skin Procedure	\$610.27
27654	Repair, Secondary, Achilles Tendon, With Or Without Graft	\$689.71
	Repair, Fascial Defect Of Leg	\$482.30
	Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Primary, Without Graft Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Secondary With Or Without Craft	\$359.13
	Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Secondary With Or Without Graft	\$457.93
	Repair Of Leg Tendon On The Front Of The Leg (Extensor), Primary, Without Graft Repair Of Leg Tendon On The Front Of The Leg (Extensor), Secondary With Or Without Graft	\$338.06
	Repair Of Leg Tendon On The Front Of The Leg (Extensor), Secondary With Or Without Graft Repair Of Dislocating Lower Leg Tendons Without A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula)	\$411.56 \$479.58
27676	Repair Of Dislocating Lower Leg Tendons With A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula) Repair Of Dislocating Lower Leg Tendons With A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula)	\$585.78
27680	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Single, Each Tendon	\$401.36
27681	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Multiple Tendons (Through Separate Incision(S))	\$468.62
27685	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate Procedure)	\$624.52
	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Multiple Tendons (Through Same Incision), Each	\$490.75
27686	Lengthening of Shortening of Tendon, Leg of Arikie, Multiple Tendons (Through Same Incision), Each	\$490.75

Code	Description	Fee
27690	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Superficial (Eg, Anterior Tibial Extensors Into Midfoot)	\$592.10
27691	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Deep (Eg, Anterior Tibial Or Posterior Tibial Through Interosseous Space, Flexor Digitorum Longus, Flexor Hallucis Longus, Or Peroneal Tendon To Midfoot Or Hindfoot)	\$713.63
	Transplant Of Tendon And Muscle Rerouting At Lower Leg Or Ankle, Additional Tendon	\$94.07
27695	Repair Of Disrupted Collateral Ligament Of Ankle, Primary	\$470.52
	Primary Repair Of Disruption Of Both Ankle Ligaments	\$530.07
	Repair Of Disrupted Collateral Ligament Of Ankle, Secondary	\$612.13
	Arthroplasty, Ankle; Arthroplasty, Ankle; With Implant ("Total Ankle")	\$611.58 \$912.36
	Arthroplasty, Arikie, With Implant (Total Arikie) Arthroplasty, Ankle; Revision, Total Ankle	\$1,007.98
	Removal Of Ankle Implant	\$524.74
	Osteotomy; Tibia	\$714.89
	Osteotomy; Fibula	\$374.51
	Osteotomy; Tibia And Fibula	\$1,037.51
	Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Type Procedure)	\$964.05
	Osteoplasty, Tibia And Fibula, Lengthening Or Shortening Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Technique, Etc)	\$973.15 \$830.08
	Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft	\$815.56
	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$1,175.22
	Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method	\$1,101.07
27726	Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation	\$903.98
	Repair Of Congenital Pseudarthrosis, Tibia	\$954.58
	Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure	\$512.51
	Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure	\$419.09
	Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula;	\$602.97 \$647.54
	Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur	\$709.54
	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia	\$691.31
	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation	\$348.38
	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction	\$524.37
	Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin	\$557.90
27758	Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage	\$851.76
27750	Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or	\$0.42.47
	Cerclage Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation	\$942.47 \$322.84
	Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle With Manipulation	\$433.56
	Open Treatment Of The Inside Prominence Of Bone Of The Leg (Fibula) In The Region Of The Ankle	\$582.50
27767	Closed Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation	\$263.08
	Closed Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle With Manipulation	\$417.48
	Open Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle	\$693.26
	Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End Without Manipulation	\$280.31
27781 27784	Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End With Manipulation Open Treatment Of The Outer Bone Of The Lower Leg	\$391.61 \$649.10
	Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Region Of The Ankle Without Manipulation	\$315.11
	Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Region Of The Ankle With Manipulation	\$379.50
27792	Open Treatment Of The Outside Prominence Of Bone Of The Leg (Fibula) In The Region Of The Ankle	\$619.77
27808	Closed Treatment Of Both The Portion Of The Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle Without Manipulation	\$304.61
27810	Closed Treatment Of Both The Portion Of The Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle With Manipulation	\$421.82
27814	Open Treatment Of Prominences Of Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle Without Hardware Fixation	\$729.97
27040	Closed Treatment Of All Three The Portions Of The Pence Of The Log (Tibis And Fibula) in The Pencer Of The Andrew Mathematical Control of the	#200 OF
27816	Closed Treatment Of All Three The Portions Of The Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle Without Manipulation	\$300.05
	Closed Treatment Of All Three The Portions Of The Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle With Manipulation	\$485.56
	Open Treatment Of All Three Prominences Of The Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle	\$837.43
27823	Open Treatment Of Prominences Of Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle With Hardware Fixation Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia:	\$940.05
27824	Without Manipulation	\$283.80
0700-	Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; With	A 170 1-
	Skeletal Traction And/Or Requiring Manipulation Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Fibula (Smaller Lower Leg Bone)	\$479.47
	Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Fibula (Smaller Lower Leg Bone) Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Shin Bone	\$773.92 \$961.61
	Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Both Lower Leg Bones	\$1,258.69
27829	Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, Includes Internal Fixation, When Performed	\$613.15
27830	Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Without Anesthesia	\$366.86
27831	Treatment Of Proximal Tibiofibular Joint Dislocation; Requiring Anesthesia	\$380.33
27832	Open Treatment Of Proximal Tibiofibular Joint Dislocation, Includes Internal Fixation, When Performed, Or With Excision Of Proximal Fibula	\$692.49
	Closed Treatment Of Ankle Dislocation; Without Anesthesia	\$692.49 \$341.55
	Closed Treatment of Ankle Dislocation; Without Ariestnesia Closed Treatment Of Ankle Dislocation; Requiring Anesthesia, With Or Without Percutaneous Skeletal Fixation	\$430.85
	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; Without Repair Or Internal Fixation	\$662.01
27848	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; With Repair Or Internal Or External Fixation	\$752.78
	Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation Apparatus)	\$156.50
	Fusion Of Ankle Joint, Open Procedure	\$957.81
27871	Arthrodesis, Tibiofibular Joint, Proximal Or Distal	\$660.73

27850 Amputation Log. Trough This Arc Fabia. Will Immediate Fabing Technique Including Application Of First Cast			
2785 Appulation Lig. Through This And Floats (Will immediate Pilling Technique Including Application Of First Catx 2785 Appulation Of Lig. Scientifly Classas 2785 Appulation Of Lig. Scientifly Classas 2786 Appulation Of Lig. Scientifly Classas 2787 Appulation Of Lig. Scientifly Classas 2788 Appulation Of Lig. Scientifly Classas 2788 Appulation Of Lig. Scientifly Classas 2788 Appulation Of Lig. Scientifly Classas 2789 Appulation Of Lig. Scientifly Classas 2789 Appulation Of Pool Principh Analysis of Pool Scientifly Appulation Of Pool Principh Analysis of Pool Principh Analysi	Code		
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Page	27881	Amputation Leg, Through Tibia And Fibula; With Immediate Fitting Technique Including Application Of First Cast	\$763.69
Apropation Log., Tricorgin Tible And Fabula Reempotation Approach Asia, Tricum, Maleiro IT Tible And Fabula (Eg., Syrte. Progett Type Procedure), With Plastic Closure And Resection Of Nervee \$606.51 Argonal Compression Fractioniny, Leg., Aniesto And/Or Lateral Companiments Chily, With Debritement Of Norwisble Muscle And/Or Nervee \$499.32 Boccompression Fractioniny, Leg., Proteinor Companiments Chily, With Debritement Of Norwisble Muscle And/Or Nervee \$499.33 Boccompression Fractioniny, Leg., Proteinor Companiments Chily, With Debritement Of Norwisble Muscle And/Or Nervee \$499.33 Boccompression Fractioniny, Leg., Proteinor Companiments Chily, With Debritement Of Norwisble Muscle And/Or Nervee \$499.33 Boccompression Fractioniny, Leg., Proteinor Companiments Chily, With Debritement Of Norwisble Muscle And/Or Nervee \$499.33 Boccompression Fractioniny, Leg., Proteinor Companiments Chily, With Debritement Of Norwisble Muscle And/Or Nervee \$499.33 Boccompression Fractioniny, Leg., Proteinor Companiments Chily, With Debritement Of Norwisble Muscle And/Or Nervee \$499.33 Boccompression Fractioniny, Leg., Proteinor Companiments Child Proteinor Companiments Child Proteinor C	27882	Amputation Of Leg, Open Procedure	\$540.10
Amputation, Ankle, Through Mellooil Of Taiss And Flatid (Eg. Syme, Progetil Type Procedures), With Plastic Closure And Resection Of Nerves 5582.1.41 27989 Amputation OF Foot Through Ankle Jone 5580.51 27980 Concressors on Faccioning, Leg. Polleter Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5580.51 27981 Concressors on Faccioning, Leg. Polleter Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5583.33 27982 Concressors on Faccioning, Leg. Polleter Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5583.33 27983 Concressors on Faccioning, Leg. Anterior And/Or Lateral Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5583.33 27983 Concressors on Faccioning, Leg. Anterior And/Or Lateral 5680 Concressors on Faccioning, Leg. Anterior Andrew Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5680 Concressors on Faccioning, Leg. Anterior Anterior Anterior Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5680 Concressors on Faccioning, Leg. Anterior Anterior Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5680 Concressors on Faccioning, Leg. Anterior Anterior Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5680 Concressors on Faccioning, Leg. Anterior Anterior Compartments Only, With Debridsment Of Norwieble Muscle And/Or Nerve 5680 Concressors Only, Concressor	27884	Amputation Of Leg, Secondary Closure	\$487.41
Section of Foot Through Aroles Jorn 1 Programmer of Compressor Fascotomy, Leg. Anthrior And Or Lateral Compartments Cnly, With Debridsment Of Nonviable Muscle And Or Nerve	27886	Amputation Leg, Through Tibia And Fibula; Reamputation	\$600.18
Section of Foot Through Aroles Jorn 1 Programmer of Compressor Fascotomy, Leg. Anthrior And Or Lateral Compartments Cnly, With Debridsment Of Nonviable Muscle And Or Nerve			
Decompression Fasionotomy, Leg. Anterior And/Or Lateral Compartments Chip, With Debridement Of Norwishle Muscle And/Or Nerve \$455.35 Decompression Fasionomy, Leg. Positiers' Compartment(S) Oxf. With Debridement Of Norwishle Muscle And/Or Nerve \$455.35 Decompression Fasionomy, Leg. Positiers' Compartment(S) Oxf. With Debridement Of Norwishle Muscle And/Or Nerve \$455.37 Decompression Fasionomy, Leg. Positiers' Compartment(S) Oxf. With Debridement Of Norwishle Muscle And/Or Nerve \$455.37 Decompression Fasionomy, Annie And Positiers (Compartment(S), With Debridement Of Norwishle Muscle And/Or Nerve \$455.37 Debridement Of Publishing See (Sursa) Of Foot, Superficial \$456.02 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.02 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Fluid-Filled See (Sursa) Of Foot, Deap \$450.03 Debridge Of Malket The Terrotors. Accessed Through The Skin \$450.03 Debridge Of See (Sursa) Of Removal Of Footing Body Of Foot \$450.03 Debridge Of See (Sursa) Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of See (Sursa) Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Footing Body Of Foot \$450.03 Debridge Of Removal Of Debridge Of Footing Of Footing Of Footing Of Footing Of Footing Of Foot	27888	Amputation, Ankle, Through Malleoli Of Tibia And Fibula (Eg, Syme, Pirogoff Type Procedures), With Plastic Closure And Resection Of Nerves	\$581.41
Secompression Fractiontry. Leg. Ploaterior Compartment(S) (DW, With Debriddement Of Nonvisible Muscle And/Or Pere Decomposition Fractiontry. Leg. Anterior And/Or Learn, And Posterior Compartment(S), With Debriddement Of Nonvisible Muscle And/Or Sent Proceeding Leg. Anterior And/Or Learn, And Posterior Compartment(S), With Debriddement Of Nonvisible Muscle And/Or Proceeding Leg. P	27889	Amputation Of Foot Through Ankle Joint	\$566.51
Secompression Fractiontry. Leg. Ploaterior Compartment(S) (DW, With Debriddement Of Nonvisible Muscle And/Or Pere Decomposition Fractiontry. Leg. Anterior And/Or Learn, And Posterior Compartment(S), With Debriddement Of Nonvisible Muscle And/Or Sent Proceeding Leg. Anterior And/Or Learn, And Posterior Compartment(S), With Debriddement Of Nonvisible Muscle And/Or Proceeding Leg. P			•
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Decompression Flasciotomy, Leg., Anterior And/Or Lateral, And Posterior Compartment (S), With Debridement Of Nonvisible Muscle And/Or 27899 Holisted Procedure, Leg. Of Anish			
1998 Unised Procedure, Leg Or Ankie 5683.75	2.000		ψουσίου
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280202 Annage Of Fluid-Field Sac (Bursa) Of Foot, Deep \$324.85 28005 Deep Infection, Bellow Fassos (Reguling Deep Desoction, With Or Without Tendon Sheath Involvement; Multiple Areas \$384.76 28005 Basicotom, Borne Cottex (Eg.) Osteomyellis of P. Bork \$376.78 28010 Fassostomy, Foot AnkOr Toe \$376.78 28010 Fassostomy, Foot AnkOr Toe \$376.78 28010 Fassostomy, Foot AnkOr Toe \$327.88 28011 Fassostomy, Foot AnkOr Toe \$327.83 28012 Fassostomy, Foot AnkOr Toe \$327.83 28012 Fassostomy, Foot AnkOr Toe \$328.33 28022 Spharation, Damage, Or Removal Of Footing Body Of Toe John \$408.03 28035 Fassostom, Damage, Or Removal Of Footing Body Of Toe John \$408.03 28040 Excision, Tumor, Soft Tissue Of Foot Of Toe, Subdisciol (Eg. Intermuscular); Less Than 1.5 cm \$448.24 28041 Excision, Tumor, Soft Tissue Of Foot Of Toe, Subdisciol (Eg. Intermuscular); Less Than 1.5 cm \$341.42 28040 Spice Sp			
280035 Decision, Boron Criste (Eg. Debroy Pisson Cortic) 28004 28005 Encision, Boron Cortex (Eg. Debroywells Of Boron Ascesses), Foot 28005 2800			
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28211 In Repair Of Multiple Teor Endores, Accessed Through The Skin \$283.96 28202 Oncision Of Foot Born An Natio Joint Wille Exploration, Orlange, Or Removal Of Foreign Body \$191.01 28202 Exploration, Drainage, Or Removal Of Foreign Body Of Toe Joint \$408.08 28203 September, Drainage, Or Removal Of Foreign Body Of Toe Joint \$408.08 28203 September, Drainage, Or Removal Of Foreign Body Of Toe Joint \$408.08 28203 September, Union, Soft Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-5 Cm Or Greater \$464.46 28204 Excision, Tumor, Soft Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-5 Cm Or Greater \$444.46 28204 Excision, Tumor, Soft Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-5 Cm Or Greater \$446.46 28204 Excision, Tumor, Soft Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-5 Cm Or Greater \$456.22 2804 Excision, Tumor, Soft Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-5 Cm Or Greater \$456.26 2804 Excision, Tumor, Soft Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-6 Cm Or Toe \$456.26 2805 African Common Common Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-6 Cm Or Toe \$456.06 2805 African Common Tissue Of Foot Of Toe, Subdatacel (Eg.), Intermissoulary, 1-6 Cm Or Toe, 1-6 Cm			
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28022 Exploration, Drainage, Or Removal Of Foreign Body Of Toe Joint \$428.30 28022 Exploration, Drainage, Or Removal Of Foreign Body Of Toe Joint \$480.80 28032 Release, Tarsal Turnel (Posterior Tibial Narve Decompression) \$480.26 28041 Exploration, Turnor, Soll Tissue Of Fool Or Toe, Subbascia (Eg., Intramuscular); 1, 5 Cm Or Greater \$484.46 28041 Excision, Turnor, Soll Tissue Of Fool Or Toe, Subbascia (Eg., Intramuscular); 1, 5 Cm Or Greater \$436.22 28045 Excision, Turnor, Soll Tissue Of Fool Or Toe, Subbascia (Eg., Intramuscular); 1, 5 Cm Or Greater \$456.26 28046 Excision, Turnor, Soll Tissue Of Fool Or Toe, Subbascia (Eg., Intramuscular); 1, 5 Cm Or Greater \$450.68 28047 Removal G. Centrelere Or Greater) Tissue Growth Of Fool Or Toe \$565.54 28047 Removal G. Centrelere Or Greater) Tissue Growth Of Fool Or Toe \$593.95 28055 G. Report Through A. Joint Opening In The Motor \$394.00 28056 G. Report Through A. Joint Opening In The Toe/Forefool Joint \$384.19 28057 S. Packedomy, Patriat Fascia, Fradeal (Separate Procedure) \$354.19 28058 F. Sae Sea Sea Sea Sea Sea Sea Sea Sea Sea			
28024 Exploration, Drainage, Or Renoval Of Proxigh Body Of Too Joint \$408.08 28035 Release, Traisal Turnel (Posterior Tibal Nerve Decompression) \$468.26 28039 Schelaton, Turnor, Soft Tissue Of Foot Or Toe, Subculaneous; 1,5 Cm Or Greater \$484.26 28041 Excision, Turnor, Soft Tissue Of Foot Or Toe, Subculaneous; Less Than 1,5 Cm \$343.22 28045 Excision, Turnor, Soft Tissue Of Foot Or Toe, Subculaneous; Less Than 1,5 Cm \$346.06 28046 Excision, Turnor, Soft Tissue Of Foot Or Toe, Subculaneous; Less Than 1,5 Cm \$466.06 28046 Excision, Turnor, Soft Tissue Of Foot Or Toe, Subculaneous; Less Than 1,5 Cm \$460.06 28047 Removal (Less Than 3 Centimeters) Tissue Growth Of Foot Or Toe 3593.93 28058 Dispoys Through A Joint Opening in The Midfoot 3594.00 28059 Expery Through A Joint Opening in The Toe Foreford Joint 3596.00 28050 Shewacecommy, Internace Macadeurs Of Foot 3594.01 28050 Shewacecommy, Internace Macadeurs Of Foot 3594.01 28050 Shewacecommy, Internace Through Through A Joint Opening in The Toe Foreford College 3594.61 28050 Shewacecommy, Internace Through Through A Joint Opening in The Toe Toe Toe Toe Toe Toe Toe Toe Toe To		· · · · · · · · · · · · · · · · · · ·	
23333 Rélesse, Tarsal Tunnel (Posteror Tibel) Nerve Decompression) \$488.26 23039 Existon, Tunner, Soft Tissue Of Foot Or Toe, Subtrasioneus; 15 Cm Or Greater \$484.46 23041 Existon, Tunner, Soft Tissue Of Foot Or Toe, Subtrasioneus; Esses Than 1.5 Cm \$341.42 28045 Existon, Tunner, Soft Tissue Of Foot Or Toe, Subtrasioneus; Esses Than 1.5 Cm \$450.60 28045 Existon, Tunner, Soft Tissue Of Foot Or Toe, Subtrasioneus; Esses Than 1.5 Cm \$450.60 28046 Removal (Less Than 3 Cantimeters) Tissue Growth Of Foot Or Toe \$655.34 28047 Removal (3 Centimeters Or Greater) Tissue Growth Of Foot Or Toe \$339.95 280505 Bispoys Through A Joint Opening in The Medical \$339.95 280505 Bispoys Through A Joint Opening in The Medical \$389.60 280505 All Arrhotomy Per Syrvolvia Bispoys; Interphalangeal Joint \$389.60 280505 All Arrhotomy, Internals Or Trasson Esses and Joint, Each \$354.41 280507 Sayovacctomy, Entitianal Or Trassonetistarias Joint, Each \$354.92 280707 Syrvovacctomy, Internals Or Trassonetistarias Joint, Each \$455.72 280707 Syrvovacctomy, Internals Or Trassonetistarias Joint, Each \$477.11 28070 Syrvovacctomy, Internals Or Trassonetistarias Joint, Each \$477.11 28070 Syrvovacctomy, Internals Or Trassonetistarias Joint, Each		ŭ ,	
Sexision, Turnor, Soft Tissue Of Foot Or Toe, Subcutaneous; 1.5 Cm Or Greater			
28041 Exission, Tumor, Soft Tissue Of Foot Or Toe, Sublassial (Eg., Intramusoular); 1.5 cm or Greater \$436.22 28043 Exission, Tumor, Soft Tissue Of Foot Or Toe, Sublassial (Eg., Intramusoular); Less Than 1.5 cm \$450.06 28045 Exission, Tumor, Soft Tissue Of Foot Or Toe, Sublassial (Eg., Intramusoular); Less Than 1.5 cm \$450.06 28046 Removal (3 Certimeters) Fusue Growth Of Foot Or Toe \$399.95 28047 Removal (3 Certimeters Or Greater) Tissue Growth Of Foot Or Toe \$399.95 28050 Siposy Through A Joint Opening in The Midfoot \$394.00 28050 Siposy Through A Joint Opening in The Midfoot \$389.09 28050 Arthrotomy For Syrovial Biopsy; Interphalangeal Joint \$384.819 28050 Arthrotomy For Syrovial Biopsy; Interphalangeal Joint \$384.819 28060 Fasciectomy, Entraina Characia, Radical (Separate Procedure) \$354.44 28060 Fasciectomy, Existiana Characia, Radical (Separate Procedure) \$354.44 28070 Syrovectomy, Intertrasa Characia, Radical (Separate Procedure) \$356.92 28070 Syrovectomy, Intertrasa Characia,			
28045 Exission, Turnor, Soft Tissue Of Foot Or Toe, Subcutaneous; Less Than 1.5 Cm \$414.12 28046 Exission, Turnor, Soft Tissue Of Foot Or Toe Subdaside (Eg, Internativosular); Less Than 1.5 Cm \$456.06 S.34 28046 Removal (Less Than 3 Centimeters) Tissue Growth Of Foot Or Toe \$655.34 28047 Removal (Less Than 3 Centimeters) Tissue Growth Of Foot Or Toe \$939.95 28058 Silosy Through A. Joint Opening In The Toe Forefoot Joint \$340.00 28059 Silosy Through A. Joint Opening In The Toe-Forefoot Joint \$348.19 28050 Silosy Through A. Joint Opening In The Toe-Forefoot Joint \$348.19 28050 Altroid Tissue, Tissue, Tissue Growth Of Foot Of Toe \$348.19 28050 Silosy Through A. Joint Opening In The Toe-Forefoot Joint \$348.19 28050 Final State Control, International Control of Tissue Growth Control of Tiss	28039		
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28046 Removal (Less Than 3 Centimeters) Tissue Growth Of Foot Or Toe \$655.34 28047 Removal (Less Than 3 Centimeters) (Greater) Tissue Growth Of Foot Or Toe \$339.95 28050 Bibspy Through A Joint Opening In The Midfoot \$380.69 28052 Bibspy Through A Joint Opening In The Toe Forefoot Joint \$386.89 28054 Arthrotomy For Synovial Bibspsy, Interphalangeal Joint \$346.19 28056 Neuropy, Intrinsic Musculature Of Foot \$354.44 28067 Fasciactomy, Plantar Fascia, Patrial (Separate Procedure) \$455.72 28067 Fasciactomy, Excision Of Plantar Fascia, Radical (Separate Procedure) \$455.72 28067 Fasciactomy, Excision Of Plantar Fascia, Radical (Separate Procedure) \$455.72 28077 Synovectomy, Interiarsal Or Tarsometatorsal Joint, Each \$485.31 28078 Fasciactomy, Plantar Fascia, Radical (Separate Procedure) \$455.72 28079 Synovectomy, Editorsophistangeal Joint, Each \$465.33 28070 Synovectomy, Editorsophistangeal Joint, Each \$465.33 28086 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$450.43 28086 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$410.72 28096 Excision Of Lesion, Tendon, Tendon Sheath, Or Capsulie (including Synovectomy) (Eg., Cyst Or Ganglion); Toe(S), Each \$35	28043		
28047 / Removal (3 Centimeters Or Greater) Tissue Growth Of Foot Or Toe \$393.95 28050 / Blospy Through A Joint Opening In The Midfoot \$340.00 28050 / Blospy Through A Joint Opening In The Toe Forefoot Joint \$386.81 28054 Attributory For Synovial Balopy, Interphaliangeal Joint \$348.81 28055 Author, For Synovial Balopy, Interphaliangeal Joint \$345.72 28060 Fascictomy, Intrists Musculature Of Foot \$354.44 28060 Fascictomy, Excision Of Plentar Fascia, Redical (Separate Procedure) \$355.62 28070 Synovectomy, Interlasa Of Tarsonelatarsal Joint, Each \$355.22 28071 Synovectomy, Metaursophaliageal Joint, Each \$465.43 28080 Removal Of Lining Of The Foot Tendon On The Upper Surface Of The Foot \$477.10 28080 Removal Of Lining Of The Foot Tendon On The Upper Surface Of The Foot \$477.10 28090 Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg., Cyst Or Ganglion): Foot \$410.72 28092 Excision Of Lesion, Tendon Crypton Fund Turnor, Talva Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Stroster) \$560.82 28103 Excision Or Cruertage Of Bone Cyst Or Benign Turnor, Talva Or Metatarsal Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Stroster) \$560.82 28103 Excision Or Cruertage Of Bone Cyst Or Benign	28045	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial (Eg, Intramuscular); Less Than 1.5 Cm	\$450.66
28050. Biopsy Through A Joint Opening in The Midfoot \$394.00 28052. Biopsy Through A Joint Opening in The Toelforsfoot Joint \$368.69 28052. Biopsy Through A Joint Opening in The Toelforsfoot Joint \$346.19 28055. Arthrotromy For Synovial Biopsy, Interphalangeal Joint \$345.19 28056. Purson, Interphalangeal Joint \$354.44 28056. Paradown,	28046	Removal (Less Than 3 Centimeters) Tissue Growth Of Foot Or Toe	\$655.34
Signition Sign	28047	Removal (3 Centimeters Or Greater) Tissue Growth Of Foot Or Toe	\$939.95
\$366.59		Biopsy Through A Joint Opening In The Midfoot	\$394.00
2805.6 Mintrotomy, For Synovial Biopsy, Interphalangeal Joint \$346.19 2805.6 Neurocomy, Intrinsie Musculature Of Foot \$354.44 2805.6 Neurocomy, Intrinsie Musculature Of Foot \$354.44 2806.6 Pasciectomy, Plantar Fascia; Partial (Separate Procedure) \$455.72 2807.2 Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each \$465.91 2807.2 Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each \$465.43 2808.6 Existion, Interdigital (Month) Neuroma, Single, Each \$471.10 2808.6 Existion, Interdigital (Month) Neuroma, Single, Each \$471.10 2808.6 Existion, Interdigital (Month) Neuroma, Single, Each \$571.10 2808.7 Existion Of Listing Of The Foot Tendon On The Upper Surface Of The Foot \$431.76 2808.8 Removal Of Lining Of The Foot Tendon On The Upper Surface Of The Foot \$431.76 2809.8 Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg., Cyst Or Ganglion); Foot \$410.72 2809.2 Excision Of Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; \$554.86 28103.6 Excision Of Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Except Talus Or Calcaneus; \$466.03 28103.6 Excision Of Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft \$477.23	28052	Biopsy Through A Joint Opening In The Toe/Forefoot Joint	
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28060 Fasciectomy, Plantar Fascia, Partial (Separate Procedure) \$455,72 28062 Fasciectomy, Excision OF Identar Fascia, Radical (Separate Procedure) \$536,92 28072 Synovectomy, Intertarsal Of Tarsometatarsal Joint, Each \$463,43 28072 Synovectomy, Intertarsal Of Tarsometatarsal Joint, Each \$463,43 28080 Excision, Interdigital (Morton) Neuroma, Single, Each \$471,10 28080 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$431,76 28080 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$431,76 28080 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$410,72 28080 Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg., Cyst Or Ganglion); Tool (S), Each \$375,27 28092 Excision Of Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) \$564,88 28103 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft \$360,75 28104 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Except Talus Or Calcaneus; With Iliac Or Other 28105 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other 28107 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other<			
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Synovectomy; Interfarsal Of Tarsometatarsal Joint, Each Sy63.43 Synovectomy; Metatarson Drianged Joint, Each Sy63.43 Synovectomy; Metatarson Drianged Joint, Each Sy63.22 Synovectomy; Metatarson Drianged Joint Synovectomy (Eg. Cyst Or Ganglion); Foot Sy50.32 Synovectomy; Driang Of The Foot Tendon On The Upper Surface Of The Foot Sy50.32 Synovectomy; Driang Of The Foot Tendon On The Upper Surface Of The Foot Sy50.32 Synovectomy; Driang Of The Foot Tendon On The Upper Surface Of The Foot Sy50.32 Synovectomy; Driang Of The Foot Tendon On The Upper Surface Of The Foot Sy50.32 Synovectomy; Driang Of The Foot Tendon On The Upper Surface Of The Foot Sy50.32 Synovectomy; Driang Of The Foot Tendon On The Upper Surface Of The Foot Systom Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg. Cyst Or Ganglion); Toe(S), Each Systom Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Systom) Systom Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Systom) Systom Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Systom Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft Systom Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft Systom, Partial Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft Systom, Partial Excision, Fifth Metatarsal Head Systom, Partial Excision, Fifth Metatarsal Head Systom, Partial Excision, Fifth Metatarsal Head Systom, Partial Cyclory, Partial Excision, Fift			
28072 Synovectomy, Metatarsophalangeal Joint, Each 28080 Exision, Interdigital Motron) Neurona, Single, Each 28080 Exision, Interdigital Motron) Neurona, Single, Each 28080 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot 28080 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot 28080 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot 28090 Exision Of Lession, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg. Cyst Or Ganglion); Foot 2810 Exision Of Lession, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg. Cyst Or Ganglion); Toet S), Each 2810 Exision Of Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining 28102 Graft) 28103 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft 28104 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft 28105 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft 28106 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Metatarsal Except Talus Or Calcaneus; With Iliac Or Other 28107 Existion Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus, Except Talus Or Calcaneus; With Homogenous Bone Graft 28108 Existion Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Wetatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 28109 Existion Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Wetatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 28110 Existion Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Wetatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 28110 Existion Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Wetatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 28110 Existion Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Wetatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 281			
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28086 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$506.32 28088 Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot \$431.76 28088 Removal Of Lining Of The Foot Tendon On The Upper Surface Of The Foot \$41.72 28098 Exision Of Lesion, Tendon, Tendon Sheath, Or Capsule (including Synovectomy) (Eg. Cyst Or Ganglion); Toe(S), Each \$375.27 2810 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; \$554.86 2810 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Scale Exision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft \$360.75 28104 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; With Iliac Or Other \$440.30 28104 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other \$396.29 28107 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft \$477.23 28108 Exision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 28110 Ostectomy, Partial Existion, Fifth Metatarsal Head (Bunionette) (Separate Procedure) \$408.28 28111 Ostectomy, Existion (All Metatarsal Head (Bunionette) (Separate Procedure) \$422.24			
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Excision of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg. Cyst Or Ganglion); Foot \$410.72		,	
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28102 Craft) \$560.82 28103 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft 28104 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; 28106 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other 28106 Autogenous Bone Graft (Includes Obtaining Graft) 28107 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 28108 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Flasal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 28108 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Flasalory 28109 Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure) 28110 Ostectomy, Partial Excision, Fifth Metatarsal Head 28111 Ostectomy, Complete Excision Of First Metatarsal Head 28112 Removal Of Bones At Second, Third, Or Fourth Toe Joints 28114 Ostectomy, Complete Excision, All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure) 28118 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28119 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28120 Setectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28121 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midflotd Area 28123 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelltis Or Bossing); Phalanx Of Toe 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy) 28183 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28125 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midflotd Area 28160 Hemiphalangectomy or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each 28173 Redical Resection Of Tumor; Phalanx Of Toe 38130.00.26	28100		\$554.86
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft \$360.75			
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft \$477.23 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalange Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft 1.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalange Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Excision, Excision Or Excision In The Mid Hindfoot Area Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalange Phalange Individual Excision Or Tumor; Metatarsal Except Talus Or Excision Of Tumor; Metatarsal Except Talus Or Excision Of Tumor; Meta			
Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Or Store Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Or Store Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Or Store Or Benign Tumor, Phalanges; \$411.03 Excision Or Curettage Of Bone Or Store Or Benign Tumor, Phalanges; \$410.03 Excision Or Curettage Of Bone Or First Metatarsal Head \$410.05 Excision Or Curettage Of Bone Or First Metatarsal Head \$410.05 Excision Or Curettage Of Bone Or First Metatarsal Head \$410.05 Excision Or Curettage Of Bone Or First Metatarsal Head \$410.05 Excision Or Curettage Of Bone Or First Metatarsal Head \$410.05 Excision Or Curettage Of Bone Or First Metatarsal Head \$410.05 Excision Or Curettage Of Excision, All Metatarsal Head \$411.03 Excision Or Excision, Claudeurs, Partial Cotton Scoop Type Procedure) \$411.03 Excision Or Excision Or Excision, Sale All Excision, Sale Excision, Sale Excision Or Head Bone For Bone Infection In The Midfoot Area \$411.05 Excision Or Excision Or Head Bone For Bone Infection In The Midfoot Area \$411.05 Excision Or Excision Or Head Bone For Bone Infection In The Midfoot Area \$411.05 Excision Or Excision Or Head Bone For Bone Infection In The Midfoot Area \$411.05 Excision Or Excision Or Head Bone For Bone Infection In The Midfoot Area \$411.05 Excision			
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Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft \$477.23 28108 Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; \$411.03 28110 Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure) \$408.28 28111 Ostectomy; Complete Excision Of First Metatarsal Head \$463.65 28112 Removal Of Bones At Second, Third, Or Fourth Toe Joints \$424.24 28113 Ostectomy; Fifth Metatarsal Head \$515.15 28114 Costectomy; Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg., Clayton Type Procedure) 28114 Ostectomy; Excision Of Tarsal Coalition \$588.70 28116 Ostectomy, Excision Of Tarsal Coalition \$588.70 28119 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) \$588.96 28119 Ostectomy, Calcaneus; Portial (Cotton Scoop Type Procedure) \$588.96 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area \$585.89 28121 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area \$585.89 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg. Osteomyelitis Or Bossing); Phalanx Of Toe \$441.28 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe \$344.73 28130 Talectomy (Astragalectomy) \$598.33 28140 Metatarsectomy \$493.88 28150 Phalangectomy, Toe, Each Toe \$385.84 28160 Hemiphalangectomy, Toe, Each Toe \$385.84 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$421.28 28172 Removal Of Bone Growth, Middle Portion Of Foot \$439.38 28173 Radical Resection Of Tumor; Phalanx Of Toe \$435.24		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other	
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Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; 28110 Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure) 28111 Ostectomy: Complete Excision Of First Metatarsal Head 28112 Removal Of Bones At Second, Third, Or Fourth Toe Joints 28113 Ostectomy; Fifth Metatarsal Head 28114 Ostectomy; Fifth Metatarsal Head 28115 Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type 28114 Procedure) 28116 Ostectomy, Excision Of Tarsal Coalition 28118 Ostectomy, Excision Of Tarsal Coalition 28119 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe 28127 Phalangectomy, Toe, Each Toe 28130 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28131 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28133 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28137 Radical Resection Of Tumor; Phalanx Of Toe 3838.34 38435.24			
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28111 Ostectomy; Complete Excision Of First Metatarsal Head 28112 Removal Of Bones At Second, Third, Or Fourth Toe Joints 28113 Ostectomy; Fifth Metatarsal Head 28113 Ostectomy; Fifth Metatarsal Head 28114 Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type 28114 Procedure) 28115 Ostectomy, Complete Excision Of Tarsal Coalition 28116 Ostectomy, Excision Of Tarsal Coalition 28118 Ostectomy, Excision Of Tarsal Coalition 28119 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area 28121 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe 28127 Sauth Metatarsectomy 28130 Talectomy (Astragalectomy) 28140 Metatarsectomy 28150 Phalangectomy, Toe, Each Toe 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe 28174 Extensive Removal Of Bone Growth, Middle Portion Of Foot 28175 Radical Resection Of Tumor; Metatarsal 28176 Radical Resection Of Tumor; Phalanx Of Toe			\$411.03
Removal Of Bones At Second, Third, Or Fourth Toe Joints State Sta	28110	Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure)	\$408.28
Ostectomy; Fifth Metatarsal Head Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure) Sp95.58 28116 Ostectomy, Excision Of Tarsal Coalition Steatomy, Calcaneus; Partial (Cotton Scoop Type Procedure) Sp88.96 28119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release Sp119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release Sp119 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area Sp88.89 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area Sp119 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe Sp119 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe Sp119 Partial Complete, Phalangeal Base, Each Toe Sp119 Phalangectomy, Toe, Each Toe	28111	Ostectomy; Complete Excision Of First Metatarsal Head	\$463.65
Ostectomy; Fifth Metatarsal Head Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure) Sy95.58 28116 Ostectomy, Excision Of Tarsal Coalition State Ostectomy, Excision Of Tarsal Coalition Sy88.70 28118 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) Sy88.96 28119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release Sy87.66 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area Sy88.89 28122 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area Sy89.58 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe Sy34.73 28130 Talectomy (Astragalectomy) Sy893.88 28150 Phalangectomy, Toe, Each Toe Sy394.36 28153 Resection, Condyle(S), Distal End Of Phalanx, Each Toe Sy394.36 28151 Resection, Condyle(S), Distal End Of Phalanx, Each Toe Sy393.34 Extensive Removal Of Bone Growth, Middle Portion Of Foot Sy393.34 Radical Resection Of Tumor; Metatarsal Sy671.66 Sy395.24	28112	Removal Of Bones At Second, Third, Or Fourth Toe Joints	\$424.24
Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type \$995.58 28114 Procedure) \$995.58 28115 Ostectomy, Excision Of Tarsal Coalition \$688.70 28118 Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) \$588.96 28119 Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release \$475.66 28120 Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area \$585.89 28122 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe \$421.28 28124 Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe \$421.28 28126 Resection, Partial Or Complete, Phalangeal Base, Each Toe \$344.73 28130 Talectomy (Astragalectomy) \$598.33 28140 Metatarsectomy \$493.88 28150 Phalangectomy, Toe, Each Toe \$394.36 28151 Resection, Condyle(S), Distal End Of Phalanx, Each Toe \$389.34 28160 Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each \$389.34 28171 Extensive Removal Of Bone Growth, Middle Portion Of Foot \$1,000.26 28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe	28113	Ostectomy; Fifth Metatarsal Head	
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28153Resection, Condyle(S), Distal End Of Phalanx, Each Toe\$385.8428160Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each\$389.3428171Extensive Removal Of Bone Growth, Middle Portion Of Foot\$1,000.2628173Radical Resection Of Tumor; Metatarsal\$671.6628175Radical Resection Of Tumor; Phalanx Of Toe\$435.24			
28160Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each\$389.3428171Extensive Removal Of Bone Growth, Middle Portion Of Foot\$1,000.2628173Radical Resection Of Tumor; Metatarsal\$671.6628175Radical Resection Of Tumor; Phalanx Of Toe\$435.24			
28171Extensive Removal Of Bone Growth, Middle Portion Of Foot\$1,000.2628173Radical Resection Of Tumor; Metatarsal\$671.6628175Radical Resection Of Tumor; Phalanx Of Toe\$435.24			
28173 Radical Resection Of Tumor; Metatarsal \$671.66 28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24			
28175 Radical Resection Of Tumor; Phalanx Of Toe \$435.24			
28190 Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin \$236.22	28175		\$435.24
	28190	Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin	\$236.22

Code		
00100	Description	Fee
28192	Removal Of Foreign Body Of Foot Tissue, Deep	\$403.90
28193	Removal Of Foreign Body Of Foot Tissue, Complicated	\$458.03
28200	Repair Of Foot Tendon On The Sole Of The Foot Without A Graft	\$434.59
28202	Repair Of Foot Tendon On The Sole Of The Foot With A Graft	\$560.40
28208	Repair Of Foot Tendon On The Top Side Of The Foot Without A Graft	\$426.50
28210	Repair Of Foot Tendon On The Top Side Of The Foot With A Graft	\$550.82
28220	Release Of Single Foot Tendon On The Bottom Side Of The Foot (Flexor Tendon)	\$425.78
28222	Tenolysis, Flexor, Foot; Multiple Tendons	\$490.49
28225	Release Of Single Foot Tendon On The Top Side Of The Foot (Extensor)	\$404.87
28226	Tenolysis, Extensor, Foot; Multiple Tendons	\$582.54
28230	Incision To Lengthen Foot Tendons, Open Procedure	\$409.19
28232	Incision To Lengthen Toe Tendon, Open Procedure	\$333.21
28234	Incision To Release Foot Tendon, Open Procedure	\$364.37
28238	Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Accessory Tarsal Navicular Bone (Eg, Kidner Type Procedure)	\$652.69
28240	Tenotomy Or Release, Abductor Hallucis Muscle (Mccauley Type Procedure)	\$421.07
28250	Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate Procedure)	\$545.07
28260	Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)	\$663.38
28261	Capsulotomy, Midfoot; With Tendon Lengthening	\$929.60
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28262	Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy And Tendon(S) Lengthening (Eg, Resistant Clubfoot Deformity)	\$1,182.35
28264	Capsulotomy, Midtarsal (Eq. Heyman Type Procedure)	\$841.20
28270	Capsulotomy, Middarsar (Eg., Freyman Type Trocedure) Capsulotomy; Metatarsophalangeal Joint, With Or Without Tenorrhaphy, Each Joint (Separate Procedure)	\$431.51
28272	Capsulotomy; Interphalangeal Joint, Each Joint (Separate Procedure)	\$363.69
	Syndactylization, Toes (Eq. Webbing Or Kelikian Type Procedure)	\$363.69 \$481.97
28280	7 7 7 7 67 6 71 7	
28285	Correction, Hammertoe (Eg, Interphalangeal Fusion, Partial Or Total Phalangectomy)	\$475.31
28286	Correction, Cock-Up Fifth Toe, With Plastic Skin Closure (Eg, Ruiz-Mora Type Procedure)	\$418.23
28288	Ostectomy, Partial, Exostectomy Or Condylectomy, Metatarsal Head, Each Metatarsal Head	\$531.53
28289	Correction Of Rigid Deformity Of First Joint Of Big Toe	\$671.93
28291	Correction Of Rigid Deformity Of First Joint Of Big Toe Using Implant	\$667.60
28292	Correction Of Bunion	\$616.03
28295	Correction Of Bunion With Alignment Correction Of Midfoot Bone Toward Ankle	\$1,021.26
28296	Correction Of Bunion With Alignment Correction Of Midfoot Bone Toward Toe Area	\$780.25
28297	Correction Of Bunion With Forefoot And Midfoot Bone Fusion	\$897.91
28298	Correction Of Bunion With Alignment Correction Of Big Toe	\$733.96
28299	Correction Of Bunion With 2 Areas Of Realignment	\$889.85
28300	Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation	\$623.67
28302	Osteotomy; Talus	\$654.30
	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	
28304		\$720.72
28305	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Includes Obtaining Graft) (Eg, Fowler Type)	\$623.87
28306	Incision To Straighten Big Toe Bone At The First Midfoot Bone (Metatarsal) Level	\$535.05
28307	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal With Autograft (Other Than First Toe)	\$737.82
28308	Incision To Straighten Toe Bone (Other Than The Big Toe) At The Midfoot Bone (Metatarsal) Level	\$502.59
28309	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple (Eg, Swanson Type Cavus Foot Procedure)	\$815.39
28310	Incision To Straighten Big Toe Bone At The First Toe Bone Level	\$481.52
28312	Incision To Straighten Toe Bone (Other Than The Big Toe) At Toe Bone Level	\$489.37
28313	Reconstruction, Angular Deformity Of Toe, Soft Tissue Procedures Only (Eg, Overlapping Second Toe, Fifth Toe, Curly Toes)	\$496.40
28315	Sesamoidectomy, First Toe (Separate Procedure)	\$420.46
	Repair Of Non-Healed Midfoot Bone	
20320		
	Repair Of Non-Healed Forefoot Bone	\$592.39
28322	Repair Of Non-Healed Forefoot Bone	\$592.39 \$732.80
28322 28340	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal	\$592.39 \$732.80 \$533.97
28322 28340 28341	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal	\$592.39 \$732.80 \$533.97 \$617.85
28322 28340 28341 28344	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40
28322 28340 28341 28344 28345	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39
28322 28340 28341 28344 28345 28360	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08
28322 28340 28341 28344 28345 28360 28400	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02
28322 28340 28341 28344 28345 28360 28400 28405	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84
28322 28340 28341 28344 28345 28360 28400	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42
28322 28340 28341 28344 28345 28360 28400 28405	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed;	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84
28322 28340 28341 28344 28345 28360 28400 28405 28406	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42
28322 28340 28341 28344 28345 28360 28400 28405 28406	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed;	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42
28322 28340 28341 28344 28345 28360 28400 28405 28406 28415	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09
28322 28340 28341 28344 28345 28360 28400 28405 28406 28415	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed;	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09
28322 28340 28341 28344 28345 28360 28400 28405 28406 28415 28420 28430 28435	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Closed Treatment Of Calcaneal Fracture, Without Manipulation Treatment Of Closed Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58
28322 28340 28341 28344 28345 28360 28400 28405 28406 28415 28420 28430 28435 28436	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Closed Treatment Of Calcaneal Fracture; Without Manipulation Treatment Of Calcaneal Fracture; Without Manipulation Treatment Of Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59
28322 28340 28341 28344 28345 28360 28400 28405 28406 28415 28420 28430 28435 28436 28436	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Closed Treatment Of Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51
28322 28340 28341 28344 28345 28360 28405 28406 28415 28420 28430 28435 28436 28435 28436	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Polydactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture; Includes Internal Fixation, When Performed; Closed Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture; Without Manipulation Treatment Of Calcaneal Fracture; Without Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61
28322 28340 28341 28344 28345 28360 28405 28406 28415 28420 28430 28436 28436 28436 28445 28446	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Closed Treatment Of Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone Without Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53
28322 28340 28341 28344 28345 28360 28405 28406 28415 28420 28430 28435 28435 28446 28445 28446 28450 28455	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Closed Treatment Of Calcaneal Fracture, Without Manipulation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Closed Treatment Of Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone Without Manipulation Treatment Of Broken Foot Bone With Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53 \$255.83
28322 28340 28341 28344 28345 28345 28400 28405 28406 28415 28430 28435 28436 28445 28446 28455 28456	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Closed Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Closed Treatment Of Calcaneal Fracture; Without Manipulation Treatment Of Closed Talus Fracture; Without Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone Without Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Treatment Of Broken Foot Bone With Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53 \$255.83 \$351.82
28322 28340 28341 28344 28345 28360 28400 28405 28406 28415 28420 28430 28435 28446 28446 28450 28456 28456	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Closed Treatment Of Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone With Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Fracture Of The Hind Portion Of The Foot	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53 \$255.83 \$351.82 \$559.53
28322 28340 28341 28344 28345 28360 28400 28406 28415 28420 28430 28436 28446 28450 28450 28456 28456 28456 28450	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction Of Abnormal Toe, With Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; With Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Closed Treatment Of Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation Treatment Of Closed Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone Without Manipulation Treatment Of Broken Foot Bone With Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Broken Foot Bone With Manipulation Open Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Broken Foot Bone In The Fore Or Midfoot Without Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53 \$255.83 \$351.82 \$559.53 \$219.39
28322 28340 28341 28344 28345 28360 28405 28406 28415 28420 28430 28435 28446 28450 28456 28456 28455 28456 28455 28470 28475	Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Polydactyly, Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Talus Fracture; Without Manipulation Treatment Of Talus Fracture; Without Manipulation Treatment Of Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53 \$255.83 \$351.82 \$559.53 \$219.39 \$234.02
28322 28340 28341 28344 28345 28360 28400 28406 28415 28420 28430 28436 28446 28450 28450 28456 28456 28456 28450	Repair Of Non-Healed Forefoot Bone Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Closed Treatment Of Talus Fracture; Without Manipulation Treatment Of Closed Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone Without Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Broken Foot Bone In The Fore Or Midfoot Without Manipulation Treatment Of Closed Metatarsal Fracture; With Manipulation, Each Insertion Of Hardware To Broken Foot Bone With Manipulation, Each Insertion Of Hardware To Broken Foot Bone With Manipulation, Accessed Through The Skin	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53 \$255.83 \$351.82 \$559.53 \$219.39
28322 28340 28341 28344 28345 28360 28405 28406 28415 28420 28430 28435 28446 28450 28456 28456 28455 28456 28455 28470 28475	Reconstruction Of Abnormal Toe, Without Bone Removal Reconstruction, Toe(S) Polydactyly Reconstruction, Toe(S) Polydactyly, Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web Reconstruction, Cleft Foot Closed Treatment Of Calcaneal Fracture; Without Manipulation Closed Treatment Of Calcaneal Fracture; With Manipulation Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; Open Treatment Of Talus Fracture; Without Manipulation Treatment Of Talus Fracture; Without Manipulation Treatment Of Talus Fracture; With Manipulation Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin Open Treatment Of The Bone That Connects The Foot To The Ankle Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation Treatment Of Broken Foot Bone With Manipulation Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin Open Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation Treatment Of Broken Foot Bone In The Foot Or Midfoot Without Manipulation	\$592.39 \$732.80 \$533.97 \$617.85 \$370.40 \$457.39 \$1,002.08 \$224.02 \$401.84 \$525.42 \$965.09 \$1,186.88 \$216.83 \$331.58 \$465.59 \$899.51 \$1,109.61 \$191.53 \$255.83 \$351.82 \$559.53 \$219.39 \$234.02

Code 28495		
28495	Description	Fee
	Treatment Of Closed Fracture Great Toe, Phalanx Or Phalanges; With Manipulation	\$169.39
28496	Insertion Of Hardware To Broken Great Toe With Manipulation, Accessed Through The Skin	\$448.21
28505	Open Treatment Of Fracture, Great Toe, Phalanx Or Phalanges, Includes Internal Fixation, When Performed	\$571.06
28510	Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; Without Manipulation, Each	\$110.05
28515	Treatment Of Closed Fracture, Phalanx Or Phalanges, Other Than Great Toe; With Manipulation, Each	\$149.64
28525	Open Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe, Includes Internal Fixation, When Performed, Each	\$503.96
28530	Closed Treatment Of A Small Bone In A Tendon In The Foot	\$107.75
28531	Open Treatment Of Fracture Of Fracture Of A Small Bone Within A Tendon In The Foot	\$314.70
28540	Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Without Anesthesia	\$184.97
28545	Treatment Of Closed Tarsal Bone Dislocation; Requiring Anesthesia	\$291.08
	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin, Other Than The Ankle (Talus) To The Midfoot	
28546	(Tarsal) Bones	\$559.97
28555	Open Treatment Of Dislocation Foot Joint Within The Hindfoot Bones	\$801.91
28570	Closed Treatment Of Dislocated Hindfoot Without Anesthesia	\$221.77
28575	Closed Treatment Of Dislocated Hindfoot With Anesthesia	\$339.09
20373	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Ankle (Talus) With The Midfoot (Tarsal)	ψ339.09
28576	Bones	\$354.49
28585	Open Treatment Of Dislocation Foot Joint Within The Midfoot Bones	\$827.44
	Closed Treatment Of Dislocated Midfoot Without Anesthesia	
28600		\$188.78
28605	Closed Treatment Of Dislocated Midfoot With Anesthesia	\$308.13
	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Midfoot (Tarsal) Bones Joint With The	4
28606	Forefoot (Metatarsal) Bones	\$381.14
28615	Open Treatment Of Dislocation At The Connection Of The Midfoot To The Forefoot	\$720.40
28630	Closed Treatment Of Metatarsophalangeal Joint Dislocation; Without Anesthesia	\$136.71
28635	Treatment Of Closed Metatarsophalangeal Joint Dislocation; Requiring Anesthesia	\$163.51
28636	Insertion Of Hardware To Foot Bone Dislocation With Manipulation, Accessed Through The Skin	\$311.09
28645	Open Treatment Of Metatarsophalangeal Joint Dislocation, Includes Internal Fixation, When Performed	\$574.05
28660	Closed Treatment Of Interphalangeal Joint Dislocation; Without Anesthesia	\$111.20
28665	Treatment Of Closed Interphalangeal Joint Dislocation; Requiring Anesthesia	\$141.26
28666	Insertion Of Hardware To Toe Joint Dislocation With Manipulation, Accessed Through The Skin	\$167.53
28675	Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed	\$511.42
28705	Fusion Of All Bones Of The Ankle And Hindfoot	\$1,114.21
28715	Fusion Of Three Major Bones Of The Hindfoot	
	,	\$897.72
28725	Fusion Of Foot Below The Ankle, Simple	\$746.40
28730	Fusion Of Multiple Foot Joints Without A Bone Incision	\$697.08
28735	Fusion Of Multiple Foot Joints With A Bone Incision	\$718.10
28737	Fusion Of Foot Below The Ankle, Complex	\$664.31
28740	Fusion Of Foot In The Midfoot Region	\$720.67
28750	Fusion Of Great Toe At The Joint With The Foot	\$680.76
28755	Fusion Of Great Toe, Between The Toe Joints	\$447.72
28760	Fusion Of Great Toe, Between The Toe Joints With Tendon Transfer	\$716.09
28800	Amputation Of Midfoot Bone	\$508.24
28805	Amputation Of Foot Across Instep	\$604.79
28810	Amputation Of Toe And Midfoot Bone	\$403.72
28820	Amputation Of Toe At Joint Between The Forefoot And Toes	\$287.49
28825	Amputation Of Toe At Toe Joints	
	Extracorporeal Shock Wave, High Energy, Performed By A Physician Or Other Qualified Health Care Professional, Requiring Apesthesia Other	\$254.74
	Extracorporeal Shock Wave, High Energy, Performed By A Physician Or Other Qualified Health Care Professional, Requiring Anesthesia Other	\$254.74
28890	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia	\$254.74 \$307.06
28890 28899	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes	\$254.74 \$307.06 Price by Report
28890 28899 29000	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion)	\$254.74 \$307.06 Price by Report \$318.92
28890 28899 29000 29010	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only	\$254.74 \$307.06 Price by Report \$318.92 \$247.47
28890 28899 29000 29010 29015	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26
28890 28899 29000 29010 29015 29035	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips;	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40
28890 28899 29000 29010 29015 29035 29040	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23
28890 28899 29000 29010 29015 29035 29040 29044	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10
28890 28899 29000 29010 29015 29035 29040 29044 29046	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21
28890 28899 29000 29010 29015 29035 29040 29044 29046	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049 29055	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049 29055 29058	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049 29055 29058 29065	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049 29055 29058 29065 29075	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049 29055 29058 29055 29075 29085	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast, Figure-Of-Eight Application, Shoulder Spica Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91
28890 28899 29000 29010 29015 29045 29044 29046 29049 29055 29058 29058 29075 29085 29085	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including One Thigh Application, Cast; Figure-Of-Eight Application, Cast; Figure-Of-Eight Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049 29055 29058 29065 29075 29085 29086 29105	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application; Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26
28890 28899 29000 29010 29015 29035 29040 29044 29049 29055 29058 29055 29075 29086 29086 29105 29125	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$771.21 \$81.26 \$66.39
28890 28899 29000 29010 29015 29035 29040 29044 29046 29049 29058 29058 29058 29065 29085 29085 29105 29125 29125	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Noveable, Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05
28890 28899 29000 29010 29015 29035 29040 29044 29046 29055 29055 29055 29055 29085 29105 29125 29125 29125 29130	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Non-Moveable, Hinged Finger Splint	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05
28890 28899 29000 29010 29015 29035 29040 29044 29046 29055 29055 29055 29065 29075 29086 29105 29126 29126 29130 29131	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application, Cast; Figure-Of-Eight Application; Plaster Velpeau Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application, Cast; Finger (Eg, Contracture) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Finger Splint Application Of Non-Moveable, Hinged Finger Splint	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$40.76
28890 28899 29000 29010 29015 29035 29040 29044 29046 29055 29058 29058 29058 29059 29105 29125 29126 29130 29131 29200	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Shoulder To Hand (Long Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Finger Splint Strapping; Thorax	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$40.76 \$31.54
28890 28899 29000 29010 29015 29045 29044 29046 29049 29055 29058 29065 29075 29086 29105 29125 29126 29130 29130 29200 29240	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Finger Splint Strapping; Thorax Strapping; Shoulder (Eg, Velpeau)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$447.76 \$31.54
28890 28899 29000 29010 29015 29035 29040 29044 29049 29055 29055 29055 29055 29075 29085 29105 29125 29126 29130 29130 29131 29200 29240	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Non-Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Finger Splint Strapping; Thorax Strapping; Shoulder (Eg, Velpeau) Strapping; Elbow Or Wrist	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$40.76 \$31.54
28890 28899 29000 29010 29015 29035 29040 29044 29049 29055 29055 29055 29055 29075 29085 29105 29125 29126 29130 29130 29131 29200 29240	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Finger Splint Strapping; Thorax Strapping; Shoulder (Eg, Velpeau)	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$40.76 \$447.76 \$31.54
28890 28899 29000 29010 29015 29035 29040 29049 29049 29055 29055 29055 29055 29055 29055 29055 29105 29125 29126 29130 29131 29200 29240 29260 29280	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application, Cast; Figure-Of-Eight Application; Shoulder Spica Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Non-Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Finger Splint Strapping; Thorax Strapping; Shoulder (Eg, Velpeau) Strapping; Elbow Or Wrist	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$77.21 \$81.26 \$66.39 \$70.05 \$40.76 \$447.76 \$331.54 \$29.21 \$31.88
28890 28899 29000 29010 29015 29040 29044 29046 29045 29055 29055 29058 29055 29085 29125 29125 29126 29130 29131 29200 29240 29280 29280 29280	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application, Cast; Figure-Of-Eight Application; Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application, Cast; Finger (Eg, Contracture) Application, Cast; Finger (Eg, Contracture) Application Of Long Arm Splint (Shoulder To Hand) Application Of Moveable, Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Non-Moveable, Hinged Finger Splint Strapping; Thorax Strapping; Flow Or Wrist Strapping; Elbow Or Wrist Strapping; Hand Or Finger	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$40.76 \$47.76 \$31.54 \$29.21 \$31.88
28890 28899 29000 29010 29015 29040 29044 29044 29045 29055 29055 29055 29055 29105 29125 29126 29130 29131 29200 29240 29240 29280 29305 29305	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast, Figure-Of-Eight Application, Shoulder Spica Application, Shoulder Spica Application; Plaster Velpeau Application, Cast, Elbow To Finger (Short Arm) Application Of Cast, Elbow To Finger (Short Arm) Application; Cast, Finger (Eg. Contracture) Application, Cast, Finger (Eg. Contracture) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Non-Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Moveable, Hinged Finger Splint Strapping; Thorax Strapping; Shoulder (Eg., Velpeau) Strapping; Blow Or Wrist Strapping; Blow Or Wrist Strapping; Hand Or Finger Application Of Hip Spica Cast One Leg	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$40.76 \$47.76 \$31.54 \$29.21 \$31.88 \$27.59
28890 28899 29000 29010 29015 29015 29044 29044 29046 29055 29055 29055 29055 29086 29105 29125 29126 29125 29126 29130 29131 29200 29240 29260 29280 29325 29325 29325	Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia Unlisted Procedure, Foot Or Toes Application Of Halo Type Body Cast (See 20661-20663 For Insertion) Application Of Risser Jacket, Localizer, Body; Only Application Of Risser Jacket, Localizer, Body; Including Head Application Of Body Cast, Shoulder To Hips; Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type Application Of Body Cast, Shoulder To Hips; Including One Thigh Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application Of Body Cast, Shoulder To Hips; Including Both Thighs Application, Cast; Figure-Of-Eight Application, Shoulder Spica Application, Plaster Velpeau Application, Plaster Velpeau Application Of Cast, Shoulder To Hand (Long Arm) Application Of Cast, Elbow To Finger (Short Arm) Application of Cast, Elbow To Finger (Short Arm) Application, Hand And Lower Forearm (Gauntlet) Application, Cast; Finger (Eg, Contracture) Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) Application Of Non-Moveable, Hinged Short Arm Splint (Forearm To Hand) Application Of Non-Moveable, Hinged Finger Splint Strapping; Thorax Strapping; Shoulder (Eg, Velpeau) Strapping; Shoulder (Eg, Velpeau) Strapping; Shoulder (Eg, Velpeau) Application Of Hip Spica Cast One Leg Application Of Hip Spica Cast, One And One-Half Hip Spica Or Both Legs	\$254.74 \$307.06 Price by Report \$318.92 \$247.47 \$269.26 \$236.40 \$269.23 \$264.10 \$289.21 \$91.11 \$204.67 \$112.72 \$95.70 \$86.46 \$94.91 \$71.21 \$81.26 \$66.39 \$70.05 \$40.76 \$47.76 \$31.54 \$29.21 \$31.88 \$27.59 \$227.04

240.00 Application O'Shart Lag Care (Below Kree To Tone); 371.21 241.25 Application O'Shart Lag Care (Below Kree To Tone); 341.52 241.25 Application O'Shart Lag Care (Below Kree To Tone); 341.52 241.25 Application O'Shart Lag Care (Below Kree To Tone); 341.52 241.25 Application O'Shart Lag Care (Below Kree To Tone); 341.52 241.26 Application O'Shart Lag Care (Below Kree To Tone); 341.25 241.26 Application O'Clubriou Cast With Miching O'Manquarian, Long O'Shart Lag 241.26 Application O'Clubriou Cast With Miching O'Manquarian, Long O'Shart Lag 241.26 Application O'Clubriou Cast With Miching O'Manquarian, Long O'Shart Lag 241.26 Application O'Shart Lag Spirit Carl To Food; 242.26 Application O'Shart Lag Carl Carl Carl Carl Carl Carl Carl Carl	Code	Description	Fee
29.025 Septiment of Short Log Cast (Below Kines To Tools) Valling Or-Ambulation Type	29365	Application Of Cylinder Cast (Thigh To Ankle)	\$112.60
Agabasam OF Paelester Trechon Bearing (Phi) Clast \$30.46 Adding Walter To Previously Agabasia Clast \$38.48 Sale Agabasian OF Rigor Total Corrient Log Cast \$38.48 Sale Agabasian OF Rigor Total Corrient Log Cast \$38.48 Sale Agabasian OF Rigor Total Corrient Log Cast \$35.40 Sale Agabasian OF Rigor Total Corrient Log Cast \$35.40 Sale Agabasian OF Log Log Safe Third Total Cast \$47.50 Sale Agabasian OF Short Log Sale Safe Total Tot Fool \$71.30 Sale Agabasian OF Short Log Sale Safe Total Tot Fool \$71.30 Sale Agabasian OF Short Log Sale Safe Total Total \$71.30 Sale Sale Sale Sale Sale Sale Sale Sale	29405	Application Of Short Leg Cast (Below Knee To Toes);	\$79.21
\$39.485 Application Of Rigit Total Contest Leg Cast \$39.485 Application Of Rigit Total Contest Leg Cast \$39.285 \$3	29425	Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type	\$74.50
\$39.485 Application Of Rigit Total Contest Leg Cast \$39.485 Application Of Rigit Total Contest Leg Cast \$39.285 \$3	29435	Application Of Patellar Tendon Bearing (Ptb) Cast	\$109.40
Speciation Of Rigati Total Contact Lag Casts Speciation Of Login Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of Long Lag Sprint (Thigh To Ankles Or Toes) Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, And Propte Speciation Of View World Compression System Upper Am, Foresem, Hand, Andle Andle Ankle Speciation Pr			
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Sept 3 Application Of Miles Layer Compression System Leg (Betow Krose), including Ankle And Foot \$56.22 Sept 3 Application Of Wen Wound Compression System Upper Arm, Foream, Hand, And Fingers \$79.68 Sept 300 Removal Of Elsowing Of Grantis, Book, Of Booky Cast \$65.20 Sept 301 Removal Of Elsowing Of Grantis, Book, Of Booky Cast \$65.20 Sept 301 Removal Of Elsowing Of Grantis, Book, Of Booky Cast \$65.20 Sept 301 Removal Of Elsowing Of Grantis, Industry Sept 301 Removal Of Elsowing Of Sept 301 Removal Of Cast Except Cheloric Class Industry Sept 301 Removal Of Cast Except Cheloric Class Industry Sept 301 Removal Of Cast Except Cheloric Class Industry Sept 301 Removal Of Cast Except Cheloric Class Industry Sept 301 Removal Of Cast Except Cheloric Class Industry Sept 301 Removal Of Long Of Prolegy Industry Industry Sept 301 Removal Of Long Of Prolegy Industry Sept 301 Removal Of Long Of Removal Of			
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29848 Application Of View Novind Compression System Upper Am, Forearm, Hand, And Fingers 29709 Removal Of Braining Full Arm Of Full Lag Cast 29709 Removal Of Braining Full Arm Of Full Lag Cast 29710 Removal Of Braining Full Arm Of Full Lag Cast 29710 Removal Of Braining Full Arm Of Full Lag Cast 29710 Removal Of Braining Full Arm Of Full Lag Cast 29710 Removal Of Braining Full Arm Of Full Lag Cast 29710 Removal Of Braining Full Arm Of Full Lag Cast 29710 Removal Of Braining Of State 29710 Removal Of Braining Of State 29710 Removal Of Draining Of State 29710 Removal Of Draining Of State 29710 Removal Of Draining Of State 29710 Removal Of Claude 29710 Removal Of State 29710 Removal Of Claude 29710 Vindeograp, Temporomandibular Joint, Diagnosis, With Of Without Synovial Biopsy (Separate Procedure) 29710 Removal Of Shoulder Joint, Diagnosis, With Of Without Synovial Biopsy (Separate Procedure) 29710 Removal Of Shoulder Joint, Diagnosis, With Of Without Synovial Biopsy (Separate Procedure) 29710 Removal Of Shoulder Joint, Diagnosis, With Of Without Synovial Biopsy (Separate Procedure) 29710 Removal Of Shoulder Joint, Diagnosis, With Of Without Synovial Biopsy (Separate Procedure) 29710 Removal Of Shoulder Joint, Diagnosis, Min Removal Of Removal Card State	29580	Strapping, Unna Boot	\$56.22
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Serios of Brahafung Full Arm OF Full Lag Cast 1970 Removal OF Brahafung Full Arm OF Full Lag Cast 1971 Removal OF Brahafung OF Shoulder, His Spica, Or Jacket Cast 1972 Regular OF Spica, Body Cast, Or Jacket 1973 Windowing Of Cast 1973 Windowing Of Cast 1974 Wedging Of Cast (Except Clubbot Casts) 1976 Wedging Of Cast (Except Clubbot Casts) 1976 Wedging Of Cast (Except Clubbot Casts) 1976 Wedging Of Clast (Except Clubbot Casts) 1970 Wedging Of Clast (Except Clubbot Casts) 1970 Wedging Of Clast (Except Clubbot Casts) 1970 Wedging Of Clubson Casts 1970 Wedging Of Clubson Ca	29584	Application Of Vein Wound Compression System Upper Arm, Forearm, Hand, And Fingers	\$79.68
Serios of Brahafung Full Arm OF Full Lag Cast 1970 Removal OF Brahafung Full Arm OF Full Lag Cast 1971 Removal OF Brahafung OF Shoulder, His Spica, Or Jacket Cast 1972 Regular OF Spica, Body Cast, Or Jacket 1973 Windowing Of Cast 1973 Windowing Of Cast 1974 Wedging Of Cast (Except Clubbot Casts) 1976 Wedging Of Cast (Except Clubbot Casts) 1976 Wedging Of Cast (Except Clubbot Casts) 1976 Wedging Of Clast (Except Clubbot Casts) 1970 Wedging Of Clast (Except Clubbot Casts) 1970 Wedging Of Clast (Except Clubbot Casts) 1970 Wedging Of Clubson Casts 1970 Wedging Of Clubson Ca	29700	Removal Or Bivalving Of Gauntlet, Boot, Or Body Cast	\$56.57
29710 (Penar OF Brawking Of Shoulder, Hip Spira, Or Jacket Cast 578.21) 29720 (Penar OF Spina, Body Cast, Or Jacket 578.21) 29730 (Windowing Of Cast (Except Clubloof Casts) 586.91) 29740 (Wedging Of Cast) (Cast (Except Clubloof Casts) 589.92) 29750 (Wedging Of Cast) (Except Clubloof Casts) 789.92) 29760 (Penar Of Cast) (Except Clubloof Casts) 789.92) 29760 (Penar Of Cast) (Except Clubloof Casts) 789.92) 29760 (Penar Of Cast) (Penar Of Cast) 789.92) 29760 (Penar Of Cast) 789.92) 29761 (Penar Of Cast) 789.92) 29771 (Penar Of Cast) 789.92) 29772 (Penar Of Cast) 789.92) 29773 (Penar Of Cast) 789.92) 29774 (Penar Of Cast) 789.92) 29774 (Penar Of Cast) 789.92) 29774 (Penar Of Cast) 7			
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Arthroscopy, Wrist, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) 3417.09 3484 Arthroscopy, Wrist, Surgical Synovectomy, Partial 340.76 3484 Arthroscopy, Wrist, Surgical Synovectomy, Complete 347.07 3484 Arthroscopy, Wrist, Surgical Synovectomy, Complete 3486 Arthroscopy, Wrist, Surgical Synovectomy, Complete 3487 Arthroscopy, Wrist, Surgical Excision Of Triangular Fibrocartilage And/Or Joint Debridement 3498.61 3488.61	29837	Arthroscopy, Elbow, Surgical; Debridement, Limited	\$504.42
Diagnostic Examination Of The Wrist Using An Endoscope For Infection, Irrigation, And Drainage Arthroscopy, Wrist, Surgical Synovectomy, Partial Arthroscopy, Wrist, Surgical Synovectomy, Complete \$538.93 28846 Arthroscopy, Wrist, Surgical Excision Of Triangular Fibrocartilage And/Or Joint Debridement \$503.86 Arthroscopy, Wrist, Surgical Excision Of Triangular Fibrocartilage And/Or Joint Debridement \$503.86 Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability \$498.51 29847 Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability \$498.64 Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability \$498.64 Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) \$570.65 Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) \$880.55 Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On One Side \$713.02 29856 Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides \$900.43 Arthroscopy, Hip, Surgical; With Converse Body Or Foreign Body Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body Arthroscopy, Hip, Surgical; With Synovectomy \$777.57 29866 Arthroscopy, Knee, Surgical; With Synovectomy \$11,156.51 Arthroscopy, Knee, Surgical; With Synovectomy \$484.24 Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral \$1,504.90 \$484.24 Arthroscopy, Knee, Surgical; With Lateral Release Arthroscopy, Knee,	29838	Arthroscopy, Elbow, Surgical; Debridement, Extensive	\$545.40
Arthroscopy, Wrist, Surgical Synovectomy, Partial Arthroscopy, Wrist, Surgical Synovectomy, Complete 29846 Arthroscopy, Wrist, Surgical Synovectomy, Complete 29846 Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29848 Endoscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29849 Endoscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29840 Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29851 Endoscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) \$880.55 Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On One Side \$713.02 29860 Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure) \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$880.51 \$889.50 \$880.51 \$889.50 \$880.51 \$889.50 \$880.51 \$880.51 \$889.50 \$880.51 \$880.51 \$889.50 \$880.51	29840	Arthroscopy, Wrist, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	\$417.09
Arthroscopy, Wrist, Surgical Synovectomy, Partial Arthroscopy, Wrist, Surgical Synovectomy, Complete 29846 Arthroscopy, Wrist, Surgical Synovectomy, Complete 29846 Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29848 Endoscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29849 Endoscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29840 Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability 29851 Endoscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) \$880.55 Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On One Side \$713.02 29860 Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure) \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$889.50 \$880.51 \$889.50 \$880.51 \$889.50 \$880.51 \$889.50 \$880.51 \$880.51 \$889.50 \$880.51 \$880.51 \$889.50 \$880.51	29843	Diagnostic Examination Of The Wrist Using An Endoscope For Infection, Irrigation, And Drainage	\$447.07
Arthroscopy, Wrist, Surgical Synovectomy, Complete Arthroscopy, Wrist, Surgical Excision Of Triangular Fibrocartilage And/Or Joint Debridement \$538.93 Arthroscopy, Wrist, Surgical Internal Fixation (Includes Arthroscopy, Wrist, Surgical, With Release Of Transverse Carpal Ligament Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) Internal Or External Fixation (Includes Arthroscopy On One Side Internation of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides Internation of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides Internation of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides Internation of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides Internation of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides Internation of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides Internation of Broken Upper Portion Of The Leg Bone (Tibia) Wi		ŭ ŭ ŭ	
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Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure) Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum \$777.53 29863 Arthroscopy, Hip, Surgical; With Synovectomy \$8777.07 29866 Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft(S)) \$956.82 29867 Donor Cartilage Graft At Knee Joint Using An Endoscope \$1,158.51 29868 Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral \$1,504.90 29870 Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) \$4484.24 29871 Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage \$521.33 Arthroscopy, Knee, Surgical; With Lateral Release Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral Fragmentation) \$516.09 29875 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) \$624.35 29877 Repair Of Knee Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of	29855		
Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum \$777.53 29862 Labrum \$777.53 29863 Arthroscopy, Hip, Surgical; With Synovectomy \$777.07 29866 Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft(S)) \$956.82 29867 Donor Cartilage Graft At Knee Joint Using An Endoscope \$1,158.51 29868 Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral \$1,504.90 29870 Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) \$484.24 29871 Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage \$495.51 29873 Arthroscopy, Knee, Surgical; With Lateral Release Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral \$516.09 29875 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) \$516.09 29876 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$524.35 Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) \$594.65 29877 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of	29856		\$900.43
Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum \$777.53 29863 Arthroscopy, Hip, Surgical; With Synovectomy \$777.07 29866 Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg. Mosaicplasty) (Includes Harvesting Of The Autograft[S]) \$956.82 29867 Donor Cartilage Graft At Knee Joint Using An Endoscope \$1,158.51 29868 Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral \$1,504.90 29870 Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) \$484.24 29871 Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage \$495.51 29873 Arthroscopy, Knee, Surgical; With Lateral Release \$521.33 Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral \$516.09 29875 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) \$9876 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$9877 Arthroscopy, Knee, Surgical; Dynovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$9878 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of	29860	Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	\$589.50
Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum \$777.53 29863 Arthroscopy, Hip, Surgical; With Synovectomy \$777.07 29866 Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg. Mosaicplasty) (Includes Harvesting Of The Autograft[S]) \$956.82 29867 Donor Cartilage Graft At Knee Joint Using An Endoscope \$1,158.51 29868 Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral \$1,504.90 29870 Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) \$484.24 29871 Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage \$495.51 29873 Arthroscopy, Knee, Surgical; With Lateral Release \$521.33 Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral \$516.09 29875 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) \$9876 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$9877 Arthroscopy, Knee, Surgical; Dynovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$9878 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of	29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	\$679.86
Labrum \$777.53 29863 Arthroscopy, Hip, Surgical; With Synovectomy \$777.07 29866 Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg. Mosaicplasty) (Includes Harvesting Of The Autograft(S)) \$956.82 29867 Donor Cartilage Graft At Knee Joint Using An Endoscope \$1,158.51 29868 Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral \$1,504.90 29870 Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) \$484.24 29871 Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage \$495.51 29873 Arthroscopy, Knee, Surgical; With Lateral Release \$521.33 Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg. Osteochondritis Dissecans Fragmentation, Chondral Fragmentation) 29875 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg. Plica Or Shelf Resection) 29876 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg. Medial Or Lateral) 29877 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg. Medial Or Lateral) 29878 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of		Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of	
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Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft(S)) \$956.82 29867 Donor Cartilage Graft At Knee Joint Using An Endoscope \$1,158.51 29868 Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral \$1,504.90 29870 Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) \$484.24 29871 Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage \$495.51 29873 Arthroscopy, Knee, Surgical; With Lateral Release \$521.33 Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral 29874 Fragmentation) 29875 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) 29876 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) 29877 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$624.35 29879 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of			
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Arthroscopy, Knee, Surgical; With Lateral Release Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral \$516.09 29875 Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) \$477.56 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$624.35 29877 Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) \$994.65 29879 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of			
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29876 Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) \$624.35 29877 Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) \$594.65 29879 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection)	\$477.56
29877 Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) \$594.65 29879 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint \$632.51 Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of			
29879 Repair Of Knee Joint With Drilling And Or Scraping Of The Joint \$632.51 Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of			
Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of			
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	29880		\$530 AA

Code	Description	Fee
Code	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of	ree
29881	Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed	\$520.44
29882	Repair Of Inside Or Outside Knee Joint Cartilage (Meniscus) Using An Endoscope (Arthroscopy)	\$657.45
29883	Repair Of Inside And Outside Knee Joint Cartilage (Meniscus) Using An Endoscope (Arthroscopy)	\$801.25
29884 29885	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions With Or Without Manipulation (Separate Procedure) Repair Of Knee Joint With Bone Graft Using An Endoscope, With Bone Graft	\$593.65 \$690.43
29886	Repair Of Knee Joint With Bone Graft Using An Endoscope, With Bone Graft Repair Of Knee Joint With Bone Graft Using An Endoscope, Without Bone Graft	\$581.79
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	\$687.58
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	\$922.33
29889	Repair Of Posterior Cruciate Ligament Of Knee With Assistance Of An Endoscope	\$1,051.90
29891	Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including Drilling Of The Defect	\$647.89
20002	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy)	ΦΕ00 00
29892 29893	Endoscopic Plantar Fasciotomy	\$588.99 \$602.01
29894	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical With Removal Of Loose Body Or Foreign Body	\$484.61
29895	Partial Removal Of Ankle Joint Lining Using An Endoscope With Removal Of The Joint Lining	\$446.04
29897	Arthroscopy, Ankle, Surgical; Debridement, Limited	\$475.91
29898	Arthroscopy, Ankle, Surgical; Debridement, Extensive	\$539.05
29899	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankle Arthrodesis	\$925.10
29900 29901	Arthroscopy, Metacarpophalangeal Joint, Diagnostic, Includes Synovial Biopsy Arthroscopy, Metacarpophalangeal Joint, Surgical; With Debridement	\$464.71 \$497.48
29902	Treatment Of Displaced Ligament Of Finger Joint Using An Endoscope	\$526.85
29904	Arthroscopy, Subtalar Joint, Surgical; With Removal Of Loose Body Or Foreign Body	\$583.34
29905	Arthroscopy, Subtalar Joint, Surgical; With Synovectomy	\$477.57
29906	Arthroscopy, Subtalar Joint, Surgical; With Debridement	\$600.13
29907	Arthroscopy, Subtalar Joint, Surgical; With Subtalar Arthrodesis	\$798.53
29914	Arthroscopy, Hip, Surgical; With Femoroplasty (le, Treatment Of Cam Lesion)	\$939.95
29915 29916	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion) Arthroscopy, Hip, Surgical; With Labral Repair	\$962.65 \$958.94
29999	Unlisted Procedure, Arthroscopy	\$1,741.16
30000	Drainage Abscess Or Hematoma, Nasal, Internal Approach	\$261.39
30020	Drainage Abscess Or Hematoma, Nasal Septum	\$263.80
30100	Biopsy, Intranasal	\$137.08
	Removal Of Polyps In Nose, Simple	\$239.82
	Removal Of Polyps In Nose, Extensive Or Complex	\$420.47
30117	Removal Or Destruction Of Growth In Nose, Internal Approach	\$880.31
30118 30120	Removal Or Destruction Of Growth In Nose, External Approach Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma	\$690.03 \$479.00
30124	Excision Or Surgical Flaming Or Skin Or Nose For Kninophyma Excision Dermoid Cyst, Nose; Simple, Skin, Subcutaneous	\$287.88
30125	Excision Dermoid Cyst, Nose; Complex, Under Bone Or Cartilage	\$623.02
30130	Excision Inferior Turbinate, Partial Or Complete, Any Method	\$368.41
30140	Removal Of Nasal Air Passage, Under The Lining Tissue	\$287.75
30150	Rhinectomy; Partial	\$759.68
30160	Rhinectomy; Total	\$771.44
30200 30210	Injection Into Turbinate(S), Therapeutic Displacement Therapy (Proetz Type)	\$106.23 \$144.51
30210	Insertion, Nasal Septal Prosthesis (Button)	\$270.16
30300	Removal Foreign Body, Intranasal; Office Type Procedure	\$207.75
30310	Removal Foreign Body, Intranasal; Requiring General Anesthesia	\$203.75
30320	Removal Foreign Body, Intranasal; By Lateral Rhinotomy	\$467.83
	Rhinoplasty, Primary Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	\$1,174.70
	Reshaping Of Bone, Cartilage, Or Tip Of Nose	\$1,313.81
	Rhinoplasty, Primary Including Major Septal Repair Phinoplasty, Socondary Minor Povision (Small Amount Of Nacel Tip World)	\$1,289.99 \$1,034.08
30430 30435	Rhinoplasty, Secondary Minor Revision (Small Amount Of Nasal Tip Work) Rhinoplasty, Secondary Intermediate Revision (Bony Work With Osteotomies)	\$1,034.08 \$1,275.36
30450	Rhinoplasty, Secondary Major Revision (Nasal Tip Work And Osteotomies)	\$1,647.33
30460	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip Only	\$753.55
	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip, Septum,	-
30462	Osteotomies	\$1,486.82
30465	Repair Of Nasal Vestibular Stenosis (Eg, Spreader Grafting, Lateral Nasal Wall Reconstruction)	\$994.47
30468	Repair Of Collapsed Nostril Using Implant In Side Of Nose	\$2,487.67
30469 30520	Repair Of Collapsed Nasal Valve Septoplasty With Or Without Cartilage Implant (Separate Procedure)	\$2,297.07 \$658.67
	Repair Of Nasal Passage Through Nose	\$705.24
	Repair Of Nasal Passages Through Palate	\$954.24
	Release Of Nasal Scar Tissue	\$286.60
30580	Repair Fistula; Oromaxillary (Combine With 31030 If Antrotomy Is Included)	\$594.14
30600	Repair Fistula; Oronasal	\$460.56
30620	Septal Or Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft)	\$650.10
30630	Repair Nasal Septal Perforations Ablation Soft Tissue Of Inforior Turbinates, Unitetaral Or Bilateral, Any Method (Eq. Electropoutery, Bodiefroquency Ablation, Or Tissue Volume)	\$638.39
30801	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Superficial	\$10 <i>1</i> 20
3000 I	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume	\$194.28
30802	Reduction); Intramural (Ie, Submucosal)	\$272.78
30802 30901		\$272.78 \$137.29
	Reduction); Intramural (Ie, Submucosal)	

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	Description	Fee
	Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs; Initial Subsequent	\$357.62
	Tying Of Artery (Ethmoidal) For Control Of Nose Bleed Tying Of Artery (Internal Maxillary) For Control Of Nose Bleed	\$569.17 \$823.84
	Fracture Nasal Inferior Turbinate(S), Therapeutic	\$115.59
	Unlisted Procedure, Nose	Price by Report
	Irrigation Of Nasal Sinus (Maxillary)	\$175.61
	Irrigation Of Nasal Sinus (Sphenoid)	\$167.18
	Incision Of Nasal (Maxillary) Sinus Through The Nose	\$413.89
31030	Create A Window Into The Nasal (Maxillary) Sinus	\$610.21
31032	Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps	\$563.64
31040	Surgery On Pterygomaxillary Fossa Contents By Transantral Approach	\$762.06
	Incision Of Nasal (Sphenoid) Sinus	\$493.93
	Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S)	\$663.67
	Incision Of Nasal (Frontal) Sinus	\$456.70
	Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type)	\$787.32
	Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow	\$1,034.65
	Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead	\$1,105.92
	Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow	\$1,143.70
	Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft	\$1,177.64
	Incision Through The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft	\$1,114.33 \$1,055.15
	Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid)	\$1,065.15
	Ethmoidectomy; Intranasal, Anterior	\$603.13
	Removal Of Nasal Sinus From Within The Nose Passage	\$758.21
	Removal Of Nasal Sinus From Outside The Nose Passage	\$896.13
	Maxillectomy; Without Orbital Exenteration	\$1,674.97
	Maxillectomy; With Orbital Exenteration (En Bloc)	\$1,860.14
	Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure)	\$184.12
31233	Examination Of Nasal Passage And Sinus Above Teeth (Maxillary Sinus) Using Endoscope	\$262.86
31235	Examination Of Nasal Passage And Sinus Above Eyes (Sphenoid Sinus) Using Endoscope	\$298.73
31237	Biopsy Or Removal Of Nasal Polyp Or Tissue Using An Endoscope	\$249.83
	Control Of Bleeding Of Nose Using An Endoscope	\$218.19
	Incision Of Tear Duct Using An Endoscope	\$584.39
	Removal Of Nasal Breathing Passages Using An Endoscope	\$150.63
	Tying Of Sphenopalatine Artery Using An Endoscope	\$402.85
	Destruction Of Nasal Nerve By Heat Using An Endoscope	\$2,205.31
	Destruction Of Nasal Nerve By Freezing Using An Endoscope	\$2,140.47
	Complete Examination Of Nose And Sinuses Using An Endoscope Partial Removal Of Nasal Sinus Using An Endoscope	\$468.37
	Complete Removal Of Nasal Sinus Using An Endoscope	\$424.52 \$303.48
	Incision Of Nasal (Maxillary) Sinus Using An Endoscope	\$169.70
	Complete Examination Of Nose And Sinuses And Removal Of Nasal Sinus Using An Endoscope	\$417.78
	Removal Of Tissue From Sphenoid Sinus Using An Endoscope	\$441.72
	Removal Of Nasal Sinus Tissue Using An Endoscope, Maxillary Sinus	\$249.44
31276	Exploration Of Nasal Sinus Using An Endoscope	\$354.78
31287	Incision Of Nasal (Sphenoid) Sinus Using An Endoscope	\$189.44
31288	Removal Of Nasal Sinus Tissue Using An Endoscope, Sphenoid Sinus	\$220.00
	Repair Of Leak Of Brain And Spinal Fluid From Sinus Behind Bridge Of Nose Using Endoscope	\$1,051.12
	Repair Of Leak Of Brain And Spinal Fluid From Sinus Behind Eyes Using Endoscope	\$1,103.34
	Decompression Of Inner Side Or Floor Of Eye Socket Using Endoscope	\$940.53
	Decompression Of Inner Side And Floor Of Eye Socket Using Endoscope	\$990.38
	Decompression Of Optic Nerve Using Endoscope Dilation Of Maxillary Signs In The Ness Heiga An Endoscope	\$1,129.98
	Dilation Of Maxillary Sinus In The Nose Using An Endoscope Dilation Of Frontal Sinus In The Nose Using An Endoscope	\$1,836.81 \$1,863.73
	Dilation Of Sphenoid Sinus In The Nose Using An Endoscope	\$1,863.73
	Dilation Of Sphenoid And Frontal Sinus In The Nose Using An Endoscope	\$3,455.45
	Unlisted Procedure, Accessory Sinuses	Price by Report
	Removal Of Vocal Cord Growth Or Cartilage Attachment	\$1,173.19
	Removal Of Voice Box, Total	\$1,796.74
	Removal Of Voice Box, Muscle, Lymph Nodes, And Glands, Total, With Neck Dissection	\$2,342.82
	Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection	\$2,025.04
	Removal Of Voice Box And Lymph Nodes In Neck	\$2,238.84
	Partial Removal Of Voice Box, Horizontal	\$1,906.59
	Partial Removal Of Voice Box, Laterovertical	\$1,812.30
	Partial Removal Of Voice Box, Anterovertical	\$1,787.52
	Partial Removal Of Voice Box, Antero-Latero-Vertical	\$1,955.92
	Removal Of Voice Box, Throat, Muscle, Lymph Nodes, And Glands Removal Of Voice Box And Throat, Muscle, Lymph Nodes, And Glands With Reconstruction Of Defect	\$2,591.89
	Arytenoidectomy Or Arytenoidopexy, External Approach	\$2,726.18
	Epiglottidectomy	\$953.91 \$775.24
	Intubation, Endotracheal, Emergency Procedure	\$175.24 \$129.96
	Tracheotomy Tube Change Prior To Establishment Of Fistula Tract	\$32.77
	Diagnostic Examination Of Voice Box Using An Endoscope, With A Mirror	\$87.36
31505	Diagnostic Examination of Voice Dox Osing An Endoscope, With A Willor	\$01.30
	Biopsy Of Voice Box Using An Endoscope, Indirect	\$204.29
31510		

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	Description Largescopy Indirect (Separate Precedure): With Vesel Cord Injection	Fee
	Laryngoscopy, Indirect (Separate Procedure); With Vocal Cord Injection Laryngoscopy Direct; For Aspiration	\$118.73 \$204.29
	Diagnostic Examination Of Voice Box Using An Endoscope, Newborn	\$147.97
31525	Diagnostic Examination Of Voice Box Using An Endoscope, Directly	\$242.96
31526	Laryngoscopy Direct, With Or Without Tracheoscopy; Diagnostic, With Operating Microscope Or Telescope	\$148.30
31527	Laryngoscopy Direct; With Insertion Of Obturator	\$176.47
31528	Dilation Of The Voice Box Using An Endoscope, Initial	\$136.27
31529	Dilation Of The Voice Box Using An Endoscope, Subsequent	\$152.09
31530	Removal Of Foreign Body From Voice Box Using An Endoscope, Direct	\$186.90
31531	Laryngoscopy, Direct, Operative, With Foreign Body Removal; With Operating Microscope Or Telescope	\$198.89
31535	Biopsy Of Voice Box Using An Endoscope, Direct	\$178.28
31536	Laryngoscopy, Direct, Operative, With Biopsy; With Operating Microscope Or Telescope	\$197.89
31540 31541	Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope With Operating Microscope Or Telescope	\$226.66 \$247.06
	Removal Of Vocal Cord Growths With Local Tissue Flap Using An Endoscope With Operating Microscope Or Telescope	\$339.25
31546	Removal Of Vocal Cord Growths With Graft Repair Using An Endoscope With Operating Microscope Or Telescope	\$495.85
31551	Repair Of Narrowed Voice Box With Graft In Patient Younger Than 12 Years Of Age	\$1,480.61
31552	Repair Of Narrowed Voice Box With Graft In Patient Age 12 Years Or Older	\$1,388.35
31553	Repair Of Narrowed Voice Box With Graft And Placement Of Indwelling Stent In Patient Younger Than 12 Years Of Age	\$1,576.81
31554	Repair Of Narrowed Voice Box With Graft And Placement Of Indwelling Stent In Patient Age 12 Years Or Older	\$1,577.78
31560	Laryngoscopy, Direct, Operative, With Arytenoidectomy;	\$282.46
31561	Laryngoscopy, Direct, Operative, With Arytenoidectomy; With Operating Microscope Or Telescope	\$319.97
31570	Laryngoscopy, Direct, With Injection Into Vocal Cord(S), Therapeutic;	\$331.64
31571	Laryngoscopy, Direct, With Injection Into Vocal Cord(S), Therapeutic; With Operating Microscope Or Telescope	\$233.91
31572	Destruction Of Abnormality Of One Side Of Voice Box Using A Flexible Endoscope	\$513.94
31573 31574	Injection Of Drug Into One Side Of Voice Box Using A Flexible Endoscope Injection Of Substance To Augment Voice Box Using A Flexible Endoscope	\$280.30 \$925.31
	Diagnostic Examination Of Voice Box Using Flexible Endoscope	\$126.28
31576	Biopsy Of Voice Box Using A Flexible Endoscope	\$238.87
31577	Removal Of Foreign Body From Voice Box Using A Flexible Endoscope	\$262.86
31578	Removal Of Growth From Voice Box Using A Flexible Endoscope	\$292.70
31579	Examination To Assess Movement Of Vocal Cord Flaps Using An Endoscope	\$191.79
31580	Repair Of Congenital Vocal Cord Defect	\$1,213.55
31584	Incision Of Voice Box To Repair Thyroid Cartilage Fracture	\$1,331.46
31587	Repair Of Split In The Voice Box Cartilage	\$1,130.97
31590	Laryngeal Reinnervation By Neuromuscular Pedicle	\$881.52
21501		
31591	Repair Of One Side Of Voice Box By Moving Vocal Cord To Middle	\$1,032.20
31592	Excision Of Part Of Windpipe And Cricoid Cartilage	\$1,609.69
31592 31599	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx	\$1,609.69 Price by Report
31592 31599 31600	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure);	\$1,609.69 Price by Report \$279.70
31592 31599 31600 31601	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years	\$1,609.69 Price by Report \$279.70 \$398.67
31592 31599 31600	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52
31592 31599 31600 31601 31603	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96
31592 31599 31600 31601 31603 31605	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52
31592 31599 31600 31601 31603 31605 31610	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis)	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96
31592 31599 31600 31601 31603 31605 31610 31611 31612	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rijdi Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure)	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy; With Bronchial Alveolar Lavage Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38 \$306.92
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623 31624	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy; With Bronchial Alveolar Lavage	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy; With Bronchial Alveolar Lavage Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38 \$306.92
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy; With Bronchial Alveolar Lavage Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38 \$306.92 \$770.80
31592 31599 31600 31601 31603 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625 31626 31627	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy; With Bronchial Alveolar Lavage Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure(S))	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38 \$306.92 \$770.80
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625 31625 31626	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Emestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy, With Brushing Or Protected Brushings Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure[S]) Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Single Lobe Needle Biopsy Of Windpipe Cartilage, Airway, And/Or Lung Using An Endoscope	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$1167.29 \$242.61 \$268.56 \$249.38 \$306.92 \$770.80 \$1,186.38 \$398.38
31592 31599 31600 31601 31603 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625 31626 31627 31628	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Emestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure(S)) Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Single Lobe Needle Biopsy Of Windpipe Cartilage, Airway, And/Or Lung Using An Endoscope Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Dilation Or Closed Reduction Of Fracture	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38 \$306.92 \$770.80 \$1,186.38 \$363.45
31592 31599 31600 31601 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625 31626 31627 31628 31629	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Fenestration Procedure With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy Through Established Tracheostomy Incision Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy; With Brushing Or Protected Brushings Bronchoscopy; With Bronchial Alveolar Lavage Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure[S]) Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Single Lobe Needle Biopsy Of Windpipe Cartilage, Airway, And/Or Lung Using An Endoscope Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Tracheal/Bronchial Dilation Or Closed Reduction Of Fracture Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Tracheal/Bronchial Dilation Or Closed Reduction Of Fracture Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Tracheal/Bronchial Dilation	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38 \$306.92 \$770.80 \$1,186.38 \$363.45 \$398.38 \$184.27
31592 31599 31600 31601 31603 31603 31605 31610 31611 31612 31613 31614 31615 31622 31623 31624 31625 31626 31627 31628 31629 31630	Excision Of Part Of Windpipe And Cricoid Cartilage Unlisted Procedure, Larynx Tracheostomy, Planned (Separate Procedure); Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years Tracheostomy, Emergency Procedure; Transtracheal Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane Tracheostomy, Emergency Procedure; With Skin Flaps Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue Tracheoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) Bronchoscopy, With Brushing Or Protected Brushings Bronchoscopy; With Bronchial Alveolar Lavage Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple Sites Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure[S]) Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure[S]) Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Single Lobe Needle Biopsy Of Windpipe Cartilage, Airway, And/Or Lung Using An Endoscope Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Tracheal/Bronchial Dilation Or Closed Reduction Of Fracture Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscop	\$1,609.69 Price by Report \$279.70 \$398.67 \$293.52 \$299.96 \$845.38 \$505.88 \$88.68 \$375.75 \$669.24 \$167.29 \$242.61 \$268.56 \$249.38 \$306.92 \$770.80 \$1,186.38 \$363.45 \$398.38 \$184.27 \$205.07
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04000	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Revision Of Tracheal Or Bronchial Stent Inserted At Previous	#00F 00
31638 31640	Session (Includes Tracheal/Bronchial Dilation As Required) Bronchoscopy; With Excision Of Tumor	\$225.02 \$230.72
31640	Bronchoscopy, With Excision Of Tumor Pluoroscopic Guidance, When Performed; With Destruction Of Tumor Or Relief Of Stenosis By Any	\$230.72
31641	Method Other Than Excision (Eg, Laser Therapy, Cryotherapy)	\$236.76
31041	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Catheter(S) For Intracavitary	Ψ230.10
31643	Radioelement Application	\$159.55
31645	Aspiration Of Lung Secretions From Lung Airways Using An Endoscope, Initial	\$261.77
31646	Aspiration Of Lung Secretions From Lung Airways Using An Endoscope, Subsequent	\$133.25
31647	Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valves In Lung Airways Using An Endoscope, Initial	\$188.86
31648	Removal Of Bronchial Valves In Lung Airways Using An Endoscope, Initial	\$180.69
31649	Removal Of Bronchial Valves In Lung Airways Using An Endoscope, Subsequent	\$61.75
31651	Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valves In Lung Airways Using An Endoscope, Additional Lobe	\$69.60
31652	Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound, 1 Or 2 Lymph Nodes Involved	\$1,103.70
31653	Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound, 3 Or More Lymph Nodes Involved	\$1,144.83
31654	Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound	\$117.16
31660	Thermal Repair Of Lung Airways Using An Endoscope, 1 Lobe	\$178.16
31661	Thermal Repair Of Lung Airways Using An Endoscope, 2 Or More Lobes	\$188.07
31717	Catheterization With Bronchial Brush Biopsy	\$281.11
31720	Catheter Aspiration (Separate Procedure); Nasotracheal	\$51.71
31725	Catheter Aspiration (Separate Procedure); Tracheobronchial With Fiberscope, Bedside	\$73.30
31730	Insertion Into Windpipe Of Needle Wire, Dilator, Stent, Or Tube For Oxygen Delivery	\$1,033.63
31750	Tracheoplasty; Cervical	\$1,199.78
31755	Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage	\$1,645.09
31760	Tracheoplasty; Intrathoracic	\$1,204.42
31766	Carinal Reconstruction	\$1,545.62
31770	Bronchoplasty; Graft Repair	\$1,157.11
31775	Bronchoplasty; Excision Stenosis And Anastomosis	\$1,219.92
31780	Removal Of Narrowed Area Of Windpipe In Neck With Suture Repair	\$1,069.48
31781	Removal Of Narrowed Area Of Windpipe In Neck And Chest With Suture Repair	\$1,313.61
31785	Excision Of Tracheal Tumor Or Carcinoma; Cervical	\$976.74
31786	Removal Of Windpipe Cartilage Growth, Open Chest Procedure	\$1,257.19
31800	Suture Of Injury To Windpipe In Neck	\$671.15
31805	Suture Of Injury To Windpipe In Chest	\$720.78
31820	Surgical Closure Tracheostomy Or Fistula; Without Plastic Repair	\$421.21
31825	Surgical Closure Tracheostomy Or Fistula; With Plastic Repair	\$575.94
31830	Revision Of Tracheostomy Scar	\$470.83
31899	Unlisted Procedure, Trachea, Bronchi	Price by Report
	Thoracostomy: With Rib Resection For Empyema	
32035	Thoracostomy; With Rib Resection For Empyema Thoracostomy; With Open Flap Drainage For Empyema	\$653.07
32035 32036	Thoracostomy; With Open Flap Drainage For Empyema	\$653.07 \$703.00
32035 32036 32096	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	\$653.07 \$703.00 \$700.20
32035 32036 32096 32097	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	\$653.07 \$703.00 \$700.20 \$701.62
32035 32036 32096 32097 32098	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54
32035 32036 32096 32097 32098 32100	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96
32035 32036 32096 32097 32098 32100 32110	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66
32035 32036 32096 32097 32098 32100 32110 32120	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68
32035 32036 32096 32097 32098 32100 32110 32120 32124	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32141	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32141 32150	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32141 32150 32151	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43
32035 32036 32096 32097 32098 32110 32120 32124 32140 32141 32150 32151 32160	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31
32035 32036 32096 32097 32098 32110 32120 32124 32144 32150 32151 32160 32200	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intraplumonary Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37
32035 32036 32096 32097 32098 32110 32120 32124 32140 32141 32150 32151 32160 32200 32215	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Oyen Intrapleural Pneumonolysis Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intraplumonary Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51
32035 32036 32096 32097 32098 32100 32120 32124 32140 32150 32151 32160 32200 32200 32215	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapulmonary Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32151 32160 32200 32215 32220	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54
32035 32036 32096 32097 32098 321100 32110 32124 32140 32141 32150 32151 32160 32200 32205 32225 32310	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure)	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50
32035 32036 32096 32097 32100 32110 32120 32124 32140 32141 32150 32151 32160 32200 32215 32225 32230 32310	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleurany Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32200 32215 32220 32225 32230 32320 32320 32400	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapulmonary Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lining Of Lung, Accessed Through The Skin	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$898.50 \$1,406.07 \$147.66
32035 32036 32096 32097 32098 32100 32110 32124 32140 32141 32150 32200 32215 32220 32225 32225 32320 32400 32408	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intraplumonary Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$898.50 \$1,406.07 \$147.66 \$831.60
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32200 32215 32220 32225 32230 32320 32320 32400	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lung Of Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy;	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$898.50 \$1,406.07 \$147.66
32035 32036 32096 32097 32098 32100 32120 32124 32140 32150 32151 32150 32200 32203 32203 32310 32320 32408 32440	Thoracostomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32151 32200 32215 32220 32225 32310 32320 32400 32440 32442	Thoracotomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy)	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38
32035 32036 32096 32097 32100 32110 32120 32124 32140 32141 32150 32215 32200 32215 32220 32203 322310 32400 32408 32440	Thoracotomy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Diagnostic Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lung Of Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Extrapleural	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32255 32255 32255 32250 32215 3220 32310 32320 32400 32442 32442 32445 32480	Thoracotomy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Diagnostic Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Cardiac Massage Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lining Of Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Extrapleural Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy)	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$927.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$898.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32200 32215 32220 32225 32320 32320 32400 32408 32440 32442 32445 32480 32482	Thoracotomy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Extrapleural Removal Of Lung, Pneumonectomy; Extrapleural Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy)	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$927.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32255 32255 3220 32255 3220 32320 32400 32400 32440 32442 32445 32480	Thoracotomy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resction-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Extrapleural Removal Of Lung, Other Than Pneumonectomy; 2 Lobes (Bilobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Segment (Segmentectomy)	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$927.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$898.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32150 32215 3225 32215 32220 32225 32310 32400 32442 32442 32442 32442 32484	Thoracotomy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication, And Parietal Pleurectomy Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lining Of Lung, Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Extrapleural Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; With Circumferential Resection Of Segment Of Bronchus Followed By Broncho-Bronchial	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32151 32150 32200 32215 32220 32225 32320 32320 32400 32408 32440 32442 32445 32480 32482	Thoracotomy; With Open Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Removal, Includes Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Segment (Segmentectomy) Removal Of Lung, Other Than Pneumonectomy; With Circumferential Resection Of Segment Of Bronchus Followed By Broncho-Bronchial Anastomosis (Sleeve Lobectomy)	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$927.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38
32035 32036 32096 32097 32100 32110 32120 32124 32140 32141 32150 3225 3220 3220 3220 3220 3220 3220 32	Thoracotomy; With Deen Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Biopsostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Partial Pleuret Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure) Decortication And Parietal Pleurectomy Parietal (Separate Procedure) Decortication And Parietal Pleurectomy Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Segment (Segment Of Segment Of Bronchus Followed By Broncho-Bronchial Anastomosis (Sleeve Lobectomy) Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01 \$1,384.94 \$1,282.26 \$2,028.53
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32141 32150 3225 3225 3225 3225 3220 32215 32320 32320 32400 32440 32442 32445 32445 32486 32486	Thoracotomy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg. Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg. Wedge, Incisional), Unilateral Thoracotomy; With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Removal Of Intrapleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Partial Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Pleural Material (Separate Procedure) Pleural Material (Separate Procedure) Pleural Or Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Biobectomy) Removal Of Lung, Other Than Pneumonectomy; With Circumferential Resection Of Segment Of Bronchus Followed By Broncho-Bronchial Anastomosis (Sleeve Lobectomy) Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy)	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01 \$1,384.94 \$1,282.26
32035 32036 32096 32097 32100 32110 32120 32124 32140 32151 32151 32150 32215 3220 3220 3220 3220 3220 3220 3220 3240 324	Thoracotomy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Biopsy(les) Of Pleura Thoracotomy; With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Decortication, Pulmonary, Geparate Procedure) Decortication, Pulmonary, Geparate Procedure) Decortication, Pulmonary, Geparate Procedure) Pleurectomy, Parietal (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Pleurectomy, Parietal (Separate Procedure) Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Extrapleural Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Segment (Segmentectomy) Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy) Volume Reduction, Sternal Split Or Transthoracic Approach, Includes Any Pleural Procedure, When Performed	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01 \$1,384.94 \$1,282.26 \$2,028.53
32035 32036 32096 32097 32098 32100 32110 32124 32140 32141 32150 32200 32215 32220 32215 32220 32215 32320 32400 32440 32442 32445 32480 32486 32486	Thoracotomy; With Den Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg. Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure) Decortication, Pulmonary, (Separate Procedure) Decortication, Pulmonary, Usparate Procedure) Decortication, Pulmonary, With Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Strapleural Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy) Volume Reduction, Stemal Split Or Transthoracic Approach, Includes Any Pleural Procedure, When Performed Resection And Repair Of Portion Of Br	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,4766 \$31.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01 \$1,327.01 \$1,384.94 \$1,282.26
32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32141 32153 32150 32255 32250 32255 32220 32255 32240 32320 32400 32442 32442 32445 32445 32486 32486	Thoracostomy; With Open Flap Drainage For Empyema Thoracostomy, With Diagnostic Biopsy(les) Of Lung Infilitrate(S) (Eg, Wedge, Incisional), Unilateral Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral Thoracotomy; With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapulmonary Foreign Body Thoracotomy; With Removal Of Intrapulmonary Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Partial Pleurectomy, Parietal (Separate Procedure) Decortication, Pulmonary, Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lining Of Lung, Accessed Through The Skin Core Needle Biopsy Of Lining Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; With Resection Of Segment Of Bronchus Followed By Broncho-Bronchial Anastomosis (Sleeve Lobectomy) Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy) V	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,406.07 \$147.66 \$831.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01 \$1,384.94 \$1,282.26
32035 32036 32096 32097 32098 32100 32110 32124 32140 32141 32150 32205 32205 32205 32205 32200 32400 32400 32408 32440 32442 32445 32486 32486 32486 32488 32488	Thoracotomy; With Den Flap Drainage For Empyema Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg. Wedge, Incisional), Unilateral Thoracotomy, With Biopsy(les) Of Pleura Thoracotomy; With Biopsy(les) Of Pleura Thoracotomy; With Exploration Thoracotomy; With Exploration Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; For Postoperative Complications Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Open Intrapleural Pneumonolysis Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit Thoracotomy; With Removal Of Intrapleural Foreign Body Thoracotomy; With Cardiac Massage Drainage Of Infected Lung Material Or Cyst, Open Procedure Pleural Scarification For Repeat Pneumothorax Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure); Total Decortication, Pulmonary, (Separate Procedure) Decortication, Pulmonary, (Separate Procedure) Decortication, Pulmonary, Usparate Procedure) Decortication, Pulmonary, With Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) Removal Of Lung, Pneumonectomy; Strapleural Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy) Volume Reduction, Stemal Split Or Transthoracic Approach, Includes Any Pleural Procedure, When Performed Resection And Repair Of Portion Of Br	\$653.07 \$703.00 \$700.20 \$701.62 \$665.54 \$733.96 \$1,200.66 \$791.68 \$813.96 \$868.60 \$1,324.41 \$922.43 \$907.31 \$727.37 \$1,002.04 \$703.51 \$1,434.00 \$899.54 \$808.50 \$1,4766 \$31.60 \$1,372.38 \$2,642.83 \$3,062.19 \$1,327.01 \$1,327.01 \$1,384.94 \$1,282.26

Cada	Description	Foo
Code	Description Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall Resection, Rib(S) Resection(S), Neurovascular Dissection, When	Fee
32504	Performed; With Chest Wall Reconstruction	\$1,777.89
	Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	\$840.28
32506	Opening In Chest With Partial Removal Of Lung Tissue, Additional Resection	\$137.44
	Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary	
	Procedure)	\$134.73
32540	Extrapleural Enucleation Of Empyema (Empyemectomy);	\$1,507.22
32550	Insertion Of Indwelling Tunneled Pleural Catheter With Cuff	\$755.84
	Removal Of Fluid From Between Lung And Chest Cavity, Open Procedure	\$141.89
	Removal Of Indwelling Tunneled Pleural Catheter With Cuff Insertion Of Devices In Chest Cavity For Radiation Therapy Guidance, Accessed Through The Skin	\$174.14 \$493.24
32554	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; Without Imaging Guidance	\$229.03
	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; With Imaging Guidance	\$345.05
	Removal Of Fluid From Chest Cavity With Insertion Of Indwelling Catheter, Accessed Through The Skin	\$705.79
	Removal Of Fluid From Chest Cavity With Insertion Of Indwelling Catheter And Imaging Guidance, Accessed Through The Skin	\$726.82
32560	Instillation, Via Chest Tube/Catheter, Agent For Pleurodesis (Eg, Talc For Recurrent Or Persistent Pneumothorax)	\$246.72
32601	Diagnostic Examination Of Lungs, Heart Sac, Mid-Chest Cavity, Or Lung Lining Using An Endoscope	\$275.43
32604	Thoracoscopy, Diagnostic (Separate Procedure); Pericardial Sac, With Biopsy	\$414.62
32606	Thoracoscopy, Diagnostic (Separate Procedure); Mediastinal Space, With Biopsy	\$400.30
32607	Thoracoscopy; With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	\$267.44
	Thoracoscopy; With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	\$336.60
	Thoracoscopy; With Biopsy(les) Of Pleura Thoracoscopy, Surgical With Blourodesis (Eq. Machanical Or Chamical)	\$224.77
	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) Thoracoscopy, Surgical; With Partial Pulmonary Decortication	\$609.01 \$985.50
32651 32652	Thoracoscopy, Surgical; With Partial Pulmonary Decortication, Including Intrapleural Pneumonolysis	\$985.50 \$1,449.75
32653	Thoracoscopy, Surgical, With Total Full Indial y Decontication, including intrapleural Freumonolysis Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit	\$956.01
32654	Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage	\$993.31
32655	Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	\$837.93
	Thoracoscopy, Surgical; With Parietal Pleurectomy	\$706.92
32658	Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac	\$648.11
32659	Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage	\$667.34
32661	Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass	\$701.15
32662	Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass	\$807.21
	Thoracoscopy, Surgical; With Lobectomy (Single Lobe)	\$1,218.83
	Thoracoscopy, Surgical; With Thoracic Sympathectomy	\$743.55
	Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type) Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral	\$1,073.95 \$786.25
	Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection	\$135.06
	Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung	\$135.18
	Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy)	\$1,170.10
	Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	\$1,396.06
32671	Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	\$1,539.32
	Thoracoscopy, Surgical; With Resection-Plication For Emphysematous Lung (Bullous Or Non-Bullous) For Lung Volume Reduction (Lvrs),	
	Unilateral Includes Any Pleural Procedure, When Performed	\$1,322.20
32673	Thoracoscopy, Surgical; With Resection Of Thymus, Unilateral Or Bilateral	\$1,060.51
32674	Thoracoscopy, Surgical; With Mediastinal And Regional Lymphadenectomy (List Separately In Addition To Code For Primary Procedure)	\$188.86
22701	Thoracic Target(S) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt), (Photon Or Particle Beam), Entire Course Of Treatment	\$186.46
	Repair Lung Hernia Through Chest Wall	\$829.82
	Closure Of Chest Wall Following Open Flap Drainage For Empyema (Clagett Type Procedure)	\$791.47
	Closure Of Abnormal Drainage Tract From Chest Cavity To Lung Airway, Open Procedure	\$2,438.57
	Major Reconstruction, Chest Wall (Post-Traumatic)	\$1,166.82
	Donor Pneumonectomy (Including Cold Preservation), From Cadaver Donor	Price by Report
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	\$2,837.28
32852	Lung Transplant, Single; With Cardiopulmonary Bypass	\$3,074.38
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass	\$3,962.57
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass	\$3,863.78
22055	Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding	0407.00
32855	Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Unilateral Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding	\$167.82
32856	Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Bilateral	\$171.59
	Resection Of Ribs, Extrapleural, All Stages	\$1,219.65
	Thoracoplasty, Schede Type Or Extrapleural (All Stages);	\$1,164.29
	Thoracoplasty, Schede Type Or Extrapleural (All Stages); With Closure Of Bronchopleural Fistula	\$1,433.09
	Pneumonolysis, Extraperiosteal, Including Filling Or Packing Procedures	\$1,077.09
	Pneumothorax, Therapeutic, Intrapleural Injection Of Air	\$119.42
	Destruction Of Growths In One Lung, Accessed Through The Skin With Imaging Using Extreme Cold To Destroy Tissues	\$4,718.85
	Total Lung Lavage (Unilateral)	\$313.44
	Destruction Of Growths In One Lung, Accessed Through The Skin Using Radiofrequency To Destroy Tissues	\$3,005.88
	Unlisted Procedure, Lungs And Pleura	Price by Report
33016	Drainage Of Heart Sac Prainage Of Heart Sac With Insertion Of Cathotar Assessed Through Skin, Heins Ellusrassen And/Or Ultrassund Guidanes Imagina Guidanes	\$208.73
33017	Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Fluoroscopy And/Or Ultrasound Guidance Imaging Guidance, In Patient 6 Years Or Older	\$214.97
55017	Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Fluoroscopy And/Or Ultrasound Guidance Imaging Guidance,	ψ ∠ 14.3 <i>1</i>
33018	In Patient 5 Years Or Older Or Any Age With Congenital Heart Defect	\$251.83
	Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Imaging Guidance, Using Ct Imaging Guidance	\$193.55

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Code	Description Control of Clat Or Farrier Redu (Prince Resolution)	Fee
33020 33025	Pericardiotomy For Removal Of Clot Or Foreign Body (Primary Procedure) Creation Of Pericardial Window Or Partial Resection For Drainage	\$725.12 \$694.08
33030	Pericardiectomy, Subtotal Or Complete Without Cardiopulmonary Bypass	\$1,739.78
33031	Pericardiectomy, Subtotal Or Complete With Cardiopulmonary Bypass	\$2,147.34
33050	Resection Of Pericardial Cyst Or Tumor	\$881.72
33120	Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	\$1,814.04
33130	Resection Of External Cardiac Tumor	\$1,192.70
33140	Transmyocardial Laser Revascularization, By Thoracotomy (Separate Procedure)	\$1,353.70
	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The Time Of Other Open Cardiac Procedure(S) (List Separately In	
33141	Addition To Code For Primary Procedure)	\$113.42
33202	Insertion Of Electrodes To Outer Layer Of Heart, Open Procedure	\$694.08
33203	Insertion Of Epicardial Electrode(S); Endoscopic Approach (Eg, Thoracoscopy, Pericardioscopy)	\$706.13
33206	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Atrial	\$406.47
33207	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Ventricular	\$432.61
33208	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Atrial And Ventricular	\$467.93
33210	Placement Of Temporary Pacemaker Leads, Single Chamber Placement Of Temporary Pacemaker Leads, Dual Chamber	\$144.16
33211 33212	Insertion Of Pacemaker Pulse Generator Only; With Existing Single Lead	\$148.55 \$294.24
33212	Insertion of Pacemaker Pulse Generator Only; With Existing Dual Leads	\$307.98
33213	Upgrade Of Implanted Pacemaker System, Conversion Of Single Chamber System To Dual Chamber System (Includes Removal Of Previously	φ307.90
33214	Placed Pulse Generator, Testing Of Existing Lead, Insertion Of New Lead, Insertion Of New Pulse Generator)	\$427.32
	Repositioning Of Implanted Pacemaker Or Defibrillator Device	\$282.00
33216	Insertion of Electrode For Permanent Pacemaker Or Pacing Defibrillator Device	\$333.17
33217	Insertion Of Electrodes For Permanent Pacemaker Or Pacing Defibrillator Device	\$330.11
33218	Repair Of Electrode For Permanent Pacemaker Or Defibrillator Device	\$348.99
33220	Repair Of 2 Electrodes For Permanent Pacemaker Or Defibrillator Device	\$336.15
33221	Insertion Of Pacemaker Pulse Generator Only; With Existing Multiple Leads	\$322.80
33222	Relocation Of Pacemaker Generator Skin Pocket	\$315.83
33223	Relocation Of Defibrillator Device Skin Pocket	\$366.59
33224	Insertion Of Left Heart Electrode With Attachment To Pacemaker Or Pacing Defibrillator Device	\$451.90
33225	Insertion Of Left Heart Electrode For Pacing Defibrillator Device	\$410.83
00000	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement	£400 F0
	Of Existing Generator)	\$432.58
33227 33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System	\$303.37
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System	\$322.60 \$335.25
33230	Insertion Of Pacing Defibrillator Pulse Generator With Existing Dual Leads	\$339.03
33231	Insertion Of Pacing Defibrillator Pulse Generator With Existing Multiple Leads	\$356.34
33233	Removal Of Permanent Pacemaker Pulse Generator Only	\$215.54
33234	Removal Of Transvenous Pacemaker Electrode(S); Single Lead System, Atrial Or Ventricular	\$432.57
33235	Removal Of Transvenous Pacemaker Electrode(S); Dual Lead System	\$568.85
33236	Removal Of Permanent Right Heart Electrodes And Pacemaker, Single Lead System	\$691.79
33237	Removal Of Permanent Right Heart Electrodes And Pacemaker, Dual Lead System	\$741.18
33238	Removal Of Permanent Transvenous Electrode(S) By Thoracotomy	\$836.52
33240	Insertion Of Pacing Defibrillator Pulse Generator With Existing Single Lead	\$326.45
33241	Removal Of Defibrillator Pulse Generator	\$197.64
33243	Removal Of Defibrillator Electrodes Through Incision Of Chest	\$1,203.22
33244	Removal Of Defibrillator Electrodes Through Vein	\$740.44
33249	Insertion Or Replacement Of Single Or Dual Chamber Pacing Defibrillator Leads	\$823.83
33250	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg, Wolff-Parkinson-White, Atrioventricular Node Re-Entry), Tract(S) And/Or Focus (Foci); Without Cardiopulmonary Bypass	\$1 260 62
J3Z3U	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg, Wolff-Parkinson-White, A-V Node Re-Entry), Tract(S) And/Or	\$1,269.62
33251	Focus (Foci) With Cardiopulmonary Bypass	\$1,416.15
33254	Operative Tissue Ablation And Reconstruction Of Atria, Limited (Eg, Modified Maze Procedure)	\$1,189.40
33255	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze Procedure); Without Cardiopulmonary Bypass	\$1,417.00
33256	Partial Destruction And Reconstruction Of Upper Heart Chamber, Extensive, On Heart-Lung Machine	\$1,676.72
33257	Destruction And Reconstruction Of Right Upper Heart, Limited	\$526.89
33258	Destruction And Reconstruction Of Right Upper Heart, Extensive	\$569.74
	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Time Of Other Cardiac Procedure(S), Extensive (Eg, Maze	
33259	Procedure), With Cardiopulmonary Bypass (List Separately In Addition To Code For Primary Procedure)	\$742.73
33261	Operative Ablation Of Ventricular Arrhythmogenic Focus With Cardiopulmonary Bypass	\$1,403.58
33262	Removal And Replacement Of Defibillator Pulse Generator, Single Wire (Lead)	\$338.68
33263	Removal And Replacement Of Defibrillator Pulse Generator, Two Wires (Leads)	\$351.55
33264	Removal And Replacement Of Defibrillator Pulse Generator, Multiple Wires (Leads)	\$361.04
33265	Reconstruction Of Upper Heart Chamber Tissue And Alteration Of Electrical Pathway Using An Endoscope, Limited	\$1,220.23
33266	Reconstruction Of Upper Heart Chamber Tissue And Alteration Of Electrical Pathway Using An Endoscope, Extensive	\$1,601.33
33267	Exclusion Of Appendage Of Left Upper Chamber Of Heart Exclusion Of Appendage Of Left Upper Chamber Of Heart Performed During Other Procedure On Chest	\$853.20 \$105.64
33268 33269	Exclusion Of Appendage Of Left Upper Chamber Of Heart Performed During Other Procedure On Criest Exclusion Of Appendage Of Left Upper Chamber Of Heart Using An Endoscope	\$105.64 \$676.13
33269	Insertion Or Replacement Of Defibrillator With Electrode	\$506.87
33270	Insertion of Replacement of Bendmintor With Electrode	\$400.19
33271	Removal Of Defibrillator Electrode	\$309.82
33273	Repositioning Of Previously Implanted Defibrillator Electrode	\$353.65
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33274	Insertion Or Replacement Of Permanent Leadless Pacemaker Into Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance	\$432.28
		\$110.71
33275	Removal Of Permanent Leadless Pacemaker From Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance Insertion Of Heart Rhythm Monitor Under Skin	\$442.71

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	Description Description Description	Fee
33286 33289	Removal Of Heart Rhythm Monitor From Under Skin Insertion Of Wireless Pressure Sensor Into Lung Artery Via Catheter	\$121.83 \$298.11
33300	Repair Of Cardiac Wound; Without Bypass	\$2,117.45
33305	Repair Of Cardiac Wound; With Cardiopulmonary Bypass	\$3,531.93
33310	Incision, Exploration, And Removal Of Foreign Body Of Upper Or Lower Heart Chamber	\$1,023.00
33315	Incision, Exploration, And Removal Of Foreign Body Of Upper Or Lower Heart Chamber On Heart-Lung Machine	\$1,533.97
33320	Suture Repair Of Aorta Or Great Vessels; Without Shunt Or Cardiopulmonary Bypass	\$923.14
33321	Suture Repair Of Aorta Or Great Vessels; With Shunt Bypass	\$1,038.75
33322	Suture Repair Of Aorta Or Great Vessels; With Cardiopulmonary Bypass	\$1,213.43
33330	Insertion Of Graft, Aorta Or Great Vessels; Without Shunt, Or Cardiopulmonary Bypass	\$1,242.53
33335	Insertion Of Graft; With Cardiopulmonary Bypass	\$1,661.87
33340	Repair Of Left Upper Heart	\$687.45
33361	Replacement Of Aortic Valve With Prosthetic Valve, Accessed Through The Skin	\$1,071.25
33362	Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Femoral Artery	\$1,143.03
33363	Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Axillary Artery	\$1,184.77
33364	Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Iliac Artery	\$1,181.11
33365	Replacement Of Aortic Valve With Prosthetic Valve Through Catheter By Approach Through Aorta	\$1,237.18
33366	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Transapical Exposure (Eg, Left Thoracotomy)	\$1,362.73
00000	Insertion Of Catheters In Peripheral Blood Vessels Accessed Through Skin For Heart-Lung Machine Support Of Replacement Of Aortic Valve	ψ.,σσ2σ
33367	With Prosthetic Valve Through Catheter	\$527.11
	Insertion Of Catheters In Peripheral Blood Vessels, Open Procedure, For Heart-Lung Machine Support Of Replacement Of Aortic Valve With	* -
33368	Prosthetic Valve Through Catheter	\$638.78
	Insertion Of Catheters In Central Blood Vessels For Heart-Lung Machine Support Of Replacement Of Aortic Valve With Prosthetic Valve	-
33369	Through Catheter	\$842.90
33370	Placement And Subsequent Removal Of Device To Protect Brain From Embolism Through Catheter Using Imaging Guidance	\$108.69
33390	Simple Repair Of Aortic Valve By Open Procedure On Heart-Lung Machine	\$1,924.39
33391	Complex Repair Of Aortic Valve By Open Procedure On Heart-Lung Machine	\$2,279.07
33404	Construction Of Apical-Aortic Conduit	\$1,522.66
	Replacement Of Aortic Valve Using Artificial Valve On Heart-Lung Machine, Open Procedure	\$2,018.20
33406	Replacement Of Aortic Valve Using Human Donor Valve On Heart-Lung Machine, Open Procedure	\$2,491.52
33410	Replacement Of Aortic Valve Using Tissue Valve On Heart-Lung Machine, Open Procedure	\$2,202.21
33411	Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Sinus	\$2,904.54
33412	Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement (Konno Procedure)	\$2,501.32
	Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement Of Pulmonary Valve (Ross	
33413	Procedure)	\$2,566.33
33414	Repair Of Left Ventricular Outflow Tract Obstruction By Patch Enlargement Of The Outflow Tract	\$1,859.19
33415	Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis	\$1,802.95
33416	Ventriculomyotomy (-Myectomy) For Idiopathic Hypertrophic Subaortic Stenosis (Eg, Asymmetric Septal Hypertrophy)	\$1,758.12
33417	Aortoplasty (Gusset) For Supravalvular Stenosis	\$1,453.04
33418	Replacement Of Mitral Valve With Prosthetic Valve Accessed Through The Skin, Initial	¢4 ECO 46
	D	\$1,569.46
33419	Replacement Of Mitral Valve With Prosthetic Valve Accessed Through The Skin, Additional Prosthesis(Es)	\$367.95
33419 33420	Replacement Of Mitral Valve With Prosthetic Valve Accessed Through The Skin, Additional Prosthesis(Es) Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure	
		\$367.95
33420 33422	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure	\$367.95 \$1,265.13
33420 33422	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass	\$367.95 \$1,265.13 \$1,449.78
33420 33422 33425	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37
33420 33422 33425 33426	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53
33420 33422 33425 33426 33427	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47
33420 33422 33425 33426 33427 33430 33440	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92
33420 33422 33425 33426 33427 33430 33440 33460	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92
33420 33422 33425 33426 33427 33430 33440 33460 33463	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, Without Ring Insertion	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92
33420 33422 33425 33426 33427 33430 33440 33460 33463	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03
33420 33422 33425 33426 33427 33430 33440 33460 33463 33464 33465	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36
33420 33422 33425 33426 33427 33430 33440 33460 33463 33464 33465 33468	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78
33420 33422 33425 33426 33427 33430 33440 33460 33463 33464 33465 33468 33474	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33468 33474 33475	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33468 33474 33475 33476	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33468 33474 33475 33476 33477	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Ring Insertion Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33468 33474 33475 33476 33477 33478	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Ring Insertion Valvuloplasty, Tricuspid Valve, With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33475 33476 33477 33478 33478	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Ring Insertion Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure)	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55
33420 33422 33425 33426 33427 33430 33440 33463 33463 33465 33474 33475 33476 33476 33478 33478 33496 33500	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10
33420 33422 33425 33426 33427 33430 33440 33463 33463 33464 33474 33475 33476 33476 33476 33476 33476 33476 33476 33476	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05
33420 33422 33425 33426 33427 33430 33440 33463 33463 33464 33475 33476 33477 33476 33477 33478 33496 33500 33501	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03
33420 33422 33425 33426 33427 33430 33440 33463 33463 33465 33476 33476 33477 33478 33496 33500 33501 33502 33503	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; Without Ring Insertion Valvuloplasty, Tricuspid Valve; With Ring Insertion Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation Anomalous Coronary Artery; Graft, Without Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25
33420 33422 33425 33426 33427 33430 33460 33463 33464 33465 33476 33477 33478 33478 33496 33500 33501 33502 33503	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Ring Insertion Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Anomalous Coronary Artery; Graft, Without Bypass Anomalous Coronary Artery; Graft, Without Bypass	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25 \$1,265.13
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33475 33476 33477 33478 33496 33500 33501 33502 33504 33505	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Ring Insertion Valvuloplasty, Tricuspid Valve, With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery; Graft, Without Bypass Repair Of Anomalous Coronary Artery; Graft, With Bypass Repair Of Anomalous Coronary Artery; Graft, With Or Bypass Repair Of Anomalous Coronary Artery; Graft, With Construction Of Intrapulmonary Artery Tunnel (Takeuchi Procedure)	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,138.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25 \$1,280.52 \$1,780.15
33420 33422 33425 33426 33427 33430 33440 33463 33463 33465 33465 33474 33475 33476 33476 33500 33501 33502 33502 33503 33504 33505 33506	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Ring Insertion Valveloplasty, Tricuspid Valve; With Ring Insertion Valveloplasty, Tricuspid Valve; With Ring Insertion Replacement, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation Anomalous Coronary Artery; Graft, Without Bypass Anomalous Coronary Artery; Graft, Without Bypass Anomalous Coronary Artery; Graft, With Construction Of Intrapulmonary Artery Tunnel (Takeuchi Procedure) Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery To Aorta	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,118.05 \$1,128.05 \$1,1280.52 \$1,780.15 \$1,775.19
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33476 33476 33477 33478 33496 33500 33501 33502 33503 33504 33505	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Ring Insertion Valveloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation Anomalous Coronary Artery; Graft, Without Bypass Repair Of Anomalous Coronary Artery; By Translocation Of Intrapulmonary Artery To Aorta Repair Of Anomalous (Eg, Intramural) Aortic Origin Of Coronary Artery By Unroofing Or Translocation	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,138.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25 \$1,280.52 \$1,780.15
33420 33422 33425 33426 33427 33430 33440 33463 33463 33464 33475 33476 33477 33478 33478 33500 33501 33502 33503 33504 33505 33507	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery; Graft, Without Bypass Repair Of Anomalous Coronary Artery; Graft, Without Bypass Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery Tunnel (Takeuchi Procedure) Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery By Durroofing Or Translocation Endoscopy, Surgical, Including Video-Assisted Harvest Of Vein(S) For Coronary Artery Bypass Procedure (List Separ	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25 \$1,780.15 \$1,775.19 \$1,491.30
33420 33422 33425 33426 33427 33430 33440 33463 33463 33464 33465 33476 33476 33477 33478 33496 33501 33502 33503 33504 33505 33506 33507 33508	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Ring Insertion Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery; Graft, With Dypass Repair Of Anomalous Coronary Artery; Graft, With Dypass Repair Of Anomalous Coronary Artery; Graft, With Dypass Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery To Aorta Repair Of Anomalous (Eg., Intramural) Aortic Origin Of Coronary Artery By Duroofing Or Translocation Endoscopy, Surgical, Including Video	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25 \$1,280.52 \$1,775.19 \$1,491.30
33420 33422 33425 33426 33427 33430 33440 33463 33463 33465 33476 33476 33476 33476 33478 33496 33500 33501 33502 33503 33504 33505 33506 33507	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Redical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve; With Ring Insertion Valvuloplasty, Tricuspid Valve; With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery; Graft, With Bypass Anomalous Coronary Artery; Graft, With Bypass Anomalous Coronary Artery; Graft, With Bypass Repair Of Anomalous Coronary Artery; With Construction Of Intrapulmonary Artery Tunnel (Takeuchi Procedure) Repair Of Anomalous (Eg. Intramural) Aortic Origin Of Coronary Artery By Unroofing Or Translocation Endoscopy, Surgical,	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,138.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25 \$1,780.15 \$1,775.19 \$1,491.30 \$14.21 \$139.19
33420 33422 33425 33426 33427 33430 33440 33463 33464 33465 33468 33474 33475 33476 33476 33500 33501 33502 33503 33504 33505 33506 33507 33508 33508 33508 33509 33510	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Redical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Out Tradio-Pulmonary Bypass Repair Of Anomalous Coronary Artery; Graft, With Bypass Anomalous Coronary Artery; Graft, With Bypass Anomalous Coronary Artery; Graft, With Bypass Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery To Aorta Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery To Aorta Repair Of Anomalous Cronary Artery; By Translocation From Pulmonary Artery To Aorta Repai	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,138.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,162.25 \$1,780.15 \$1,775.19 \$1,491.30 \$14.21 \$139.19 \$1,721.83
33420 33422 33425 33426 33427 33430 33440 33463 33465 33474 33475 33476 33476 33477 33500 33501 33502 33503 33505 33506 33507 33508 33509 33511 33511	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring Replacement, Mitral Valve, With Cardiopulmonary Bypass Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Valvuloplasty, Tricuspid Valve, With Ring Insertion Valvuloplasty, Tricuspid Valve, With Cardiopulmonary Bypass Tricuspid Valve Repositioning And Plication For Ebstein Anomaly Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure Replacement, Pulmonary Valve Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass Repair Of Anomalous Coronary Artery; Graft, With Bypass Repair Of Anomalous Coronary Artery; Graft, With Bypass Anomalous Coronary Artery; Graft, With Bypass Anomalous Coronary Artery; Graft, With Bypass Anomalous Coronary Artery; By Translocation From Pulmonary Artery To Aorta Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery Bypass Procedure (List Separately In Addition To Code For Primary Procedure) Heart Artery Bypass, 2 Graf	\$367.95 \$1,265.13 \$1,449.78 \$2,368.37 \$2,067.53 \$2,119.47 \$2,490.92 \$2,972.82 \$2,079.13 \$2,461.51 \$1,953.03 \$2,387.36 \$2,119.78 \$1,890.70 \$2,017.89 \$1,328.81 \$1,188.17 \$1,371.96 \$1,450.55 \$1,360.10 \$976.05 \$1,118.03 \$1,118.05 \$1,162.25 \$1,280.52 \$1,780.15 \$1,775.19 \$1,491.30 \$14.21 \$139.19 \$1,721.83 \$1,844.89
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Ansatomosis of Pulmonary Artery To Aorta (Damus-Kaye Starsel Procedure) Repair Of Complex Cardiac Anomaly (Der The Pulmonary Arters) Started Procedure) St. (1988) Started Procedure) St. (1988) Started Procedure) St. (1988) Started Procedure) St. (1989) Started Procedure) St. (1989) Started Procedure) St. (1989) Started Procedure) St. (1989) Started Procedure) Started Procedure Started Proced	33600	Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch	\$1,497.07
Repair Of Complex Cardiac Anomaly Other Than Piumonary Attesia With Ventricular Septal Defect By Construction Or Replacement Of 31,086.48 Repair Of Complex Cardiac Anomales (Eg. Single Ventricle With Subaonic Obstruction) By Surgical Enlargement Of Ventricular Septal Defect \$1,545.92 Repair Of Double Outlet Right Ventricle With Intraventricular Turnel Repair. Yell Repair Of Double Outlet Right Ventricle With Intraventricular Turnel Repair. Yell Repair Of Double Outlet Right Ventrice With Intraventricular Turnel Repair. Yell Repair Of Complex Cardiac Anomales (Eg. Tirouspl Aftersis) By Closure Of Artial Septal Defect And Anastomosis Of Artia Or Vena Cava To Piumonary Artery (Simple Fortain Procedure) Repair Of Complex Cardiac Anomales (Eg. Single Ventricle) By Modified Fontan Procedure Repair Of Complex Cardiac Anomales (Eg. Single Ventricle) By Modified Fontan Procedure Repair Of Single Ventricle With Artic Outlew Obstruction And Acrise Arch Hypoplasia (Hypoplasia Left Heart Syndrome) (Eg. Norwood Single Ventricle) By Modified Fontan Procedure Repair Of Single Ventricle With Artic Outlew Obstruction And Acrise Arch Hypoplasia (Hypoplasia Left Heart Syndrome) (Eg. Norwood Single Ventricle) By Modified Fontan Procedure Repair Of International Of Cardiace Anomaly (Eg. Single Ventricle Of Hypoplasia (Hypoplasia (Hypoplasia) (Eg. Hybrid Approach Stage 1) Secondary Of Single Ventricle With Article Of Hypoplasia (Left Heart) With Pallalaton Of Single Ventricle With Aortic Outlew Obstruction And Acrise Arch Hypoplasia, Creston Of Caroppulmonary Anastomosis, And Removal Of Right And Left Pulmonary Single Myritine (Or Hypoplasia) (Eg. Single Ventricle Or Hypoplasia) (Eg. Single Ventricl	33602		
Conduit From Right Or Left Ventricle To Pulmonary Antrey St. 600 4.6 Repair Of Complex Cardiac Anomales (Eg. Single Ventricle With Subaortic Obstruction) By Surgical Enlargement Of Ventricular Septal Defect St. 680 4.7 Repair Of Double Outler Right Ventricle With Intraventricular Tunnel Repair; Repair Of Double Outler Right Ventricle With Intraventricular Tunnel Repair; Repair Of Double Outler Right Ventricle With Intraventricular Tunnel Repair; Repair Of Double Outler Right Ventricle With Intraventricular Tunnel Repair; Repair Of Complex Cardiac Anomales (Eg. Trapsd Artes) by St. Outser Of Artis Stepla Defect And Anastomosis Of Artis Or Vena Cava To Pulmonary Antery (Single Fontan Procedure) St. 778.09 St. 778.09 St. 778.09 St. 778.00 St.	33606		\$1,547.57
Sepair Of Double Outler Right Venricie With Intraventricular Tunnel Repair. \$1,888.39	33608		\$1,608.46
Ropair Of Double Outlet Right Ventricle With Intraventricular Turnel Ropair With Repair Of Right Ventricular Outflow Tract Obstruction 51,733.85. Repair Of Complex Cardiac Anomales (Eg. Thoughd Arresia) By Closure Of Arrial Septal Defect And Anastemosis Of Arria Or Vena Cava To 17,755.09. Pulmonary Arfary (Simple Fontian Procedure) 51,735.09. Sal 77. Repair Of Complex Cardiac Anomales (Eg. Single Ventricial) By Modified Fontian Procedure Repair Of Single Ventricial With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart Syndrome) (Eg. Norwood 18,1845.80) Repair Of Single Ventricial With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart Syndrome) (Eg. Norwood 18,1845.80) Reconstruction Of Complex Cardiac Anomaly (Eg. Single Ventricial Or Hypoplastic Left Heart) With Palliation Of Single Ventricial With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart) With Palliation Of Single Ventricial With Aortic Outflow Obstruction And Aortic Arch Hypoplasia, Creation Of Cavopulmonary Anastomosis, And Removal Of Right And Left Pulmonary 22,960.83 Repair Of Incomplete Creating Septal Defect, Secundum, With Cardiopulmonary Spapsas, With Or Without Patch Defeated And Ventricular Cardiopulmonary Spapsas, With Or Without Patch Defeated And Ventricular Cardiopulmonary Spapsas, With Or Without Patch Defeated And Ventricular Canal (Ostum Primum Artial Septal Defect, With Creating Septal Defeated, With Or Without Archiventricular Valve Repair Spage Repair Of Incomplete Or Partial Atrioventricular Canal (Ostum Primum Artial Septal Defeat), With Or Without Archiventricular Valve Repair Spage Repair Of Intermediate Or Transitional Archiventricular Septal Defeats, With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) Spage Ventricular Septal Defeats, With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) Spage Ventricular Septal Defeats, With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) Spage Ventricular Septal Defeats, With	33610		
Repair Of Complex Cardiac Anomales (E.g. Tricuspid Arresia) By Closure Of Airel Septal Defect And Anastomosis Of Airel a Civan To St. 17,35,09 13015 Pulmonary Artery (Smiple Forbinal Procedure) \$1,234,28 Repair Of Complex Cardiac Anomales (E.g. Single Ventricule) Forbinal Procedure \$1,324,28 Repair Of Complex Cardiac Anomales (E.g. Single Ventricule) Potential Procedure) \$2,448,45 Repair Of Cisnigle Ventricule Obstruction And Architect Anomales (Hypoplasia (Hypoplasia (Hypoplasia Charlest Procedure) \$2,448,45 Procedure) \$2,448,4	33611		
St. 17.55.09	33612		\$1,/33.85
Repair Of Complex Cardiac Anomales (Eg. Single Ventrice) By Modified Fontan Procedure Repair Of Single Ventrice With Acritic Outflow Obstruction And Acritic Arch Hypoplastic Left Heart Syndrome) (Eg. Norwood Procedure) 32.448.45.9 338.00 Placement Of Bands Around The Right And Left Pulmonary (Lung) Arteries, Hybrid Approach 35.60 Placement Of Candes Around The Right And Left Pulmonary (Lung) Arteries, Hybrid Approach 35.60 Placement Of Candes Around The Right And Left Pulmonary (Lung) Arteries, Hybrid Approach 35.60 Placement Of Candes Around The Right And Left Pulmonary (Lung) Arteries, Hybrid Approach 35.60 Placement Of Candes Around The Right And Left Pulmonary (Eu. Single Ventricle Or Hypoplastic Left Heart) With Palliation Of Single Ventricel With Aortic 35.60 35.60 20.00 Placement Of Sands Around The Right And Left Pulmonary 35.20 Placement Visit Single Ventrice Or Hypoplastic Left Heart) With Palliation Of Single Ventricel With Aortic 35.60 35.61 35.6	33615		\$1,735.09
Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart Syndrome) (Eg. Norwood \$2,448,45 a) 38202 Placement Of Bands Around The Right And Left Pulmonary (Lung) Arteries, Hybrid Approach \$1,645,80 a) 38212 Transthoracic Insertion Of Catheter For Stent Placement With Carleter Removal And Closure (Eg. Hybrid Approach Stage 1) \$810,78 a) 38212 Transthoracic Insertion Of Catheter For Stent Placement With Carleter Removal And Closure (Eg. Hybrid Approach Stage 1) \$810,78 a) 3822 Outflow Obstruction And Aortic Arch Hypoplasia, Creation Of Cavopulmonary Anastomosis, And Removal Of Right And Left Pulmonary \$2,960,83 a) 38343 Repair Artis Septial Defect, Scanudinu, With Cardiopulmonary Bypass, With Or Without Pathol Pa	33617		
St. 1645.80		Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart Syndrome) (Eg, Norwood	
Transthoracic Insertion Of Catheter For Stent Placement With Catheter Removal And Closure (Eg. Hybrid Approach Stage 1) \$810.78			
30461 Repair Arial Septal Defect, Secundum, With Cardiopulmonary Anastomosis, And Removal Of Right And Left Pulmonary 31461 Repair Arial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or Without Patch 31467 Repair Of Patch Closure, Sinus Venosus, With Or Without Anomabous Pulmonary Venous Drainage 31468 Direct Or Patch Closure, Sinus Venosus, With Or Without Anomabous Pulmonary Venous Drainage 31567 Repair Of Arial Septal Defect And Ventricular Septal Defect, With Direct Or Patch Closure 31568 Repair Of Informplete Or Partial Artioventricular Canal (Ostium Primum Atrial Septal Defect), With Or Without Atrioventricular Valve Repair 31568 Repair Of Informplete Or Partial Artioventricular Canal, With Or Without Artioventricular Valve Repair 31569 Repair Of Complete Arrioventricular Canal, With Or Without Prosthetic Valve 31570 Repair Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31577 (Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31578 (Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31588 (Closure Of Single Ventricular Septal Defect; With Removal Of Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31588 (Closure Ventricular Septal Defect; With Removal Of Pulmonary Artery Band, With Or Without Gusset 31589 Sasses 31589 Sasses 31589 Sanding Of Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31589 Sasses 31589 Sanding Of Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31589 Sasses 31589 Sanding Of Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31589 Sasses 31589 Sanding Or Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31589 Sanding Or Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31589 Sanding Or Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31589 Sanding Or Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 31589 Sanding Or Pulm	33621		
Repair Atrial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or Without Patch \$1,457.00	33622		\$2 960 83
Direct Or Patch Closure, Sinus Venosus, With Or Without Anomalous Pulmonary Venous Drainage \$1,501.83 38647 Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct Or Patch Closure \$1,559.40 38668 Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair \$1,659.83 38670 Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair \$1,659.83 38670 Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair \$1,703.99 38676 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,747.59 38676 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,751.67 38677 Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary Atrey Band, With Or Without Gusset \$1,818.76 38681 Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,635.52 38682 Complete Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,635.52 38680 Closure Ventricular Septal Defect; With Pulmonary Varyotomy Or Infundibular Resection (Acyanotic) \$1,635.52 38691 Advanced Ventricular Septal Defect; With Pulmonary Varyotomy Or Infundibular Resection (Acyanotic) \$1,635.52 38692 Complete Repair Testal Defect; With Removal Of Pulmonary Atrey Band, With Or Without Gusset \$1,635.52 38693 38693 Advanced Ventricular Septal Defect; With Pulmonary Atrey Band, With Or Without Gusset \$1,778.63 38694 Repair And Correction Of Four Congenital Heart Defects With Patch \$1,778.63 38707 Repair Sinus Of Valsakar Fistula, With Cardiopulmonary Bypass; \$1,348.06 38708 Repair Of Valsakar Aneurysm, With Cardiopulmonary Bypass; \$1,349.16 38708 Repair Of Valsakar Aneurysm, With Cardiopulmonary Bypass; \$1,349.16 38709 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types)			
33660 Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atrial Septal Defect), With Or Without Atrioventricular Valve Repair 33665 Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair 33666 Repair Of Lomplete Atrioventricular Canal, With Or Without Atrioventricular Valve Repair 31,703.99 33670 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 51,747.59 33671 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 51,751.67 33681 Closure Of Single Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) 51,818.76 33681 Closure Of Single Ventricular Septal Defects, With Removal Of Pulmonary Atrey Band, With Or Without Gusset 51,628.69 33680 Closure Ventricular Septal Defect; With Removal Of Pulmonary Atrey Band, With Or Without Gusset 51,628.69 33690 Complete Repair Testago Of Fallot Without Pulmonary Atrey Band, With Or Without Gusset 51,628.69 33691 Repair And Correction Of Four Congenital Heart Defects With Patch 51,729.67 33692 Complete Repair Of Tetralogy Of Fallot Without Pulmonary Atrey Band, With Or Without Pulmonary Atrey Since S	33645		. ,
Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair Repair Of Complete Atrioventricular Canal, With Or Without Posthetic Valve \$1,703.99 33676 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,751.67 33677 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,751.67 33681 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Atrey Band, With Or Without Gusset \$1,818.76 33681 Closure Of Single Ventricular Septal Defects; With Removal Of Pulmonary Atrey Band, With Or Without Gusset \$1,649.80 33682 Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,628.69 33688 Closure Ventricular Septal Defect; With Removal Of Pulmonary Atrey Band, With Or Without Gusset \$1,628.69 33690 Complete Repair Tetralogy Of Fallot Without Pulmonary Atrey Band, With Or Without Gusset \$1,728.69 33691 Complete Repair Tetralogy Of Fallot Without Pulmonary Atrey Band, With Or Without Gusset \$1,728.69 33692 Complete Repair Tetralogy Of Fallot Without Pulmonary Atrey Band, With Or Without Gusset \$1,728.67 33693 Complete Repair Of Tetralogy Of Fallot Congenital Defect Of Heart With Absence Of Opening From Right Lower Heart To Main Lung Atrey \$1,728.76 33790 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,349.16 33710 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,349.16 33726 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass \$1,349.16 33727 Repair Of Unimonary Venous Return (Eugracardiac, Intracardiac, Or Intracardiac Types) \$1,349.16 33728 Repair Of Ventimonary Venous Return (Eugracardiac, Intracardiac, Or Intracardiac Types) 33729 Repair Of Soluted Fandonardous Venous Return (Eugracardiac, Intracardiac, Or Intracardiac Types) 33730 Complete Repair Of Anomalous Venous Return (Eugracardiac, Intracardiac, Or Intracardiac Types) 33730 Complete Repair Of Anomalous	33647	Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct Or Patch Closure	\$1,612.35
33670 Repair Of Complete Atrioventricular Canal, With Or Without Prosthetic Valve \$1,703.99 33675 Closure Of Multiple Ventricular Septal Defects; \$1,747.59 33676 Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,751.67 33677 Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary Artery Band, With Or Without Gusset \$1,818.76 33681 Closure Of Multiple Ventricular Septal Defect; With Removal Of Pulmonary Artery Band, With Or Without Pulmonary Artery \$1,638.55 33681 Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,635.52 33682 Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,635.62 33683 Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,635.62 33684 Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,635.62 33693 Complete Repair Tetralogy Of Fallot Without Pulmonary Attery Band, With Or Without Bull Valvotomy Or Infundibular Resection (Acyanotic) \$1,782.62 33694 Repair Of Tetralogy Of Fallot Congenital Heart Defects With Patch \$1,772.62 33694	33660	Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atrial Septal Defect), With Or Without Atrioventricular Valve Repair	\$1,559.40
Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,747.59	33665		\$1,696.89
Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,751.67	33670		
Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary Artery Band, With Or Without Gusset \$1,818.76			
Closure Of Single Ventricular Septal Defect, With Or Without Patch; \$1,649.00			
Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) \$1,635.52 33688 Closure Ventricular Septal Defect; With Removal Of Pulmonary Artery Band, With Or Without Gusset \$1,628.69 33690 Banding Of Pulmonary Artery \$1,083.66 33690 Ending Of Pulmonary Artery \$1,083.66 33691 Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; \$1,728.58 33692 Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; \$1,728.58 33693 Repair And Correction Of Four Congenital Heart Defects With Patch \$1,729.67 Complete Repair Of Tetralogy Of Fallot Congenital Defect Of Heart With Absence Of Opening From Right Lower Heart To Main Lung Artery \$1,778.76 33702 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,348.06 33714 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,349.06 33726 Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass 33727 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar Syndrome) 33728 Repair Of Hulmonary Venous Stenosis 33729 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) 33730 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) 33731 Repair Of Lor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane 33732 Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane 33734 Guidance 33734 Guidance 33735 Sallone Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure 33736 Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging 33746 Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance 33746 Palcement Of Shunt From Ascending Aorta To Pulmonary (Lung) Artery 33750 Rhytt, Subclaviari To Pulmonary Artery (Ballock-Taussig Type Operation) 33760 Rhytt, Subclaviari To Pulmonary Artery Glober To Im			
33688 Closure Ventricular Septal Defect; With Removal Of Pulmonary Artery Band, With Or Without Gusset \$1,628.69 33690 Banding Of Pulmonary Artery \$1,083.56 33692 Complete Repair Tetralogy Of Fallot Without Pulmonary Artersia; \$1,728.58 33694 Repair And Correction Of Four Congenital Heart Defects With Patch \$1,772.67 33697 Complete Repair Of Tetralogy Of Fallot Congenital Defect Of Heart With Absence Of Opening From Right Lower Heart To Main Lung Artery \$1,776.76 33702 Repair Sinus Of Valsakva Fistula, With Cardiopulmonary Bypass; \$1,348.06 33710 Repair Sinus Of Valsakva Fistula, With Cardiopulmonary Bypass; With Repair Of Ventricular Septal Defect \$1,775.82 33720 Repair Sinus Of Valsakva Fistula, With Cardiopulmonary Bypass \$1,349.16 33724 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg. Scimitar Syndrome) \$1,334.81 33726 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg. Scimitar Syndrome) \$1,334.81 33727 Repair Of Pulmonary Venous Stenosis \$33730 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) \$1,784.84 33731 Repair Of Cor Triatriatum Or Supravakvular Mitral Ring By Resection Of Left Artial Membrane \$1,436.64 33743 Repair Of Cor Triatriatum Or Supravakvular Mitral Ring By Resection Of Left Artial Membrane \$1,134.75 33736 Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure \$1,134.75 161.3476 Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33745 Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33746 Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33749 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) \$1,128.69 33756 Placement Of Shunt From Descending Aorta To Pulmonary (Lung) Artery \$1,118.10 33767 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery \$1,1			
Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; \$1,728.58 33694 Repair And Correction Of Four Congenital Heart Defects With Patch \$1,729.67 33697 Complete Repair Of Tetralogy Of Fallot Congenital Defect Of Heart With Absence Of Opening From Right Lower Heart To Main Lung Artery \$1,778.76 33702 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,348.06 33710 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,349.06 33720 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,349.16 33721 Repair Of Isolated Partial Anomalous Pulmonary Bypass \$1,349.16 33722 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar Syndrome) \$1,334.81 33726 Repair Of Pulmonary Venous Stenosis \$1,800.87 33730 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) \$1,784.84 33732 Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane \$1,436.64 33735 Balloon Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure \$1,134.75 33736 Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure \$1,264.12 Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$93.746 33746 Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$93.749 33756 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) \$1,128.69 33762 Placement Of Shunt From Ascending Aorta To Pulmonary (Lung) Artery \$1,185.55 33766 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung \$1,161.48 33767 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung \$1,161.48 33768 Abnut; Central, With Prosthetic Graft \$1,162.45 33776 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect \$1,829.72	33688		. ,
Repair And Correction Of Four Congenital Heart Defects With Patch \$1,729.67 33697 Complete Repair Of Tetralogy Of Fallot Congenital Defect Of Heart With Absence Of Opening From Right Lower Heart To Main Lung Artery \$1,778.76 33702 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; \$1,348.06 33710 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; With Repair Of Ventricular Septal Defect \$1,775.82 33720 Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass; With Repair Of Ventricular Septal Defect \$1,349.16 33724 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg. Scimitar Syndrome) \$1,334.81 33726 Repair Of Pulmonary Venous Stenosis \$1,300.87 33730 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) \$1,784.84 33731 Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane \$1,436.64 33735 Balloon Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$634.76 33746 Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33745 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) \$33746 Creation Of Shunt From Ascending Aorta To Pulmonary (Lung) Artery \$33756 Placement Of Shunt From Descending Aorta To Pulmonary (Lung) Artery \$33762 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery \$33764 Shunt; Central, With Prosthetic Graft \$33765 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung \$33766 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung \$33767 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect \$31,289.75	33690	Banding Of Pulmonary Artery	\$1,083.56
Complete Repair Of Tetralogy Of Fallot Congenital Defect Of Heart With Absence Of Opening From Right Lower Heart To Main Lung Artery 33702 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; 33710 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; 33720 Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass 33720 Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass 33721 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg. Scimitar Syndrome) 33722 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg. Scimitar Syndrome) 33733 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) 33730 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) 33731 Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane 33732 Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane 33733 Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure 33736 Enlargement Of Wall Between Two Upper Heart Chambers, Open Heart Procedure 33741 Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging 33742 Guidance 33745 Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance 33746 Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance 33749 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) 33749 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) 33740 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) 33741 Shunt; Central, With Prosthetic Graft 33742 Shunt; Central, With Prosthetic Graft 33743 Shunt; Central, With Prosthetic Graft 33746 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung 337470 Repair Of A Group Of Congenital He	33692		
Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; 33710 Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; 33720 Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass; 33720 Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass 33721 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar Syndrome) \$1,334.81 33726 Repair Of Pulmonary Venous Stenosis \$1,800.87 33730 Complete Repair Of Anomalous Venous Return (Supracardiac, Or Infracardiac Types) \$1,784.84 33732 Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane \$1,436.64 33733 Balloon Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure \$1,134.75 33736 Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure \$1,264.12 Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging 33741 Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33745 Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33746 Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33749 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) 33750 Placement Of Shunt From Descending Aorta To Pulmonary (Lung) Artery \$1,128.69 33762 Placement Of Shunt From Descending Aorta To Pulmonary (Lung) Artery \$1,118.10 33764 Shunt; Central, With Prosthetic Graft \$1,185.55 33766 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To De Lung \$1,164.48 33767 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To Both Lungs \$1,269.17 33768 Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In Addition To Primary Procedure) \$357.75	33694	Repair And Correction Of Four Congenital Heart Defects With Patch	\$1,729.67
Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; With Repair Of Ventricular Septal Defect \$1,775.82 33720 Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass \$1,349.16 33724 Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar Syndrome) \$1,334.81 33726 Repair Of Pulmonary Venous Stenosis \$1,800.87 33730 Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) \$1,784.84 33732 Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane \$1,436.64 33735 Balloon Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure \$1,134.75 33736 Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure \$1,1264.12 Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33745 Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33746 Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$33749 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) \$33750 Placement Of Shunt From Ascending Aorta To Pulmonary (Lung) Artery \$1,118.10 \$33761 Placement Of Shunt From Descending Aorta To Pulmonary (Lung) Artery \$1,118.10 \$33762 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery \$1,118.10 \$33764 Shunt; Central, With Prosthetic Graft \$1,185.55 \$33766 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung \$33767 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To Pothura Procedure) \$33768 Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In Addition To Primary Procedure) \$33770 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect	33697		
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33746 Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance \$372.99 33750 Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) \$1,128.69 33755 Placement Of Shunt From Ascending Aorta To Pulmonary (Lung) Artery \$1,152.45 33762 Placement Of Shunt From Descending Aorta To Pulmonary (Lung) Artery \$1,118.10 33764 Shunt; Central, With Prosthetic Graft \$1,185.55 33766 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung \$1,161.48 33767 Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To Both Lungs \$1,269.17 33768 Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In Addition To Primary Procedure) \$357.75 33770 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect \$1,829.72	33745		
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33770 Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect \$1,829.72			
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	33770		\$1,829.72

Code	Description	Fee
33774	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg, Mustard Or Senning Type) With Cardiopulmonary Bypass	\$1,567.64
	Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal	\$1,612.92
33776	Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure	\$1,705.87
33777	Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair	\$1,642.80
33778	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (Eg, Jatene Type)	\$2,086.56
33779	Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal	\$2,007.74
	Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure	\$2,045.64
33781	Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair	\$1,995.32
	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (le, Nikaidoh Procedure); Without Coronary Ostium	
33782	Reimplantation	\$2,785.90
33783	Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation	\$3,009.12
33786	Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow	\$2,015.40
33788	Reimplantation Of An Anomalous Pulmonary Artery	\$1,365.99
33800	Aortic Suspension (Aortopexy) For Tracheal Decompression (Eg, For Tracheomalacia) (Separate Procedure)	\$882.82
33802	Division Of Aberrant Vessel (Vascular Ring);	\$951.52
33803	Division Of Aberrant Vessel (Vascular Ring); With Reanastomosis	\$1,029.04
33814	Obliteration Of Aortopulmonary Septal Defect With Cardiopulmonary Bypass	\$1,330.12
33820	Repair Of Patent Ductus Arteriosus; By Ligation	\$869.26
33822	Repair Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta, Patient Younger Than 18 Years	\$824.15
33824	Repair Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta, Patient 18 Years And Older	\$1,033.48
33840	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Direct Anastomosis	\$1,114.44
33845	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Graft	\$1,167.31
	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus Repair Using Either Left Subclavian Artery Or Prosthetic	04
33851	Material As Gusset For Enlargement	\$1,143.90
33852	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; Without Cardiopulmonary Bypass	\$1,221.65
33853	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; With Cardiopulmonary Bypass	\$1,637.45
33858	Repair Of Ascending Aorta With Graft On Heart-Lung Machine, For Separation Of Wall Of Aorta (Dissection)	\$2,935.41
33859	Repair Of Ascending Aorta With Graft On Heart-Lung Machine, For Disease Other Than Separation Of Wall Of Aorta (Dissection)	\$2,157.55
00000	Discount Of Conf. To Assert in Assert On Heart Line Marking With Devices and Of Device And Developed	#0.770.00
33863		\$2,779.00
33864	Placement Of Graft To Ascending Aorta On Heart-Lung Machine, With Remodeling Of Root Of Aorta And Reconstruction Of Heart	\$2,835.81
33866	Graft To Half Of Aortic Artery Arch	\$807.34
33871	Repair Of Transverse Arch Of Aorta With Graft On Heart-Lung Machine	\$2,815.49
33875	Descending Thoracic Aorta Graft, With Or Without Bypass	\$2,355.19
33877	Repair Of Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Cardiopulmonary Bypass	\$3,107.58
33880	Repair Of Descending Aorta In Chest With Initial Prosthesis Inserted Through Artery	\$1,539.51
33881	Repair Of Descending Aorta In Chest Including Origin Of Left Subclavian Artery With Initial Prosthesis Inserted Through Catheter	\$1,320.41
33883	Repair Of Defect Of Aorta In Chest, Initial Extension	\$959.97
33884	Repair Of Defect Of Aorta In Chest, Additional Extension	\$334.15
33886	Insertion Of Extension Prosthesis After Previous Repair Of Descending Aorta In Chest	\$829.46
33889	Incision On One Side Of Neck To Transfer Chest Artery To Neck Artery Plus Endovascular Procedure To Repair Chest Aorta, Open Procedure	\$677.48
	Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-Carotid, Performed In Conjunction With Endovascular Repair Of	
00004		001170
33891	Descending Thoracic Aorta, By Neck Incision	\$814.79
33894	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches	\$793.06
33894 33895	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches	\$793.06 \$631.03
33894 33895 33897	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel	\$793.06 \$631.03 \$469.31
33894 33895 33897 33900	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body	\$793.06 \$631.03 \$469.31 \$479.66
33894 33895 33897 33900 33901	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55
33894 33895 33897 33900 33901 33902	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92
33894 33895 33897 33900 33901 33902 33903	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Deside Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75
33894 33895 33897 33900 33901 33902 33903 33904	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Deside Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76
33894 33895 33897 33900 33901 33902 33903 33904 33910	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91
33894 33895 33897 33900 33901 33902 33903 33904 33910 33915	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66
33894 33895 33897 33900 33901 33902 33903 33904 33910 33915 33916	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07
33894 33895 33897 33900 33901 33902 33903 33904 33910 33915	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66
33894 33895 33897 33900 33901 33902 33903 33904 33910 33915 33916 33917	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Arteria With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78
33894 33895 33897 33900 33901 33902 33903 33904 33910 33915 33916 33917	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78
33894 33895 33897 33900 33901 33902 33903 33904 33910 33915 33916 33917	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Arteria With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery With Cardiopulmonary Bypass	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78
33894 33895 33897 33900 33901 33902 33903 33904 33915 33916 33917 33920 33922	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Arteria With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01
33894 33895 33897 33900 33901 33903 33904 33915 33916 33917 33920 33922	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Arterisia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Transection Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure)	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01
33894 33895 33897 33900 33901 33902 33903 33915 33916 33917 33920 33922 33924 33925	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artersia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Transection Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,213.01 \$249.85 \$1,522.13
33894 33895 33897 33900 33901 33902 33903 33910 33915 33917 33920 33922 33922 33924 33925 33926	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artersia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Transection Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$11,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01 \$249.85 \$1,522.13 \$2,134.40
33894 33895 33897 33900 33901 33902 33903 33910 33915 33917 33920 33922 33922 33924 33925 33926 33927	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Arteries With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Transection Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01
33894 33895 33897 33900 33901 33902 33903 33910 33915 33917 33920 33922 33922 33924 33925 33926 33927 33928	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Arterias With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Transection Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$6608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report
33894 33895 33897 33900 33901 33902 33903 33910 33915 33917 33920 33922 33922 33924 33925 33926 33927	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery With Cardiopulmonary Bypass Uigation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Removal Of Artificial Heart	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01
33894 33895 33897 33900 33901 33902 33903 33915 33916 33917 33920 33922 33924 33925 33926 33927 33929	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Arteria With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Transection Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,521.301 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report
33894 33895 33897 33900 33901 33902 33903 33904 33915 33916 33917 33920 33922 33924 33925 33926 33927 33928 33929	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Additional Stent In Pulmonary Artery Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Embolectomy; With Cardiopulmonary Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Implantation Of Artificial Heart Removal Of Artificial Heart	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,521.301 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report
33894 33895 33897 33900 33901 33901 33910 33915 33917 33920 33922 33924 33925 33927 33928 33929 33933 33933	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On Den Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Embolectomy; With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Arteris With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Transection Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Removal Of Artificial Heart Removal Of Artificial Heart Removal Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation Heart-Lung Transplant With Recipient Cardiectomy-Pneum	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$11,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report Price by Report \$4,270.68
33894 33895 33897 33900 33901 33902 33903 33904 33915 33916 33917 33920 33922 33924 33925 33926 33927 33928 33929	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Arteryis Synchology S	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,521.301 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report
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33894 33895 33897 33900 33901 33902 33903 33916 33917 33920 33922 33924 33925 33926 33927 33928 33929 33933 33930 33940	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Arters Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artersia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial H	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$6608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report Price by Report \$4,270.68 Price by Report
33894 33895 33897 33900 33901 33902 33903 33915 33916 33917 33922 33922 33922 33925 33927 33928 33929 33933 33935 33940	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; Without Bypass Pulmonary Artery Embolectomy; Without Embolectomy, With Cardiopulmonary Bypass Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery Stenosis By Reconstruction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery Stenosis By Reconstruction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery,	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$6608.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report Price by Report \$4,270.68 Price by Report
33894 33895 33897 33900 33901 33902 33903 33915 33916 33917 33922 33922 33925 33926 33926 33928 33929 33933 33935 33940	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Embolectomy; Without Empolectomy, With Cardiopulmonary Bypass Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery With Cardiopulmonary Bypass Pulmonary Artery Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Repair Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$668.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,521.30 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report Price by Report \$4,270.68 Price by Report \$4,270.68 Price by Report \$4,308.42 \$275.38
33894 33895 33897 33900 33901 33901 33903 33915 33916 33917 33922 33922 33924 33925 33927 33928 33929 33933 33935 33940	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Or Without Embolectomy, With Cardiopulmonary Bypass Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery With Cardiopulmonary Bypass Itagation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Implantation Of Artificial Heart Repaicement Of Artificial Heart Replacement Of Artificial Heart Replacement Of Artificial Heart Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Heart-Lung Transplant, With Or Without Recipient Cardiectomy, Pneumonectomy Do	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$608.92 \$717.75 \$240.76 \$2,279.91 \$11,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,213.01 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report Price by Report Price by Report \$4,270.68 Price by Report \$179.14 \$4,308.42 \$275.38 \$304.58
33894 33895 33897 33900 33901 33902 33903 33915 33916 33917 33922 33922 33925 33926 33926 33928 33929 33933 33935 33940	Descending Thoracic Aorta, By Neck Incision Repair Of Aorta By Insertion Of Stent Across Major Side Branches Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On One Side Of Body Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body Placement Of Additional Stent In Pulmonary Artery Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass Pulmonary Embolectomy; Without Empolectomy, With Cardiopulmonary Bypass Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery With Cardiopulmonary Bypass Pulmonary Artery Artery Stenosis By Reconstruction With Patch Or Graft Repair Of Pulmonary Artery With Cardiopulmonary Bypass Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass Repair Of Artificial Heart Replacement Of Artificial Heart Removal Of Artificial	\$793.06 \$631.03 \$469.31 \$479.66 \$630.55 \$668.92 \$717.75 \$240.76 \$2,279.91 \$1,198.66 \$3,610.07 \$1,308.78 \$1,571.58 \$1,521.30 \$249.85 \$1,522.13 \$2,134.40 \$2,190.84 Price by Report Price by Report \$4,270.68 Price by Report \$4,270.68 Price by Report \$4,308.42 \$275.38

Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through Of Age	Fee h 5 Years \$371.30
33951 Of Age 33952 Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And 33953 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of 33954 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age Years	
33952 Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And 33953 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of 33954 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age	ψ37 1.30
33953 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of 33954 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age	
33953 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of 33954 Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age	Older \$425.52
Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age	Older \$425.52
Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age	f Age \$414.50
Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 33955 Years Of Age	\$471.06
33955 Years Of Age	
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DOOR I have the Of Take Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through The Obest For Formal Disability I was a line of the Assessed Through	\$725.45
	d Older \$719.39
33956 Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Repositioning Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Th	
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33957 Years Of Age Repositioning Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years	\$159.19
33958 Older	\$161.96
33959 Repositioning Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Yea	ars Of Age \$201.81
33962 Repositioning Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$201.81
Repositioning Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth T	
33963 Years Of Age	\$409.59
Repositioning Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Year	
33964 Older Removal Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through	\$424.83
33965 Of Age	\$161.96
33966 Removal Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And	Older \$200.62
33966 Removal Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And 33967 Insertion Of Assistive Heart Blood Flow Device Into Aorta, Accessed Through The Skin	Older \$209.62 \$229.15
33968 Removal Of Blood Flow Assist Device In Aorta, Accessed Through The Skin	\$30.07
33969 Removal Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years O	of Age \$239.08
	\$306.57
7	
33971 Removal Of Intra-Aortic Balloon Assist Device Including Repair Of Femoral Artery, With Or Without Graft	\$620.98
33973 Insertion Of Intra-Aortic Balloon Assist Device Through The Ascending Aorta	\$432.37
20074 Demonstrative Austra Politica Assist Davids From The Assenting Assts Including Pagair Of The Assenting Assts With Or Without	Croft #704.07
33974 Removal Of Intra-Aortic Balloon Assist Device From The Ascending Aorta, Including Repair Of The Ascending Aorta, With Or Without	
33975 Insertion Of External Lower Heart Chamber Blood Flow Assist Device	\$1,146.41
33976 Insertion Of External Blood Flow Assist Device In Both Lower Heart Chambers	\$1,364.09
33977 Removal Of External Assistive Blood Flow Device From One Lower Heart Chamber	\$970.67
33978 Removal Of External Assistive Blood Flow Device From Both Lower Heart Chambers	\$1,172.86
33979 Insertion Of Implanted Lower Heart Chamber Blood Flow Assist Device	\$1,672.56
33980 Removal Of Implanted Lower Heart Chamber Assistive Blood Flow Device	\$1,534.88
33981 Replacement Of External Lower Heart Chamber Assistive Blood Flow Device	\$726.37
33982 Replacement Of Implanted Lower Heart Chamber Assistive Blood Flow Devices	\$1,679.55
33983 Replacement Of Implanted Lower Heart Chamber Assistive Blood Flow Devices On Heart-Lung Machine	\$1,984.42
33984 Removal Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$249.34
Removal Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Throu	ŭ .
33985 Years Of Age	\$449.75
33986 Removal Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years An	
33987 Incision Of Artery For Creation Of A Channel For Blood Circulation Using A Pump	\$179.53
33988 Insertion Of Left Heart Vent Through Chest For Blood Oxygenation Rewarming And Return	\$668.83
33989 Removal Of Left Heart Vent Through Chest For Blood Oxygenation Rewarming And Return	\$424.83
Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery Accessed Through Skin, Including Radiological Supervision	
33990 Interpretation	\$319.50
Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery And Vein Accessed Through Skin, With Puncture Of Parti	
33991 Between Heart Chambers, Including Radiological Supervision And Interpretation	\$398.76
33992 Removal Of Left Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin	\$166.42
33993 Repositioning Of Lower Heart Chamber Blood Flow Assist Device Using Imaging Guidance	\$145.17
Insertion Of Right Lower Heart Chamber Blood Flow Assist Device Via Vein Accessed Through Skin, Including Radiological Supervision	
33995 Interpretation	\$315.28
33997 Removal Of Right Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin	\$140.78
33999 Unlisted Procedure, Cardiac Surgery	Price by Report
	\$781.31
34001 Removal Of Blood Clot In Artery Via Neck Incision	\$871.78
34051 Removal Of Blood Clot In Artery Via Thoracic Incision	\$526.78
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision	\$526.12
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision	\$1,198.58
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision	
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision	\$807.24
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision	\$807.24 \$834.80
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision	
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision 34203 Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision	\$834.80
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision 34203 Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision 34401 Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision	\$834.80 \$1,294.27
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision 34203 Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision 34401 Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision 34421 Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision	\$834.80 \$1,294.27 \$595.28
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision 34203 Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision 34201 Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision 34421 Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incision 34451 Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions	\$834.80 \$1,294.27 \$595.28 \$1,223.76
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision 34203 Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision 34201 Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision 34421 Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision 34451 Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incision 34471 Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision 34490 Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision	\$834.80 \$1,294.27 \$595.28 \$1,223.76 \$921.96 \$507.48
34051 Removal Of Blood Clot In Artery Via Thoracic Incision 34101 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision 34111 Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision 34151 Removal Of Blood Clot In Artery Via Abdominal Incision 34201 Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision 34203 Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision 34401 Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision 34421 Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incision 34451 Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incision 34471 Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision 34490 Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision	\$834.80 \$1,294.27 \$595.28 \$1,223.76 \$921.96 \$507.48 \$767.03
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Repair Of Aorta In Abdomen Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Rapair Of Aorta In Abdomen Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Rapair Of Aorta In Abdomen Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Rapair Of Aorta In Abdomen Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Rapair Of Aorta In Abdomen Below Kidneys With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Aftery, Including Radiological Supervision And Interpretation Direct Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Aftery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Sartia, 2007. Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Astrony, Pseudoaneurysm, And Associated Occlusive Disease, Aullary-Brachi			
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Repair Of Andra In Abdomen Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including 4848 Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 3971.92 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Avallary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Special Active, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 51,088.65 Direct Repair			
Repair Of Aorta in Abdomen Below Kithneys With Graft, Including 4 Or More Grafts in Arteries To Abdominal Organs, Inserted Through Artery, Repair Of Aorta in Abdomen Below Kithneys With Graft, Including 1 Graft in Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 1 Graft in Artery To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation \$1,554.17 Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation \$1,600.71 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm Spring Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Associated Occulsive Disease, Verlebral Artery Spring Art	34842		\$1,326.71
Repair Of Aorta in Abdomen Below Kidneys With Graft, Including 4 Or More Grafts in Arteries To Abdominal Organs, Inserted Through Artery, 31,801.57 Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 1 Graft in Artery To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, And Associated Occlusive Disease, Nation (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Unlar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) An	0.40.40		A4 400 05
Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, And Associated Occlusive Disease, Availary-Bardail Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Par	34843		\$1,499.65
Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through 384845 Artery, Including Radiological Supervision And Interpretation 381,375.49 384867 Artery, Including Radiological Supervision And Interpretation 381,375.49 38487 Artery, Including Radiological Supervision And Interpretation 381,529.43 38487 Artery, Including Radiological Supervision And Interpretation 381,529.43 38487 Artery, Including Radiological Supervision And Interpretation 381,529.43 38487 Artery, Including Radiological Supervision And Interpretation 381,554.17 38488 Through Artery, Including Radiological Supervision And Interpretation 385001 385	04044		£4.004.57
Artery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Aftery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Aftery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Aftery, Including Radiological Supervision And Interpretation Repair Of Aorta in Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Aftery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial	34844		\$1,001.57
Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Innominate, Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurys	2/0/5		¢1 275 40
Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Brough Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurys	34043		\$1,373.49
Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pacudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Verterbal Artery Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, \$1,101.46 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, \$858.46 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or W	3/8/6		\$1 520 A3
Artery, Including Radiological Supervision And Interpretation Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm Spot Index Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Spot Speudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Spot Insert Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Direct Repair Of Aneurysm, Paseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary- Spot Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Spot Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Spot Speudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Speudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Speudoaneurysm, Or Excision (Partial Or Total	34040		Ψ1,029.40
Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm 35001 And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Fatse Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 35021 Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Sababase Area (Papair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Sababase (Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Inserti	34847		\$1 55 <i>4</i> 17
Through Artery, Including Radiological Supervision And Interpretation Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 25001 And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Carotid, 2502 Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 25005 Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Structure Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With O	54047		Ψ1,004.17
Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abd	34848		\$1 600 71
And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Carotid, Subclavian Artery, By Neck Incission Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries Direct Repai			ψ1,000.71
Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Carotid, Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Sociated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Uniar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Uniar Artery Direct Repair Of Aneurysm Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Uniar Artery Direct Repair Of Aneurysm Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Uniar Artery Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Or Bulging (Aneurysm) Of Aorta I			\$971 92
Subclavian Artery, By Neck Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Asociated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Sababase, Bactillo Or Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving 35091 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arter	00001		ψ071.02
Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, \$858.46 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving 35092 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery	35002		\$972.33
Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery Direct Repair Of Aneurysm, False Aneurysm, or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 35082 Direct Repair Of Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs 35092 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries 351,604.53 35102 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta (Pseudoaneurysm	00002		ψ072.00
Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Si,856.60 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries 35102 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries 35103 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Ane	35005		\$852.76
Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta S1,856.60 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving S1,527.32 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery S1,894.49 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery S1,328.2			
Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary- 35013 Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 35021 Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, 35022 Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries S11,894.49 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82	35011		\$871.31
Brachial Artery, By Arm Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving 35091 Arteries To Abdominal Organs Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Single Aneurysm Of Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Single Aneurysm Of Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery Single Aneurysm Single Aneurysm Single Aneurysm Of Spleen Artery Single Aneurysm			+
Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 35021 Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Sa5081 Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Sa5082 Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Sa5082 Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Sa5091 Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery Sa50103 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery Sa50104 Arteries Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Ar	35013		\$1,088.65
Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82			
Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, \$1,258.37 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, \$1,480.89 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal \$1,856.60 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving \$1,527.32 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,894.49 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82	35021		\$1,101.46
Subclavian Artery, By Thoracic Incision Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 8858.46 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 8858.46 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 95081 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal 95082 Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving 95092 Arteries To Abdominal Organs 95092 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs 95092 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin 95093 Arteries To Abdominal Organs 95093 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin 95093 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin 95093 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin 95093 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries 95093 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery 95093 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery 95093 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery 95093			•
Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 858.46 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 858.46 Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 95.000 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving 41,527.32 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries 35102 Arteries S1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,894.49 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82	35022		\$1,258.37
Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, 95,081 Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal \$1,856.60 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 35102 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,894.49 35111 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm,	
Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta \$1,480.89	35045		\$858.46
Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal \$1,856.60 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs \$1,527.32 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,894.49 Solvet Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,894.49		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm,	
Aorta Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Afteries To Abdominal Organs S1,527.32 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries Afteries S1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries S1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries S1,894.49 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery S1,132.82	35081	Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta	\$1,480.89
Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving 35091 Arteries To Abdominal Organs 35092 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs 35092 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin 35102 Arteries 35103 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries 35103 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries 35103 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery 35111 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery 35128		Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal	-
Arteries To Abdominal Organs \$1,527.32 35092 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs \$2,227.58 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 35103 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,894.49 35111 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82	35082	Aorta	\$1,856.60
Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,604.53 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,894.49 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82		Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving	
Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin 35102 Arteries \$1,604.53 35103 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries \$1,894.49 35111 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82	35091	Arteries To Abdominal Organs	\$1,527.32
35102Arteries\$1,604.5335103Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries\$1,894.4935111Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery\$1,132.82	35092	Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs	\$2,227.58
35103Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries\$1,894.4935111Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery\$1,132.82		Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin	-
35111 Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery \$1,132.82	35102		\$1,604.53
	35103	Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries	\$1,894.49
35112 Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Spleen Artery \$1,391.10	35111	Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery	\$1,132.82
	35112	Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Spleen Artery	\$1,391.10

Code	Description	Fee
35121	Direct Repair Of Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or Mesenteric Artery)	\$1,345.75
35122	Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or Mesenteric Artery)	\$1,608.09
35131	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Iliac Artery (Common, Hypogastric, External)	\$1,171.62
35132	Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Iliac Artery (Common, Hypogastric, External)	\$1,391.10
35141	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Common Femoral Artery (Profunda Femoris, Superficial Femoral)	\$941.65
35142	Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Common Femoral Artery (Profunda Femoris, Superficial Femoral)	\$1,135.93
	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Popliteal Artery	\$1,060.14
	Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popliteal Artery	\$1,191.39
	Repair, Congenital Arteriovenous Fistula; Head And Neck	\$672.42
	Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen Repair, Congenital Arteriovenous Fistula; Extremities	\$1,560.12 \$824.58
	Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck	\$1,098.85
	Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen	\$1,285.62
35190	Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities	\$666.76
	Repair Blood Vessels Or A-V Fistula, Direct; Neck	\$816.01
	Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity	\$712.02
	Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger Page Repair Blood Vessels Or A-V Fistula, Direct; Istrathoragia, With Purpose	\$687.35
	Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, With Bypass Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass	\$1,218.69 \$1,826.54
35221	Repair Blood Vessels Or A-V Fistula, Direct; Intra-Abdominal	\$1,314.21
	Repair Blood Vessels Or A-V Fistula, Direct; Lower Extremity	\$734.02
	Repair Blood Vessel Or A-V Fistula With Vein Graft; Neck	\$1,113.66
	Repair Blood Vessel Or A-V Fistula With Vein Graft; Upper Extremity	\$892.55
35241	Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, With Bypass	\$1,253.02
	Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass Repair Blood Vessel Or A-V Fistula With Vein Graft; Intra-Abdominal	\$1,361.42 \$1,503.55
	Repair Blood Vessel Or A-V Fistula With Vein Graft; Lower Extremity	\$1,005.15
	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Neck	\$838.12
	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Upper Extremity	\$768.50
	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass	\$1,205.40
	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, Without Bypass Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intra-Abdominal	\$1,201.75
35281 35286	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Lower Extremity	\$1,401.30 \$817.99
35301	Removal Of Blood Clot And Portion Of Artery, By Neck Incision	\$991.76
35302	Removal Of Blood Clot And Portion Of Artery, Superficial Femoral Artery	\$980.88
35303	Removal Of Blood Clot And Portion Of Artery, Popliteal Artery	\$1,058.36
35304	Removal Of Blood Clot And Portion Of Artery, Tibioperoneal Trunk Artery	\$1,091.62
	Removal Of Blood Clot And Portion Of Artery, Tibial Or Peroneal Artery, Initial Vessel	\$1,051.82
35306 35311	Removal Of Blood Clot And Portion Of Artery, Tibial Or Peroneal Artery, Each Additional Artery Removal Of Blood Clot And Portion Of Artery, By Thoracic Incision	\$376.79 \$1,351.88
	Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial	\$768.95
35331	Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta	\$1,244.36
35341	Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Renal	\$1,191.07
35351	Thromboendarterectomy, With Or Without Patch Graft; Iliac	\$1,104.38
35355	Removal Of Blood Clot And Portion Of Artery Of Upper Thigh, Iliofemoral Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac	\$901.28
35361 35363	Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemoral Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemoral	\$1,296.33 \$1,382.59
35371	Removal Of Blood Clot And Portion Of Artery Of Upper Thigh Artery, Common	\$716.61
35372	Removal Of Blood Clot And Portion Of Artery Of Upper Thigh Artery, Deep	\$835.76
	Reoperation, Carotid, Thromboendarterectomy, More Than One Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	\$135.29
35400	Examination Of Blood Vessel Or Graft Using An Endoscope Harvest Of Upper Extremity Vein, One Segment, For Lower Extremity Or Coronary Artery Bypass Procedure (List Separately In Addition To	\$125.59
35500	Harvest Of Opper Extremity Vein, One Segment, For Lower Extremity Of Coronary Artery Bypass Procedure (List Separately in Addition 16 Code For Primary Procedure)	\$270.51
	Bypass Of Diseased Or Blocked Artery (Neck To Brain Artery), With Vein	\$1,242.03
35506	Bypass Of Diseased Or Blocked Artery (Neck To Chest Artery), With Vein	\$1,084.97
	Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), With Vein	\$1,132.14
	Bypass Of Diseased Or Blocked Artery (Neck To Opposite Neck Artery), With Vein	\$1,202.36
	Bypass Of Diseased Or Blocked Artery (Neck To Arm Artery), With Vein Bypass Of Diseased Or Blocked Artery (Chest To Opposite Chest Artery), With Vein	\$1,047.36 \$954.68
	Bypass Of Diseased Or Blocked Artery (Chest To Opposite Chest Artery), With Vein	\$1,026.81
	Bypass Of Diseased Or Blocked Artery (Chest To Brain Artery), With Vein	\$1,132.14
35516	Bypass Of Diseased Or Blocked Artery (Chest To Upper Arm Artery), With Vein	\$1,039.27
	Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), With Vein	\$972.93
	Bypass Of Diseased Or Blocked Artery (Arm To Upper Leg Artery), With Vein	\$1,047.88
35522 35523	Bypass Of Diseased Or Blocked Artery (Under Arm To Arm Artery), With Vein Bypass Of Diseased Or Blocked Artery (Upper Arm To Arm Artery), With Vein	\$996.87 \$1,210.93
35525	Bypass Of Diseased Or Blocked Artery (Upper Arm To Opposite Arm Artery), With Vein	\$971.94

Code	Description	Fee
35526	Bypass Of Diseased Or Blocked Artery (Chest To Neck Artery), With Vein	\$1,504.48
35531	Bypass Of Diseased Or Blocked Artery (Abdominal To Abdominal Artery), With Vein	\$1,658.15
35533	Bypass Of Diseased Or Blocked Artery (Arm To Upper Leg And Opposite Leg Artery), With Vein	\$1,283.66
35535	Bypass Of Diseased Or Blocked Artery (Liver To Kidney Artery), With Vein	\$1,618.58
35536	Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), With Vein	\$1,438.77
35537	Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), With Vein	\$1,771.72
35538	Bypass Of Diseased Or Blocked Artery (Aorta To Groin And Opposite Groin Artery), With Vein	\$1,984.74
35539	Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), With Vein	\$1,862.77
35540	Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), With Vein	\$2,075.17
35556	Bypass Of Diseased Or Blocked Artery (Upper To Lower Leg Artery), With Vein	\$1,197.82
35558	Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), With Vein	\$1,058.64
35560	Bypass Of Diseased Or Blocked Artery (Aorta To Kidney Artery), With Vein	\$1,451.12
35563	Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), With Vein	\$1,128.66
35565	Bypass Of Diseased Or Blocked Artery (Groin To Upper Leg Artery), With Vein	\$1,151.57
35566	Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Artery), With Vein	\$1,452.38
35570	Bypass Of Diseased Or Blocked Artery (Lower Leg To Opposite Lower Leg Artery), With Vein	\$1,255.78
35571	Bypass Of Diseased Or Blocked Artery (Lower Leg To Lower Leg Artery), With Vein	\$1,135.11
35572	Harvest Of Vein Segment (Upper Leg To Thigh), One Segment	\$293.76
35583	Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Knee (Femoral-Popliteal Bypass)	\$1,232.39
	Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Lower Leg (Femoral-Anterior Tibial,	
35585	Posterior Tibial, Or Peroneal Artery Bypass)	\$1,428.36
	Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popliteal-Tibial Or Peroneal	** *= =
35587	Artery Bypass)	\$1,157.56
35600	Harvest Of An Arm Artery Segment, One Segment	\$163.39
35601	Bypass Of Diseased Or Blocked Artery (Neck To Brain Artery), Other Than Vein	\$1,199.64
35606	Bypass Of Diseased Or Blocked Artery (Neck To Chest Artery), Other Than Vein	\$1,005.34
	Bypass Of Diseased Or Blocked Artery (Chest To Opposite Chest Artery), Other Than Vein	\$893.20
35616	Bypass Of Diseased Or Blocked Artery (Chest To Upper Arm Artery), Other Than Vein	\$938.71
35621	Bypass Of Diseased Or Blocked Artery (Arm To Chest Artery), Other Than Vein	\$961.56
35623	Bypass Of Diseased Or Blocked Artery (Arm To Lower Leg Artery), Other Than Vein	\$1,120.79
35626	Bypass Of Diseased Or Blocked Artery (Arm To Lower Thigh Or Leg Artery), Other Than Vein	\$1,384.69
35631	Bypass Of Diseased Or Blocked Artery (Aorta To Abdominal Or Kidney Artery), Other Than Vein	\$1,578.85
35632	Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Ilio-Celiac), Other Than Vein	\$1,537.15
35633	Bypass Of Diseased Or Blocked Artery (Groin To Abdominal Artery), Other Than Vein	\$1,690.49
35634	Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Iliorenal), Other Than Vein Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), Other Than Vein	\$1,504.46
35636 35637		\$1,358.00
	Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Opposite Groin Artery), Other Than Vein	\$1,411.87
35638 35642	Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein	\$1,485.04
35645	Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), Other Than Vein	\$845.96 \$809.92
35646	Bypass of Diseased Or Blocked Artery (Criest To Arm Artery), Order Than Vein Bypass of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein	\$1,461.54
35647	Bypass of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein	\$1,328.07
35650	Bypass of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein	\$871.50
35654	Bypass Of Diseased Or Blocked Artery (Onder Arm To Opposite Arm Artery), Other Than Vein	\$1,194.38
35656	Bypass of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein	\$940.72
35661	Bypass of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein	\$940.72
35663	Bypass of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein	\$1,039.68
	Bypass On Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein	
35665		\$1,006.64 \$1,112,13
35666 35671	Bypass Of Diseased Or Blocked Artery (Upper Leg 1o Lower Leg Arteries), Other Than Vein Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein	\$1,112.13 \$980.89
35681	Bypass Of Diseased Or Blocked Artery, Composite	\$67.87
35682	Bypass Of Diseased Or Blocked Artery, Composite Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins	\$300.13
35683	Bypass of Diseased Or Blocked Artery, Composite, 3 Or More Veins	\$346.08
55555	Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synthetic Conduit (List Separately In Addition To Code For Primary	ψ3 10.00
35685	Procedure)	\$167.99
1	Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surgery (Non-Hemodialysis) (List Separately In Addition To Code For	
35686	Primary Procedure)	\$136.21
35691	Transposition And/Or Reimplantation; Vertebral To Carotid Artery	\$809.27
35693	Transposition And/Or Reimplantation; Vertebral To Subclavian Artery	\$717.30
35694	Transposition And/Or Reimplantation; Subclavian To Carotid Artery	\$866.47
35695	Transposition And/Or Reimplantation; Carotid To Subclavian Artery	\$876.38
35697	Reimplantation, Visceral Artery To Infrarenal Aortic Prosthesis, Each Artery (List Separately In Addition To Code For Primary Procedure)	\$124.70
	Reoperation, Femoral-Popliteal Or Femoral (Popliteal) -Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels, More Than One	
35700	Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	\$131.50
35701	Exploration Of Artery Of Neck	\$393.67
	Exploration Of Artery Of Arm	\$356.33
35703	Exploration Of Artery Of Leg	\$370.62
	Francisco Of North Eng Postsonnical Plantics - Plantics - Plantics - Plantics	
35800	Exploration Of Neck For Postsurgical Bleeding, Blood Clot, Or Infection	\$611.58
35800 35820	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection	\$1,610.75
35800 35820 35840	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection	\$1,610.75 \$991.20
35800 35820 35840 35860	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Arm Or Leg For Postsurgical Bleeding, Blood Clot, Or Infection	\$1,610.75 \$991.20 \$680.68
35800 35820 35840 35860 35870	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Arm Or Leg For Postsurgical Bleeding, Blood Clot, Or Infection Repair Of Graft-Enteric Fistula	\$1,610.75 \$991.20 \$680.68 \$1,065.26
35800 35820 35840 35860 35870 35875	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Arm Or Leg For Postsurgical Bleeding, Blood Clot, Or Infection Repair Of Graft-Enteric Fistula Thrombectomy Of Arterial Or Venous Graft (Other Than Hemodialysis Graft Or Fistula);	\$1,610.75 \$991.20 \$680.68 \$1,065.26 \$523.69
35800 35820 35840 35860 35870	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection Exploration Of Arm Or Leg For Postsurgical Bleeding, Blood Clot, Or Infection Repair Of Graft-Enteric Fistula	\$1,610.75 \$991.20 \$680.68 \$1,065.26

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Code	Description CVA With Discount Of Date of the CVA With Discount Of Date Of Date of The CVA With Discount Of Date	Fee
35881	Revision Of Arterial Bypass Of Leg With Placement Of Relocated Vein, Open Procedure	\$876.96
35883	Revision Of Arterial Bypass Of Groin With Placement Synthetic Graft, Open Procedure	\$1,029.44
35884	Revision Of Arterial Bypass Of Groin With Vein Patch Graft, Open Procedure	\$1,055.57
35901	Excision Of Infected Graft; Neck	\$412.56
35903	Excision Of Infected Graft; Extremity	\$495.09
35905	Excision Of Infected Graft; Thorax	\$1,430.58
35907	Excision Of Infected Graft; Abdomen	\$1,630.65
36000	Introduction Of Needle Or Intracatheter, Vein	\$0.00
36002	Injection To Cause Blood Clot In A Diseased Or Bulging Vessel Of Arm Or Leg, Accessed Through The Skin	\$146.41
36005	Injection Procedure For Extremity Venography (Including Introduction Of Needle Or Intracatheter)	\$276.41
36010	Introduction Of Catheter, Superior Or Inferior Vena Cava	\$586.17
36011	Insertion Of Catheter Into Vein, First Order Branch	\$695.00
36012	Insertion Of Catheter Into Vein, Second Order Branch	\$725.24
36013	Introduction Of Catheter, Right Heart Or Main Pulmonary Artery	\$758.08
36014	Selective Catheter Placement, Left Or Right Pulmonary Artery	\$683.16
36015	Selective Catheter Placement, Each Segmental Or Subsegmental Pulmonary Artery	\$773.33
36100	Introduction Of Needle Or Intracatheter, Carotid Or Vertebral Artery	\$511.26
36140	Insertion Of Needle Or Catheter Into An Artery Of Arm Or Leg	\$445.41
36160	Introduction Of Needle Or Intracatheter, Aortic, Translumbar	\$534.72
36200	Introduction Of Catheter, Aorta	\$532.04
36215	Insertion Of Catheter Into Chest Or Arm Artery, Each First Order Branch	\$903.23
36216	Insertion Of Catheter Into Chest Or Arm Artery, Lacri instructed Branch	\$903.23
36217	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch	\$1,574.87
36217	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond	\$1,574.87
30210	Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels,	10.1610
36334	Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The	¢1 070 12
36221	Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	\$1,070.13
26222	Interpretation	¢1 105 06
36222	Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	\$1,185.06
36333	Insertion of Catheter into intracranial Artery on one Side of Neck For Diagnosis or Treatment including Radiological Supervision and Interpretation	¢1 610 22
36223	Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	\$1,618.32
26224	Insertion of Carneter Into Internal Carotid Artery on one side of Neck For Diagnosis of Treatment including Radiological Supervision And Interpretation	\$2,000 E7
36224	Interpretation	\$2,000.57
	Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All	
36225	Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P	\$1,535.64
36226	Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed	\$1,948.92
	Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And	
36227	Interpretation	\$229.37
	Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The	
20220		¢4 440 CC
36228	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post	\$1,410.66
36245	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch	\$1,078.13
36245 36246	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch	\$1,078.13 \$717.13
36245 36246 36247	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch	\$1,078.13 \$717.13 \$1,540.01
36245 36246	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery	\$1,078.13 \$717.13
36245 36246 36247 36248	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And	\$1,078.13 \$717.13 \$1,540.01 \$100.54
36245 36246 36247	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery	\$1,078.13 \$717.13 \$1,540.01
36245 36246 36247 36248	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation	\$1,078.13 \$717.13 \$1,540.01 \$100.54
36245 36246 36247 36248 36251	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38
36245 36246 36247 36248	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image	\$1,078.13 \$717.13 \$1,540.01 \$100.54
36245 36246 36247 36248 36251	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40
36245 36246 36247 36248 36251	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38
36245 36246 36247 36248 36251 36252 36253	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85
36245 36246 36247 36248 36251 36252 36253	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95
36245 36246 36247 36248 36251 36252 36253 36254 36260	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver)	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59
36245 36246 36247 36248 36251 36252 36253 36254 36260 36261	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82
36245 36246 36247 36248 36251 36252 36253 36254 36260 36261 36262	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Removal Of Implanted Infusion Pump	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 36299	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report
36245 36246 36247 36248 36251 36252 36253 36254 36260 36261 36262 36299 36400	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68
36245 36246 36247 36248 36251 36252 36253 36254 36260 36261 36262 3629 36400 36405	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56
36245 36246 36247 36248 36251 36252 36253 36254 36260 36261 36262 36299 36400	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Removal Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44
36245 36246 36247 36248 36251 36252 36253 36253 36260 36261 36262 36299 36400 36405 36406 36410	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Infusion Pump Removal Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient 3 Years Or Older	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23
36245 36246 36247 36248 36251 36252 36253 36253 36260 36261 36262 36299 36400 36405 36406	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Removal Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44
36245 36246 36247 36248 36251 36252 36253 36253 36260 36261 36262 36299 36400 36405 36406 36410	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Pelvic Or Leg Artery Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Ollection Of Venous Blood By Venipuncture Puncture Of Skin For Collection Of Blood Sample	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23
36245 36246 36247 36248 36251 36252 36253 36253 36260 36261 36262 36290 36400 36405 36406 36410 36415	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Intra-Arterial Infusion Pump Removal Of Implantable Intra-Arterial Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient 3 Years Or Older Collection Of Venous Blood By Venipuncture Puncture Of Skin For Collection Of Needle Or Tube (Younger Than 1 Year)	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09
36245 36246 36247 36248 36251 36252 36253 36253 36260 36261 36262 36299 36400 36405 36405 36410 36415 36416	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Pelvic Or Leg Artery Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Ollection Of Venous Blood By Venipuncture Puncture Of Skin For Collection Of Blood Sample	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85
36245 36246 36247 36248 36251 36252 36253 36253 36260 36261 36262 36299 36400 36405 36406 36410 36415 36416 36420	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Intra-Arterial Infusion Pump Removal Of Implantable Intra-Arterial Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient 3 Years Or Older Collection Of Venous Blood By Venipuncture Puncture Of Skin For Collection Of Needle Or Tube (Younger Than 1 Year)	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97
36245 36246 36247 36248 36251 36252 36253 36253 36260 36261 36260 36405 36405 36406 36410 36415 36416 36416 36420 36425	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient 3 Years Or Older Orlection Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year)	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46
36245 36246 36247 36248 36251 36252 36253 36253 36261 36260 36261 36406 36410 36415 36416 36425 36425 36430	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Supervision And Interpretation Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Infusion Pump Removal Of Implanted Infusion Pump Unilisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 36400 36410 36415 36416 36416 36425 36420 36425 36430 36425 36430	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Supervision And Interpretation Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Intra-Arterial Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Ye	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 36299 36400 36415 36416 36420 36425 36430 36450 36450 36450	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superviselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Removal Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upiper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Vein For Insertion Of Blood Sample Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year)	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 36299 36400 36410 36415 36416 36420 36425 36430 36455 36456	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Supervision And Interpretation Supervision Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Intra-Arterial Infusion Pump Removal Of Implantable Intra-Arterial Infusion Pump Removal Of Implantable Intusion Pump Removal Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Skin For Collection Of Blood Sample Incision Of Vein For Insertion Of Needle Or Tube (1 Year Or Older) Transfusion Of Blood Of Slood Products Push Blood Transfusion, Newborn Partial Exchange Blood Transfusion, Newborn	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$17.44 \$117.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51 \$90.96
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 3629 36400 36405 36410 36410 36420 36425 36430 36455 36456 36456 36456	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Supersielective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Supersielective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Vein For Insertion Of Needle Or Tube (1 Year Or Older) Transtusion Of Blood Or Blood	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51 \$90.96 \$308.76
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 36290 36405 36410 36415 36416 36425 36430 36455 36456 36450 36456 36456 36460 36465	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg., Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Supervision And Interpretation Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implanted Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Venous Blood By Venipuncture Puncture Of Skin For Collection Of Blood Sample Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein F	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51 \$90.96 \$308.76 \$1,420.64
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 36406 36410 36415 36416 36425 36430 36455 36460 36455 36466 36466 36466	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg. Middle Cerebral Artery, Post Insertion Of Catheter Into Abdorninal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdorninal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdorninal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdorninal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdorninal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implantable Intra-Arterial Infusion Pump Removal Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Venous Blood By Venipuncture Puncture Of Skin For Collection Of Blood Sample Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Needle	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51 \$90.96 \$308.76 \$1,420.64 \$1,331.01
36245 36246 36247 36248 36251 36252 36253 36253 36253 36261 36260 36261 36400 36410 36415 36416 36420 36420 36490 3645 3645 3645 3645 3645 3645 36466 36466 36468	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg. Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal Pelvic Or Leg Artery Selective Insertion Of Catheters Into Bach Additional Abdominal Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implanted Infusion Pump (Eg. For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 1 Years Insertion Of Vein For Insertion Of Meedle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Bood Sample Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Second Sample Incision Of Vein For Insertion Of Second Sample Incision Of Chemic	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51 \$90.96 \$308.76 \$1,420.64 \$1,331.01 Price by Report
36245 36246 36247 36248 36251 36252 36253 36253 36254 36260 36261 36262 36299 36400 36415 36416 36410 36415 3645 3645 3645 3645 3645 3645 3645 364	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Each Additional Abdominal, Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement (S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Supervision And Interpretation of Catheters Into Second- Or Third-Order Branches Of Arteries Of Order Kidney For Imaging Including Radiological Supervision And Interpretation Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Removal Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into User Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Younger Than 3 Years Insertion Of Needle Into Vein, Patient Year Or Order Exchange Blood Transfusion, Orther Than Newborn Exchange Blood T	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51 \$90.96 \$308.76 \$1,420.64 \$1,331.01 Price by Report
36245 36246 36247 36248 36251 36252 36253 36253 36253 36261 36260 36261 36400 36410 36415 36416 36420 36420 36490 3645 3645 3645 3645 3645 3645 36466 36466 36468	Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg. Middle Cerebral Artery, Post Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch Insertion Of Catheter Into Each Additional Abdominal Pelvic Or Leg Artery Selective Insertion Of Catheters Into Bach Additional Abdominal Pelvic Or Leg Artery Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation Insertion Of Implanted Infusion Pump (Eg. For Chemotherapy Of Liver) Revision Of Implanted Infusion Pump Unlisted Procedure, Vascular Injection Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years Insertion Of Needle Into Scalp Vein, Patient Younger Than 1 Years Insertion Of Vein For Insertion Of Meedle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Bood Sample Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year) Incision Of Vein For Insertion Of Second Sample Incision Of Vein For Insertion Of Second Sample Incision Of Chemic	\$1,078.13 \$717.13 \$1,540.01 \$100.54 \$1,395.38 \$1,502.40 \$2,189.85 \$1,900.95 \$587.59 \$371.82 \$284.54 Price by Report \$26.68 \$23.56 \$17.44 \$17.23 \$9.09 \$4.85 \$40.97 \$36.46 \$40.58 \$47.02 \$159.53 \$108.51 \$90.96 \$308.76 \$1,420.64 \$1,331.01 Price by Report

Code	Description	Fee
	Mechanochemical Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S) Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin	\$241.66
36475 36476	Radiofrequency Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance	\$1,160.88 \$299.73
36478	Laser Destruction Of Incompetent Vein Of Arm Or Leg Using Imaging Guidance, Accessed Through The Skin	\$1,059.28
36479	Laser Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance	\$286.18
36481	Insertion Of Catheter Into Portal Vein Of Liver, Accessed Through The Skin	\$1,507.01
36482	Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance	\$1,828.42
20402	Chaminal Destruction Of Incompositors Vain Of Arm Or Los Accessed Through The Skip Union Imaging Cuidence Subsequent Vain(S)	C1 1 1 1 1
36483 36500	Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S) Venous Catheterization For Selective Organ Blood Sampling	\$144.14 \$149.34
	Insertion Of Catheter Into Vein Of Navel, Newborn	\$84.24
36511	Therapeutic Apheresis; For White Blood Cells	\$102.89
	Therapeutic Apheresis; For Red Blood Cells	\$99.47
	Therapeutic Apheresis; For Platelets	\$97.22
	Therapeutic Apheresis; For Plasma Pheresis	\$620.21
36516 36522	Mechanical Separation Of Plasma And Abnormal Antibodies From Blood Photopheresis, Extracorporeal	\$1,766.52 \$1,326.04
36555	Insertion Of Central Venous Catheter For Infusion, Patient Younger Than 5 Years, Not Tunneled	\$183.12
36556	Insertion Of Central Venous Catheter For Infusion, Patient 5 Years Or Older, Not Tunneled	\$206.64
36557	Insertion Of Central Venous Catheter For Infusion, Patient Younger Than 5 Years, Tunneled	\$999.65
36558	Insertion Of Central Venous Catheter For Infusion, Patient 5 Years Or Older, Tunneled	\$895.19
36560	Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient Younger Than 5 Years	\$1,159.02
36561	Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient 5 Years Or Older	\$1,054.05
36563 36565	Insertion Of Tunneled Centrally Inserted Central Venous Access Device With Subcutaneous Pump Insertion Of Central Venous Catheters For Infusion, Two Catheters In Two Veins	\$1,050.22 \$789.50
36566	Insertion Of Central Venous Catheters For Infusion, Two Catheters In Two Veins, And Implanted Devices For Infusion Beneath The Skin	\$4,103.61
36568	Insertion of Central vehous Catheters, Two Catheters in Two Vehis, And Implanted Devices for Infusion Defreating The Skill Insertion of Peripherally Inserted Central Venous Catheter For Infusion (Picc), Patient Younger Than 5 Years	\$84.73
36569	Insertion Of Peripherally Inserted Central Venous Catheter For Infusion (Picc), Patient 5 Years Or Older	\$86.91
36570	Insertion Of Central Venous Catheter For Infusion With Port Beneath The Skin, Patient Younger Than 5 Years	\$1,259.18
36571	Insertion Of Central Venous Catheter For Infusion With Port Beneath The Skin, Patient 5 Years Or Older	\$1,207.17
36572	Insertion Of Central Venous Catheter For Infusion Using Imaging Guidance, Patient Younger Than 5 Years	\$358.76
36573 36575	Insertion Of Central Venous Catheter For Infusion Using Imaging Guidance, Patient 5 Years Or Older Repair Of Central Venous Catheter For Infusion Without A Port Or Pump	\$371.32 \$158.66
	Repair Of Central Venous Catheter For Infusion Without A Fort Of Fump	\$328.47
	Replacement Of Central Venous Catheter Device	\$410.51
	Replacement Of Central Venous Catheter, Non-Tunneled Without Port Or Pump	\$205.03
36581	Replacement Of Central Venous Catheter, Tunneled Without Port Or Pump	\$749.98
36582	Replacement Of Central Venous Catheter, Tunneled With Port Or Pump	\$943.27
36583	Replacement Of Central Venous Catheter, Non-Tunneled With Port Or Pump	\$1,100.91
36584	Replacement Of Catheter In Peripheral Vein Accessed Through Same Vein	\$284.48
36585	Replacement, Complete, Of A Peripherally Inserted Central Venous Access Device, With Subcutaneous Port, Through Same Venous Access	\$1,102.27
36589	Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump	\$156.45
	Removal Of Tunneled Central Venous Access Device, With Subcutaneous Port Or Pump, Central Or Peripheral Insertion	\$209.92
36591	Collection Of Blood Specimen From A Completely Implantable Venous Access Device	\$24.68
36592	Collection Of Blood Specimen Using Established Central Or Peripheral Catheter, Venous, Not Otherwise Specified Declotting By Thrombolytic Agent Of Implanted Vascular Access Device Or Catheter	\$26.78
36593	Deciding by Thombolytic Agent Of Implanted Vascular Access Device Of Cameter	\$30.79
36595	Mechanical Removal Of Pericatheter Obstructive Material (Eg, Fibrin Sheath) From Central Venous Device Via Separate Venous Access	\$573.23
	Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen	\$109.39
36597	Repositioning Of Previously Placed Central Venous Catheter Under Fluoroscopic Guidance	\$106.43
20500	Contrast Injection(S) For Radiologic Evaluation Of Existing Central Venous Access Device, Including Fluoroscopy, Image Documentation And	0440.70
36598 36600	Report Arterial Puncture, Withdrawal Of Blood For Diagnosis	\$116.73 \$26.88
36620	Insertion Of Arterial Catheter For Blood Sampling Or Infusion, Accessed Through The Skin	\$41.42
36625	Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Cutdown	\$96.40
36640	Insertion Of Catheter Into Artery For Prolonged Infusion Therapy	\$107.55
36660	Insertion Of Catheter Into An Artery In Navel, Newborn	\$64.85
36680	Placement Of Needle For Intraosseous Infusion	\$54.39
36800 36810	Insertion Of Cannula Connecting Vein To Vein Insertion Of Cannula Connecting Artery To Vein	\$112.54
	Repositioning Or Removal Of Cannula Connecting Artery To Vein	\$192.93 \$115.63
	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Upper Arm, Cephalic Vein	\$611.66
	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Upper Arm, Basilic Vein	\$645.92
36820	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Forearm Vein	\$643.91
36821	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Any Site As Separate Procedure	\$585.17
36022	Insertion Of Arterial And Venous Cannula(S) For Isolated Extracorporeal Circulation Including Regional Chemotherapy Perfusion To An Extremity, With Or Without Hyperthermia, With Removal Of Cannula(S) And Repair Of Arteriotomy And Venotomy Sites	¢1 244 22
36823 36825	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Autogenous Graft	\$1,244.22 \$687.91
55025	Creation of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Nonautogenous Graft (Eg, Biological	ψυστ.στ
36830	Collagen, Thermoplastic Graft)	\$590.67
36831	Removal Of Blood Clot From Dialysis Graft, Open Procedure	\$533.40
36832	Revision Of Dialysis Graft, Open Procedure	\$671.27
36833	Revision Of Dialysis Graft With Removal Of Blood Cot, Open Procedure	\$715.19
36835	Insertion Of Thomas Shunt (Separate Procedure)	\$429.64
36836	Creation Of Opening Between Artery And Vein In Arm With Single Access To Both Blood Vessels	\$7,186.98

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Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each 37,235 Additional Vessel Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio 77, 237 Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Santa Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each			
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37.239 Additional vein \$1,672.5	0700-		04 070 - :
	3/239	Additional vein	\$1,6/2.54

37241 C		Fee
	Description Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$4,040.32
	Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$6,764.85
37243	Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$8,338.85
	Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$5,960.82
37246 l	Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation, Initial Artery	\$1,966.80
37247 li	Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation, Each Additional Artery	\$563.22
37248 li	Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation Balloon Dilation Of Additional Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And	\$1,468.26
	Interpretation	\$474.94
	Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Initial Vessel	\$1,034.84
	Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Each Additional Vessel	\$164.88
	Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)	\$543.63
	Unlisted Vascular Endoscopy Procedure Ligation, Internal Jugular Vein	Price by Report \$650.71
	Ligation; External Carotid Artery	\$664.08
	Ligation; Internal Or Common Carotid Artery	\$632.00
	Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As With Selverstone Or Crutchfield Clamp	\$636.81
37607 L	Ligation Or Banding Of Angioaccess Arteriovenous Fistula	\$379.85
	Ligation Or Biopsy, Temporal Artery	\$273.77
	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Neck	\$479.09
	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Chest	\$917.89
	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Abdomen	\$1,076.40
	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Extremity	\$360.84
	Ligation Of Inferior Vena Cava Ligation Of Femoral Vein	\$1,519.60
	Ligation Of Common Iliac Vein	\$396.45 \$1,160.84
	Tying And Incision Leg Vein, Long Saphenous Vein	\$216.48
	Ligation, Division, And Stripping, Short Saphenous Vein	\$340.03
	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below	\$408.05
L	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia	\$501.35
	Tying Of Varicose Veins In One Leg, Open Procedure, Radical	\$496.55
	Tying Of Varicose Veins In One Leg, Open Procedure, Simple	\$469.40
	Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, 10-20 Incisions Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, Greater Than 20 Incisions	
37766 N	widiliple incisions for Removal Or Vancose veins Or Arm Or Leg, Greater Than 20 incisions	\$395.33
	Tuing And Ingisian Lag Vain, Short Sanhanaus Vain	\$463.55
37780 1	Tying And Incision Leg Vein, Short Saphenous Vein	\$463.55 \$205.71
37780 T 37785 L	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg	\$463.55 \$205.71 \$327.90
37780 T 37785 L 37788 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft	\$463.55 \$205.71 \$327.90 \$1,146.72
37780 T 37785 L 37788 F 37790 E	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg	\$463.55 \$205.71 \$327.90
37780 T 37785 L 37788 F 37790 E 37799 U	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03
37780 T 37785 L 37788 F 37790 E 37799 L 38100 S	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report
37780 T 37785 L 37788 F 37790 E 37799 U 38100 S 38101 S	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure)	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06
37780 T 37785 L 37788 F 37790 E 37799 L 38100 S 38101 S 38102 S 38115 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95
37780 T 37785 L 37788 F 37790 E 37799 L 38100 S 38101 S 38102 S 38115 F 38120 L	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenertomy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62
37780 T 37785 L 37788 F 37790 E 37799 U 38100 S 38101 S 38102 S 38115 F 38120 L 38129 U	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report
37780 T 37785 L 37788 F 37790 E 37790 U 38100 S 38101 S 38102 S 38115 F 38120 L 38129 U	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23
37780 1 37785 L 37788 F 37790 E 37799 L 38100 S 38101 S 38101 S 38102 S 38115 F 38120 L 38129 L 38200 H	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95
37780 1 37785 L 37788 F 37790 E 37799 L 38100 S 38101 S 38102 S 38115 F 38120 L 38200 H 38206 E	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96
37780 1 37785 L 37788 F 37788 F 37790 E 38790 L 38101 S 38101 S 38105 S 38105 D 38120 L 38120 L 38120 L 38120 L 38206 E 38206 E	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06
37780 1 37785 L 37788 F 37790 E 37790 L 38100 S 38101 S 38102 S 38115 F 38120 L 38129 L 38206 E 38206 E 38220 A 38221 E	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96
37780 1 37785 L 37785 E 37788 F 37790 E 38799 L 38100 S 38101 S 38101 F 38115 F 38120 L 38129 L 38200 E 38206 E 38202 F 38222 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Biopsy Of Bone Marrow	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39
37780 1 37785 L 37785 L 37788 F 37790 E 38799 L 38102 S 38101 S 38102 S 38115 F 38120 L 38206 E 38206 E 38221 E 38222 L	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Biopsy Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62
37780 1 37785 L 37788 F 37788 F 37790 E 38799 L 38101 S 38101 S 38102 S 38115 F 38120 L 38120 L 38120 E 38206 E 38220 F 38221 E 38222 E	Penile Revascularization, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Biopsy Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy, Per Day	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62
37780 1 37785 L 37785 L 37786 F 37790 E 37790 E 38100 S 38101 S 38102 S 38115 F 38120 L 38120 L 38120 E 38220 F 38222 F 38222 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Biopsy Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy, Per Day Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Transportation For Chimeric Antigen Receptor T-Cell (Car-T) Therapy	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62 Price by Report
37780 1 37785 L 37785 L 37786 F 37790 E 37790 E 38100 S 38101 S 38102 S 38115 F 38120 L 38200 II 38200 E 38221 E 38222 E 38222 E 38222 F 38223 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Administration Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Donor Bone Marrow For Transplantation	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62 Price by Report Price by Report Price by Report
37780 1 37785 L 37785 L 37786 F 37790 E 37790 E 38100 S 38101 S 38102 S 38115 F 38120 L 38206 E 38220 F 38222 E 38222 E 38222 F 38226 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Donor Bone Marrow For Transplantation Harvesting Of Patient Bone Marrow For Transplantation Harvesting Of Patient Bone Marrow For Transplantation	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62 Price by Report
37780 1 37785 L 37785 L 37786 F 37790 E 37790 E 38100 S 38101 S 38101 S 38102 L 38115 F 38120 L 38200 H 38200 E 38221 E 38222 C 38225 F 38226 F 38226 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenormaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Biopsy Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Donor Bone Marrow For Transplantation Harvesting Of Donor Bone Marrow For Transplantation Transplantation Of Bonor Stem Cells, Per Donor	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62 Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$248.51 \$180.63 \$176.25 \$210.58
37780 1 37785 L 37785 L 37786 F 37788 F 37790 E 38790 L 38100 S 38101 S 38101 S 38101 S 38102 L 38115 F 38120 L 38206 E 38220 F 38221 E 38222 C 38225 F 38226 F 38227 F 38227 F 38232 F 38230 F 38231 C 38231	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy, Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Bonor Bone Marrow For Transplantation Harvesting Of Donor Bone Marrow For Transplantation Transplantation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Patient Bone Marrow For Transplantation Transplantation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Patient Bone Marrow For Transplantation Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor Stem Cells, Per Donor	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62 Price by Report Price by Report Price by Report \$120.23
37780 1 37785 L 37785 L 37788 F 37790 E 37790 L 38790 L 38101 S 38101 S 38101 S 38102 L 38120 L 38120 L 38120 L 38206 E 38221 E 38222 C 38225 F 38226 F 38227 F 38228 F 38228 F 38230 F 38230 F 38231 F 38231 F 38232 F 38232 F 38232 F 38232 F 38233 F 38234 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Donor Bone Marrow For Transplantation Harvesting Of Patient Bone Marrow For Transplantation Harvesting Of Patient Bone Marrow For Transplantation Transplantation Of Donor Sone Marrow For Transplantation Transplantation Of Donor Sone Marrow For Transplantation Transplantation Of Donor White Cells (Lymphocytes) Transplantation Of Donor White Cells (Lymphocytes)	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62 Price by Report Price by Report Price by Report \$248.51 \$180.63 \$176.25 \$210.58 \$164.14 \$118.44
37780 1 37785 L 37785 L 37786 F 37787 E 37790 E 38799 L 38100 S 38101 S 38101 S 38102 L 38125 L 38206 E 38206 E 38226 F 38226 F 38227 F 38228 A 38230 L 38230 L 38231 L	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Administration Of Bone Marrow For Transplantation Transplantation Of Bone Marrow For Transplantation Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor Stem Cells (Lymphocytes) Transplantation Of Donor Stem Cells	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$155.06 \$160.39 \$172.62 Price by Report Price by Report Price by Report \$248.51 \$180.63 \$176.25 \$210.58 \$164.14 \$118.44
37780 1 37785 L 37785 L 37786 F 37787 C 37788 F 37790 E 38799 L 38100 S 38101 S 38101 S 38102 L 38120 L 38200 L 38200 E 38221 E 38222 C 38222 E 38222 F 38223 F 38224 T 38230 F 38232 F 38232 F 38232 F 38232 F 38233 F 38233 F 38234 T 38242 T 38243 T	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Biopsy Of Bone Marrow Biopsy Of Bone Marrow Biopsy Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Patient Bone Marrow For Transplantation Harvesting Of Patient Bone Marrow For Transplantation Harvesting Of Patient Bone Marrow For Transplantation Transplantation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Harvesting Of Patient Bone Marrow For Transplantation Transplantation Of Blood-Derived Stem Cells Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor White Cells (Lymphocytes) Simple Drainage Of Lymph Node Abscess Or Inflammation	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$78.96 \$155.06 \$160.39 \$172.62 Price by Report Price by Report Price by Report \$248.51 \$180.63 \$176.25 \$210.58 \$164.14 \$118.44 \$115.16 \$299.94
37780 1 37785 L 37785 L 37786 F 37787 L 37788 F 37790 E 38799 L 38100 S 38101 S 38101 S 38102 L 38120 L 38200 L 38200 E 38220 F 38221 E 38222 E 38222 E 38223 F 38224 F 38230 F 38230 F 38241 T 38241 T 38241 T 38241 T 38243 F 38243 F	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg Penile Revascularization, Artery, With Or Without Vein Graft Blockage Of Penis Vein Unlisted Procedure, Vascular Surgery Splenectomy; Total Splenectomy; Total Partial Splenectomy; Total Partial Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy Laparoscopy, Surgical, Splenectomy Unlisted Laparoscopy Procedure, Spleen Injection Procedure For Splenoportography Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous Aspiration Of Bone Marrow Diagnostic Aspirations And Biopsies Of Bone Marrow Harvesting Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Receipt And Preparation Of Blood-Derived T White Blood Cells (T Lymphocytes) For Chimeric Antigen Receptor T-Cell (Car-T) Therapy Administration Of Bone Marrow For Transplantation Transplantation Of Bone Marrow For Transplantation Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor Stem Cells, Per Donor Transplantation Of Donor Stem Cells (Lymphocytes) Transplantation Of Donor Stem Cells	\$463.55 \$205.71 \$327.90 \$1,146.72 \$443.03 Price by Report \$945.06 \$1,030.61 \$229.61 \$1,141.95 \$971.62 Price by Report \$120.23 \$79.95 \$155.06 \$160.39 \$172.62 Price by Report Price by Report Price by Report Price by Report \$248.51 \$180.63 \$176.25 \$210.58 \$164.14 \$118.44

Code		
	Description	Fee
38381	Suture And/Or Tying Chest Lymph Duct, Thoracic	\$706.06
38382	Suture And/Or Tying Chest Lymph Duct, Abdominal	\$609.29
38500	Biopsy Or Removal Of Lymph Nodes, Open Procedure	\$287.42
38505	Biopsy Or Excision Of Lymph Node; By Needle, Superficial (Eg, Cervical, Inguinal, Axillary)	\$153.13
38510	Biopsy Or Removal Of Lymph Nodes Of Neck, Open Procedure	\$452.76
38520	Biopsy Or Removal Of Lymph Nodes Of Neck, Open Procedure With Removal Of Fat Pad	\$421.87
38525	Biopsy Or Removal Of Lymph Nodes Of Under The Arm, Open Procedure	\$369.84
38530	Biopsy Or Removal Of Breast Lymph Nodes, Open Procedure	\$509.08
38531	Open Biopsy Or Excision Of Lymph Nodes In Groin	\$416.72
38542	Dissection; Deep Cervical Node Deep Jugular Node	\$477.96
38550	Removal Of Congenital Defect Of Lymph Nodes At Underarm Or Neck Without Deep Dissection	\$473.36
38555	Removal Of Congenital Defect Of Lymph Nodes At Underarm Or Neck With Deep	\$918.87
38562	Limited Lymphadenectomy For Staging (Separate Procedure); Pelvic	\$642.39
38564	Limited Lymphadenectomy For Staging (Separate Procedure); Retroperitoneal (Aortic And/Or Splenic)	\$632.72
38570	Laparoscopy, Surgical; With Retroperitoneal Lymph Node Sampling (Biopsy), Single Or Multiple	\$486.30
38571	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy	\$626.00
38572	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri-Aortic Lymph Node Sampling (Biopsy), Single Or Multiple	\$845.49
38573		\$1,105.57
38589	Unlisted Laparoscopy Procedure, Lymphatic System	Price by Report
38700	Suprahyoid Lymphadenectomy	\$723.96
	Cervical Lymphadenectomy (Complete)	
38720		\$1,219.28
38724	Removal Of Lymph Nodes, Muscle, And Tissue Of Neck	\$1,237.14
38740	Axillary Lymphadenectomy; Superficial	\$627.87
38745	Axillary Lymphadenectomy; Complete	\$786.61
1	Thoracic Lymphadenectomy By Thoracotomy, Mediastinal And Regional Lymphadenectomy (List Separately In Addition To Code For Primary	
38746	Procedure)	\$188.60
1	Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Peripancreatic, With Or Without Para-Aortic And Vena Caval Nodes	
38747	(List Separately In Addition To Code For Primary Procedure)	\$239.16
38760	Removal Of Lymph Nodes At Groin	\$750.82
38765	Removal Of Lymph Nodes At Groin And Pelvis, Superficial	\$1,174.50
38770	Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes (Separate Procedure)	\$729.55
38780	Retroperitoneal Lymphadenectomy, Extensive, Including Pelvic, Aortic, And Renal Nodes (Separate Procedure)	\$938.63
38790	Injection Procedure; Lymphangiography	
		\$73.56
38792	Injection Procedure; Radioactive Tracer For Identification Of Sentinel Node	\$72.51
38794	Cannulation, Thoracic Duct	\$268.00
	Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S), Includes Injection Of Non-Radioactive Dye, When Performed (List	
38900	Separately In Addition To Code For Primary Procedure)	\$124.01
38999	Unlisted Procedure, Hemic Or Lymphatic System	Price by Report
39000	Drainage, Biopsy, Or Removal Of Foreign Body Of Chest Cavity, Cervical	\$447.99
39010	Drainage, Biopsy, Or Removal Of Foreign Body Of Chest Cavity, Transthoracic, With Sternotomy	\$715.84
39200	Resection Of Mediastinal Cyst	\$761.06
39220	Resection Of Mediastinal Tumor	\$999.89
39401	Examination Of Chest Using An Endoscope With Biopsy	\$268.41
39402	Examination Of Chest Using An Endoscope With Lymph Node Biopsy	\$359.58
39499	Unlisted Procedure, Mediastinum	Price by Report
	Repair, Laceration Of Diaphragm, Any Approach	
39501		\$781.58
39503	Repair Of Congenital Defect Of Muscle Separating The Chest And Abdominal Cavities, Neonate	
39540	Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Acute	\$5,137.76
39541		\$5,137.76 \$763.64
	Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Chronic	\$763.64 \$832.13
39545	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic	\$763.64 \$832.13 \$813.72
39545 39560	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture)	\$763.64 \$832.13 \$813.72 \$740.70
39545	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap)	\$763.64 \$832.13 \$813.72
39545 39560	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture)	\$763.64 \$832.13 \$813.72 \$740.70
39545 39560 39561 39599	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap)	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91
39545 39560 39561 39599 40490	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report
39545 39560 39561 39599 40490	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97
39545 39560 39561 39599 40490 40500 40510	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86
39545 39560 39561 39599 40490 40500 40510 40520	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23
39545 39560 39561 39599 40490 40500 40510 40520 40525	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84
39545 39560 39561 39599 40490 40500 40510 40520 40525 40527	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89
39545 39560 39561 39599 40490 40500 40510 40520 40525 40527 40530	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76
39545 39560 39561 39599 40490 40500 40510 40520 40525 40527 40530 40650	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10
39545 39560 39561 39599 40490 40510 40520 40525 40527 40530 40650 40652	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$558.89 \$528.76 \$423.10 \$454.90
39545 39560 39561 39599 40490 40500 40510 40520 40525 40527 40530 40650 40652 40654	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30
39545 39560 39561 39599 40490 40510 40520 40525 40527 40530 40650 40652	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$558.89 \$528.76 \$423.10 \$454.90
39545 39560 39561 39599 40490 40500 40510 40520 40525 40527 40530 40650 40652 40654	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30
39545 39560 39561 39599 40490 40500 40510 40525 40525 40650 40652 40652 40654 40700	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38
39545 39560 39561 39599 40490 40500 40510 40525 40527 40650 40650 40652 40654 40700 40701	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07
39545 39560 39561 39599 40490 40500 40520 40525 40527 40630 40652 40652 40654 40700 40701 40702 40720	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth, Without A Flap	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98
39545 39560 39561 39599 40490 40500 40510 40525 40527 40530 40650 40652 40654 40700 40702 40720 40761	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth, Without A Flap Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17
39545 39560 39561 39599 40490 40500 40510 40525 40527 40530 40652 40654 40700 40701 40702 40720 40761 40799	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth, Without A Flap Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Unlisted Procedure, Lips	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17 \$980.75 Price by Report
39545 39560 39561 39599 40490 40520 40525 40527 40530 40652 40654 40700 40701 40702 40720 40799 40800	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth, Without A Flap Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Unlisted Procedure, Lips Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated	\$763.64 \$832.13 \$813.72 \$740.70 \$11,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17 \$980.75 Price by Report \$179.74
39545 39560 39561 39599 40490 40520 40520 40525 40527 40530 40652 40652 40654 40700 40701 40702 40720 40761 40799 40800 40801	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Vertical Lip Wound Extending To Half Of Lip Repair of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Unlisted Procedure, Lips Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated	\$763.64 \$832.13 \$813.72 \$740.70 \$11,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17 \$980.75 Price by Report \$179.74 \$260.30
39545 39560 39561 39599 40490 40500 40520 40525 40527 40650 40652 40652 40652 40700 40701 40702 40702 40700 40701 40709 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40700 40701 40700 40701 40700 40000	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Unlisted Procedure, Lips Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated Removal Of Embedded Foreign Body Of Mouth, Simple	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17 \$980.75 Price by Report \$179.74 \$260.30 \$180.47
39545 39560 39561 39599 40490 40500 40520 40525 40527 40530 40650 40652 40652 40700 40701 40702 40702 40700 40701 40700	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Local Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Unlisted Procedure, Lips Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated Removal Of Embedded Foreign Body Of Mouth, Simple Removal Of Embedded Foreign Body Of Mouth, Complicated	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17 \$980.75 Price by Report \$179.74 \$260.30 \$180.47 \$251.33
39545 39560 39561 39599 40490 40500 40520 40525 40527 40650 40652 40652 40652 40700 40701 40702 40702 40700 40701 40709 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40700 40701 40700 40701 40700 40701 40700 40701 40700 40701 40700 40700 40701 40700 40701 40700 40000	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unisted Procedure, Diaphragm; With Outpeak Repair (Eg, Prosthetic Material, Local Muscle Flap) Unisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Cross Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Unilisted Procedure, Lips Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated Removal Of Embedded Foreign Body Of Mouth, Simple Removal Of Embedded Foreign Body Of Mouth, Complicated Incision Of Labial Frenum (Frenotomy)	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17 \$980.75 Price by Report \$179.74 \$260.30 \$180.47
39545 39560 39561 39599 40490 40500 40520 40525 40527 40530 40650 40652 40652 40700 40701 40702 40702 40700 40701 40700	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) Unlisted Procedure, Diaphragm Biopsy Lip Vermilionectomy (Lip Shave), With Mucosal Advancement Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; Transverse Wedge Excision With Primary Closure Excision Lip; V-Excision With Primary Direct Linear Closure Removal Of Lip With Local Skin Flap Repair Removal Of Lip With Local Skin Flap Repair Resection Lip, More Than One-Fourth, Without Reconstruction Repair Of Lip And Border Repair Of Vertical Lip Wound Extending To Half Of Lip Repair Of Vertical Lip Wound Extending To Over Half Of Lip Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap Unlisted Procedure, Lips Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated Removal Of Embedded Foreign Body Of Mouth, Simple Removal Of Embedded Foreign Body Of Mouth, Complicated	\$763.64 \$832.13 \$813.72 \$740.70 \$1,105.91 Price by Report \$107.84 \$499.97 \$465.86 \$477.23 \$508.84 \$578.89 \$528.76 \$423.10 \$454.90 \$551.30 \$954.38 \$1,123.07 \$944.98 \$962.17 \$980.75 Price by Report \$179.74 \$260.30 \$180.47 \$251.33

Code	Description Excision Of Lesion Of Mucosa And Submucosa; With Simple Repair	Fee \$244.75
	Excision of Lesion of Mucosa And Submucosa; With Complex Repair	\$327.23
	Excision Of Lesion Of Mucosa, Submucosa, And Underlying Muscle	\$382.16
40818		\$352.45
40819	Excision Of Frenum, Labial Or Buccal (Frenumectomy, Frenulectomy, Frenectomy)	\$265.36
40820	Destruction Of Lesion Or Scar By Physical Methods (Eg, Thermal, Cryo, Chemical)	\$230.79
40830	Closure Of Laceration; Up To 2 Cm	\$219.70
40831	Closure Of Laceration; Over 2 Cm Or Complex	\$259.77
40840		\$816.11
40842	Vestibuloplasty; Posterior, Unilateral	\$872.94
40843	Vestibuloplasty; Posterior, Bilateral	\$1,120.35
40844 40845	Repair To Increase Depth Of Mouth, Entire Arch Repair To Increase Depth Of Mouth, Complex	\$1,399.41 \$1,389.56
	Unlisted Inner Mouth Procedure	Price by Report
	Drainage Of Abscess, Cyst, Or Blood Accumulation Of Tongue	\$142.38
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Superficial From Within The Mouth	\$217.21
41006	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Deep From Within The Mouth	\$298.68
41007	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Lip From Within The Mouth	\$314.08
41008	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Jaw Bone	\$371.79
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under Lower Teeth	\$373.82
	Incision Of Lingual Frenum (Frenotomy)	\$197.45
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Superficial From Outside Of The Mouth	\$381.03
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Lip From Outside Of The Mouth	\$451.93
	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Jaw Bone Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Teeth	\$445.61
41018 41019		\$497.22 \$450.50
	Biopsy Of Tongue, Front Two Thirds	\$450.50 \$168.94
	Biopsy Of Tongue, Back On Third	\$179.73
	Biopsy, Floor Of Mouth	\$152.24
	Removal Of Growth Of Tongue Without Suturing	\$203.54
41112	Removal Of Growth Of Tongue With Suturing, Front Two-Thirds	\$299.21
41113	Removal Of Growth Of Tongue With Suturing, Back One-Third	\$348.46
	Removal Of Growth Of Tongue With Local Tissue Flap	\$568.66
	Excision Of Lingual Frenum (Frenectomy)	\$231.15
	Excision Lesion Of Floor Of Mouth	\$301.74
	Removal Of Less Than Half Of Tongue	\$941.15
41130		\$1,230.42
	Glossectomy; Partial, With Unilateral Radical Neck Dissection Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radical Neck Dissection	\$2,006.48
	Glossectomy, Complete Or Total, With Or Without Tracheostomy, Without Radical Neck Dissection Glossectomy; Complete Or Total, With Or Without Tracheostomy, With Unilateral Radical Neck Dissection	\$2,032.04 \$2,557.38
	Removal Of Tongue, Floor Of Mouth, And Jaw Bone	\$2,041.25
	Removal Of Tongue, Floor Of Mouth, Soft Tissue, And Lymph Nodes	\$2,217.42
	Removal Of Tongue, Floor Of Mouth, Jaw Bone, Tissue, And Lymph Nodes	\$2,767.67
	Repair Of (2.5 Centimeter Or Less) Laceration To Floor Of Mouth And/Or Tongue	\$248.52
41251	Repair Of Laceration (2.5 Centimeter Or Less) Of Back Third Of Tongue	\$296.40
	Repair Of Laceration (More Than 2.5 Centimeter Or Complex) Of Tongue Or Floor Of Mouth	\$284.94
	Suture Of Tongue To Lip To Enlarge Mouth	\$435.06
41512	· · ·	\$644.49
	Repair Of Tissue Connecting Tongue To Floor Of Mouth	\$326.31
	Destruction Of Tongue Tissue, Per Session	\$899.54
	Unlisted Procedure, Tongue, Floor Of Mouth	Price by Report
41800 41805	Drainage Of Abscess, Cyst, Or Blood Accumulation Of Dental Bone Removal Embedded Foreign Body; From Soft Tissues	\$258.36 \$304.03
41805	Removal Embedded Foreign Body; From Bone	\$400.50
41820	Gingivectomy, Excision Gingiva, Each Quadrant	\$234.37
41821	Operculectomy, Excision Pericoronal Tissues	\$132.61
41822	Excision Of Fibrous Tuberosities, Dentoalveolar Structures	\$337.68
41823	Excision Of Osseous Tuberosities, Dentoalveolar Structures	\$501.86
41825	Excision Of Lesion Or Tumor (Except Listed Above), Dentoalveolar Structures Without Repair	\$212.52
41826	Removal Of Growth Of Dental Bone With Repair, Simple	\$263.99
41827	Removal Of Growth Of Dental Bone With Repair, Complex	\$416.92
41828	Excision Of Hyperplastic Alveolar Mucosa, Each Quadrant (Specify)	\$332.19
41830	Alveolectomy, Including Curettage Of Osteitis Or Sequestrectomy	\$445.90
41850	Destruction Of Tissue Abnormality Of Structure Supporting Teeth	\$58.59
	Periodontal Mucosal Grafting Reshaping Of Gum	\$165.40 \$447.20
41872	Reshaping Of Tooth Socket	\$447.20 \$371.22
41899	Unlisted Procedure, Dentoalveolar Structures	Price by Report
42000	Drainage Of Abscess Of Palate, Uvula	\$142.08
42100	Biopsy Of Palate, Uvula	\$128.78
42104	Removal Of Growth Of Roof Of Mouth Without Suturing	\$192.27
42106	Removal Of Growth Of Roof Of Mouth, With Simple Suturing	\$246.05
42107	Removal Of Growth Of Roof Of Mouth, With A Local Tissue Flap	\$434.23
42120	Resection Palate Or Extensive Resection Of Lesion	\$945.43
42140 42145	Removal Of Soft Tissue At Roof Of Mouth, Simple Removal Of Soft Tissue At Roof Of Mouth, Complex	\$276.57 \$662.42

	Description	Fee
	Destruction Of Lesion, Palate Or Uvula (Thermal, Cryo Or Chemical)	\$222.08
	Repair Of Lacerated Roof Of Mouth, 2.0 Cm Or Less	\$243.36
	Repair Laceration Of Palate; Over 2 Cm Or Complex Repair Of Defect Of Roof Of Mouth Of Soft And Hard Plate	\$312.46 \$879.20
	Repair Of Defect Of Roof Of Mouth, Alveolar Ridge, Soft Tissue	\$882.57
	Repair of Defect of Roof of Mouth, Alveolar Ridge, With Graft	\$1,018.54
	Repair of Defect Of Roof Of Mouth, Major Revision	\$669.88
	Lengthening Of Roof Of Mouth And Repair Of Cleft Palate	\$533.75
42225	Repair Of Defect Of Roof Of Mouth With Flap From The Pharynx	\$944.49
42226	Lengthening Of Roof Of Mouth With A Pharynx Flap	\$852.24
42227	Lengthening Of Palate, With Island Flap	\$793.57
42235	Lengthening Of Roof Of Mouth With Flap From The Lower Interior Nasal Septal Area	\$700.46
	Repair Nasolabial Fistula	\$808.08
	Maxillary Impression For Palatal Prosthesis	\$170.67
	Insertion Of Pin-Retained Palatal Prosthesis	\$216.47
	Unlisted Roof Of The Mouth Procedure	Price by Report
	Drainage Of Abscess Of Salivary Gland, Uncomplicated Drainage Of Abscess Of Salivary Gland, Complicated	\$193.53
	Drainage Of Lower Jaw Abscess From Within The Mouth	\$393.71 \$164.14
	Drainage Of Lower Jaw Abscess From Outside Of The Mouth	\$249.46
	Removal Of Salivary Gland Stone (Parotid) Uncomplicated Inside The Mouth	\$209.50
	Removal Of Salivary Gland (Submaxillary) Or Stone, Complicated Inside The Mouth	\$383.27
	Removal Of Salivary Gland (Parotid) Stone, Complicated	\$509.15
	Biopsy Salivary Gland; Needle	\$93.89
	Biopsy Of Salivary Gland By Incision	\$267.22
	Excision Sublingual Salivary Cyst (Ranula)	\$479.03
	Marsupialization Sublingual Salivary Cyst (Ranula)	\$350.24
	Removal Of Salivary Gland Growth Or Salivary Gland, Lateral Lobe	\$548.85
	Excision Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection And Preservation Of Facial Nerve	\$970.21
	Excision Parotid Tumor Or Parotid Gland; Total, With Dissection And Preservation Of Facial Nerve	\$1,086.35
	Excision Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sacrifice Of Facial Nerve	\$769.71
	Excision Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical Neck Dissection Excision Submandibular (Submaxillary) Gland	\$1,232.34 \$400.83
	Excision Sublingual Gland	\$415.86
	Plastic Repair Of Salivary Duct, Simple	\$427.04
	Plastic Repair Of Salivary Duct, Complicated	\$542.18
	Parotid Duct Diversion, Bilateral (Wilke Type Procedure);	\$462.71
42509	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of Both Submandibular Glands	\$760.21
	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of Both Submandibular Glands Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts	\$760.21 \$566.07
42510 42550	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography	\$566.07 \$150.53
42510 42550 42600	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula	\$566.07 \$150.53 \$520.73
42510 42550 42600 42650	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct	\$566.07 \$150.53 \$520.73 \$65.37
42510 42550 42600 42650 42660	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34
42510 42550 42600 42650 42660 42665	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63
42510 42550 42600 42650 42660 42665 42699	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report
42510 42550 42600 42650 42660 42665 42699 42700	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59
42510 42550 42600 42650 42660 42665 42699 42700 42720	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30
42510 42550 42600 42650 42660 42665 42699 42700 42720 42725	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41
42510 42550 42600 42650 42660 42665 42699 42700 42720 42725 42800	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41
42510 42550 42600 42650 42660 42665 42699 42700 42720 42725 42800 42804	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41
42510 42550 42600 42650 42660 42665 42699 42700 42720 42725 42800 42804 42806	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65
42510 42550 42600 42650 42660 42665 42699 42700 42725 42800 42804 42806 42808 42808	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99
42510 42550 42600 42650 42660 42665 42665 42700 42720 42725 42800 42804 42806 42809 42809 42810	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04
42510 42550 42600 42650 42650 42660 42669 42700 42720 42725 42800 42804 42808 42809 42810 42810	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42
42510 42550 42600 42650 42660 42669 42700 42720 42725 42800 42804 42808 42808 42815 42820	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05
42510 42550 42600 42650 42660 42665 42699 42700 42725 42800 42804 42806 42808 42809 42815 42820 42820	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy And Adenoidectomy; Age 12 Or Over	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62
42510 42550 42600 42650 42665 42669 42700 42720 42725 42800 42804 42804 42809 42810 42815 42821 42821	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy; Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67
42510 42550 42600 42650 42660 42665 42669 42700 42725 42800 42804 42806 42808 42809 42810 42815 42820 42825 42825	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Age 12 Or Over	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69
42510 42550 42600 42650 42660 42660 42699 42700 42725 42800 42804 42806 42808 42810 42815 42820 42825 42826 42830	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy, Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Age 12 Or Over Tonsillectomy, Primary Or Secondary; Age 12 Or Over Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01
42510 42550 42600 42650 42660 42665 42665 42700 42720 42725 42800 42804 42806 42808 42810 42815 42820 42820 42820 42830 42830 42830 42830 42830	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Age 12 Or Over Removal Of Adenoids Patient Age 12 Or Over, Initial Procedure	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01 \$226.45
42510 42550 42600 42650 42660 42660 42666 42669 42700 42725 42800 42804 42806 42809 42815 42820 42821 42820 42821 42826 42831 42835	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy, Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Age 12 Or Over Tonsillectomy, Primary Or Secondary; Age 12 Or Over Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01
42510 42550 42600 42650 42660 42665 42665 42700 42720 42725 42800 42804 42806 42808 42809 42810 42821 42825 42826 42831 42835 42836	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Pistula Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01 \$226.45 \$175.07
42510 42550 42600 42650 42665 42669 42700 42720 42725 42800 42810 42810 42815 42820 42821 42826 42830 42830 42830 42842	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Age 12 Or Over Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01 \$226.45 \$175.07 \$226.72
42510 42550 42600 42650 42665 42665 42665 42699 42700 42725 42800 42810 42810 42811 42820 42820 42820 42830 42830 42830 42831 42835 42836 42836 42836 42836 42836 42831 42836 42836 42844	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsiliar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Age 12 Or Over Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure Removal Of Tonsils, Tissue, Muscle, And Bone, Without Closure	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01 \$226.45 \$175.07 \$226.72
42510 42550 42600 42650 42660 42665 42660 42700 42720 42725 42800 42804 42806 42808 42810 42815 42820 42820 42830 42831 42835 42836	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, Through The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy And Adenoidectomy; Age 12 Or Over Tonsillectomy, Primary Or Secondary; Age 12 Or Over Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Local Flap	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01 \$226.45 \$175.07 \$226.72 \$947.89 \$1,285.55
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42510 42550 42600 42650 42660 42666 42669 42700 42720 42725 42800 42806 42806 42815 42820 42821 42826 42835 42836 42836 42844 42846 42840 42840 42840 42840 42850 42850 42860 42870 42840 42	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts Injection Procedure For Sialography Closure Salivary Fistula Dilation Salivary Duct Dilation And Catheterization Of Salivary Duct, With Or Without Injection Ligation Salivary Duct, Intraoral Unlisted Procedure, Salivary Glands Or Ducts Incision And Drainage Abscess; Peritonsillar Drainage Of Throat Abscess, From Outside The Mouth Drainage Of Throat Abscess, From Outside The Mouth Biopsy; Oropharynx Biopsy Of Throat Lesion Behind Nose, Simple Biopsy Of Throat Lesion Behind Nose, Complex Excision Or Destruction Of Lesion Of Pharynx, Any Method Removal Of Foreign Body From Pharynx Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues Tonsillectomy And Adenoidectomy; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Under Age 12 Tonsillectomy, Primary Or Secondary; Age 12 Or Over Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure Removal Of Adenoids Patient Age 12 Or Over, Initial Procedure Removal Of Adenoids Patient Age 12 Or Over, Initial Procedure Removal Of Tonsils, Tissue, Muscle, And Bone, Without Closure Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Local Flap Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Local Flap Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Unter Flap Excision Or Destruction Ligal Tonsil, Any Method (Separate Procedure) Limited Pharyngectomy	\$566.07 \$150.53 \$520.73 \$65.37 \$101.34 \$362.63 Price by Report \$188.59 \$387.30 \$686.41 \$150.41 \$207.65 \$230.55 \$218.93 \$181.99 \$345.04 \$519.42 \$282.05 \$294.62 \$261.67 \$248.69 \$208.01 \$226.45 \$175.07 \$226.72 \$947.89 \$1,285.55 \$2,043.37 \$179.69 \$516.36 \$1,321.14
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Code 42961	Description Control Oropharyngeal Hemorrhage (Primary Or Secondary, Eg, Posttonsillectomy); Complicated, Requiring Hospitalization	Fee \$369.29
42961	Control Of Bleeding Of Throat, Complicated	\$498.86
42970	Control Of Bleeding Of Throat With Insertion Of Packing, Uncomplicated	\$361.67
	3. ,	
42971 42972	Control Of Nasopharyngeal Hemorrhage (Primary Or Secondary, Eg, Postadenoidectomy); Complicated, Requiring Hospitalization Control Of Bleeding Of Throat With Insertion Of Packing, Complicated	\$419.57 \$470.67
42975	Evaluation Of Sleep-Disordered Breathing By Examination Of Upper Airway Using An Endoscope	\$82.96
42999	Throat, Adenoids, Or Tonsils Procedure	Price by Report
43020	Removal Of Foreign Body In Esophagus, Cervical Approach	\$509.12
43030	Incision Of Muscle At Upper Esophagus (Cricopharyngeal Muscle)	\$481.27
43045	Removal Of Foreign Body In Esophagus, With Removal Of Foreign Body	\$1,146.92
43100	Removal Of Growth Of Esophagus, Cervical Approach	\$585.99
43101	Removal Of Growth Of Esophagus, Thoracic Or Abdominal Approach	\$885.23
	Removal Of Esophagus, Without Open Chest Procedure	\$2,599.55
	Removal Of Esophagus, Without Open Chest Procedure, Including Intestine Repair	\$3,849.08
_	Removal Of Esophagus, Open Chest Procedure	\$3,021.09
43113	Removal Of Esophagus, Open Chest Procedure, Including Intestine Repair	\$3,765.93
12116	Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Microvascular Anastomosis, Obtaining The Graft And Intestinal Reconstruction	¢4 204 E7
43116	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abdominal Incision, With Or Without Proximal Gastrectomy; With	\$4,301.57
43117	Thoracic Esophagogastrostomy, With Or Without Pyloroplasty (Ivor Lewis)	\$2,837.14
	Partial Removal Of Lower Esophagus, Open Chest And Abdominal Procedure	\$3,142.45
43121	Partial Removal Of Lower Esophagus, Open Chest Procedure	\$2,485.09
43122	Partial Removal Of Lower Esophagus, Open Chest And Abdominal Procedure Or Open Abdominal Procedure	\$2,319.93
	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or Without Proximal Gastrectomy; With Colon Interposition Or Small	
43123	Intestine Reconstruction, Including Intestine Mobilization, Preparation, And Anastomosis(Es)	\$3,903.19
43124	Total Or Partial Esophagectomy, Without Reconstruction (Any Approach), With Cervical Esophagostomy	\$3,307.04
43130	Removal Of Defect In Wall Of Esophagus, Cervical Approach	\$722.10
43135	Removal Of Defect In Wall Of Esophagus, Thoracic Approach	\$1,282.44
43180	Removal Of Esophagus Tissue Using An Endoscope	\$500.41
43191	Diagnostic Examination Of Esophagus Using An Rigid Endoscope Through The Mouth	\$132.57
43192 43193	Injections Of Substance In Tissue Lining Of Esophagus Using An Endoscope Biopsy Of Esophagus Using A Rigid Endoscope Through The Mouth	\$154.32
43193	Removal Of Foreign Bodies Of Esophagus Using An Endoscope	\$153.99 \$159.80
43194	Balloon Dilation Of Esophagus Using A Rigid Endoscope	\$167.74
43196	Insertion Of Wire And Dilation Of Esophagus Using An Endoscope	\$178.42
43197	Diagnostic Examination Of Esophagus Using An Flexible Endoscope Through The Nose	\$171.51
43198	Biopsy Of Esophagus Using A Flexible Endoscope Through The Nose	\$203.96
43200	Diagnostic Examination Of Esophagus Using An Flexible Endoscope Through The Mouth	\$232.61
43201	Injections Into Esophagus Using An Endoscope	\$254.37
43202	Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth	\$315.10
43204	Injection Of Dilated Esophageal Veins Using An Endoscope	\$123.51
43205	Tying Of Esophageal Veins Using An Endoscope	\$128.75
43206	Microscopic Examination Of Esophagus Using An Endoscope	\$296.84
40040	Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An	# 000 07
	Endoscope Removal Of Tissue Lining Of Esophagus Using An Endoscope	\$386.27 \$214.40
43211 43212	Placement Of Stent On Esophagus Using An Endoscope	\$169.32
43213	Dilation Of Esophagus Using An Endoscope	\$1,195.44
	Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size	\$175.37
	Removal Of Foreign Bodies In Esophagus Using An Endoscope	\$344.98
	Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery	\$401.22
	Removal Of Esophageal Polyps Or Growths Using An Endoscope With Mechanical Snare	\$412.30
43220	Balloon Dilation Of Esophagus Using A Flexible Endoscope	\$794.60
43226	Insertion Of Guide Wire For Dilation Of Esophagus Using An Endoscope	\$377.06
43227	Control Of Esophageal Bleeding Using An Endoscope	\$582.91
43229	Destruction Of Growths Of Esophagus Using An Endoscope	\$695.31
43231	Ultrasound Examination Of Esophagus Using An Endoscope	\$145.55
43232	Ultrasound Guided Fine Needle Aspiration Or Biopsy Of Esophagus Using An Endoscope	\$182.33
43233	Balloon Dilation Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$193.92
43235	Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope Injections Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$317.16
43236 43237	Ultrasound Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$379.98 \$183.84
43237	Ultrasound Guided Needle Aspiration Or Biopsies Of Esophagus Using An Endoscope	\$217.81
43239	Biopsy Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$369.31
43240	Drainage Of Cyst Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$357.58
43241	Insertion Of Catheter Or Tube In Esophagus Stomach And/Or Upper Small Bowel Using An Endoscope	\$133.35
43242	Ultrasound Guided Needle Aspiration Or Biopsy Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$246.33
43243	Injection Of Dilated Veins Of Stomach And/Or Esophagus Using An Endoscope	\$215.95
43244	Tying Of Dilated Veins Of Stomach And/Or Esophagus Using An Endoscope	\$229.84
43245	Dilation Of Stomach Outlet Using An Endoscope	\$522.72
43246	Insertion Of Stomach Tube Using An Endoscope	\$185.75
102 10	10/5 : 5 : 0/5 0: 1 1/0 1 0 1/1	\$336.82
43247	Removal Of Foreign Bodies Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	
43247 43248	Insertion Of Guide Wire With Dilation Of Esophagus Using An Endoscope	\$364.22
43247		

Code	Description	Fee
43251	Removal Of Polyps Or Growths Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope Using A Mechanical Snare	\$435.31
43252	Microscopic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$330.56
43253	Injection Of Diagnostic Or Therapeutic Substances Or Markers In Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$225.06
43254	Removal Of Tissue Lining Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$247.05
43255	Control Of Bleeding Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$552.04
43257	Heat Delivery To Muscle At Esophagus And/Or Stomach To Treat Gastric Reflux Using An Endoscope	\$211.73
43259	Ultrasound Examination Of Esophagus, Stomach And/Or Upper Small Bowel Using An Endoscope	\$211.90
40000	Disposatio Examination Of Callibladder And Department Liver And Bits Duete Uning An Endocase Including Callection Of Specimen(C)	#204.02
43260 43261	Diagnostic Examination Of Gallbladder And Pancreatic, Liver, And Bile Ducts Using An Endoscope, Including Collection Of Specimen(S) Biopsy Of Gallbladder, Pancreatic, Liver, And Bile Ducts Using A Flexible Endoscope Via Mouth	\$301.83 \$316.65
43262	Incision Of Pancreatic Outlet Using A Flexible Endoscope Via Mouth	\$333.88
43263	Pressure Measurement Of Pancreatic Or Bile Duct Sphincter Using A Flexible Endoscope Via Mouth	\$326.48
43264	Removal Of Stone Or Debris From Bile Or Pancreatic Duct Using A Flexible Endoscope Via Mouth	\$340.46
43265	Destruction Of Stone In Bile Or Pancreatic Duct Using A Flexible Endoscope Via Mouth	\$404.75
43266	Placement Of Stent In Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$192.76
43270	Destruction Of Growths On Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$643.50
	Endoscopic Cannulation Of Papilla With Direct Visualization Of Common Bile Duct(S) And/Or Pancreatic Duct(S) (List Separately In Addition To	****
43273	Code(S) For Primary Procedure)	\$111.16
43274	Insertion Of Stent Into Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth Removal Of Stent From Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$399.64
43275 43276	Replacement Of Stent In Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$351.83 \$415.83
43277	Balloon Dilation Of Pancreatic Or Bile Duct Or Sphincter Using A Flexible Endoscope Via Mouth	\$331.68
43278	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Gallbladder And/Or Bile Ducts Using A Flexible Endoscope Via Mouth	\$395.35
43279	Laparoscopy, Surgical, Esophagomyotomy (Heller Type), With Fundoplasty, When Performed	\$1,134.81
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty (Eg, Nissen, Toupet Procedures)	\$982.25
43281	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh	\$1,390.99
43282	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh	\$1,565.54
	Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To	.
43283	Code For Primary Procedure)	\$137.46
43284	Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth	\$582.93
43285 43286	Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope	\$599.55 \$2,782.89
43287	Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope	\$3,095.69
43288	Removal Of Esophagus Using An Endoscope	\$3,269.97
43289	Unlisted Laparoscopy Procedure, Esophagus	Price by Report
43290	Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope	\$2,451.58
43291	Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope	\$415.73
43300	Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach	\$577.26
43305	Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach	\$1,003.72
	Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Thoracic Approach	\$1,294.77
43312	Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach	\$1,378.69
43313	Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), Thoracic Approach; Without Repair Of Congenital Tracheoesophageal Fistula	\$2,562.41
	Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), Thoracic Approach; With Repair Of Congenital Tracheoesophageal	
43314	Fistula	\$2,742.94
	Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen	\$1,238.80
	Repair Of Muscle At Lower Esophagus And Stomach, With Patch Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy	\$1,205.26 \$747.25
	Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy	\$981.90
43330	Repair Of Esophagus, Abdominal Approach	\$1,185.91
43331	Repair Of Esophagus, Thoracic Approach	\$1,174.51
	Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant	\$1,044.11
43333	Repair Of Paraesophageal Hernia Via Laparotomy, With Mesh Implant	\$1,143.42
43334	Repair Of Paraesophageal Hernia Via Thoracotomy, Without Mesh Implant	\$1,087.77
43335	Repair Of Paraesophageal Hernia Via Thoracotomy, With Mesh Implant	\$1,190.66
43336	Repair Of Paraesophageal Hernia Via Abdominal Incision, Without Mesh Implant	\$1,265.40
43337	Repair Of Paraesophageal Hernia Via Abdominal Incision, With Mesh Implant	\$1,347.56
13330	Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	900.00
43338 43340	Partial Removal Of Esophagus And Stomach, Abdominal Approach	\$99.00 \$1,145.46
43341	Partial Removal Of Esophagus And Stomach, Thoracic Approach	\$1,226.97
43351	Relocation Of Esophagus, Thoracic	\$1,160.79
43352	Relocation Of Esophagus, Cervical	\$939.70
43360	Reconnection Of Esophagus To Stomach After Previous Partial Removal Or Bypass Of Esophagus	\$1,960.86
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43361	Reconnection Of Esophagus To Stomach After Previous Partial Removal Or Bypass Of Esophagus, With Insertion Of Portion Of Intestine	\$2,380.14
43400	Ligation, Direct, Esophageal Varices Ligation Or Stapling At Castroscophageal Jungtion For Pro Existing Ecophageal Parferation	\$1,348.50 \$1,390.54
43405	Ligation Or Stapling At Gastroesophageal Junction For Pre-Existing Esophageal Perforation Suture Of Wound Or Injury To Esophagus, Cervical Approach	\$1,280.54
43410 43415	Suture Of Wound Or Injury To Esophagus, Cervical Approach Suture Of Wound Or Injury To Esophagus, Thoracic Or Abdominal Approach	\$946.05 \$2,240.58
TUTIO	Repair Of Abnormal Drainage Tract Of Esophagus, Cervical Approach	\$932.56
43420		
43420 43425		
43420 43425 43450	Repair Of Abnormal Drainage Tract Of Esophagus, Cervicar Approach Bilation Of Esophagus Unguided Dilation Of Esophagus Unguided	\$1,181.36
43425	Repair Of Abnormal Drainage Tract Of Esophagus, Thoracic Or Abdominal Approach	

Codo	Description	Foo
	Description Free Jejunum Transfer With Microvascular Anastomosis	Fee \$1,870.81
	Incision Of Muscle Of Lower Esophagus Using An Endoscope	\$679.30
	Unlisted Procedure, Esophagus	Price by Report
43500	Gastrotomy With Exploration Or Foreign Body Removal;	\$701.35
43501	Gastrotomy; With Suture Repair Of Bleeding Ulcer	\$1,197.58
	Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (Eg, Mallory-Weiss)	\$1,351.68
	Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intraluminal Tube (Eg, Celestin Or Mousseaux-Barbin)	\$847.52
	Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation) Biopsy Of Stomach, By Laparotomy	\$638.69 \$746.57
	Excision, Local; Ulcer Or Benign Tumor Of Stomach	\$815.96
	Excision, Local: Malignant Tumor Of Stomach	\$1,086.07
	Gastrectomy, Total; With Esophagoenterostomy	\$1,750.51
	Gastrectomy, Total; With Roux-En-Y Reconstruction	\$2,002.72
	Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type	\$2,036.45
	Partial Removal Of Stomach, With Gastroduodenostomy	\$1,321.93
	Partial Removal Of Stomach, With Gastrojejunostomy	\$1,682.61
	Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction Partial Removal Of Stomach With Creation Of Pouch	\$1,697.85
43634 43635	Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In Addition To Code(S) For Primary Procedure)	\$1,874.52 \$100.48
43640	Vagotomy And Pyloroplasty, With Or Without Gastrostomy	\$1,059.05
43641	Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Parietal Cell (Highly Selective)	\$1,070.97
		. ,
	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb 150 Cm Or Less)	\$1,775.96
	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction To Limit Absorption	\$1,888.88
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum	\$1,292.41
43648 43651	Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal	\$685.95 \$588.16
43651	Laparoscopy, Surgical, Transection Of Vagus Nerves, Trancal Laparoscopy, Surgical; Transection Of Vagus Nerves, Selective Or Highly Selective	\$683.76
43653	Creation Of Surgical Opening From Stomach To Skin (Gastrostomy) Using An Endoscope	\$537.84
43659	Unlisted Laparoscopy Procedure, Stomach	Price by Report
43752	Insertion Of Stomach Tube Through Nose Or Mouth Using Fluoroscopic Guidance	\$37.22
	Insertion Of Stomach Tube And Aspirations Of Gastric Contents	\$19.66
43754	Gastric Intubation And Aspiration, Diagnostic; Single Specimen (Eg, Acid Analysis)	\$225.15
40755	Diagnostic Insertion Of Stomach Tube And Multiple Aspirations Of Stomach Contents After Administration Of Drugs To Stimulate Stomach	0000.40
	Secretions Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance	\$200.46
43756	Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance After Administration Of Drugs To	\$273.10
43757	Stimulate Pancreatic Or Gallbladder Secretions	\$366.07
	Repositioning Of Stomach Feeding Tube Inserted Through Nose Or Mouth	\$115.76
43762	Replacement Of Stomach Stoma Tube Accessed Through Skin	\$222.14
43763	Replacement Of Stomach Stoma Tube Accessed Through Skin With Revision Of Stoma Opening	\$327.32
40770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive Device (Eg, Gastric Band And	#4 005 00
43770 43771	Subcutaneous Port Components) Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device Component Only	\$1,005.69 \$1,138.56
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device Component Only	\$844.94
40112	Expansionly, outgoon, Sachie Rounding Free House of Free House Country Device Compension Cons	ψ0++.5+
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric Restrictive Device Component Only	\$1,138.56
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device And Subcutaneous Port Components	\$854.54
	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy)	\$992.51
	Pyloroplasty	\$765.32
	Gastroduodenostomy	\$903.08
	Partial Removal Of Stomach, Without Vagotomy	\$1,118.57
	Gastrojejunostomy; With Vagotomy, Any Type	\$1,164.18
	Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding	\$585.40 \$553.43
	Creation Of Stomach Feeding Tube, Open Procedure Creation Of Stomach Feeding Tube, Open Procedure	\$553.43 \$928.59
	Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel	\$1,117.34
	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty	\$1,430.26
	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty	\$1,141.33
43845	Partial Removal Of Stomach, With Partial Gastrectomy	\$2,003.70
	Partial Removal Of Stomach, With Gastroenterostomy	\$1,466.12
	Partial Removal Of Stomach, With Small Intestine Repair Revision Of Upper Stomach Bypass, Open Procedure	\$1,603.25 \$1,710.14
	Revision of Opper Stomach Bypass, Open Procedure Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy	\$1,710.14 \$1,341.27
	Revision of Attachment of Stomach To Small Bowel, With Vagotomy	\$1,541.27
	Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy)	\$588.77
	Closure Of Gastrocolic Fistula	\$1,420.37
	Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure	\$938.05
	Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure	\$1,343.37
	Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure	\$336.05
	Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure	\$313.62 \$422.05
43888 43999	Unlisted Procedure, Stomach	\$422.05 Price by Report
	Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	\$985.82
	Duodenotomy	\$776.34

Code	Description	Fee
44045	Tube Or Needle Cethoter Join actomy For Entered Alimentation, Intropporative Any Method (List Separately In Addition To Primary Procedure)	¢126.21
44015 44020	Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure) Incision Of Small Bowel For Exploration, Biopsy, Or Foreign Body Removal	\$126.31 \$811.22
	Enterotomy, Small Bowel, Other Than Duodenum; For Decompression (Eg, Baker Tube)	
44021 44025	Enterotomy With Exploration Or Foreign Body Removal; Large Bowel	\$864.11
44025	Reduction Of Volvulus, Intussusception, Internal Hernia, By Laparotomy	\$877.32 \$771.71
44055	Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Midgut Volvulus (Eg, Ladd Procedure)	
44100	Biopsy Of Small Bowel By Capsule Attached To Tube Passed Through Mouth	\$1,353.53 \$07.67
	Excision Of One Or More Lesions Of Small Or Large Intestine Not Requiring Anastomosis, Exteriorization, Or Fistulization; Single Enterotomy	\$97.67 \$762.13
44111	Excision Of One Or More Lesions Of Small Or Large Bowel Not Requiring Anastomosis, Exteriorization, Or Fistulization; Multiple Enterotomies	\$875.86
	Partial Removal Of Small Bowel, Single Resection And Connection	\$1,057.35
	Partial Removal Of Small Bowel, Each Additional Resection And Connection	\$215.99
	Enterectomy, Resection Of Small Intestine; With Enterostomy	\$1,031.56
	Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, Without Tapering	\$2,513.91
44127	Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, With Tapering	\$2,897.87
44128	Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, Each Additional Resection And Connection	\$211.75
	Enteroenterostomy, Anastomosis Of Intestine, With Or Without Cutaneous Enterostomy (Separate Procedure)	\$1,083.40
44133	Partial Removal Of Donor Small Bowel For Transplantation, Open Procedure	Price by Report
	Intestinal Allotransplantation; From Living Donor	Price by Report
44137	Removal Of Transplanted Intestinal Allograft, Complete	\$1,406.36
	Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	
44140	Partial Removal Of Large Bowel, With Connection	\$108.22 \$1,227.43
44140	Colectomy, Partial; With Skin Level Cecostomy Or Colostomy	\$1,227.43 \$1,491.60
44141	Colectomy, Partial, With Skin Level Cecostomy Of Colostomy Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	\$1,491.60
44144	Colectomy, Partial, With End Colostomy And Closure Or Distar Segment (naturality type Procedure) Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creation Of Mucofistula	\$1,449.14
44145	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis)	\$1,512.31
	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis), With Colostomy	\$1,755.32
44147	Partial Removal Of Large Bowel, Abdominal And Transanal Approach	\$1,711.89
44150	Colectomy, Total, Abdominal, With Ileostomy Or Ileoproctostomy; Without Proctectomy	\$1,562.47
44151	Colectomy, Total, Abdominal, Without Proctectomy; With Continent Ileostomy	\$1,912.60
44155	Removal Of Large Bowel And Rectum And Creation Of Opening From End Of Small Intestine Through Wall Of Abdomen	\$1,712.83
11100	Removal Of Large Bowel And Rectum And Creation Of Opening From End Of Small Intestine Through Wall Of Abdomen, With Small Intestinal	Ψ1,712.00
44156	Reservoir For Feces Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, Includes Loop Ileostomy, And Rectal Mucosectomy, When	\$2,045.75
44157	Performed	\$1,941.03
44158	Removal Of Large Bowel And Rectum With Attachment Of Small Bowel To Anus And Creation Of Small Bowel Reservoir	\$1,988.76
44160	Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	\$1,137.52
44160 44180	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	\$1,137.52 \$842.46
44160 44180 44186	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding	\$1,137.52 \$842.46 \$599.61
44160 44180 44186 44187	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube	\$1,137.52 \$842.46 \$599.61 \$1,015.18
44160 44180 44186 44187 44188	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48
44160 44180 44186 44187 44188 44202	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89
44160 44180 44186 44187 44188 44202 44203	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41
44160 44180 44186 44187 44188 44202 44203 44204	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53
44160 44180 44186 44187 44188 44202 44203 44204 44205	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis)	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44208 44210	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44208 44210	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44208 44210 44211	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44208 44210 44211 44212	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44211 44211 44212	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,1923.92 \$2,116.38 \$168.81 \$1,704.18
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44211 44212 44213	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy,	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44210 44211 44212 44238 44238 44300	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44211 44212 44213	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy,	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,23.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86
44160 44180 44186 44187 44188 44203 44204 44205 44206 44207 44208 44210 44211 44212 44213 44227 44238 44210 44213 44214 44314 44314 44314 44316 44316 44316 44316 44316 44316 44316 44316 44316 44316 44316 44316 44316 44316 44316	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure Ileostomy Or Jejunostomy, Non-Tube Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44208 44210 44211 44212 44213 44227 44238 44310 44312 44314	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure Ileostomy Or Jejunostomy, Non-Tube Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44208 44210 44211 44212 44213 44227 44238 44310 44312 44314	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Withour Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileosanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdom	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44211 44212 44213 44213 44238 44300 44310 44310 44314 44316	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy,	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44211 44212 44213 44213 44214 44310 44310 44310 44316 44320	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure Ileostomy Or Jejunostomy, Non-Tube Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) Revision Of Ileostomy, (Kock Procedure) (Separate Procedure) Colostomy Or Skin Level Cecostomy;	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44211 44212 44213 44212 44213 44214 44314 44314 44316 44320 44322	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Proctectomy, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure Ileos	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44210 44211 44212 44213 44212 44213 44214 44314 44316 44320 44340 44340 44345	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Processing Vita Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Removed of Procedure) Laparoscopy, Surgical; Colectomy, To	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71 \$530.52
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44210 44211 44212 44213 44212 44213 44214 44314 44316 44320 44340 44340 44345	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, With Laparoscopy, Surgical	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71 \$530.52 \$941.19
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44210 44211 44212 44213 44212 44213 44214 44214 44316 44316 44320 44346 44346	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure Ileostomy (Or Splunostomy, Non-Tube Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Procedure) Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenital Megacolon) (Separate Procedure) Colostomy Or Skin Level Cecostom	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71 \$530.52 \$941.19 \$1,056.56
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44211 44211 44212 44213 44212 44213 44212 44214 44214 44214 44215 44215 44215 44216 44316	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Protectomy, With Ileoanal Anastomosis, Oreation Of Ileal Reservoir (S Or J), With Loap Ileostomy, Includes Rectal Mucosectomy, When Performed Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Colectomy, Total, A	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71 \$530.52 \$941.19 \$1,056.56 \$135.30
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44211 44211 44212 44213 44213 44214 44310 44310 44314 44316 44322 44340 44346 44360 44361	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Devotectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure Ileostomy Or Jejunostomy, Non-Tube Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Procedure) Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenital Megacolon) (Separat	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71 \$530.52 \$941.19 \$1,056.56 \$135.30 \$149.00
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44211 44212 44213 44212 44213 44214 44214 44214 44214 44214 44214 44316	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy,	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,1015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71 \$530.52 \$941.19 \$1,056.56 \$135.30 \$149.00 \$179.85
44160 44180 44186 44187 44188 44202 44203 44204 44205 44206 44207 44210 44210 44211 44212 44213 44212 44213 44214 44314 44316 44316 44346 44361 44364 44365	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding Creation Of Small Bowel Opening Using An Endoscope, Non-Tube Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Devotectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Or Ileoproctostomy Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Protectomy, With Ileostomy Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis Unlisted Laparoscopy Procedure, Intestine (Except Rectum) Insertion Of Small Bowel Tube, Open Procedure Ileostomy Or Jejunostomy, Non-Tube Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Procedure) Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenital Megacolon) (Separat	\$1,137.52 \$842.46 \$599.61 \$1,015.18 \$1,121.48 \$1,425.89 \$215.41 \$1,582.53 \$1,378.09 \$1,791.24 \$1,868.81 \$1,763.91 \$1,590.83 \$1,923.92 \$2,116.38 \$168.81 \$1,704.18 \$4,905.24 \$749.63 \$956.86 \$502.93 \$840.06 \$1,254.42 \$994.07 \$853.71 \$530.52 \$941.19 \$1,056.56 \$135.30 \$149.00 \$179.85 \$186.69

Code	Description	Fee
44369	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Small Bowel Not Including Lower Small Intestine (Ileum) Using An Endoscope	\$230.18
44370	Insertion Of Small Bowel Stent Using An Endoscope Above The Lower Small Bowel	\$243.65
44372 44373	Insertion Of Tube Into Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope Convert Stomach Tube To Tube In Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope	\$217.50 \$174.50
44373	Diagnostic Examination Of Small Bowel Including Lower Small Intestine (Ileum) With Collection Of Specimens By Brushing Or Washing, Using	\$174.50
44376	Disgripsite Examination of Small Bower including Lower Small intestine (fleutin) with Collection of Specimens by Brushing of Washing, Using	\$259.80
44377	Biopsy of Small Bowel Including The Ileum Using An Endoscope	\$273.01
44378	Control Of Bleeding Of Small Bowel Including Lower Small Intestine (Ileum) With Biopsies, Using An Endoscope	\$351.47
44379	Insertion Of Small Bowel Stent Using An Endoscope Below The Lower Small Bowel	\$373.73
	Diagnostic Examination Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body	********
44380	Wall (Ileostomy)	\$194.47
	Balloon Dilation Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall	
44381	(lleostomy)	\$965.96
	Biopsies Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall	
44382	(lleostomy)	\$264.75
44004	Insertion Of Stent Into Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall	¢4.40.04
44384	(Ileostomy) Diagnostic Examination Of Surgically Created Pouch Of Small Bowel Including Lower Small Intestine (Ileum) Using An Endoscope	\$140.34
44385 44386	Biopsy Of Small Bowel Pouch Using An Endoscope	\$191.29 \$275.10
44300	Diagnostic Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	φ275.10
44388	(Colostomy)	\$307.13
44300	Constantly	ψ307.13
44389	Biopsies Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$402.21
	Removal Of Foreign Bodies From Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From	*
44390	Body Wall (Colostomy)	\$393.71
	Control Of Bleeding Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	
44391	(Colostomy)	\$624.63
	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Hot Biopsy Forceps, Using An Endoscope Inserted Through	·
44392	Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$372.39
	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Snare, Using An Endoscope Inserted Through Surgically Created	
44394	Opening Into Large Bowel From Body Wall (Colostomy)	\$425.96
44404	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel, Using An Endoscope Inserted Through Surgically Created Opening	#0.00F.00
44401	Into Large Bowel From Body Wall (Colostomy)	\$2,325.63
44402	Insertion Of Stent Into Large Bowel, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$239.07
44402	Removal Of Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	\$239.07
44403	(Colostomy)	\$277.59
	Injections Beneath Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	Ψ211100
44404	(Colostomy)	\$411.19
	Balloon Dilation Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	•
44405	(Colostomy)	\$544.22
	Ultrasound Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall	
44406	(Colostomy)	\$209.60
	Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created	
44407	Opening Into Large Bowel From Body Wall (Colostomy)	\$251.62
44400	Decompression Of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$211.35
44408	Dilation Of Stomach And/Or Bowels Using Long Gastrointestinal Tube	\$211.35 \$17.82
44500 44602	Suture Of Small Bowel For Perforated Ulcer, Pouch, Wound, Injury Or Rupture	\$1,148.22
	Suture Of Multiple Small Bowel Ulcers, Defects, Wounds, Injuries, Or Rupture	\$1,433.04
	Suture Of Maniple Sinal Bower Olders, Defects, Wounds, Injurys, Or Rupture Suture Of Large Bower Ulcer, Defect, Wound, Injury, Or Rupture	\$894.50
44605	Suture of Large Bowel Ulcer, Defect, Wound, Injury, Or Rupture With Creation Of Opening	\$1,155.89
44615	Intestinal Stricturoplasty (Enterotomy And Enterorrhaphy) With Or Without Dilation, For Intestinal Obstruction	\$956.51
44620	Closure Of Enterostomy, Large Or Small Intestine;	\$717.89
44625	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anastomosis Other Than Colorectal	\$933.03
	-	
44626	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colorectal Anastomosis (Eg, Closure Of Hartmann Type Procedure)	\$1,631.34
44640	Closure Of Intestinal Cutaneous Fistula	\$1,147.44
44650	Closure Of Enteroenteric Or Enterocolic Fistula	\$1,185.71
44660	Closure Of Abnormal Drainage Tract Of Small Bowel, With Resection	\$1,193.30
44661	Closure Of Enterovesical Fistula; With Intestine And/Or Bladder Resection	\$1,374.53
44680	Intestinal Plication, Complete (Noble Type Operation) (Separate Procedure)	\$955.22
44700	Exclusion Of Small Intestine From Pelvis By Mesh Or Other Prosthesis, Or Native Tissue (Eg, Bladder Or Omentum)	\$901.10
44701	Intraoperative Colonic Lavage (List Separately In Addition To Code For Primary Procedure)	\$148.05
44705	Preparation Of Fecal Microbiota For Instillation, Including Assessment Of Donor Specimen	Price by Report
44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation, Including Mobilization And Fashioning Of The Superior Mesenteric Artery And Vein	¢220 £4
44715	Reconstruction Of Donor Small Bowel For Transplantation Venous Connection	\$330.61 \$238.76
44721	Reconstruction of Donor Small Bowel For Transplantation Verious Connection	\$334.25
	Small Bowel Procedure	Price by Report
	Repair Of Congenital Bowel Defect	\$657.87
44820	Excision Of Lesion Of Mesentery (Separate Procedure)	\$758.63
44850	Suture Of Mesentery (Separate Procedure)	\$671.69
	• • • • • • • • • • • • • • • • • • • •	Price by Report
44899	Procedure For Congenital Bowel Defect	
44899 44900	Drainage Of Abscess Of Appendix, Open Procedure	\$700.29
	· ·	

Code	Description	Fee
44960	Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis	\$802.45
44970	Laparoscopy, Surgical, Appendectomy	\$557.03
44979	Unlisted Laparoscopy Procedure, Appendix	\$1,657.61
45000	Drainage Of Abscess In Pelvic Region Through Rectum	\$391.44
45005	Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining	\$305.07
45020	Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum	\$521.96
45100	Biopsy Of Anal And/Or Rectal Wall Via Anus	\$261.14
	Removal Of Muscle In The Anus And Rectum Area	\$338.39
45110	ů i ů i	\$1,579.48
45111	Partial Removal Of Rectum, Open Abdominal Procedure	\$978.43
	Removal Of Rectum And Suturing Of Large Bowel To Anus, Via Incision Of Abdomen And Region Between Thighs (Combined	
45112	Abdominoperineal Approach)	\$1,665.30
	Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Or Without Loop Ileostomy	\$1,698.91
45114	Partial Removal Of Rectum, Abdominal And Transsacral Approach	\$1,606.26
45116		\$1,403.93
	Removal Of Rectum With Creation Of Small Intestinal Reservoir For Feces, Via Incision Of Abdomen And Region Between Thighs (Combined	
45119	Abdominoperineal Approach)	\$1,711.14
	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Approach; With Pull-Through Procedure And Anastomosis (Eg,	
45120	Swenson, Duhamel, Or Soave Type Operation)	\$1,420.53
45121	Removal Of Congenital Rectal Defect And Large Bowel With Multiple Biopsies, Open Abdominal And Rectal Procedure	\$1,521.95
45123	Partial Removal Of Rectum, Perineal Approach	\$1,039.98
45126	Removal Of Large Bowel, Rectum, Prostate, Urinary Structures And/Or Uterus And Cervix	\$2,468.77
45130		\$979.51
45135	Repair Of Prolapsed Rectum, Abdominal And Perineal Approach	\$1,181.68
45136	Excision Of Ileoanal Reservoir With Ileostomy	\$1,628.89
45150	Incision Of Stricture Of Rectum	\$383.28
45160	Removal Of Rectal Growth Through The Sacrum Or Tail Bone	\$915.01
45171	Removal Of Rectal Growth Through The Anus	\$586.93
45172	Removal Of Rectal Growth Through The Anus With Removal Of A Portion Of The Muscle	\$757.48
45190	Destruction Of Tumor Of Rectum Through Anus	\$653.71
45300	Diagnostic Examination Of Rectum And Lower Large Bowel Using A Rigid Endoscope	\$112.93
45303		\$929.44
45305	Biopsies Of Rectum And/Or Lower Large Bowel Using A Rigid Endoscope	\$176.58
45303	Removal Of Foreign Bodies From Rectum And/Or Lower Large Bowel Using A Rigid Endoscope	\$205.14
45307	ů ů ů i	
	71 0 0 1	\$197.39
45309	Removal Of Polyp Or Growth Of Rectum And Large Bowel Using An Endoscope With A Mechanical Snare	\$203.30
45045	Removal Of Multiple Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel By Hot Biopsy Forceps, Electric Cautery, Or Snare, Using	0040.54
	A Rigid Endoscope	\$218.51
45317	Control Of Bleeding Of Lower Large Bowel Using A Rigid Endoscope	\$193.07
45320	Destruction Of Multiple Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel Using A Rigid Endoscope	\$213.72
45321	Release Of Twisted Lower Large Bowel Using A Rigid Endoscope	\$91.32
45327	Insertion Of Stent Into Lower Large Bowel Using A Rigid Endoscope	\$103.12
45330	Diagnostic Examination Of The Lower Portion Of The Large Bowel Using An Endoscope	\$165.25
45331	Biopsy Of The Lower Large Bowel Using An Endoscope (Sigmoidoscopy)	\$254.27
45332		\$249.59
45333		\$322.28
45334	Control Of Bleeding In Lower Large Bowel Using An Endoscope	\$435.35
45335	Injections Beneath Lining Of Lower Large Bowel, Using A Flexible Endoscope	\$287.05
45337	Decompression Of Twisted Or Abnormally Dilated Lower Large Bowel, Using A Flexible Endoscope	\$104.55
l	Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And	.
45338	Interpretation	\$269.44
45340	Balloon Dilation Of Lower Large Bowel, Using A Flexible Endoscope	\$449.34
45341	Ultrasound Examination Of Lower Large Bowel , Using A Flexible Endoscope	\$113.59
45342	Fine Needle Aspirations And/Or Biopsies Of Lower Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope	\$155.16
45346	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel Using A Flexible Endoscope	\$2,251.02
45347	Insertion Of Stent Into Lower Large Bowel, Using A Flexible Endoscope	\$140.87
45349	Removal Of Lower Portion Of The Large Bowel Tissue Using An Endoscope (Sigmoidoscopy)	\$181.14
45350	Banding Of Hemorrhoids Using A Flexible Endoscope (Sigmoidoscope)	\$594.32
45378	Diagnostic Examination Of The Colon (Large Bowel) Using An Endoscope(Colonoscopy); High Risk	\$330.56
45379	Removal Of Foreign Bodies In Large Bowel (Colon) Using An Endoscope (Colonoscopy)	\$422.21
45380	Biopsy Of The Large Bowel Using An Endoscope (Colonoscopy)	\$423.35
45381	Injections Beneath Lining Of Large Bowel, Using A Flexible Endoscope	\$432.34
45382	Control Of Bleeding In Upper Large Bowel Using An Endoscope	\$584.80
45384	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Hot Biopsy Forceps, Using A Flexible Endoscope	\$473.91
45385	Removal Of Polyps Or Growths In Large Bowel Using An Endoscope (Colonoscopy) Using A Mechanical Snare	\$441.19
45386	, ., J	\$670.46
40000	Balloon Dilation Of Large Bowel Using A Flexible Endoscope	
		\$2.251.79
45388	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope	\$2,251.79 \$264.51
45388 45389	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope	\$264.51
45388 45389 45390	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy)	\$264.51 \$311.07
45388 45389 45390 45391	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy) Ultrasound Examination Of Large Bowel Using A Flexible Endoscope	\$264.51 \$311.07 \$241.54
45388 45389 45390 45391 45392	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy) Ultrasound Examination Of Large Bowel Using A Flexible Endoscope Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope	\$264.51 \$311.07 \$241.54 \$277.38
45388 45389 45390 45391 45392 45393	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy) Ultrasound Examination Of Large Bowel Using A Flexible Endoscope Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope Decompression Of Twisted Or Abnormally Dilated Large Bowel, Using A Flexible Endoscope	\$264.51 \$311.07 \$241.54 \$277.38 \$234.11
45388 45389 45390 45391 45392 45393 45395	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy) Ultrasound Examination Of Large Bowel Using A Flexible Endoscope Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope Decompression Of Twisted Or Abnormally Dilated Large Bowel, Using A Flexible Endoscope Removal Of Rectum With Creation Of Large Bowel Opening Through Using An Endoscope, Abdominoperineal Approach	\$264.51 \$311.07 \$241.54 \$277.38 \$234.11 \$1,762.56
45388 45389 45390 45391 45392 45393 45395 45397	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy) Ultrasound Examination Of Large Bowel Using A Flexible Endoscope Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope Decompression Of Twisted Or Abnormally Dilated Large Bowel, Using A Flexible Endoscope Removal Of Rectum With Creation Of Large Bowel Opening Through Using An Endoscope, Abdominoperineal Approach Removal Of Rectum Using An Endoscope, Abdominoperineal Approach	\$264.51 \$311.07 \$241.54 \$277.38 \$234.11 \$1,762.56 \$2,218.58
45388 45389 45390 45391 45392 45393 45395	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope Insertion Of Stent In Large Bowel Using A Flexible Endoscope Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy) Ultrasound Examination Of Large Bowel Using A Flexible Endoscope Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope Decompression Of Twisted Or Abnormally Dilated Large Bowel, Using A Flexible Endoscope Removal Of Rectum With Creation Of Large Bowel Opening Through Using An Endoscope, Abdominoperineal Approach	\$264.51 \$311.07 \$241.54 \$277.38 \$234.11 \$1,762.56

Code	Description	Fee
45400	Laparoscopy, Surgical; Proctopexy (For Prolapse)	\$1,188.72
45402	Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection	\$1,359.30
45499	Unlisted Laparoscopy Procedure, Rectum	Price by Report
45500	Repair Of Narrowed Rectum	\$518.56
45505	Repair Of Bulging Of Lining Of Rectum Through Anus	\$555.42
45520	Injection Of Veins In Rectum	\$159.19
45540	Fixation Of Rectum To Sacrum, Open Abdominal Procedure	\$954.32
45541	Fixation Of Rectum To Sacrum With Removal Of Large Revel Open Abdominal Procedure	\$856.14
45550 45560	Fixation Of Rectum To Sacrum With Removal Of Large Bowel, Open Abdominal Procedure Repair Of Bulging Of Rectum Into Vagina	\$1,317.04 \$631.10
45562	Exploration, Repair, And Presacral Drainage For Rectal Injury;	\$1,027.28
45563	Repair Of Rectal Wound, With Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$1,514.04
45800	Closure Of Abnormal Opening From Rectum Into Bladder	\$1,135.12
	Closure Of Rectovesical Fistula; With Colostomy	\$1,312.71
45820	Closure Of Rectourethral Fistula:	\$1,137.96
45825	Closure Of Rectourethral Fistula; With Colostomy	\$1,375.93
45900	Manual Replacement Of Bulging Of Rectum Through Anus Under Anesthesia	\$191.76
45905	Dilation Of Sphincter Of Anus Under Anesthesia	\$147.39
45910	Dilation Of Constricted Rectum Under Anesthesia	\$165.47
45915	Removal Of Impacted Stool Or Foreign Body From Rectum Under Anesthesia	\$307.35
45990	Anorectal Exam, Surgical, Requiring Anesthesia (General, Spinal, Or Epidural), Diagnostic	\$98.61
45999	Unlisted Procedure, Rectum	Price by Report
46020	Insertion Of Drain (Seton) In Anus	\$109.31
46030	Removal Of Drain (Seton) From Anus	\$248.38
46040	Drainage Of Rectal Abscess, Deep	\$480.15
46045	Incision And Drainage Of Abscess Within Wall Of Rectum Under Anesthesia	\$405.59
46050	Drainage Of Rectal Abscess, Superficial, Surrounding The Anus	\$208.86

46060	Incision And Drainage Of Abscess In Wall Of Rectum Or Between Rectum And Muscle With Incision Or Removal Of Abnormal Drainage Tract	\$465.51
46070	Incision Of Tissue Blocking Rectum Of Infant	\$252.79
46080	Incision Of Sphincter Of Anus	\$250.07
46083 46200	Incision Of External Hemorrhoid With Blood Clot (Thrombosed Hemorrhoid) Removal Of Chronic Tear (Fissure) Of Anus	\$182.84
46220	Removal Of Single External Benign Growth (Papilla Or Tag) Of Anus	\$425.10 \$220.93
46221	Removal Of External Hemorrhoids By Rubber Banding	\$249.07
	Removal Of Multiple External Benign Growths (Papillas Or Tags) Of Anus	\$278.46
46250	Hemorrhoidectomy, External, 2 Or More Columns/Groups	\$416.52
	Removal Of Single External And Internal Hemorrhoid Group	\$451.64
46257	Removal Of Single External And Internal Hemorrhoid Group And Chronic Tear (Fissure) In Anus	\$388.64
46258	Removal Of Single External And Internal Hemorrhoid Group With Removal Of Abnormal Drainage Tract In Anus	\$437.64
46260	Removal Of Multiple Internal And External Hemorrhoid Groups	\$457.31
46261	Removal Of Multiple Internal And External Hemorrhoid Groups And Chronic Tear (Fissure) In Anus	\$486.58
46262	Removal Of Multiple Internal And External Hemorrhoid Groups With Removal Of Abnormal Drainage Tract From Anus	\$534.38
46270	Repair Of Abnormal Anal Drainage Tract, Under The Skin	\$464.19
46275	Repair Of Anal Muscle And Abnormal Anal Drainage Tract, With The Sphincter	\$491.82
46280	Repair Of Anal Muscle And Abnormal Anal Drainage Tract, Across Tissue Around The Sphincter	\$460.42
46285	Repair Of Abnormal Anal Drainage Tract, Second Stage	\$534.57
46288	Repair Of Abnormal Anal Drainage Tract With Rectal Tissue Flap	\$515.76
46320	Removal Of External Hemorrhoid With Blood Clot (Thrombosed Hemorrhoid)	\$190.87
46500	Injection Of Sclerosing Solution, Hemorrhoids Or Mucosal Prolapse	\$284.39
46505	Injection Of Agent To Destroy Nerves To Internal Sphincter Of Anus	\$276.78
46600	Diagnostic Examination Of The Anus Using An Endoscope	\$104.39
46601	Diagnostic Examination Of Anus With Magnification And Chemical Agent Enhancement Using An Endoscope	\$145.27
46604	Anoscopy; With Dilation (Eg, Balloon, Guide Wire, Bougie) Anoscopy; With Biopsy, Single Or Multiple	\$635.75 \$275.20
46606 46607	Biopsies Of Anus With Magnification And Chemical Agent Enhancement Using An Endoscope	\$275.29 \$200.80
46608	Anoscopy; With Removal Of Foreign Body	\$200.80 \$282.27
46610	Anoscopy, With Removal Of Foreign Body Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Hot Biopsy Forceps Or Bipolar Cautery	\$268.69
46611	Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Snare Technique	\$218.58
46612	Anoscopy; With Removal Of Multiple Tumors, Polyps, Or Other Lesions By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique	\$322.19
	Anoscopy; With Control Of Bleeding (Eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	\$164.78
	Anoscopy; With Ablation Of Tumor(S), Polyp(S), Or Other Lesion(S) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or	
	Snare Technique	\$172.77
46700	Plastic Repair Of Anal Stricture, Adult	\$605.26
46705	Plastic Repair Of Anal Stricture, Infant	\$522.45
46706	Repair Of Abnormal Anal Drainage Tract With Tissue Glue	\$161.93
46707	Repair Of Abnormal Anal Drainage Tract With Implanted Plug	\$461.83
46710	Repair Of Abnormal Drainage Tract Or Pocket From Surgically Created Of Small Intestinal Reservoir For Feces, Via Incision Of Region Between Thighs (Combined Abdominoperineal Approach)	\$996.43
46712	Repair Of Abnormal Drainage Tract Or Pocket From Surgically Created Of Small Intestinal Reservoir For Feces, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach)	\$1,973.16
46715	Repair Of Low Imperforate Anus; With Anoperineal Fistula ("Cut-Back" Procedure)	\$506.02
46716	Repair Of Low Imperforate Anus; With Transposition Of Anoperineal Or Anovestibular Fistula	\$1,042.98
46730	Repair Of Absence Of Opening In Anus, Via Incision Of Region Between Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach)	\$1,663.78

Code	Description	Fee
	Repair Of Absence Of Opening In Anus, Via Incision Of Abdomen And Region Between Thighs And Below Sacrum (Combined Abdominal And Sacroperineal Approach)	\$2,039.29
46740	Repair Of Absence Of Opening In Anus And Abnormal Opening From Rectum Into Urethra Or Vagina, Approached Through Region Between Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach)	\$1,990.22
	Repair Of Absence Of Opening In Anus And Abnormal Opening From Rectum Into Urethra Or Vagina, Approached Through Abdomen Or	·
	Below Sacrum (Combined Abdominal And Sacroperineal Approach) Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum	\$2,230.28
	(Perineal Or Sacroperineal Approach) Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum	\$3,131.19
46746	(Combined Abdominal And Sacroperineal Approach) Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum	\$3,179.47
46748	(Combined Abdominal And Sacroperineal Approach) With Lengthening Of Vagina	\$3,731.61
	Repair Of Anal Muscle For Incontinence Or Prolapse, Adult Repair Of Anal Muscle For Incontinence Or Prolapse, Child	\$687.19 \$608.55
	Graft (Thiersch Operation) For Rectal Incontinence And/Or Prolapse	\$561.96
	Removal Of Thiersch Wire Or Suture	\$330.91
	Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Transplant	\$1,014.92
	Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Tightening	\$834.82
	Chemical Destruction Of Tissue Abnormalities Of Anus Destruction Of Tissue Abnormalities Of Anus	\$214.25
	Electrical Destruction Of Tissue Abnormalities Of Anus	\$232.85 \$251.46
46917	Laser Destruction Of Tissue Abnormalities Of Anus	\$426.14
	Removal Of Tissue Abnormalities Of Anus	\$276.15
46924	Extensive Destruction Of Tissue Abnormalities Of Anus	\$536.84
46930	Heat Destruction Of Internal Hemorrhoids	\$207.15
	Repair Of Anal Tear With Dilation Of Anal Muscle, Initial	\$254.57
	Repair Of Anal Tear With Dilation Of Anal Muscle, Subsequent Tying Of Single Internal Hemorrhoid Group	\$243.21 \$319.45
	Tying Of Single Internal Hemorrhoid Groups	\$330.78
46947	Stapling Of Internal Hemorrhoid	\$353.72
	Tying Of Arteries To Internal Hemorrhoid	\$423.42
46999	Unlisted Procedure, Anus	Price by Report
47000	Needle Biopsy Of Liver, Accessed Through The Skin	\$293.76
47001	Biopsy Of Liver, Needle; When Done For Indicated Purpose At Time Of Other Major Procedure (List Separately In Addition To Code For Primary Procedure)	\$92.52
47010	Drainage Of Liver Abscess Or Cyst, Open Procedure	\$1,083.73
	Laparotomy, With Aspiration And/Or Injection Of Hepatic Parasitic (Eg, Amoebic Or Echinococcal) Cyst(S) Or Abscess(Es)	\$1,041.27
	Biopsy Of Liver, Wedge	\$707.40
	Hepatectomy, Resection Of Liver; Partial Lobectomy	\$1,915.38
	Hepatectomy, Resection Of Liver Trisegmentectomy Hepatectomy, Resection Of Liver; Total Left Lobectomy	\$3,027.82 \$2,711.06
	Hepatectomy, Resection Of Liver; Total Right Lobectomy	\$2,910.48
	Donor Hepatectomy (Including Cold Preservation), From Cadaver Donor	Price by Report
47135	Transplantation Of Donor Liver To Anatomic Position	\$4,905.71
47140	Donor Hepatectomy (Including Cold Preservation), From Living Donor; Left Lateral Segment Only (Segments li And lii)	\$3,152.50
47141	Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Left Lobectomy (Segments li, lii And Iv)	\$3,765.96
47142	Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Right Lobectomy (Segments V, Vi, Vii And Viii)	\$4,139.12
	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation, Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Common B	\$1,563.38
	Preparation Of Donor Liver For Transplantation, With Trisegment Split Of Liver Graft Into 2 Partial Grafts	\$1,341.94
	Preparation Of Donor Liver For Transplantation, With Lobe Split Of Liver Graft Into 2 Partial Grafts Preparation Of Donor Liver For Transplantation, Venous Connection	\$2,600.89
	Preparation of Donor Liver For Transplantation, Venous Connection Preparation Of Donor Liver For Transplantation, Arterial Connection	\$286.05 \$332.91
47300	Marsupialization Of Cyst Or Abscess Of Liver	\$1,012.18
47350	Suture Of Liver Wound To Control Bleeding, Simple Suture	\$1,125.24
47360	Suturing Liver Wound To Control Bleeding, Complex Suture	\$1,663.32
47361	Suture Of Liver Wound To Control Bleeding, Exploration Of Wound With Extensive Cleaning	\$3,066.04
47362	Management Of Liver Hemorrhage; Re-Exploration Of Hepatic Wound For Removal Of Packing	\$1,322.80
47370	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	\$1,111.24 \$1,119.07
47371 47379	Unlisted Laparoscopic Procedure, Liver	\$1,118.07 Price by Report
47380	Destruction Of 1 Or More Growths On Liver, Open Procedure, Using Radiofrequency	\$1,487.05
47381	Destruction Of 1 Or More Growths On Liver, Open Procedure, Using Freezing	\$1,312.66
47382	Destruction Of 1 Or More Growths In Liver, Accessed Through The Skin, Using Radiofrequency	\$3,979.78
47383	Destruction Of 1 Or More Liver Growths, Accessed Through The Skin, Using Freezing	\$5,730.95
47399	Unlisted Procedure, Liver	Price by Report
47400 47420	Incision Or Creation Of Opening In Liver Incision Or Creation Of Opening In Gallbladder	\$1,904.47 \$1,186.27
+1 +2U	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of Calculus, With Or Without Cholecystotomy; With	ψ1,100.21
47425	Transduodenal Sphincterotomy	\$1,217.86
47460	Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Transduodenal Extraction Of Calculus (Separate Procedure)	\$1,132.53
47480	Drainage Or Removal Of Stones From Gallbladder, Open Procedure	\$788.56
47490	Cholecystostomy, Percutaneous, Complete Procedure, Including Imaging Guidance, Catheter Placement, Cholecystogram When Performed, And Radiological Supervision And Interpretation	\$284.60

Code	Description	Fee
47531	Injection Of Bile Duct For X-Ray Imaging Procedure Accessed Through The Skin Using Imaging Guidance Including Radiological Supervision And Interpretation, Existing Access	\$410.69
47532	Injection Of Bile Duct For X-Ray Imaging Procedure Accessed Through The Skin Using Imaging Guidance Including Radiological Supervision And Interpretation, New Access	\$814.53
47533	Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, External	\$1,128.78
47534	Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, Internal And External	\$1,391.00
47535	Conversion Of External Biliary Drainage Catheter To Internal-External Biliary Drainage Catheter Accessed Through The Skin Using Imaging Guidance With Study Of Bile Ducts And Radiological Supervision And Interpretation	\$859.91
47536	Replacement Of Liver Duct Drainage Catheter Accessed Through The Skin With Imaging And Radiological Supervision And Interpretation	\$693.29
47537	Removal Of Biliary Drainage Catheter, Accessed Through The Skin Using Imaging Guidance And Radiological Supervision And Interpretation Placement Of Stent Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, Existing	\$477.43
47538	Access Site Placement Of Stent Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, New	\$3,649.88
47539	Access Site	\$4,096.00
47540	Placement Of Stent And Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation	\$4,086.93
47541	Placement Of Access Device Into Biliary Tract, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation	\$1,126.28
47542	Balloon Dilation Of Bile Duct Accessed Through The Skin Using Imaging Guidance Including Radiological Supervision And Interpretation	\$481.49
47543	Biopsy Of Bile Duct Or Liver Duct Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation Removal Of Biliary Duct Or Gallbladder Stone, Accessed Through The Skin Using Imaging Guidance And Radiological Supervision And	\$378.09
47544	Interpretation	\$810.34
47550	Biliary Endoscopy, Intraoperative (Choledochoscopy) (List Separately In Addition To Code For Primary Procedure)	\$146.63
47552	Diagnostic Examination Of Bile Ducts Using An Endoscope, Accessed Through The Skin	\$247.83
47553	Biopsy Of Bile Ducts Using An Endoscope, Accessed Through The Skin	\$248.72
47554	Removal Of Bile Duct Stones Using An Endoscope, Accessed Through The Skin	\$411.27
47555	Dilation Of Bile Ducts Using An Endoscope, Accessed Through The Skin	\$295.87
47556	Dilation Of Bile Ducts With Stent Insertion Using An Endoscope, Accessed Through The Skin	\$335.16
47562	Laparoscopy, Surgical; Cholecystectomy	\$608.78
47563	Laparoscopy, Surgical; Cholecystectomy With Cholangiography	\$661.22
47564	Laparoscopy, Surgical; Cholecystectomy With Exploration Of Common Duct	\$1,009.61
47570	Laparoscopy, Surgical; Cholecystoenterostomy	\$691.78
47579	Unlisted Laparoscopy Procedure, Biliary Tract	Price by Report
47600	Cholecystectomy;	\$981.58
47605	Cholecystectomy; With Cholangiography	\$1,032.00
47610 47612	Cholecystectomy With Exploration Of Common Duct; Cholecystectomy With Exploration Of Common Duct; With Choledochoenterostomy	\$1,025.17 \$1,159.26
47620	Removal Of Gallbladder And Incision Or Repair Of Gallbladder Sphincter	\$1,220.24
47700	Exploration For Congenital Atresia Of Bile Ducts, Without Repair, With Or Without Liver Biopsy, With Or Without Cholangiography	\$950.36
47701	Portoenterostomy (Eg, Kasai Procedure)	\$1,544.41
47711	Removal Of Growth From Bile Duct External To Liver	\$1,423.04
47712	Removal Of Growth From Bile Duct Within Liver	\$1,768.24
47715	Excision Of Choledochal Cyst	\$1,108.99
	Cholecystoenterostomy; Direct	\$1,033.50
	Cholecystoenterostomy; With Gastroenterostomy	\$1,207.91
	Cholecystoenterostomy; Roux-En-Y	\$1,171.64
47741	Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy	\$1,314.12
	Connection Of Bile Duct External To Liver To Small Intestine	\$1,866.72
47765	Connection Of Bile Duct Within Liver To Small Intestine	\$2,675.42
47780	End-To-Side Connection Of Bile Duct External To Liver To Small Intestine	\$2,020.01
47785	End-To-Side Connection Of Bile Duct Within Liver To Small Intestine	\$2,848.02
	Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anastomosis	\$1,379.62
47801	Placement Of Choledochal Stent	\$998.55
47900	Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Procedure)	\$1,214.99
47999	Unlisted Procedure, Biliary Tract	Price by Report
	Insertion Of External Drains From Gallbladder, Bile Duct And Small Bowel For Acute Pancreatitis	\$1,665.68
	Insertion Of External Drains Around Pancreas For Acute Pancreatitis	\$2,035.55
	Removal Of Pancreatic Calculus	\$1,051.60
	Biopsy Of Pancreas, Open Procedure	\$786.36
48102	Needle Biopsy Of Pancreas, Accessed Through The Skin	\$464.11
48105	Debride/Resect Pancreas	\$2,523.13
48120	Excision Of Lesion Of Pancreas (Eg, Cyst, Adenoma)	\$981.55
48140 48145	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancreaticojejunostomy Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreaticojejunostomy	\$1,359.94 \$1,447.90
48146	Partial Removal Of Pancreas With Connection Of Pancreas To Small Bowel, With Preservation Of First Part Of Small Intestine (Duodenum)	\$1,679.70
48148	Excision Of Ampulla Of Vater	\$1,113.77
48148 48150	Excision Of Ampulla Of Vater Partial Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel	\$1,113.77 \$2,830.03
48148 48150 48152	Excision Of Ampulla Of Vater Partial Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel Partial Removal Of Pancreas, Bile Duct And Small Bowel Without Connection Of Pancreas To Small Bowel	\$1,113.77 \$2,830.03 \$2,558.17
48148 48150	Excision Of Ampulla Of Vater Partial Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel	\$1,113.77 \$2,830.03

Code	Description	Fee
48155	Pancreatectomy, Total;	\$1,622.43
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	Price by Report
48400	Injection Procedure For Intraoperative Pancreatography (List Separately In Addition To Code For Primary Procedure)	\$93.32
48500	Marsupialization Of Pancreatic Cyst	\$1,029.04
48510	Insertion Of Drain From Pancreatic Cyst Into Abdominal Cavity, Open Procedure	\$982.47
48520	Creation Of Drainage Tract From Pancreatic Cyst To Small Bowel, Direct	\$979.00
48540	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Roux-En-Y	\$1,160.04
48545	Pancreatorrhaphy For Injury	\$1,196.50
48547	Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury	\$1,585.82
48548	Pancreaticojejunostomy Side To Side	\$1,481.56
48550	Donor Pancreatectomy (Including Cold Preservation), With Or Without Duodenal Segment For Transplantation	Price by Report
40554	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Including Dissection Of Allograft From	CO 40 07
48551	Surrounding Soft Tissues, Splenectomy, Duodenotomy, Ligation Of Bile Duct, Ligation Of Mesenteric Vessels, And Y-Gr Preparation Of Donor Pancreas For Transplantation, Each	\$242.27
48552	Transplantation Of Pancreatic Allograft	\$205.32
48554 48556	Removal Of Transplanted Pancreatic Allograft	\$2,334.93 \$1,149.53
48999	Unlisted Procedure, Pancreas	Price by Report
49000	Exploratory Laparotomy, Exploratory Celiotomy (Separate Procedure)	\$708.25
49002	Reopening Of Recent Laparotomy	\$857.41
49010	Exploration, Retroperitoneal Area (Separate Procedure)	\$774.72
49013	Exploration And Packing Of Wound In Pelvic Region	\$398.72
49014	Re-Exploration Of Wound In Pelvic Region With Removal Of Wound Packing And Repacking, If Necessary	\$340.43
49020	Drainage Of Abdominal Abscess Or Infection, Open Procedure	\$1,315.09
49040	Drainage Of Abscess Of Muscle Separating Chest And Abdomen (Diaphragm), Open Procedure	\$898.04
49060	Drainage Of Abscess Behind Abdominal Cavity, Open Procedure	\$905.37
49062	Drainage Of Accumulated Abdominal Lymph Fluid, Open Procedure	\$685.51
49082	Abdominal Paracentesis (Diagnostic Or Therapeutic); Without Imaging Guidance	\$207.47
49083	Abdominal Paracentesis (Diagnostic Or Therapeutic); With Imaging Guidance	\$285.82
49084	Peritoneal Lavage, Including Imaging Guidance, When Performed	\$94.36
49180	Needle Biopsy Of Abdominal Cavity Growth, Accessed Through The Skin	\$152.33
49185	Injection Of Abnormal Fluid Accumulation Using Imaging Guidance With Radiological Supervision And Interpretation	\$1,229.74
49186	Removal Or Destruction Of Growth(S) In The Abdomen, 5.0 Cm Or Less	\$1,070.76
49187	Removal Or Destruction Of Growth(S) In The Abdomen, 5.1 To 10.0 Cm	\$1,356.58
49188	Removal Or Destruction Of Growth(S) In The Abdomen, 10.1 To 20.0 Cm	\$1,621.81
49189	Removal Or Destruction Of Growth(S) In The Abdomen, 20.1 To 30.0 Cm	\$1,884.46
49190	Removal Or Destruction Of Growth(S) In The Abdomen, More Than 30.0 Cm	\$2,324.59
49215	Excision Of Presacral Or Sacrococcygeal Tumor	\$1,836.68
49250	Umbilectomy, Omphalectomy, Excision Of Umbilicus (Separate Procedure)	\$534.43
49255	Omentectomy, Epiploectomy, Resection Of Omentum (Separate Procedure)	\$670.53
	Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without Collection Of Specimen(S) By Brushing Or Washing	
49320	(Separate Procedure)	\$305.78
49321	Laparoscopy, Surgical; With Biopsy (Single Or Multiple)	\$320.76
40000	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Aspiration Of Cavity Or Cyst (Eg, Ovarian Cyst) (Single Or Multiple)	¢2.47.55
49322 49323	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Drainage Of Lymphocele To Peritoneal Cavity	\$347.55 \$569.38
49324	Laparoscopy, Surgicial With Insertion Of Tunneled Intraperitoneal Catheter	\$354.42
10021	Lapaorscopy Surgical; With Revision Of Previously Placed Intraperitoneal Connula Or Catheter, With Removal Of Intraluminal Material	φοσ 1.12
49325	Performed	\$368.12
49326	Laparoscopy, Surgical; With (Omental Tacking Procedure)(List Separately In Addition To Code For Primary Procedure)	\$167.77
	Laparoscopy, Surgical; With Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Intra-	
49327	Abdominal, Intrapelvic, And/Or Retroperitoneum, Including Imaging Guidance, If Performed, Single Or Multiple (List Sep	\$113.75
49329	Unlisted Laparoscopy Procedure, Abdomen, Peritoneum And Omentum	Price by Report
49400	Injection Of Air Or Contrast Into Peritoneal Cavity (Separate Procedure)	\$143.81
49402	Removal Of Perit. Body From Cavity	\$760.63
49405	Fluid Collection Drainage By Catheter Using Imaging Guidance, Accessed Through The Skin	\$968.15
49406	Fluid Collection Drainage Of The Abdominal Region By Catheter Using Imaging Guidance, Accessed Through The Skin	\$774.82
49407	Fluid Collection Drainage By Catheter Using Imaging Guidance, Accessed Through Vagina Or Rectum	\$658.59
49411	Insertion Of Devices In Abdominal Cavity For Radiation Therapy Guidance, Accessed Through The Skin	\$470.02
49412	Insertion Of Devices For Radiation Therapy Guidance In Abdominal Cavity, Open Procedure	\$71.79
40	Insertion Of Tunneled Intraperitoneal Catheter (Eg, Dialysis, Intraperitoneal Chemotherapy Instillation, Management Of Ascites), Complete	
49418	Procedure, Including Imaging Guidance, Catheter Placement, Contrast Injection When Performed, And Radiological	\$1,073.06
49419	Insertion Of Tunneled Intraperitoneal Catheter, With Subcutaneous Port (Ie, Totally Implantable)	\$382.92
49421 49422	Insertion Of Abdominal Cavity Catheter For Drainage Or Dialysis, Open Procedure Removal Of Tunneled Intraperitoneal Catheter	\$198.62 \$199.49
49422	Exchange Of Previously Placed Abscess Or Cyst Drainage Catheter Under Radiological Guidance (Separate Procedure)	\$199.49
49423	Contrast Injection For Assessment Of Abscess Or Cyst Via Previously Placed Drainage Catheter Or Tube (Separate Procedure)	\$176.44
49425	Insertion Of Peritoneal-Venous Shunt	\$654.00
49426	Revision Of Peritoneal-Venous Shunt	\$600.51
49427	Injection Procedure (Eg, Contrast Media) For Evaluation Of Previously Placed Peritoneal-Venous Shunt	\$35.03
49428	Ligation Of Peritoneal-Venous Shunt	\$384.15
49429	Removal Of Peritoneal-Venous Shunt	\$407.33
49435	Insertion Of Abdominal Cavity Catheter Extension, Beneath The Skin	\$103.49
49436	Creation Of Exit Site For Catheter In Abdominal Cavity	\$487.38
	Insertion Of Stomach Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$907.25
49440		
49440	Insertion Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast Insertion Of Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$929.87

Code	Description	Fee
49446	Conversion Of Stomach Tube To Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$872.78
	Replacement Of Stomach Or Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$652.62
49451 49452	Replacement Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast Replacement Of Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$696.78 \$844.64
	Mechanical Removal Of Obstructive Material From Stomach, Large, Or Small Bowel Tube Using Fluoroscopic Guidance	\$677.87
49465	Contrast Injections For X-Ray Imaging Through Existing Tube In Stomach, Small Bowel Or Large Bowel, Accessed Through Skin	\$134.25
73703	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Post-	ψ104.20
49491	Conceptual Age, With Or Without Hydrocelectomy; Reducible	\$735.99
49492	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Post- Conceptual Age, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	\$856.60
49492	Repair, Initial Inguinal Hernia, Full Term Infant Under Age 6 Months, Or Preterm Infant Over 50 Weeks Postconceptual Age And Under Age 6	φ650.00
49495	Months At The Time Of Surgery, With Or Without Hydrocelectomy; Reducible	\$379.39
	Repair Initial Inquinal Hernia, Under Age 6 Months, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	\$554.26
49500	Repair Initial Inquinal Hemia, Age 6 Months To Under 5 Years, With Or Without Hydrocelectomy; Reducible	\$389.69
49501	Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	\$538.85
49505	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Reducible	\$485.26
49507	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Incarcerated Or Strangulated	\$540.78
49520	Repair Of Groin (Inguinal) Hernia That Is Not Trapped	\$551.50
	Repair Of Trapped Or Strangulated Groin Hernia (Inguinal)	\$601.02
	Repair Inguinal Hernia, Sliding, Any Age	\$514.86
	Repair Lumbar Hernia	\$607.03
	Repositioning Of Initial Femoral Groin Hernia, Not Trapped	\$517.47
	Repositioning Of Initial Femoral Groin Hernia, Trapped	\$567.40
	Repositioning Of Recurrent Femoral Groin Hernia, Not Trapped	\$542.29 \$647.29
49557 49591	Repositioning Of Recurrent Femoral Groin Hernia, Trapped Initial Repair Of Sliding Hernia Of Abdomen, Less Than 3 Cm In Length	\$647.28 \$282.96
49591	Initial Repair Of Stiding Hernia Of Abdomen, Less Than 3 Cm In Length Initial Repair Of Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length	\$282.96 \$392.43
49592	Initial Repair Of Entrapped Hernia Of Abdomen, Less Trian 3 Cm in Length	\$392.43 \$473.11
49594	Initial Repair Of Situling Nethia Of Abdomen, 3-10 Cm In Length	\$614.77
49595	Initial Repair Of Sliding Hernia Of Abdomen, More Than 10 Cm In Length	\$635.96
49596	Initial Repair Of Entrapped Hernia Of Abdomen, More Than 10 Cm In Length	\$844.66
49600	Repair Of Small Omphalocele, With Primary Closure	\$658.41
49605	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, With Or Without Prosthesis	\$4,972.16
49606	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, In Operating Room	\$1,034.71
49610	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, First Stage	\$621.60
	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, Second Stage	\$549.48
	Repair Of Recurrent Sliding Hernia Of Abdomen, Less Than 3 Cm In Length	\$349.03
	Repair Of Recurrent Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length	\$471.90
	Repair Of Recurrent Sliding Hernia Of Abdomen, 3-10 Cm In Length	\$527.88
	Repair Of Recurrent Entrapped Hernia Of Abdomen, 3-10 Cm In Length	\$707.74
49617	Repair Of Recurrent Sliding Hernia Of Abdomen, More Than 10 Cm In Length	\$731.23
	Repair Of Recurrent Entrapped Hernia Of Abdomen, More Than 10 Cm In Length Repair Of Sliding Hernia Next To Stoma	\$1,022.67 \$617.49
	Repair Of Entrapped Hernia Next To Stoma	\$761.98
	Removal Of Mesh At Same Time As Hernia Repair	\$164.01
49650	Laparoscopy, Surgical; Repair Initial Inguinal Hernia	\$403.61
49651	Laparoscopy, Surgical; Repair Recurrent Inguinal Hernia	\$526.06
49659	Unlisted Laparoscopy Procedure, Hernioplasty, Herniorrhaphy, Herniotomy	\$1,284.66
	Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence	\$693.87
	Omental Flap, Extra-Abdominal (Eg, For Reconstruction Of Sternal And Chest Wall Defects)	\$1,285.85
49905	Omental Flap, Intra-Abdominal (List Separately In Addition To Code For Primary Procedure)	\$317.46
49906	Free Omental Flap With Microvascular Anastomosis	\$2,050.78
49999	Unlisted Procedure, Abdomen, Peritoneum And Omentum	Price by Report
50010	Renal Exploration, Not Necessitating Other Specific Procedures	\$643.27
50020	Incision And Drainage Of Kidney Abscess, Open Procedure	\$924.27
50040 50045	Nephrostomy, Nephrotomy With Drainage Incision Into Kidney With Exploration	\$841.79 \$848.23
50045	Nephrolithotomy; Removal Of Calculus	\$848.23 \$1,034.20
50065	Removal Of Kidney Stone With Secondary Operation For Calculus	\$1,034.20
50070	Nephrolithotomy; Complicated By Congenital Kidney Abnormality	\$1,074.92
	Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy)	\$1,320.57
	Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin	\$825.98
50081	Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin	\$1,193.27
50100	Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure)	\$963.55
50120	Incision Into Renal Pelvis Of A Kidney With Exploration	\$863.29
E040E	Incision Into Renal Pelvis Of A Kidney With Drainage	\$893.53
50125	Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus	\$938.36
50130		
50130 50200	Needle Biopsy Of Kidney, Accessed Through The Skin	\$450.93
50130 50200 50205	Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney	\$672.66
50130 50200	Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure	<u> </u>
50130 50200 50205 50220	Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same	\$672.66 \$950.64
50130 50200 50205	Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same Kidney	\$672.66
50130 50200 50205 50220 50225	Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same Kidney Removal Of Kidney, Lymph Nodes, And/Or Blood Clot From Major Vein (Vena Cava) With Partial Removal Of Urinary Duct (Ureter), Open	\$672.66 \$950.64 \$1,085.47
50130 50200 50205 50220 50225	Needle Biopsy Of Kidney, Accessed Through The Skin Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same Kidney	\$672.66 \$950.64

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Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/Or Other Plastic Procedure, Unilateral Or Bilateral (One Operation) \$1,040.85 50541 Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed \$1,058.78 \$32.01 \$1,058.78 \$2,058.42 Laparoscopy, Surgical; Pyeloplasty \$1,166.68 \$356.545 Removal Of Kidney And Lymph Nodes Using An Endoscope \$1,254.54 \$44 Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy \$1,132.16 \$50546 Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy \$1,132.16 \$50547 Laparoscopy, Surgical; Nephrectomy (Including Cold Preservation), From Living Donor \$1,682.80 \$50548 Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy \$1,260.71 \$50549 Unlisted Laparoscopy Procedure, Renal Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office Renal Endoscopy Through Setablished Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusi			
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Code	Description Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	Fee
50574	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	\$507.26
50575	Service; With Endopyelotomy (Includes Cystoscopy, Ureteroscopy, Dilation Of Ureter And Ureteral Pelvic Junction, In Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	\$640.85
50576	Service; With Fulguration, With Or Without Biopsy Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	\$505.95
50580	Service; With Removal Of Foreign Body Or Calculus	\$545.02
50590	Lithotripsy, Extracorporeal Shock Wave	\$716.09
50592 50593	Destruction Of 1 Or More Growths In One Kidney, Accessed Through The Skin Destruction Of Growths In One Kidney, Accessed Through The Skin	\$2,734.10 \$4,112.64
50600	Ureterotomy With Exploration Or Drainage (Separate Procedure)	\$851.84
50605	Ureterotomy For Insertion Of Indwelling Stent, All Types	\$894.46
50606	Biopsy Of Urinary Duct Using Imaging Guidance With Radiological Supervision And Interpretation	\$466.99
50610	Ureterolithotomy; Upper One-Third Of Ureter	\$857.84
50620	Ureterolithotomy; Middle One-Third Of Ureter	\$820.73
50630	Ureterolithotomy; Lower One-Third Of Ureter	\$811.14
50650	Ureterectomy, With Bladder Cuff (Separate Procedure)	\$942.78
50660	Ureterectomy, Total, Ectopic Ureter, Combination Abdominal, Vaginal And/Or Perineal Approach	\$1,037.25
50684	Injection Procedure For Ureterography Or Ureteropyelography Through Ureterostomy Or Indwelling Ureteral Catheter	\$123.66
50686	Manometric Studies Through Ureterostomy Or Indwelling Ureteral Catheter Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit	\$134.61 \$70.91
50688 50690	Injection Of Bladder And Urinary Duct (Ureter) For X-Ray Imaging	\$106.55
50690	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation,	\$100.55
50693	With Existing Access Site Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation,	\$1,086.86
50694	With New Access Site Without Separate Catheter	\$1,217.03
50695	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, With New Access Site And Separate Catheter	\$1,298.00
50700	Ureteroplasty, Plastic Operation On Ureter (Eg, Stricture)	\$842.44
50705	Occlusion Of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision And Interpretation	\$1,777.79
50706	Balloon Dilation Treatment Of Stricture Of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision And Interpretation	\$812.31
50715	Ureterolysis, With Or Without Repositioning Of Ureter For Retroperitoneal Fibrosis	\$1,085.33
50722	Ureterolysis For Ovarian Vein Syndrome	\$925.18
50725	Ureterolysis For Retrocaval Ureter, With Reanastomosis Of Upper Urinary Tract Or Vena Cava	\$1,000.03
50727	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy);	\$468.36
50728	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); With Repair Of Fascial Defect And Hernia	\$662.58
50740	Connection Of Urinary Duct (Ureter) To Kidney To Dilated Upper End Of Urine Collecting Duct Within Kidney (Renal Pelvis)	\$1,088.55
50750	Connection Of Urinary Duct (Ureter) To Kidney To Urine-Collecting Space Within Kidney (Renal Calyx)	\$1,046.20
50760 50770	Ureteroureterostomy Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter	\$1,056.63 \$1,046.20
50770	Ureteroneocystostomy; Anastomosis Of Oreter To Contidateral Ofeter Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder	\$1,046.20
50782	Ureteroneocystostomy; Anastomosis Of Duplicated Ureter To Bladder	\$1,015.04
50783	Ureteroneocystostomy; With Extensive Ureteral Tailoring	\$1,022.85
50785	Ureteroneocystostomy; With Vesico-Psoas Hitch Or Bladder Flap	\$1,099.09
50800	Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine	\$840.71
50810	Connection Of Urinary Duct (Ureter) To Large Bowel With Creation Of Intestinal Reservoir For Urine And Opening From Reservoir Through Wall Of Abdomen Or Region Between Thighs	\$1,251.71
50815	Connection Of Urinary Duct (Ureter) To Large Bowel	\$1,112.65
50820	Ureteroileal Conduit (Ileal Bladder), Including Intestine Anastomosis (Bricker Operation)	\$1,235.64
50825	Continent Diversion, Including Intestine Anastomosis Using Any Segment Of Small And/Or Large Intestine (Kock Pouch Or Camey Enterocystoplasty)	\$1,492.23
	Urinary Undiversion (Eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoidostomy Or Ureteroenterostomy With Ureteroureterostomy Or Ureteroneo- Cystostomy)	
50830 50840	Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intestine Anastomosis	\$1,631.27 \$1,118.32
50840	Cutaneous Appendico-Vesicostomy	\$1,118.32
50860	Ureterostomy, Transplantation Of Ureter To Skin	\$895.25
50900	Ureterorrhaphy, Suture Of Ureter (Separate Procedure)	\$768.01
50920	Closure Of Ureterocutaneous Fistula	\$802.49
50930	Closure Of Ureterovisceral Fistula (Including Visceral Repair)	\$999.71
50940	Deligation Of Ureter	\$808.06
50945	Laparoscopy, Surgical, Ureterolithotomy	\$881.11
50947	Laparoscopy, Surgical; Ureteroneocystostomy With Cystoscopy And Ureteral Stent Placement	\$1,302.29
50948	Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral Stent Placement	\$1,153.76
50949	Unlisted Laparoscopy Procedure, Ureter Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	Price by Report
50951	Service; Office Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	\$348.81
50953	Service; With Ureteral Catheterization, Office Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	\$368.68
50955	Service; With Biopsy, Office Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	\$392.57
50957	Service; With Fulguration, With Or Without Biopsy, Office Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic	\$396.17
50961	Service; With Removal Of Foreign Body Or Calculus, Office	\$358.21

Code	Description	Fee
50970	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	\$333.19
50972	Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Mid Ureter Level	\$322.06
50974	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	\$424.75
50976	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy	\$418.64
50980	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus	\$320.10
51020	Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material	\$431.45
51040	Cystostomy, Cystotomy With Drainage	\$281.62
51045	Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure)	\$459.23
51050	Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection	\$431.67
51060	Transvesical Ureterolithotomy	\$533.37
51065	Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus	\$531.08
51080	Drainage Of Perivesical Or Prevesical Space Abscess	\$374.91
51100	Aspiration Of Bladder; By Needle	\$69.70
	Aspiration Of Bladder; By Trocar Or Intracatheter Aspiration Of Bladder; With Insertion Of Suprapubic Catheter	\$151.11
51102	Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	\$208.76 \$607.89
51500	Cystotomy; For Simple Excision Of Vesical Neck (Separate Procedure)	\$545.15
51525	Cystotomy, For Excision of Bladder Diverticulum, Single Or Multiple (Separate Procedure)	\$781.89
51530	Cystotomy; For Excision Of Bladder Tumor	\$702.43
51535	Incision, Removal, Or Repair Of Abnormal Drainage Tract From Bladder Into Bowel	\$710.71
51550	Partial Removal Of Bladder, Simple	\$872.79
51555	Partial Removal Of Bladder, Complicated	\$1,142.77
51565	Cystectomy, Partial, With Reimplantation Of Ureter(S) Into Bladder (Ureteroneocystostomy)	\$1,170.17
51570	Complete Removal Of Bladder	\$1,383.74
51575	Complete Removal Of Bladder And Lymph Nodes On Both Sides Of Pelvis	\$1,647.16
51580	Complete Removal Of Bladder With Transplantation Of Urinary Ducts (Ureters)	\$1,717.70
E1E0E	Complete Removal Of Bladder With Transplantation Of Urinary Ducts (Ureters) And Removal Of Lymph Nodes On Both Sides Of Pelvis	¢1 010 22
51585 51590	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Intestine Anastomosis;	\$1,910.33 \$1,746.06
51595	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Bowel Anastomosis; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$1,976.40
31393	Removal Of Bladder And Lymph Nodes On Both Sides Of Pelvis With Transplantation Of Urinary Ducts (Ureters) To Small And/Or Large Bowel	ψ1,970. 4 0
51596	With Creation Of Urinary Opening, Open Procedure Removal Of Bladder, Urinary Ducts (Ureters)	\$2,128.97 \$2,153.55
51597 51600	Injection Procedure For Cystography Or Voiding Urethrocystography	\$2,153.55
51600	Injection Procedure For Cystography Of Voluming Orientocystography Injection Procedure For X-Ray Imaging Of The Bladder And Bladder Canal (Urethra)	\$35.03
51610	Injection Procedure For Retrograde Urethrocystography	\$113.42
51700	Bladder Irrigation, Simple, Lavage And/Or Instillation	\$74.92
51701	Insertion Of Non-Indwelling Bladder Catheter (Eg, Straight Catheterization For Residual Urine)	\$43.17
51702	Insertion Of Indwelling Bladder Catheter, Simple	\$61.01
51703	Insertion Of Indwelling Bladder Catheter, Complicated	\$145.76
51705	Simple Change Of Bladder Tube	\$95.27
51710	Complicated Change Of Bladder Tube	\$119.39
51715 51720	Injection Of Implant Material Beneath Lining Of Bladder And/Or Bladder Canal (Urethra) Using Endoscope Instillation Of Anti-Cancer Drug Into Bladder	\$323.10 \$77.77
51721	Insertion Of Transducer Through Urethra For Delivery Of Heat Ultrasound For Destruction Of Prostate Tissue	\$464.07
51725	Simple Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram)	\$201.29
51726	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram)	\$294.51
51727	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Bladder Canal (Urethra) Pressure Studies	\$354.82
51728	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Voiding Pressure Studies	\$322.97
	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Bladder Canal (Urethra) Pressure And Voiding Pressure	
51729	Studies Simple Uraflowmetry (Ufr) (Eq. Step Watch Flow Rate Machanical Uraflowmeter)	\$343.13
51736 51741	Simple Uroflowmetry (Ufr) (Eg, Stop-Watch Flow Rate, Mechanical Uroflowmeter) Electronic Assessment Of Bladder Emptying	\$13.24 \$13.70
51741	Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Other Than Needle, Any Technique	\$62.60
51785	Needle Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Any Technique	\$383.62
51792	Assessment Of Muscle Signal Of Pelvic Nerves	\$243.12
51797	Voiding Pressure Studies, Intra-Abdominal (Ie, Rectal, Gastric, Intraperitoneal) (List Separately In Addition To Code For Primary Procedure)	\$187.09
51798	Measurement Of Post-Voiding Residual Urine And/Or Bladder Capacity By Ultrasound, Non-Imaging	\$11.03
31,30	Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesical Neck (Anterior Y-Plasty, Vesical Fundus Resection), Any	ψ11.00
51800	Procedure, With Or Without Wedge Resection Of Posterior Vesical Neck	\$943.60
51820	Repair Of Bladder, Bladder Canal (Urethra) And Urinary Duct (Ureter)	\$986.92
51840	Anterior Vesicourethropexy, Or Urethropexy (Eg, Marshall-Marchetti-Krantz, Burch); Simple	\$641.09
51841	Anterior Vesicourethropexy, Or Urethropexy (Marshall-Marchetti-Krantz Type); Complicated (Eg, Secondary Repair)	\$741.56
51845	Abdomino-Vaginal Vesical Neck Suspension, With Or Without Endoscopic Control (Eg, Stamey, Raz, Modified Pereyra)	\$532.94
51860	Suture Of Wound, Injury, Or Rupture Of The Bladder	\$704.15
51865	Suture Of Wound, Injury, Or Rupture Of Bladder Closure Of Cystostomy (Separate Procedure)	\$845.80
E1000	DANGER OF A CANADIAN CONTROL OF THE PROPERTY O	\$444.01
51880 51900		\$751.20
51900	Repair Of Abnormal Drainage Tract From Bladder Into The Vagina, Abdominal Approach	\$751.20 \$696.42
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2227. Cystourethroscopy, With Description of External Sphincter (Sphincterotomy) 2228. Procedure For Cystography, Male OF Female 2228. Systourethroscopy, With Storoid Injection Internal Stricture Or Stenosis, With Or Without Meatotomy, With Or Without Injection 2228. Systourethroscopy, With Steroid Injection Into Stricture; Office 2228. Systourethroscopy, With Steroid Injection Into Stricture; Office 2228. The Cystourethroscopy, With Steroid Injection Into Stricture; Office 2228. The Cystourethroscopy, With Steroid Injection Into Stricture; Office 2228. The Cystourethroscopy, With Steroid Injection Into Stricture; Office 2228. The Cystourethroscopy, With Steroid Injection Into Stricture; Office 2228. Systourethroscopy, With Steroid Injection Into Stricture; Office 2228. Systourethroscopy, With Steroid Injection Into Stricture; Office 2229. Cystourethroscopy, With Undertoraginal Septial Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration Of Urethral Stricture 2229. Cystourethroscopy, With Ureteral Melatotomy, Unlateral Of Blatteral 2220. Systourethroscopy, With Ureteral Melatotomy, Unlateral Of Blatteral 2221. Systourethroscopy, With Individent Of Urinary Duct (Ureter) At Bladder, Orthotopic Ureterocele(S), Using An Endoscope 2226. Systourethroscopy, With Individent Of Urinary Duct (Ureter) At Bladder, Orthotopic Ureterocele(S), Using An Endoscope 2226. Systourethroscopy, With Individent Orthogopic Ureterocele(S), Using An Endoscope 2226. Systourethroscopy, With Individent Orthogopic Ureterocele(S), Using An Endoscope 2226. Systourethroscopy (Individing Ureteral Catheteria Systourethroscopy (Individing Ureteral Catheteria Systourethroscopy (Individing Ureteral Catheteria Systourethroscopy (Individing Ureteral Catheteria Systourethroscopy) (Individing Ureteral Catheterization); Wife Removal Of Ureteral Catheteria Catheteria Catheteria Systourethroscopy (Individing Ureteral Catheterization); Wife Removal Of Ureteral Catheteria Catheteria Catheteria Systourethroscopy, With Individent Systourethroscopy,	52275	Incision Of The Bladder Canal (Urethra) Using An Endoscope, Male	\$525.02
Systourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or Without Meatotomy, With Or Without Injection \$318.89	52276	Cystourethroscopy With Direct Vision Internal Urethrotomy	\$246.97
Systourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or Without Meatotomy, With Or Without Injection \$318.89	52277	Cystourethroscopy, With Resection Of External Sphincter (Sphincterotomy)	
Procedure For Cystography, Male Or Female \$318.89 2222 Cystourethroscopy, With Steroid Injection Into Stricture; Office \$309.35 2228 Tog Stourethroscopy, With Steroid Injection Into Stricture; Office \$309.35 2228 Tog Stourethroscopy, With Steroid Injection Into Stricture; Office \$309.35 2228 Tog Stourethroscopy, With Steroid Injection Into Stricture; Office \$309.35 2228 Tog Stourethroscopy, With Steroid Injection Into Stricture; Office \$309.35 2228 Tog Stourethroscopy, With Undertoraginal Septial Fibrosis, Lateral Incisions Of The Bladder Neck, And Futguration Of Urethral Dilation, Internal Urethrotromy, Lysis Of Underhovaginal Septial Fibrosis, Lateral Incisions Of The Bladder Neck, And Futguration Of Urethral Science \$306.16 2226 Cystourethroscopy, With Ureteral Meatotomy, Unlateral Of Blatteral \$219.25 2230 Removal Of Destruction Of Abnormal Pouches Of Urinary Duct (Ureter) At Bladder, Orthotopic Ureterocele(S), Using An Endoscope \$260.49 2321 Science State S			
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Drug Delivery Using A Drug-Costed Balcon For Main Treatment Of Urethral Stricture Using An Endoscope \$2358.62 Vystourethroscopy For Treatment Of The Female Urethral Syndrome With Any Or All Of The Following: Urethral Meastormy, Urethral Dilation, Internal Urethroromy, Lysis Of Urethrovaginal Septial Fibrosis, Lateral Indisons Of The Bladder Neck, And Fulguration Of Urethral \$236.18 \$2378.27 \$2390 Vystourethroscopy, With Injection(S) For Chemodenervation Of The Bladder Neck, And Fulguration Of Urethral \$316.27 \$2390 Vystourethroscopy, With Injection(S) For Chemodenervation Of The Bladder Ortholopic Ureteroree(S), Using An Endoscope \$251.27 \$2300 **Removal Or Destruction Of Abnormal Pouches Of Urinary Durit (Ureter) At Bladder, Ortholopic Ureteroree(S), Using An Endoscope \$251.28 \$251.28 **Removal Or Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Loting Ureteroree(S), Using An Endoscope \$250.02 \$251.50 **Removal Of Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope \$250.02 \$251.50 **Combined, Fragmenting, And Removal Of Lases Throm Bladder Canal (Urethra) Or Bladder Using An Endoscope \$250.02 \$251.50 **Combined, Fragmenting, And Removal Of Lases Throm Bladder Canal (Urethra) Or Bladder Using An Endoscope \$252.51 \$252.51 **Courshing, Fragmenting, And Removal Of Bladder Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope \$252.52 \$	52282	Cystourethroscopy, With Insertion Of Permanent Urethral Stent	\$301.97
Cystourethroscopy For Treatment Of The Female Urethral Syndrome With Any Or All Of The Following: Urethral Meatotomy, Urethral Dilation, Internal Urethrotomy, Lysis Of Urethral Septial Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration Of Urethral \$306.18 (257) Cystourethroscopy. With Ureteria Meatotomy, Unilateral Cr Bilateral \$328.378.37 (250) Cystourethroscopy. With Ureteria Meatotomy, Unilateral Cr Bilateral \$329.30 (250) Cystourethroscopy. With Ureteria Meatotomy, Unilateral Cr Bilateral \$230.80 (250) Cystourethroscopy. With Ureteria Meatotomy. Unilateral Cr Bilateral Cr Bilate	52283	Cystourethroscopy, With Steroid Injection Into Stricture; Office	\$309.35
Cystourethroscopy For Treatment Of The Female Urethral Syndrome With Any Or All Of The Following: Urethral Mealotomy, Lyes Of Urethral Diation, Issue State of the Member of State of S	52284		
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22290 Oystourethroscopy, With Ureteral Meatotomy, Unilateral Or Bilateral \$219.25 2300 Removal Or Destruction of Ahnormal Pouches Of Urinary Dust (Uterter) At Bladder, Orthotopic Ureterocele(S), Using An Endoscope \$251.65 23201 Removal Or Destruction of Ahnormal Pouches Of Urinary Dust (Uterer) At Bladder, Estopic Ureterocele(S), Using An Endoscope \$260.49 23205 Cystourethroscopy; With Incision Or Reseascen Of Office of Bladder Deviction. \$260.49 23207 Cystourethroscopy; With Incision Or Reseascen Of Office of Bladder Canal (Urethra) Or Bladder Using An Endoscope \$350.65 23210 Cystourethroscopy (Including Device) \$260.22 23217 Crushing, Fragmenting, And Removal Of I Bladder Stones, Complicated Or Larger Than 2.5 Centimeters \$440.58 23218 Ortschreibnscopy (Including Ureteral Catheterization); With Fragmentation Of Ureteral Calculus \$229.81 2322 Oystourethroscopy (Including Ureteral Catheterization); With Fragmentation of Ureteral Calculus (Eg., Ultrasonic Or Electro-Hydraulic \$289.35 2322 Oystourethroscopy (Including Ureteral Catheterization); With Fragmentation of Ureteral Calculus (Eg., Ultrasonic Or Indigenthroscopy; With Mainpulation, Without Removal Of Ureteral Calculus \$280.35 2323 Oystourethroscopy (Including Ureteral Catheterization); With Subureteral Properties Ureteral Calculus \$280.35 2323 Oystourethroscopy (Including Ureteral Catheterization); With Subureteral Calculus \$280.35 <td>52285</td> <td>Internal Urethrotomy, Lysis Of Urethrovaginal Septal Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration Of Urethral</td> <td>\$306.16</td>	52285	Internal Urethrotomy, Lysis Of Urethrovaginal Septal Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration Of Urethral	\$306.16
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Crushing, Fragmenting, And Removal Of Bladder Stones, Complicated Or Larger Than 2.5 Centimeters \$440.58			
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Transurethral Electrosurgical Resection Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included) Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included) \$389.86 Transurethral Resection; Of Postoperative Bladder Neck Contracture \$295.55 Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral	52450		
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Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included) \$389.86 Transurethral Resection; Of Postoperative Bladder Neck Contracture \$295.55 Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral			
52630(Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)\$389.8652640Transurethral Resection; Of Postoperative Bladder Neck Contracture\$295.55Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral	52601	Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)	\$690.22
52630(Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)\$389.8652640Transurethral Resection; Of Postoperative Bladder Neck Contracture\$295.55Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral			
52640 Transurethral Resection; Of Postoperative Bladder Neck Contracture \$295.55 Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral			
Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral	52630	(Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)	\$389.86
	52640		\$295.55
52647 Calibration And/Or Dilation, And Internal Urethrotomy Are Included If Performed) \$1,527.60			
	52647	Calibration And/Or Dilation, And Internal Urethrotomy Are Included If Performed)	\$1,527.60

Code	Description	Fee
52648	Laser Vaporization Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are Included If Performed)	\$1,573.87
	Laser Enucleation Of The Prostate With Morcellation, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy,	
	Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are In	\$753.04
	Transurethral Drainage Of Prostatic Abscess	\$404.28
	Urethrotomy Or Urethrostomy, External (Separate Procedure); Pendulous Urethra	\$136.16
	Urethrotomy Or Urethrostomy, External (Separate Procedure); Perineal Urethra, External Meatotomy, Cutting Of Meatus (Separate Procedure), Except Infant; Office	\$272.98
	Incision Of External Urinary Opening, Infant	\$91.01 \$61.86
	Drainage Of Deep Periurethral Abscess	\$359.31
	Drainage Of Abscess Or Cyst Of Skene'S Glands, Male	\$173.84
	Drainage Of Abnormal Urine Collection, Uncomplicated	\$385.61
53085	Drainage Of Abnormal Urine Collection, Complicated	\$593.61
53200	Biopsy Of Urethra	\$144.70
	Removal Of Bladder And Bladder Canal (Urethra), Female	\$707.46
	Removal Of Bladder And Bladder Canal (Urethra), Male	\$843.56
	Excision Or Fulguration Of Carcinoma Of Urethra	\$413.44
	Excision Of Urethral Diverticulum (Separate Procedure); Female	\$557.10
	Excision Of Urethral Diverticulum (Separate Procedure); Male	\$598.83
	Marsupialization Of Urethral Diverticulum, Male Or Female	\$389.45
	Removal Of Seminal Fluid Gland Expiring Or Fulguration, Heather Rehard Co. Distal Heather	\$363.24
	Excision Or Fulguration; Urethral Polyp(S), Distal Urethra Excision Or Fulguration; Urethral Councils	\$191.27
	Excision Or Fulguration; Urethral Caruncle Removal Or Destruction Of Bladder Canal (Urethra) Mucous Glands	\$200.08 \$195.85
	Excision Or Fulguration; Urethral Prolapse	\$239.99
	Repair Of Bladder Canal (Urethra) For Abnormal Drainage Tract, Pouching, Or Narrowing	\$728.94
53405	Urethroplasty; Second Stage (Formation Of Urethra), Including Urinary Diversion	\$795.07
	Reconstruction Of Bladder Canal (Urethra), Male	\$891.57
	Urethroplasty, Transpubic, One Stage, For Reconstruction Or Repair Of Prostatic Or Membranous Urethra	\$1,026.56
	Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), First Stage	\$765.84
	Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), Second Stage	\$851.73
	Reconstruction Of Bladder Canal (Urethra), Female	\$882.40
53431	Repair Of Bladder Canal (Urethra) And/Or Lower Bladder For Incontinence	\$1,046.52
53440	Sling Operation For Correction Of Male Urinary Incontinence (Eg, Fascia Or Synthetic)	\$686.49
53442	Removal Or Revision Of Sling For Male Urinary Incontinence (Eg, Fascia Or Synthetic)	\$717.45
53444	Insertion Of Tandem Cuff (Dual Cuff)	\$723.17
53445	Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placement Of Pump, Reservoir, And Cuff	\$691.15
53446	Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff	\$587.94
53447	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Including Pump, Reservoir, And Cuff At The Same Operative Session	\$735.82
	Removal And Replacement Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Through An Infected Field	\$1,159.04
	Repair Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff	\$560.54
	Urethral Meatoplasty, With Mucosal Advancement	\$353.31
53451	Insertion Of Adjustable Balloon Continence Device On Both Sides Of Urethra Using Imaging Guidance	\$606.68
53452	Insertion Of Adjustable Balloon Continence Device On One Side Of Urethra Using Imaging Guidance	\$424.67
53453	Removal Of Adjustable Balloon Continence Device From Beside Urethra	\$41.43
	Adjustment Of Fluid Volume In Adjustable Balloon Continence Device Beside Urethra	\$48.29
	Urethral Meatoplasty, With Partial Excision Of Distal Urethral Segment (Richardson Type Procedure)	\$419.13
	Urethrolysis, Transvaginal, Secondary, Open, Including Cystourethroscopy (Eg, Postsurgical Obstruction, Scarring)	\$680.60
	Suture Of Bladder Canal (Urethra) Wound Or Injury, Female	
53505	Cuture Of Pladder Conel (Huethro) Mound Or Injury Design	\$444.87
E0540	Suture Of Bladder Canal (Urethra) Wound Or Injury, Penis	\$444.55
	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal	\$444.55 \$578.22
53515	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate	\$444.55 \$578.22 \$724.91
53515 53520	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male	\$444.55 \$578.22 \$724.91 \$534.83
53515 53520 53600	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36
53515 53520 53600 53601	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07
53515 53520 53600 53601 53605	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07 \$57.51
53515 53520 53600 53601 53605 53620	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07
53515 53520 53600 53601 53605 53620 53621	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07 \$57.51 \$164.48
53515 53520 53600 53601 53605 53620 53621	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07 \$57.51 \$164.48 \$145.23
53515 53520 53600 53601 53605 53620 53621 53660	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07 \$57.51 \$164.48 \$145.23 \$66.99
53515 53520 53600 53601 53605 53620 53621 53660 53661 53665 53850	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent Dilation Of Bladder Canal (Urethra), Female, Initial Dilation Of Bladder Canal (Urethra), Female, Subsequent Dilation Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Female Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Microwave	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07 \$57.51 \$164.48 \$145.23 \$66.99 \$69.70 \$34.49 \$1,390.49
53515 53520 53600 53601 53605 53620 53621 53660 53661 53665 53850 53852	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male Dilation Of Urethral Stricture By Passage Of Filliform And Follower, Male; Initial Dilation Of Urethral Stricture By Passage Of Filliform And Follower, Male; Subsequent Dilation Of Bladder Canal (Urethra), Female, Initial Dilation Of Bladder Canal (Urethra), Female, Subsequent Dilation Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Female Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Microwave Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Radiofrequency	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07 \$57.51 \$164.48 \$145.23 \$66.99 \$69.70 \$34.49 \$1,390.49 \$1,355.76
53515 53520 53600 53601 53605 53620 53621 53660 53661 53665 53850 53852 53854	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent Dilation Of Bladder Canal (Urethra), Female, Initial Dilation Of Bladder Canal (Urethra), Female, Subsequent Dilation Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Female Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Microwave Destruction Of Prostate Tissue Accessed Through Urethra Using Radiofrequency Generated Water Vapor Heat Therapy	\$444.55 \$578.22 \$724.91 \$534.83 \$82.36 \$75.07 \$57.51 \$164.48 \$145.23 \$66.99 \$69.70 \$34.49 \$1,390.49 \$1,355.76 \$1,843.92
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Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Prostate (Via Needle, Any Approach),			
	55873	Injection Of Biodegradable Material Next To Prostate	\$3,183.95
	55873 55874	Injection Of Biodegradable Material Next To Prostate Transparineal Place Needles/Cath. Prostate	\$3,183.95

Code	Description	Fee
55880	High-Intensity Ultrasound Destruction Of Cancerous Tissue In Prostate Gland, Accessed Through Rectum Using Ultrasound Guidance	\$891.47
55881	Destruction Of Prostate Tissue Through Urethra Using Heat Ultrasound With Mri Guidance	\$7,636.82
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55882	Insertion Of Ultrasound Transducer Through Urethra For Delivery Of Heat Ultrasound For Destruction Of Prostate Tissue Using Mri Guidance	\$7,897.01
55899	Unlisted Procedure, Male Genital System	Price by Report
	Placement Of Needles Or Catheters Into Pelvic Organs And/ Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement	
55920	Application	\$442.30
56405	Incision And Drainage Of Vulva Or Perineal Abscess	\$128.39
56420	Incision And Drainage Of Female Genital Gland Abscess Creation Of Drainage Tract For Female Genital Gland Or Cyst	\$164.22
56440 56441	Lysis Of Labial Adhesions	\$172.87 \$160.65
56442	Hymenotomy, Simple Incision	\$42.78
56501	Destruction of Lesion(S), Vulva; Simple (Eq, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	\$169.92
	Destruction Of Lesion(S), Vulva; Extensive (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	\$243.72
56605	Biopsy Of External Female Genitals, 1 Lesion	\$93.16
56606	Biopsy Of External Female Genitals, Each Additional Lesion	\$35.36
56620	Partial Removal Of External Female Genitals, Simple	\$566.72
56625	Removal Of External Female Genitals. Complete	\$617.27
56630	Partial Removal Of External Female Genitals, Partial	\$883.72
56631	Vulvectomy, Radical, Partial; With Unilateral Inguinofemoral Lymphadenectomy	\$1,084.51
56632 56633	Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy Vulvectomy, Radical, Complete;	\$1,318.87 \$1,126.52
56634	Vulvectorny, Radical, Complete; With Unilateral Inguinofemoral Lymphadenectomy	\$1,126.52
56637	Vulvectorny, Radical, Complete; With Bilateral Inguinofemoral Lymphadenectomy	\$1,384.28
56640	Vulvectomy, Radical, Complete, With Inguinofemoral, Iliac, And Pelvic Lymphadenectomy	\$1,395.06
56700	Partial Removal Of Membrane At Uterine Opening, Open Procedure	\$181.66
56740	Removal Of Female Genital Gland Or Cyst	\$277.34
56800	Plastic Repair Of Introitus	\$233.01
56805	Clitoroplasty For Intersex State	\$1,067.46
56810	Perineoplasty, Repair Of Perineum, Non-Obstetrical (Separate Procedure)	\$260.35
56820	Colposcopy Of The Vulva;	\$116.25
56821	Colposcopy Of The Vulva; With Biopsy (S)	\$155.21
57000 57010	Colpotomy; With Exploration Colpotomy; With Drainage Of Pelvic Abscess	\$186.85 \$423.34
57010	Colpocentesis (Separate Procedure)	\$119.60
57022	Incision And Drainage Of Vaginal Hematoma; Obstetrical/Postpartum	\$168.07
57023	Incision And Drainage Of Vaginal Hematoma; Non-Obstetrical (Eg. Post-Trauma, Spontaneous Bleeding)	\$303.79
57061	Destruction Of Vaginal Lesion(S); Simple (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	\$147.82
57065	Destruction Of Vaginal Lesion(S); Extensive (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	\$234.99
57100	Biopsy Of Vaginal Mucosa; Simple (Separate Procedure)	\$90.07
57105	Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts)	\$168.87
57106	Vaginectomy, Partial Removal Of Vaginal Wall;	\$499.91
57107	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic	\$1,332.52
57109	Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy)	\$1,579.01
57110	Vaginectomy, Complete Removal Of Vaginal Wall;	\$854.04
57111	Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy)	\$1,579.01
57120	Suture Closure Of The Vagina And Vaginal Opening	\$490.47
	Excision Of Vaginal Cyst Or Tumor	\$217.56
	Irrigation Of Vagina And/Or Application Of Drug To Treat Infection	\$222.81 \$56.27
57155	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy	\$389.19
57156	Insertion Of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy	\$224.83
57160	Fitting And Insertion Of Pessary Or Other Intravaginal Support Device	\$64.51
57170	Diaphragm Or Cervical Cap Fitting With Instructions	\$73.53
57180	Introduction Of Any Hemostatic Agent Or Pack For Spontaneous Or Traumatic Non-Obstetrical Hemorrhage (Separate Procedure)	\$192.52
57200	Colporrhaphy, Suture Of Injury Of Vagina (Nonobstetrical)	\$288.59
57210	Colpoperineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetrical)	\$348.84
57220	Plastic Operation On Urethral Sphincter, Vaginal Approach (Eg, Kelly Urethral Plication)	\$323.01
57230	Plastic Repair Of Urethrocele	\$387.99
57240	Repair Of Herniation Of Bladder Into Vaginal Wall	\$544.56
57250		\$530.49
	Plastic Repair Of Vagina And Tissue Separating Vagina, Rectum, And Bladder	\$731.41
57265	Repair Of Herniation Of Rectum And Bladder Into Vaginal Wall Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Each Site (Anterior, Posterior Compartment), Vaginal Approach (List	\$821.40
57267	Separately In Addition To Code For Primary Procedure)	\$226.09
57268	Repair Of Protrusion Of Intestine Into Rectum Or Vagina, Through Vagina	\$485.41
57270	Repair Of Protrusion Of Intestine Into Rectum Or Vagina, Through Abdominal	\$745.84
57280	Colpopexy, Abdominal Approach	\$884.89
57282	Colpopexy, Vaginal; Extra-Peritoneal Approach (Sacrospinous, Iliococcygeus)	\$637.63
57283	Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrhaphy)	\$662.28
57284	Repair Through Abdomen Of Vaginal Wall Defect, Open Procedure	\$764.03
	Parayaginal Defect Renair (Including Renair Of Cystocele, If Performed): Vaginal Approach	\$657 O7
57285 57287	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Vaginal Approach Removal Or Revision Of Sling For Stress Incontinence (Eg, Fascia Or Synthetic)	\$657.27 \$711.41

	Description	Fee
	Pereyra Procedure, Including Anterior Colporrhaphy	\$731.08
	Construction Of Artificial Vagina; Without Graft	\$506.87
	Construction Of Artificial Vagina; With Graft	\$758.86
	Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach	\$464.04
57296	Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure	\$875.79
57300	Closure Of Rectovaginal Fistula; Vaginal Approach	\$567.64
57305 57307	Closure Of Abnormal Drainage Tract From Abdomen Closure Of Abnormal Drainage Tract From Rectum Into Vagina With Creation Of Large Bowel Opening, Open Abdominal Procedure	\$901.43
	Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or Without Levator Plication	\$1,003.79 \$612.71
57310	Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) Into Vagina	\$457.92
57311	Closure Of Abnormal Drainage Tract From Urinary Canal (Urethra) Into Vagina, With Transplant	\$514.89
57320	Closure Of Abnormal Drainage Tract From Bladder Into Vagina	\$520.95
57330	Closure Of Abnormal Drainage Tract From The Urinary Bladder Into Vagina	\$706.53
	Vaginoplasty For Intersex State	\$1,078.15
	Dilation Of Vagina Under Anesthesia	\$118.76
	Pelvic Examination Under Anesthesia	\$100.22
	Removal Of Impacted Vaginal Foreign Body (Separate Procedure) Under Anesthesia (Other Than Local)	\$153.36
	Colposcopy Of The Entire Vagina, With Cervix If Present	\$128.47
57421	Colposcopy Of The Entire Vagina, With Cervix If Present; With Biopsy(S) Of Vagina/Cervix	\$171.27
57423	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach	\$849.87
57425	Surgical Vaginal Defect Repair Using An Endoscope	\$890.24
57426	Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic Approach	\$802.52
57452	Colposcopy Of The Cervix Including Upper/Adjacent Vagina;	\$122.55
57454	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix And Endocervical Curettage	\$181.96
57455	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix	\$155.99
57456	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Endocervical Curettage	\$147.08
57460	Biopsy Of Cervix Using An Endoscope With A Loop Electrode	\$304.90
57461	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Conization Of The Cervix	\$338.79
	Computer-Aided Mapping Of Cervix During Examination Of Vagina And Cervix Using Endoscope	\$49.76
	Biopsy Of Cervix, Single Or Multiple, Or Local Excision Of Lesion, With Or Without Fulguration (Separate Procedure)	\$150.01
	Endocervical Curettage (Not Done As Part Of A Dilation And Curettage)	\$136.80
	Cautery Of Cervix; Electro Or Thermal	\$159.19
	Cauterization Of Cervix; Cryocautery, Initial Or Repeat	\$174.84
	Cauterization Of Cervix; Laser Ablation	\$197.88
	Removal Or Destruction Of Cervix With Knife Or Laser	\$342.44
57522	Removal Or Destruction Of Cervix With Electrical Cautery	\$293.36
57530	Trachelectomy (Cervicectomy), Amputation Of Cervix (Separate Procedure)	\$346.93
E7E21	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling Biopsy, With Or Without	¢4 504 04
	Removal Of Tube(S), With Or Without Removal Of Ovary(S) Removal Of Remaining Cervix Through The Abdomen	\$1,591.91
	Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair	\$725.78 \$763.99
	Removal Of Remaining Cervix Through The Vagina	\$399.98
	Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterior Repair	\$569.87
	Excision Of Cervical Stump, Vaginal Approach; With Repair Of Enterocele	\$541.59
	Dilation/Curettage Cervical Stump	\$149.90
57700	Cerclage Of Uterine Cervix, Nonobstetrical	\$334.87
57720	Trachelorrhaphy, Plastic Repair Of Uterine Cervix, Vaginal Approach	\$289.53
57800	Dilation Of Cervical Canal, Instrumental (Separate Procedure)	\$68.00
	Value of the state	77777
58100	Endometrial Sampling (Biopsy) With Or Without Endocervical Sampling (Biopsy), Without Cervical Dilation, Any Method (Separate Procedure)	\$97.75
	Endometrial Sampling (Biopsy) Performed In Conjunction With Colposcopy (List Separately In Addition To Code For Primary Procedure)	\$47.59
	Dilation And Curettage, Diagnostic And/Or Therapeutic (Nonobstetrical)	\$287.91
58140	Abdominal Removal Of Fibroid Tumors (250 Grams Or Less) Of Uterus	\$852.03
58145	Vaginal Removal Of Fibroid Tumors (250 Grams Or Less) Of Uterus	\$524.54
L	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater	**
58146	Than 250 Grams, Abdominal Approach	\$1,053.65
58150	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S);	\$959.40
	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S); With Colpo-	
58152	Urethrocystopexy (Eg, Marshall-Marchetti-Krantz, Burch)	\$1,128.00
58180	Supracervical Abdominal Hysterectomy (Subtotal Hysterectomy), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S)	\$816.18
=====	Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aortic And Pelvic Lymph Node Sampling, With Or Without Removal	**
58200	Of Tube(S), With Or Without Removal Of Ovary(S)	\$1,224.77
	Abdominal Removal Of Uterus, Cervix, And Lymph Nodes On Both Sides Of Pelvis And Aortic Lymph Node Biopsy Removal Of Malignant Literus, Cervix, Lymph Nodes, Bladder, With Transplantation Of Uteran, Duete (Uteran), And Royal	\$1,657.37
58240	Removal Of Malignant Uterus, Cervix, Lymph Nodes, Bladder, With Transplantation Of Urinary Ducts (Ureters), And Bowel	\$2,677.76
58260	Vaginal Removal Of Uterus (250 Grams Or Less) Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries	\$793.75
58262	Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries With Repair Of Herniated Bowel	\$876.20 \$908.31
58263	vaginal Nemoval of otelus (250 Granis Of Less), Tubes, Anti/Of Ovaries With Repail Of Herniated Dower	\$908.31
58267	Vaginal Hysterectomy With Colpo-Urethrocystopexy (Marshall-Marchetti-Krantz Type, Pereyra Type, With Or Without Endoscopic Control)	\$978.83
58270	Vaginal Hysterectomy With Repair Of Enterocele	\$819.66
58275	Vaginal Hysterectomy, With Total Or Partial Vaginectomy;	\$905.98
58280	Vaginal Hysterectomy, With Total Or Partial Colpectomy With Repair Of Enterocele	\$968.69
58285	Vaginal Removal Of Uterus, Vagina, And Pelvic Lymph Nodes	\$1,297.17
58290	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams;	\$1,050.16
58291	Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries	\$1,134.23
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	Description Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Repair Of Herniated Bowel	Fee \$1,194.82
58294	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Repair Of Enterocele	\$1,110.43
58300	Insertion Of Intrauterine Device (lud)	\$133.43
58301	Removal Of Intrauterine Device (lud)	\$106.53
50040		001101
	Catheterization And Introduction Of Saline Or Contrast Material For Saline Infusion Sonohysterography (Sis) Or Hysterosalpingography Insertion Of Heyman Capsules For Clinical Brachytherapy	\$214.91
	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	\$464.19 \$1,021.19
	Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Curettage, When Performed	\$1,638.08
00000	Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of Sacrouterine Ligaments; (Separate	Ψ1,000.00
58400	Procedure)	\$443.98
58410	Anatomic Repositioning Of Uterus, With Removal Of Nerve	\$747.61
	Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical)	\$732.66
	Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type)	\$839.54
58541	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250G Or Less	\$670.80
	Partial Removal Of Uterus (250 Grams Or Less), Tubes And/Or Ovaries With Retention Of Cervix Using An Endoscope Partial Removal Of Uterus (Greater Than 250 Grams) With Retention Of Cervix Using An Endoscope	\$785.33 \$771.53
58544	Partial Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope	\$854.44
30344	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With Total Weight Of 250 Grams Or Less And/Or Removal Of	ψ034.44
58545	Surface Myomas	\$820.49
	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250	•
58546	Grams	\$1,045.60
58548	Removal Of Uterus, Cervix, And Lymph Nodes On Both Sides Of Pelvis And Aortic Lymph Node Biopsy Using An Endoscope	\$1,714.09
58550	Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Less;	\$833.20
58552	Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries Using An Endoscope	\$925.09
58553 58554	Vaginal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Assistance Of Endoscope	\$1,051.51 \$1,186.51
	Hysteroscopy, Diagnostic (Separate Procedure)	\$316.60
	Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or Without D & C	\$1,171.72
	Hysteroscopy, Surgical; With Lysis Of Intrauterine Adhesions (Any Method)	\$256.34
	Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (Any Method)	\$291.08
58561	Hysteroscopy, Surgical; With Removal Of Leiomyomata	\$332.93
	Hysteroscopy, Surgical; With Removal Of Impacted Foreign Body	\$375.68
	Hysteroscopy, Surgical; With Endometrial Ablation (Eg, Endometrial Resection, Electrosurgical Ablation, Thermoablation)	\$2,329.17
58570	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less;	\$764.80
	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(S) And/Or Ovary(S)	\$860.82
	Abdominal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope Abdominal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope	\$955.96 \$1,149.70
	Removal Of Uterus For Tumor Debulking Using A Laparoscope	\$1,823.90
158578	IUnlisted Labaroscopy Of Uterus Procedure	
	Unlisted Laparoscopy Of Uterus Procedure Unlisted Hysteroscopy Of Uterus Procedure	\$1,847.25 Price by Report
58579		\$1,847.25
58579	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral	\$1,847.25 Price by Report
58579 58580 58600	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization	\$1,847.25 Price by Report \$2,729.86 \$353.04
58579 58580	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure)	\$1,847.25 Price by Report \$2,729.86
58579 58580 58600 58605	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35
58579 58580 58600 58605 58611	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35
58579 58580 58600 58605 58611 58615	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33
58579 58580 58600 58605 58611 58615 58660	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35
58579 58580 58600 58605 58611 58615 58660 58661	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60
58579 58580 58600 58605 58611 58615 58660 58661 58662	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10
58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58671	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02
58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58671 58674	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71
58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58671 58674 58679	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$742.41 \$3,034.76
58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58671 58674 58679 58700	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$354.71 \$742.41 \$3,034.76 \$679.78
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58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58674 58674 58674 58674 58674 58740	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$353.71 \$742.41 \$3,034.76 \$679.78 \$648.05 \$820.51
58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58674 58674 58790 58720 58740 58770	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$742.41 \$3,034.76 \$679.78 \$648.05 \$820.51
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58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58674 58679 58700 58720 58740 58700 58740 58800 58800	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis)	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$742.41 \$3,034.76 \$679.78 \$648.05 \$820.51
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58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58671 58679 58700 58720 58740 58700 587800 58820 58805	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Cocclusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Tuguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingoectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Salpingostomy (Salpingoneostomy) Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Ovaries By Vaginal Approach Biopsy Of Ovaries Biopsy Of Ovaries	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$353.71 \$354.76 \$679.78 \$648.05 \$820.51 \$789.54 \$341.21 \$409.44 \$315.82 \$617.78
58579 58580 58600 58605 58605 58611 58615 58660 58661 58662 58670 58674 58674 58674 58770 58700 58700 58700 58700 58700 58700 58800 58820 58820 58820 58820 58820 58825	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Salpingostomy (Salpingonostomy) Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Ovarian Abscess; Abdominal Approach Drainage Of Ovarian Abscess; Abdominal Approach Drainage Of Ovarian Abscess; Abdominal Approach Ovarian Cystectomy, Unilateral Or Bilateral	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$353.71 \$353.71 \$3742.41 \$3,034.76 \$679.78 \$648.05 \$820.51 \$789.54 \$341.21 \$409.44 \$315.82 \$617.78 \$404.58
58579 58580 58600 58605 58605 58611 58615 58660 58661 58662 58670 58674 58674 58674 58700 58720 58740 58800 58820 58820 58820 58820 58820 58825 58940	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg. Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Of Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg. Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Salpingostomy (Salpingoneostomy) Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Oysts Of Ovaries By Abdominal Approach Drainage Of Oyarian Abscess; Abdominal Approach Drainage Of Ovarian Abscess; Abdominal Approach Biopsy Of Ovaries Partial Or Total	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$342.41 \$3,034.76 \$679.78 \$648.05 \$820.51 \$789.54 \$341.21 \$409.44 \$315.82 \$617.78 \$404.58 \$650.71 \$527.14
58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58674 58679 58700 58740 58740 58740 58740 58800 58820 58820 58822 58900 58925 58940 58943	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg., Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Or Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Fulguration Of Oviducts By Device (Eg., Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Salpingostomy (Salpingoneostomy) Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Ovaries, Partial Or Bilateral Removal Of Ovaries, Partial Or Bilateral Removal Of Ovaries, Partial Or Total Removal Of Ovaries, Partial Or Total	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$342.41 \$3,034.76 \$679.78 \$648.05 \$820.51 \$789.54 \$341.21 \$409.44 \$315.82 \$617.78 \$404.58 \$650.71 \$527.14
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58579 58580 58600 58605 58605 58611 58615 58660 58661 58662 58670 58770 58770 58720 58740 58740 58805 58820 58822 58900 58925 58925 58925	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg. Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Cocclusion Of Oviducts By Device (Eg. Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Ovaries By Vaginal Approach Drainage Of Ovaries Py Vaginal Approach Drainage Of Ovaries Py Vaginal Approach Drainage Of Ovaries, Partial Or Total Removal Of Ovaries, Partial Or Total, Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$353.71 \$342.41 \$3,034.76 \$679.78 \$648.05 \$820.51 \$782.51 \$409.44 \$315.82 \$617.78 \$404.58 \$6650.71 \$527.14
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58579 58580 58600 58605 58611 58615 58660 58661 58662 58670 58674 58679 58700 58720 58740 58800 58822 58900 58825 58840 58951 58952	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg. Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Cocclusion Of Oviducts By Device (Eg. Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Ovaries By Vaginal Approach Drainage Of Ovaries Py Vaginal Approach Drainage Of Ovaries Py Vaginal Approach Drainage Of Ovaries, Partial Or Total Removal Of Ovaries, Partial Or Total, Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$673.02 \$353.71 \$742.41 \$3,034.76 \$679.78 \$648.05 \$820.51 \$789.54 \$341.21 \$409.44 \$315.82 \$617.78 \$404.58 \$650.71 \$527.14 \$1,066.67 \$1,056.12
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58579 58580 58600 58605 58601 58605 58611 58615 58660 58661 58670 58670 58720 58720 58720 58720 58720 58730 58805 58805 58805 58805 58805 58805 58940 58951 58953	Unlisted Hysteroscopy Of Uterus Procedure Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unliateral Or Bilateral Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) Laparoscopy, Surgical; With Coclusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring Unlisted Laparoscopy Procedure, Oviduct, Ovary Salpingectomy, Complete Or Partial, Unliateral Or Bilateral (Separate Procedure) Salpingo-Oophorectomy, Complete Or Partial, Unliateral Or Bilateral (Separate Procedure) Lysis Of Adhesions (Salpingolysis, Ovariolysis) Salpingostomy (Salpingoneostomy) Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Cysts Of Ovaries By Vaginal Approach Drainage Of Ovaries Partial Or Bilateral Removal Of Ovaries, Partial Or Total Removal Of Ovaries, Partial Or To	\$1,847.25 Price by Report \$2,729.86 \$353.04 \$321.35 \$69.96 \$234.33 \$641.10 \$614.60 \$6353.71 \$353.71 \$353.71 \$342.41 \$3,034.76 \$679.78 \$648.05 \$820.51 \$789.54 \$341.21 \$409.44 \$315.82 \$617.78 \$404.58 \$650.71 \$527.14 \$1,066.67 \$1,056.12 \$1,313.50 \$1,500.68 \$1,818.51

Code	Description	Fee
	Laparotomy, For Staging Or Restaging Of Ovarian, Tubal Or Primary Peritoneal Malignancy (Second Look), With Or Without Omentectomy,	
58960	Peritoneal Washing, Biopsy Of Abdominal And Pelvic Peritoneum, Diaphragmatic Assessment With Pelvic And Limited Para-Aortic Lymp	\$910.84
58999	Unlisted Procedure, Female Genital System Nonobstetrical	Price by Report
59000	Amniocentesis; Diagnostic	\$110.61
59001	Amniocentesis; Therapeutic Amniotic Fluid Reduction (Includes Ultrasound Guidance)	\$159.16
59012	Cordocentesis (Intrauterine), Any Method	\$172.46
59015 59020	Chorionic Villus Sampling, Any Method Fetal Contraction Stress Test	\$140.87 \$84.58
59020	Fetal Non-Stress Test	\$52.19
59025	Fetal Scalp Blood Sampling	\$124.38
59030	retar scalp blood sampling	\$124.30
59050	Fetal Monitoring During Labor By Consulting Physician (le, Non-Attending Physician) With Written Report; Supervision And Interpretation Fetal Monitoring During Labor By Consulting Physician (le, Non-Attending Physician) With Written Report (Separate Procedure); Interpretation	\$49.78
59051	Only	\$46.51
59070	Transabdominal Amnioinfusion, Including Ultrasound Guidance	\$413.47
59072	Fetal Umbilical Cord Occlusion, Including Ultrasound Guidance	\$520.93
59074	Fetal Fluid Drainage (Eg, Vesicocentesis, Thoracocentesis, Paracentesis), Including Ultrasound Guidance	\$396.25
59076	Fetal Shunt Placement, Including Ultrasound Guidance	\$520.93
59100	Hysterotomy, Abdominal (Eg, For Hydatidiform Mole, Abortion)	\$751.60
59120	Removal Of Ovarian Or Tubal Pregnancy, With Removal Of Ovaries	\$717.72
59121	Removal Of Ovarian Or Tubal Pregnancy, Without Removal Of Ovaries	\$717.95
59130	Surgical Treatment Of Ectopic Pregnancy Abdominal Pregnancy	\$830.95
59136	Surgical Treatment Of Ectopic Pregnancy Interstitial, Uterine Pregnancy With Partial Resection Of Uterus	\$788.88
59140	Surgical Treatment Of Ectopic Pregnancy Cervical, With Evacuation	\$371.83
59150	Laparoscopic Treatment Of Ectopic Pregnancy Without Salpingectomy And/Or Oophorectomy	\$650.00
59151	Laparoscopic Treatment Of Ectopic Pregnancy With Salpingectomy And/Or Oophorectomy	\$882.43
59160	Currettage, Postpartum	\$258.13
59200	Insertion Of Cervical Dilator (Eg, Laminaria, Prostaglandin) (Separate Procedure)	\$90.41
59300	Episiotomy Or Vaginal Repair, By Other Than Attending	\$194.81
59320	Cerclage Of Cervix, During Pregnancy Vaginal	\$170.45
59325	Cerclage Of Cervix, During Pregnancy Abdominal	\$268.95
59350	Hysterorrhaphy Of Ruptured Uterus	\$308.76
59400	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With Or Without Episiotomy, And/Or Forceps) And Postpartum Care	\$2,220.16
59409	Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps);	\$718.80
59410	Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care	\$976.23
59412	Turning Of Fetus From Abnormal Position By External Manipulation	\$92.16
59414	Delivery Of Placenta	\$80.46
59425	Antepartum Care Only; 4-6 Visits	\$521.66
59426	Antepartum Care Only; 7 Or More Visits	\$953.37
59430	Postpartum Care Only (Separate Procedure)	\$247.45
59510	Cesarean Delivery With Pre- And Post-Delivery Care	\$2,445.01
59514	Caesarean Delivery Only;	\$808.09
59515	Caesarean Delivery Only; Including Postpartum Care Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In Addition To Code For Primary Procedure)	\$1,202.08 \$426.77
59525 59610	Routine Obstetric Care With Vaginal Delivery After Prior Cesarean Delivery	\$2,302.69
59612	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps);	\$804.54
	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care	\$1,041.07
	Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care, Following Attempted Vaginal Delivery After	. ,
59618	Previous Cesarean Delivery	\$2,468.00
59620	Cesarean Delivery After Vaginal Delivery Attempt Due To Prior Cesarean Delivery	\$833.25
59622	Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous Cesarean Delivery; Including Postpartum Care	\$1,245.58
59812	Treatment Of Incomplete Abortion, Any Trimester, Completed Surgically	\$332.80
59820	Treatment Of Missed Abortion, Completed Surgically First Trimester	\$414.81
59821	Treatment Of Missed Abortion, Completed Surgically Second Trimester	\$365.67
59830	Treatment Of Septic Abortion, Completed Surgically Induced Abortion, By One Or More Vaginal Suppositiones (Eg, Prostaglandin) With Or Without Cervical Dilation (Eg, Laminaria), Including	\$413.02
59855	Hospital Admission And Visits, Delivery Of Fetus And Secundines;	\$438.01
59870	Uterine Evacuation And Curettage For Hydatidiform Mole	\$484.94
59871	Removal Of Cerclage Suture Under Anesthesia (Other Than Local)	\$120.24
59897	Unlisted Fetal Invasive Procedure, Including Ultrasound Guidance, When Performed	\$537.06
59898	Unlisted Laparoscopy Procedure, Maternity Care And Delivery Unlisted Procedure, Maternity Care And Delivery	Price by Report
59899 60000	Incision And Drainage Of Thyroglossal Duct Cyst, Infected	Price by Report \$174.21
60100	Needle Biopsy Of Thyroid, Accessed Through The Skin	\$98.63
60200	Excision Of Cyst Or Adenoma Of Thyroid, Or Transection Of Isthmus	\$607.83
60210	Partial Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	\$663.12
60210	Partial Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy	\$915.80
60212	Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	\$665.33
UU ZZU	Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy	\$852.69
60225	protein myrote Ecocotomy, omicioral, with contralatoral oubtotal Ecocotomy, including islimitsectomy	
	Removal Of Thyroid Complete	4855 66
60240	Removal Of Thyroid, Complete Removal Of Thyroid And Surrounding Lymph Nodes, With Limited Neck Dissection	\$855.66 \$1,229.82
60240 60252	Removal Of Thyroid And Surrounding Lymph Nodes, With Limited Neck Dissection	\$1,229.82
60225 60240 60252 60254 60260	, , ,	

Code	Description	Fee
	Removal Of Thyroid, Sternal Or Cervical Approach	\$952.17
60280	Excision Of Thyroglossal Duct Cyst Or Sinus	\$439.16
60281	Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent	\$550.62
60300	Aspiration And/Or Injection, Thyroid Cyst	\$103.16
60500	Parathyroidectomy Or Exploration Of Parathyroid(S);	\$901.85
60502	Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration	\$1,205.30
60505	Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach	\$1,262.76
	Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure)	\$220.21
60520	Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure)	\$936.65
60521	Removal Of Thymus Gland, Sternal Or Chest Approach	\$984.65
60522	Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach	\$1,199.28
00540	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate	#000 00
60540	Procedure)	\$998.32
	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate	* = =
60545	Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor	\$1,110.55
	Excision Of Carotid Body Tumor Without Excision Of Carotid Artery	\$1,192.45
60605	Excision Of Carotid Body Tumor With Excision Of Carotid Artery	\$1,415.46
	Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal,	
60650	Lumbar Or Dorsal	\$1,059.96
60659	Unlisted Laparoscopy Procedure, Endocrine System	Price by Report
60660	Destruction Using Heat Of One Or More Nodules On One Thyroid Lobe	\$2,133.60
60661	Destruction Using Heat Of One Or More Nodules On Additional Thyroid Lobe	\$335.92
60699	Unlisted Procedure, Endocrine System	Price by Report
	Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial	\$91.13
61001	Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent	\$96.30
	Aspiration Of Spinal Fluid From Inlant Skull Soft Spot, Subsequent Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain	\$96.33
	Aspiration Of Spinal Fluid And Injection Into Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain	\$94.69
61050	Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure)	\$74.29
61055	Spinal Puncture In Upper Spine With Injection Of Substance	\$105.99
61070	Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure	\$48.71
61105	Twist Drill Hole For Aspiration Of Fluid From Brain	\$429.39
61107	Twist Drill Hole For Insertion Of Brain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device	\$271.27
61108	Twist Drill Hole For Aspiration And/Or Drainage Of Blood Accumulation In Brain	\$828.15
61120	Burr Hole(S) For Injection Into Ventricle Of Brain	\$653.09
61140	Burr Hole(S), With Drainage Or Biopsy Of Brain Or Lesion	\$1,096.96
61150	Burr Hole(S), With Drainage Of Brain Abscess Or Cyst	\$1,159.39
61151	Burr Hole(S), With Subsequent Aspiration Of Brain Abscess Or Cyst	\$857.92
	Burr Hole(S), With Aspiration Of Blood Accumulation In Brain, Extradural Or Subdural	\$1,156.43
	Burr Hole(S), With Aspiration Of Blood Accumulation Or Cyst In Brain	\$1,066.26
	Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device	\$317.79
	Insertion Of Subcutaneous Reservoir, Pump Or Continuous Infusion System For Connection To Ventricular Catheter	
		\$454.04
61250	Burr Hole(S) For Exploration Of The Upper Brain	\$752.62
61253	Burr Hole(S) For Exploration Of The Lower Brain	\$857.92
61304	Removal Of Bone From Skull For Exploration Of Upper Brain	\$1,467.79
61305	Removal Of Bone From Skull For Exploration Of Lower Brain	\$1,788.11
61312	Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Upper Brain, Extradural Or Subdural	\$1,839.84
61313	Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Upper Brain, Intracerebral	\$1,774.90
61314	Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Lower Brain, Extradural Or Subdural	\$1,569.56
61315	Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Lower Brain, Intracerebellar	\$1,764.57
	Incision And Subcutaneous Placement Of Cranial Bone Graft (List Separately In Addition To Code For Primary Procedure)	\$75.82
	Removal Of Bone From Skull For Drainage Of Upper Brain Abscess	\$1,686.44
	Removal Of Bone From Skull For Drainage Of Lower Brain Abscess	\$1,814.79
0.021	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of	ψ1,017.13
61322	Associated Intraparenchymal Hematoma; Without Lobectomy	\$2,121.81
01322	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of	ΨΖ, ΙΖΙ.ΟΙ
61222		\$2.120.69
61323	Associated Intraparenchymal Hematoma; With Lobectomy	\$2,120.68
61330	Decompression Of Orbit Only, Transcranial Approach	\$1,537.35
61333	Exploration And Removal Of Lesion From Bone Of Eye Socket Accessed Through Skull	\$1,719.19
61340	Subtemporal Cranial Decompression (Pseudotumor Cerebri, Slit Ventricle Syndrome)	\$1,236.34
	Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Medulla And Spinal Cord, With Or Without Dural Graft (Eg,	
61343		\$1,953.75
	Arnold-Chiari Malformation)	
61345	Other Cranial Decompression, Posterior Fossa	\$1,746.22
	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion	
61345	Other Cranial Decompression, Posterior Fossa	\$1,746.22
61345 61450	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion	\$1,746.22 \$1,638.69
61345 61450 61458	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves	\$1,746.22 \$1,638.69 \$1,793.31
61345 61450 61458 61460 61500	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13
61345 61450 61458 61460 61500 61501	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58
61345 61450 61458 61460 61500 61501 61510	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81
61345 61450 61458 61460 61500 61501 61510 61512	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13
61345 61450 61458 61460 61500 61501 61512 61514	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor Removal Of Bone From Skull For Removal Of Upper Brain Abscess	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13 \$1,640.01
61345 61450 61458 61460 61500 61501 61510 61512 61514 61516	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor Removal Of Bone From Skull For Removal Of Upper Brain Abscess Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13 \$1,640.01 \$1,674.94
61345 61450 61458 61460 61500 61501 61510 61512 61514 61516 61517	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor Removal Of Bone From Skull For Removal Of Upper Brain Abscess Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure)	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13 \$1,640.01 \$1,674.94 \$72.84
61345 61450 61458 61460 61500 61501 61512 61514 61516 61517 61518	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor Removal Of Bone From Skull For Removal Of Upper Brain Abscess Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure) Removal Of Bone From Skull For Removal Of Lower Brain Tumor	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13 \$1,640.01 \$1,674.94 \$72.84 \$2,465.09
61345 61450 61458 61460 61500 61501 61510 61512 61514 61516 61517 61518 61519	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy, For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor Removal Of Bone From Skull For Removal Of Upper Brain Abscess Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure) Removal Of Bone From Skull For Removal Of Lower Brain Tumor Removal Of Bone From Skull For Removal Of Lower Membrane Tumor	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13 \$1,640.01 \$1,674.94 \$72.84 \$2,465.09 \$2,500.90
61345 61450 61458 61460 61500 61501 61510 61512 61514 61516 61517 61518	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy; For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor Removal Of Bone From Skull For Removal Of Upper Brain Abscess Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure) Removal Of Bone From Skull For Removal Of Lower Brain Tumor Removal Of Bone From Skull For Removal Of Lower Membrane Tumor Removal Of Bone From Skull For Removal Of Lower Membrane Tumor Removal Of Bone From Skull For Removal Of Lower Membrane Tumor	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13 \$1,640.01 \$1,674.94 \$72.84 \$2,465.09
61345 61450 61458 61460 61500 61501 61510 61512 61514 61516 61517 61518 61519	Other Cranial Decompression, Posterior Fossa Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull Craniectomy, For Osteomyelitis Removal Of Bone From Skull For Removal Of Upper Brain Tumor Removal Of Bone From Skull For Removal Of Upper Membrane Tumor Removal Of Bone From Skull For Removal Of Upper Brain Abscess Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure) Removal Of Bone From Skull For Removal Of Lower Brain Tumor Removal Of Bone From Skull For Removal Of Lower Membrane Tumor	\$1,746.22 \$1,638.69 \$1,793.31 \$1,799.81 \$1,193.13 \$1,002.58 \$1,970.81 \$2,267.13 \$1,640.01 \$1,674.94 \$72.84 \$2,465.09 \$2,500.90

Code	Description	Fee
61524	Removal Of Bone From Skull For Removal Of Brain Cyst Or Creation Of Drainage Tract	\$1,781.21
61526	Bone Flap Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor	\$2,932.64
61530	Bone Flap Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor, Combined With Middle/Posterior Removal	\$2,607.02
61531 61533	Subdural Implantation Of Strip Electrodes Through One Or More Burr Or Trephine Hole(S) For Long Term Seizure Monitoring Removal Of Bone From Skull For Implantation Of Brain Electrode For Seizure Monitoring	\$1,059.54
61534	Removal Of Bone From Skull For Excision Of Brain Tissue To Halt Seizure Activity, Without Monitoring	\$1,310.27 \$1,419.11
61535	Removal Of Bone From Skull For Removal Of Electrode From Brain	\$872.48
61536	Removal Of Bone From Skull For Excision Of Brain Tissue To Halt Seizure Activity, With Monitoring	\$2,193.85
61537	Removal Of Bone From Skull For Excision Of Lobe Of Brain Without Monitoring	\$2,087.01
61538	Removal Of Bone From Skull For Excision Of Lobe Of Brain With Monitoring	\$2,258.03
61539	Removal Of Bone From Skull For Excision Of Lobe Of Brain (Other Than Temporal) With Monitoring	\$2,012.85
61540 61541	Removal Of Bone From Skull For Excision Of Lobe Of Brain (Other Than Temporal) Without Monitoring Removal Of Bone From Skull For Incision Of Brain Tissue	\$1,857.78 \$1,913.83
61543	Removal Of Bone From Skull For Partial Excision Of Brain Tissue	\$1,856.02
61544	Removal Of Bone From Skull For Excision Or Clotting Of Cerebrospinal Fluid Site	\$1,620.97
61545	Removal Of Bone From Skull For Excision Of Pituitary Gland Tumor, With Elevation Of Bone Flap	\$2,712.27
61546	Removal Of Bone From Skull For Excision Of Pituitary Gland Tumor	\$1,968.23
61548	Hypophysectomy Or Excision Of Pituitary Tumor, Transnasal Or Transseptal Approach, Nonstereotactic	\$1,416.38
61550	Craniectomy For Craniosynostosis; Single Cranial Suture	\$1,038.70
61552	Craniectomy For Craniosynostosis; Multiple Cranial Sutures	\$1,281.64
61556 61557	Craniotomy For Craniosynostosis; Frontal Or Parietal Bone Flap Craniotomy For Craniosynostosis; Bifrontal Bone Flap	\$1,465.51 \$1,450.66
61558	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Cloverleaf Skull); Not Requiring Bone Grafts	\$1,450.66
3.300	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Cloverleaf Skull); Recontouring With Multiple Osteotomies And Bone	ψ.,σ.ισ.
61559	Autografts (Eg, Barrel-Stave Procedure) (Includes Obtaining Grafts)	\$2,141.36
61563	Excision, Intra- And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous Dysplasia); Without Optic Nerve Decompression	\$1,695.07
61564	Excision, Intra- And Extracranial, Benign Tumor Of Cranial Bone (Eg., Fibrous Dysplasia); With Optic Nerve Decompression	\$2,053.38
61566	Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampectomy	\$1,911.69
61567 61570	Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections, With Electrocorticography During Surgery Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain	\$2,176.18 \$1,672.53
61571	Craniectomy Or Craniotomy; For Penetrating Wound Of Brain	\$1,776.65
61575	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biopsy, Decompression Or Excision Of Lesion;	\$2,132.72
61576	Biopsy Of Brain Stem Or Upper Spinal Cord, Requiring Splitting Of Tongue And/Or Mandible	\$3,616.82
61580	Removal Of Nasal Sinuses To Approach Brain Lesion Without The Removal Of The Maxilla Or Eyeball	\$2,287.46
61581	Removal Of Nasal Sinuses To Approach Brain Lesion With The Removal Of The Maxilla Or Eyeball	\$2,594.47
61582	Removal Of Facial Bone To Approach Brain Lesion, Extradural	\$2,697.19
61583	Removal Of Facial Bone To Approach Brain Lesion, Intradural Removal Of Facial Bone To Approach Brain Lesion, Without Removal Of The Eyeball	\$2,559.96
61584 61585	Removal Of Facial Bone To Approach Brain Lesion, With Removal Of The Eyeball	\$2,435.40 \$2,867.49
61586	Removal Of Facial Bone To Approach Brain Lesion, Without Bone Graft	\$2,273.63
0.000	Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngeal Space, Infratemporal And Midline Skull Base, Nasopharynx),	Ψ2,27 0.00
61590	With Or Without Disarticulation Of The Mandible, Including Parotidectomy, Craniotomy, Decompression And/Or Mobiliz	\$2,764.86
61591	Removal Of Skull Bone Behind Ear To Approach Brain Lesion, Infratemporal Post-Auricular Approach	\$2,769.95
İ	Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus And Carotid Artery, Clivus, Basilar Artery Or Petrous Apex)	
61592	Including Osteotomy Of Zygoma, Craniotomy, Extra- Or Intradural Elevation Of Temporal Lobe	\$2,770.72
61595 61596	Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Temporal Lobe Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Ear	CO 405 04
01330	Removal of okuli Bone Benind Ear to Approach Brain Ecsion Through the Ear	\$2,165.01 \$2,251.25
l .		\$2,165.01 \$2,251.25
61597	Transcondylar (Far Lateral) Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Occipital Condylectomy, Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization	* /
	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or	\$2,251.25 \$2,660.52
61598	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus	\$2,251.25 \$2,660.52 \$2,497.89
61598 61600	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05
61598	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain	\$2,251.25 \$2,660.52 \$2,497.89
61598 61600	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05
61598 61600 61601	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08
61598 61600 61601 61605	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47
61598 61600 61601 61605 61606	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50
61598 61600 61601 61605 61606 61607	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure)	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62
61598 61600 61601 61605 61606 61607 61608 61611 61613	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62 \$2,832.83 \$390.77 \$2,842.30
61598 61600 61601 61605 61606 61607 61608 61611 61613 61615	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62 \$2,832.83 \$390.77 \$2,842.30 \$2,467.13
61598 61600 61601 61605 61606 61607 61608 61611 61613	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62 \$2,832.83 \$390.77 \$2,842.30
61598 61600 61601 61605 61606 61607 61608 61611 61613 61615	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62 \$2,832.83 \$390.77 \$2,842.30 \$2,467.13
61598 61600 61601 61605 61606 61607 61608 61611 61613 61615 61616	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Free Tissue Graft (Eg. Perioranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts) Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Local Or Regionalized Vascularized Pedicle Flap Or Myocutaneous Flap (Including Ga	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62 \$2,832.83 \$390.77 \$2,842.30 \$2,467.13 \$3,012.99
61598 61600 61601 61605 61606 61607 61608 61611 61613 61615 61616 61618	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Free Tissue Graft (Eg, Perioranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts) Secondary Repair Of Dura For Csf Leak, Anterior, Middle	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62 \$2,832.83 \$390.77 \$2,842.30 \$2,467.13 \$3,012.99 \$1,126.63 \$1,259.25
61598 61600 61601 61605 61606 61607 61608 61611 61613 61615 61616	Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Free Tissue Graft (Eg. Perioranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts) Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Local Or Regionalized Vascularized Pedicle Flap Or Myocutaneous Flap (Including Ga	\$2,251.25 \$2,660.52 \$2,497.89 \$1,947.05 \$1,986.08 \$2,001.47 \$2,561.50 \$2,444.62 \$2,832.83 \$390.77 \$2,842.30 \$2,467.13 \$3,012.99 \$1,126.63

Code	Description	Fee
61630	Balloon Dilation Of Blood Vessel In Head, Accessed Through The Skin	\$1,184.22
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61635	Transcatheter Placement Of Intravascular Stent(S), Intracranial (Eg, Atherosclerotic Stenosis), Including Balloon Angioplasty, If Performed	\$1,331.92
61640	Balloon Dilation Of Blood Vessel Spasm In Head, Accessed Through The Skin	\$544.66
61641	Balloon Dilation Of Additional Blood Vessel Spasm In Head In Same Blood Vessel Family, Accessed Through The Skin	\$236.14
61642	Balloon Dilation Of Additional Blood Vessel Spasm In Head In Different Blood Vessel Family, Accessed Through The Skin	\$454.79
61645	Removal Of Blood Clot And Injection To Dissolve Blood Clot From Head Artery Using Fluoroscopic Guidance, Accessed Through Skin	\$751.65
61650	Infusion Of Chemical Agent Into The Artery Of Brain With Insertion Of Catheter And Imaging, Initial Territory	\$514.24
61651	Infusion Of Chemical Agent Into The Artery Of Brain With Insertion Of Catheter And Imaging, Each Additional Territory	\$219.27
61680	Repair Of Abnormal Artery-Vein Connection In Brain, Supratentorial, Simple	\$2,020.34
61682	Repair Of Abnormal Artery-Vein Connection In Brain, Supratentorial, Complex	\$3,512.27
61684	Repair Of Abnormal Artery-Vein Connection In Brain, Infratentorial, Simple	\$2,416.80
61686	Repair Of Abnormal Artery-Vein Connection In Brain, Infratentorial, Complex	\$3,794.42
61690	Repair Of Abnormal Artery-Vein Connection In Brain, Dural, Simple	\$1,861.37
61692	Repair Of Abnormal Artery-Vein Connection In Brain, Dural, Complex	\$3,086.48
61697	Repair Of Complex Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Incision Of Skull	\$3,572.68
61698	Repair Of Complex Bulging Of Blood Vessel (Aneurysm) Of Vertebrobasilar Circulation In Brain By Incision Of Skull	\$3,906.74
61700	Repair Of Simple Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Incision Of Skull	\$2,890.60
61702	Repair Of Simple Bulging Of Blood Vessel (Aneurysm) Of Vertebrobasilar Circulation In Brain By Incision Of Skull	\$3,401.69
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61703	Surgery For Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Clamping Of Carotid Artery Via Incision Of Neck	\$1,170.06
	Surgery For Abnormal Blood Vessel In Brain By Clamping Of Carotid Artery Via Incision Of Neck And Tying Of Abnormal Blood Vessel Via	00.011.55
61705	Incision Of Skull	\$2,214.20
61708	Creation Of Clot In Abnormal Blood Vessel In Brain Using Electricity, Via Incision Of Skull	\$2,166.62
61710	Surgical Creation Of Obstruction In Abnormal Blood Vessel In Brain	\$1,828.10
61711	Anastomosis, Arterial, Extracranial-Intracranial (Eg, Middle Cerebral/Cortical) Arteries	\$2,196.98
61715	Mri Guided High Intensity Focused Ultrasound, Computer-Assisted Destruction Of Intracranial Tissue	Price by Report
61720	Creation Of Brain Lesion By Stereotactic Method, Globus Pallidus Or Thalamus	\$1,094.75
61735	Creation Of Brain Lesion By Stereotactic Method, Other Than Globus Pallidus Or Thalamus	\$1,371.03
61736	Laser Interstitial Thermal Therapy (Litt) Of Single, Simple Growth Within Skull	\$955.77
61737	Laser Interstitial Thermal Therapy (Litt) Of Multiple Or Complex Growth Within Skull	\$1,141.43
61750	Stereotactic Biopsy, Aspiration, Or Excision Of Brain Lesion	\$1,261.55
61751	Stereotactic Biopsy, Aspiration, Or Excision Of Brain Lesion Using Ct And/Or Mri Guidance	\$1,252.47
61760	Stereotactic Implantation Of Depth Electrodes Into The Cerebrum For Long Term Seizure Monitoring	\$1,411.87
61770	Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source	\$1,388.29
61781	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure)	\$204.00
61782	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure)	\$161.10
61783	Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure)	\$202.91
61790	Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin	\$768.84
61791	Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin	\$972.83
61796	Stereotactic Treatment Of Brain Growth, 1 Simple Lesion	\$891.73
61797	Stereotactic Treatment Of Brain Growth, Folimpic Ecsion Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion	\$183.19
61798	Stereotactic Treatment Of Brain Growth, 1 Complex Lesion	\$1,168.41
61799	Stereotactic Treatment of Brain Growth, Each Additional Complex Lesion	\$252.96
61800	Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure)	\$131.99
61850	Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical	\$852.88
	Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain	\$1,339.40
61863	Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes in Brain, First Array	\$1,354.23
61864	Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, Each Additional Array	\$244.55
31004		Ψ <u></u>
61867	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper	¢4.040.40
		\$1,943.40
	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg,	\$1,943.40
61868	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper	\$416.57
61868 61880	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes	\$416.57 \$515.50
61868	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper	\$416.57
61868 61880	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes	\$416.57 \$515.50
61868 61880 61885	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver	\$416.57 \$515.50 \$441.08
61868 61880 61885 61886	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65
61868 61880 61885 61886 61888 62000 62005	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40
61868 61880 61885 61886 61888 62000	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01
61868 61880 61885 61886 61888 62000 62005	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40
61868 61880 61885 61886 61888 62000 62005 62010	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01
61868 61880 61885 61886 61888 62000 62005 62010 62100	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14
61868 61880 61885 61886 61888 62000 62005 62010 62110 62115	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,454.41
61868 61880 61885 61886 61888 62000 62005 62010 62115 62117	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts)	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,454.41 \$1,679.03
61868 61880 61885 61886 61888 62000 62005 62010 62115 62117 62120	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts) Repair Of Encephalocele, Skull Vault, Including Cranioplasty	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,454.41 \$1,679.03 \$1,834.92
61868 61880 61885 61886 61888 62000 62005 62010 62115 62117 62120 62121 62140	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts) Repair Of Encephalocele, Skull Vault, Including Cranioplasty Craniotomy With Repair Of Encephalocele, Skull Base Repair Of Skull Bone Defect, 5 Cm Or Less	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,454.41 \$1,679.03 \$1,834.92 \$1,405.29 \$932.81
61868 61880 61885 61886 62000 62005 62010 62115 62117 62120 62121	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts) Repair Of Encephalocele, Skull Vault, Including Cranioplasty Craniotomy With Repair Of Encephalocele, Skull Base	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,454.41 \$1,679.03 \$1,834.92 \$1,405.29 \$932.81 \$1,036.40
61868 61880 61885 61886 62000 62005 62010 62115 62117 62120 62121 62140 62141 62141	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg. Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg. Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts) Repair Of Encephalocele, Skull Vault, Including Cranioplasty Craniotomy With Repair Of Encephalocele, Skull Base Repair Of Skull Bone Defect, 5 Cm Or Less Repair Of Skull Bone Defect, More Than 5.0 Cm	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,454.41 \$1,679.03 \$1,834.92 \$1,405.29 \$932.81 \$1,036.40 \$814.17
61868 61880 61885 61886 61888 62000 62000 62100 62115 62117 62120 62121 62141 62141 62142 62143	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts) Repair Of Encephalocele, Skull Vault, Including Cranioplasty Craniotomy With Repair Of Encephalocele, Skull Base Repair Of Skull Bone Defect, 5 Cm Or Less Repair Of Skull Bone Defect, More Than 5.0 Cm Removal Of Skull Bone Flap Or Skull Plate	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,679.03 \$1,834.92 \$1,405.29 \$932.81 \$1,036.40 \$814.17 \$908.05
61868 61880 61885 61886 61888 62000 62005 62010 62115 62117 62120 62120 62120 62141 62141 62141	Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper Revision Or Removal Of Intracranial Neurostimulator Electrodes Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver Elevation Of Depressed Skull Fracture, Simple Elevation Of Depressed Skull Fractures, Compound Or Comminuted Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts) Repair Of Encephalocele, Skull Vault, Including Cranioplasty Craniotomy With Repair Of Encephalocele, Skull Base Repair Of Skull Bone Defect, 5 Cm Or Less Repair Of Skull Bone Defect, More Than 5.0 Cm Removal Of Skull Bone Flap Or Skull Plate Replacement Of Skull Bone Flap Or Skull Plate	\$416.57 \$515.50 \$441.08 \$807.32 \$347.73 \$847.65 \$1,095.40 \$1,380.01 \$1,428.14 \$1,454.41 \$1,679.03 \$1,834.92 \$1,405.29 \$932.81 \$1,036.40 \$814.17

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Code	Description Personal Of Skull Rone Graft Accessed Repeath The Skin	Fee
62148	Removal Of Skull Bone Graft, Accessed Beneath The Skin Neuroendoscopy, Intracranial, For Placement Or Replacement Of Ventricular Catheter And Attachment To Shunt System Or External Drainage	\$108.96
62160	(List Separately In Addition To Code For Primary Procedure)	\$158.05
	Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of Septum Pellucidum Or Intraventricular Cysts (Including	
62161	Placement, Replacement, Or Removal Of Ventricular Catheter)	\$1,369.01
62162	Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst, Including Placement Of External Ventricular Catheter For Drainage	\$1,617.71
62164	Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Placement Of External Ventricular Catheter For Drainage	\$1,795.96
62165	Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal Or Trans-Sphenoidal Approach	\$1,336.66
62180	Ventriculocisternostomy (Torkildsen Type Operation)	\$1,371.28
62190	Creation Of Brain Fluid Drainage Shunt, Sub-Atrial, -Jugular, -Auricular	\$807.78
62192	Creation Of Brain Fluid Drainage Shunt, Sub-Peritoneal, -Pleural, Other Terminus	\$857.26
62194 62200	Replacement Or Irrigation, Subdural Catheter Creation Of An Opening For Brain Fluid Drainage, Third Ventricle	\$435.06 \$1,182.79
62201	Ventriculocisternostomy, Third Ventricle; Stereotactic, Neuroendoscopic Method	\$1,050.32
62220	Creation Of Brain Fluid Drainage Shunt, Ventriculo-Atrial, -Jugular, -Auricular	\$881.15
62223	Creation Of Brain Fluid Drainage Shunt, Ventriculo-Peritoneal, -Pleural, Other Terminus	\$943.17
		\$447.48
62230	Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or Distal Catheter In Shunt System	\$764.40
62252 62256	Reprogramming Of Programmable Cerebrospinal Shunt Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement	\$80.45 \$532.55
62258	Removal Of Complete Shunt System; With Replacement By Similar Or Other Shunt At Same Operation	\$1,007.08
02200	Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions Over	ψ1,007.00
62263	2 Or More Days	\$610.68
	Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions In 1	
62264 62267	Day Diagnostic Aspiration Of Spinal Disc Or Tissue, Accessed Through The Skin	\$424.90 \$256.47
62268	Aspiration Of Spinal Cord Cyst Or Fluid-Filled Cavity, Accessed Through The Skin	\$262.10
62269	Needle Biopsy Of Spinal Cord, Accessed Beneath The Skin	\$240.11
62270	Spinal Tap For Diagnosis	\$132.25
62272	Spinal Tap With Drainage Of Spinal Fluid	\$175.62
62273	Injection, Epidural, Of Blood Or Clot Patch	\$163.24
	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance;	****
62280 62281	Subarachnoid Injection Of Spinal Canal To Destroy Nerve In The Upper Spine Area	\$316.14 \$227.18
62282	Injection of Spinal Canal To Destroy Nerve In The Opper Spine Area	\$306.05
62284	Injection Of Dye For X-Ray Imaging And/Or Ct Of Lower Spinal Canal	\$205.77
62287	Aspiration Of Lower Spine Disc, Accessed Through The Skin	\$534.36
62290	Injection Of Dye For X-Ray Imaging Of Spine Disc, Each Level, Lumbar	\$378.72
62291	Injection Of Dye For X-Ray Imaging Of Spine Disc, Each Level, Cervical Or Thoracic	\$302.97
62292	Injection Of Chemical Enzyme Into Herniated Spinal Disc	\$533.07
62294 62302	Injection Procedure, Arterial, For Occlusion Of Arteriovenous Malformation, Spinal X-Ray Of Upper Spinal Canal With Radiological Supervision And Interpretation	\$822.17 \$248.13
62303	X-Ray Of Middle Spinal Canal With Radiological Supervision And Interpretation	\$252.66
62304	, , ,	\$246.79
62305	X-Ray Of Lower Spinal Canal With Radiological Supervision And Interpretation, Two Or More Regions	\$269.10
62320	Injection Of Substance Into Spinal Canal Of Upper Or Middle Back	\$155.44
62321	Injection Of Substance Into Spinal Canal Of Upper Or Middle Back Using Imaging Guidance	\$258.73
62322	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance	\$131.65 \$254.61
62324	Insertion of Substance into Spinal Carial of Lower Back of Sacrum Osing Imaging Guidance Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back	\$150.21
02021	The state of the s	Ψ100.21
62325	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back Using Imaging Guidance	\$245.54
62326	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Lower Back	\$133.85
62227	Insertion Of Industrian Catheter And Administration Of Substance Into Spinal Canal Of Lower Book Lower Book Using Imaging Children	¢2/1 66
62327 62328	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Lower Back Lower Back Using Imaging Guidance Diagnostic Spinal Tap Of Lower Spine Using Imaging Guidance	\$241.66 \$271.91
62329	Therapeutic Spinal Tap Of Lower Spine Using Imaging Guidance	\$318.09
62350	Implantation, Revision, Or Repositioning Of Spinal Canal Medication Catheter	\$375.89
62351	Implantation, Revision, Or Repositioning Of Catheter In Spinal Canal For Medication Administration	\$801.03
62355	Removal Of Previously Implanted Intrathecal Or Epidural Catheter	\$247.46
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	\$293.08
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Non-Programmable Pump Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With	\$381.63
62362	Or Without Programming	\$361.64
62365	Removal Of Spinal Canal Drug Infusion Pump Or Device, Accessed Beneath The Skin	\$280.81
	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status,	-
62367	Alarm Status, Drug Prescription Status); Without Reprogramming Or Refill	\$30.33
00000	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status,	# 40.00
62368	Alarm Status, Drug Prescription Status); With Reprogramming Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status,	\$42.63
62369	Electronic Analysis of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming And Refill	\$90.56
		\$20.00
	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status,	COO 15
62370	IAlarm Status, Drug Prescription Status): With Reprogramming And Refill (Requiring Skill Of A Physician Or Other Qualified	
	Alarm Status, Drug Prescription Status); With Reprogramming And Refill (Requiring Skill Of A Physician Or Other Qualified Decompression Of Spinal Cord And/Or Nerve Root In Lower Back Using Endoscope	\$90.15 Price by Report
62370 62380		Price by Report

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	Description	Fee
	Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Upper Back	\$1,072.48
	Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Lower Back	\$1,093.86
63011	Laminectomy For Decompression Of Spinal Cord And/Or Cauda Equina, One Or Two Segments; Sacral	\$974.79
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	\$1,091.00
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy, (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical	\$1,282.70
63016	Partial Removal Of Bone And/Or Release Of Middle Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments	\$1,379.14
63017	Partial Removal Of Bone And/Or Release Of Lower Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments	\$1,098.58
63020	Herniated Intervertebral Disc; 1 Interspace, Cervical	\$1,011.21
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar	\$952.68
	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of	
63035	Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary	\$186.71
	Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Single Interspace	\$1,213.15
	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Single Interspace	\$1,192.05
	Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Each Additional Cervical Interspace	\$311.03
63044	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Each Additional Lumbar Interspace	\$369.31
	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve	
63045	Root(S), (Eg, Spinal Or Lateral Recess Stenosis), Single Vertebral Segment; Cervical	\$1,123.31
63046	Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area	\$1,077.05
63047	Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lower Back (Lumbar) Area	\$1,017.58
	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve	
63048	Root(S), (Eg, Spinal Or Lateral Recess Stenosis)), Single Vertebral Segment; Each Additional Segment, Cervical, Thoracic, Or Lumba	\$186.88
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;	\$1,307.69
63051	Reconstruction Of Bone Around Spinal Canal With Release Of Spinal Cord, With Bone Reconstruction	\$1,490.70
63052	Partial Removal Of Bone Of Single Segment Of Spine In Lower Back With Release Of Spinal Cord And/Or Nerves During Fusion Of Spine In Lower Back	\$208.93
	Partial Removal Of Bone Of Additional Segment Of Spine In Lower Back With Release Of Spinal Cord And/Or Nerves During Fusion Of Spine	
	In Lower Back	\$185.39
63055	Release Of Middle Spinal Cord And/Or Nerves	\$1,405.69
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disk)	\$1,354.37
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)	\$274.46
63064	Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Single Segment	\$1,540.09
	Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Each Additional Segment	\$171.49
63075	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Single Interspace	\$1,190.58
63076	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace	\$210.03
63077	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves, Single Interspace	\$1,316.09
63078	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace	\$172.58
63081	Removal Of Upper Spine Bone With Release Of Spinal Cord And/Or Nerves, Anterior Approach, Single Segment	\$1,533.56
63082	Removal Of Upper Spine Bone With Release Of Spinal Cord And/Or Nerves, Anterior Approach, Each Additional Segment	\$227.23
63085	Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Transthoracic Approach, Single Segment	\$1,753.65
63086	Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Transthoracic Approach, Each Additional Segment	\$163.93
63087	Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord Or Nerves, Combined Thoracolumbar Approach, Single Segment Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord Or Nerves, Combined Thoracolumbar Approach, Each Additional	\$2,096.70
	Segment	\$221.18
	Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach,	¢4 700 00
	Single Segment Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach, Each	\$1,722.98
	Additional Segment Removed Of Middle Spine Report With Release Of Spinel Court And/Or Nervoe Letteral Entreportion American	\$154.17
	Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$2,096.13
	Removal Of Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$2,072.51
	Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$251.17
	Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracci Or Thoracolumbar	\$1,369.81
63172	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or Pleural Space	\$1,213.72
63173 63185	Removal Of Spine Bone With Severing Of Nerve Roots, 1 Or 2 Segments	\$1,480.38
	Removal Of Spine Bone With Severing Of Nerve Roots, 1 Or 2 Segments Removal Of Spine Bone With Severing Of Nerve Roots, More Than 2 Segments	\$1,009.65 \$1,163.39
63190	Laminectomy With Section Of Spinal Accessory Nerve	\$1,163.39
63197	Removal Of Spine Bone With Incision Of Both Middle Spinal Cord Tracts	\$1,468.12
63200	Laminectomy, With Release Of Tethered Spinal Cord, Lumbar	\$1,273.69
63250	Laminectomy, With Notes of Potnored Spirital Cord, Editional Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Cord; Cervical	\$2,517.35
63251	Removal Of Middle Spine Bone And Arteriovenous Malformation	\$2,575.04
	Removal Of Middle And Lower Spine Bone And Arteriovenous Malformation	\$2,574.39
	Removal Of Upper Spine Bone And Growth Other Than A Tumor Extradural	\$1,443.12
	Removal Of Middle Spine Bone And Growth Other Than A Tumor, Extradural	\$1,487.83
	Removal Of Lower Spine Bone And Growth Other Than A Tumor, Extradural	\$1,250.15
	Removal Of Sacral Spine Bone And Growth Other Than A Tumor, Extradural	\$1,237.10
	Removal Of Upper Spine Bone And Growth Other Than A Tumor, Intradural	\$1,776.74
	Removal Of Middle Spine Bone And Growth Other Than A Tumor, Intradural	\$1,774.98
63272	Removal Of Lower Spine Bone And Growth Other Than A Tumor, Intradural	\$1,691.76
63273	Removal Of Sacral Spine Bone And Growth Other Than A Tumor, Intradural	\$1,601.20

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	Description	Fee
	Removal Or Biopsy Of Upper Spine Bone Tumor, Extradural Removal Or Biopsy Of Middle Spine Bone Tumor, Extradural	\$1,556.75
	Removal Or Biopsy Of Lower Spine Bone Tumor, Extradural	\$1,608.31 \$1,357.24
	Removal Or Biopsy Of Sacral Spine Bone Tumor, Extradural	\$1,372.09
	Removal Or Biopsy Of Upper Spine Bone Tumor, Intradural	\$1,815.56
	Removal Or Biopsy Of Middle Spine Bone Tumor, Intradural	\$1,797.93
	Removal Or Biopsy Of Lower Spine Bone Tumor, Intradural	\$1,698.96
63283	Removal Or Biopsy Of Sacral Spine Bone Tumor, Intradural	\$1,632.87
63285	Removal Or Biopsy Of Upper Spine Bone Tumor, Intramedullary, Intradural	\$2,227.60
	Removal Or Biopsy Of Middle Spine Bone Tumor, Intramedullary, Intradural	\$2,288.26
	Removal Or Biopsy Of Lower Spine Bone Tumor, Intramedullary, Intradural	\$2,430.97
63290	Removal Or Biopsy Of Spine Bone Tumor, Combined Extradural-Intradural	\$2,373.26
62205	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Separately In Addition To Code For	\$20E 60
	Primary Procedure) Removal Of Upper Spine Bone Growth, Extradural	\$285.68 \$1,577.19
	Removal Of Middle Spine Bone Growth, Transthoracic Approach, Extradural	\$1,886.04
	Removal Of Middle Spine Bone Growth, Thoracolumbar Approach, Extradural	\$1,863.96
	Removal Of Lower Or Sacral Spine Bone Growth, Transperitoneal Or Retroperitoneal Approach, Extradural	\$1,974.46
63304	Removal Of Upper Spine Bone Growth, Intradural	\$2,006.12
63305	Removal Of Middle Spine Bone Growth, Transthoracic Approach, Intradural	\$2,132.00
	Removal Of Middle Spine Bone Growth, Thoracolumbar Approach, Intradural	\$2,095.59
63307	Removal Of Lower Or Sacral Spine Bone Growth, Transperitoneal Or Retroperitoneal Approach, Intradural	\$2,051.67
	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Each Additional	***
	Segment (List Separately In Addition To Codes For Single Segment)	\$271.85
63600 63610	Creation Of Stereotactic Spinal Cord Lesion, Accessed Through The Skin Stereotactic Stimulation Of Spinal Cord, Percutaneous, Separate Procedure Not Followed By Other Surgery	\$941.06 \$488.33
63620	Stereotactic Stiffulation of Splina Cord, Percutarieous, Separate Procedure Not Pollowed By Other Surgery Stereotactic Treatment Of One Spine Growth	\$966.32
63621	Stereotactic Treatment Of Each Additional Spine Growth	\$210.64
63650	Implantation Of Spinal Neurostimulator Electrodes, Accessed Through The Skin	\$2,031.00
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	\$773.58
63661	Removal Or Revision Of Spinal Neurostimulator Electrodes, Accessed Through The Skin	\$598.87
	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When	
	Performed	\$755.90
	Revision And Replacement Of Spinal Neurostimulator Electrodes, On The Skin	\$864.29
	Revision And Replacement Of Spinal Neurostimulator Electrodes, Implanted	\$776.23
	Insertion Or Replacement Of Spinal Neurostimulator Generator Or Receiver Removal Or Revision Of Spinal Neurostimulator Generator Or Receiver	\$359.28
	Repair Of Meningocele; Less Than 5 Cm Diameter	\$352.26 \$1,136.69
	Repair Of Meningocele; Larger Than 5 Cm Diameter	\$1,239.17
	Repair Of (Less Than 5 Centimeter Diameter) Spinal Cord Defect (Spina Bifida)	\$1,441.46
	Repair Of (Larger Than 5 Centimeter) Spinal Cord Defect (Spina Bifida)	\$1,509.93
63707	Repair Of Dural/Cerebrospinal Fluid Leak, Not Requiring Laminectomy	\$776.91
63709	Repair Of Spinal Fluid Leak, With Removal Of Part Of Vertebra	\$1,023.32
	Dural Graft, Spinal	\$960.93
	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Including Laminectomy	\$858.76
	Creation Of Spinal Fluid Shunt, Accessed Through The Skin	\$626.95
	Replacement, Irrigation, Or Revision Of Lower Spinal Canal Shunt	\$604.38
	Removal Of Entire Lumbosubarachnoid Shunt System Without Replacement Injection Of Anesthetic Agent And/Or Steroid Into Trigeminal Nerve Of Face	\$508.94
	Injection of Anesthetic Agent And/Or Steroid Into Trigenman Nerve of Pace Injection Of Anesthetic Agent And/Or Steroid Into Trigenman Nerve of Upper Neck And Back Of Head	\$109.52 \$71.04
	Injection of Anesthetic Agent And/or Steroid Into Greater Occipital Nerve or opper Neck And Back of Nead	\$77.45
	Injection Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm	\$118.03
	Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm	\$65.53
	Injection Of Anesthetic Agent And/Or Steroid Into Axillary Nerve Of Upper Arm And Shoulder	\$141.70
64418	Injection Of Anesthetic Agent And/Or Steroid Into Suprascapular Nerve Of Shoulder	\$83.75
64420	Injection Of Anesthetic Agent And/Or Steroid Into Single Intercostal Nerve Of Rib	\$86.23
64421	Injection Of Anesthetic Agent And/Or Steroid Into Multiple Intercostal Nerves Of Ribs For Regional Nerve Block	\$32.26
	Injection Of Anesthetic Agent And/Or Steroid Into Ilioinguinal And Iliohypogastric Nerves Of Lower Abdomen And Groin	\$97.61
64430		WO4 O4
	Injection Of Anesthetic Agent And/Or Steroid Into Pudendal Nerve Of External Genitals And Area Around Anus	\$91.91
64435	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus	\$76.79
64435 64445	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg	\$76.79 \$140.01
64435 64445 64446	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg	\$76.79 \$140.01 \$64.04
64435 64445 64446 64447	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg	\$76.79 \$140.01 \$64.04 \$102.22
64435 64445 64446 64447	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh	\$76.79 \$140.01 \$64.04
64435 64445 64446 64447 64448	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71
64435 64445 64446 64447 64448 64449	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03
64435 64445 64446 64447 64448 64449 64450	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38
64435 64445 64446 64447 64448 64449 64450 64451 64454 64455	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance Injections Of Anesthetic And/Or Steroid Drug Into Nerve Of Foot	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38 \$221.14 \$218.81 \$48.70
64435 64445 64446 64447 64448 64449 64450 64451 64454 64455 64461	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance Injection Of Anesthetic Adent, Thoracic Vertebra Through A Single Incision	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38 \$221.14 \$218.81 \$48.70 \$129.14
64435 64446 64447 64448 64449 64450 64451 64454 64455 64461 64462	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance Injection Of Anesthetic Agent, Thoracic Vertebra Through A Single Incision Injection Of Anesthetic Agent, Thoracic Vertebra Through Additional Incisions	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38 \$221.14 \$218.81 \$48.70 \$129.14
64435 64445 64446 64447 64448 64449 64450 64451 64454 64455 64461 64462 64463	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance Injections Of Anesthetic And/Or Steroid Drug Into Nerve Of Foot Injection Of Anesthetic Agent, Thoracic Vertebra Through A Single Incision Injection Of Anesthetic Agent, Thoracic Vertebra Through Additional Incisions Injection Of Anesthetic Agent, Thoracic Vertebra Through A Inserted Catheter	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38 \$221.14 \$218.81 \$48.70 \$129.14 \$68.72 \$224.06
64435 64445 64446 64447 64448 64449 64450 64451 64454 64455 64461 64462 64463 64466	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance Injection Of Anesthetic Agent, Thoracic Vertebra Through A Single Incision Injection Of Anesthetic Agent, Thoracic Vertebra Through A Inserted Catheter Unilateral Thoracic Fascial Plane Block By Injection(S)	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38 \$221.14 \$218.81 \$48.70 \$129.14 \$68.72 \$224.06 \$105.31
64435 64445 64446 64447 64448 64449 64450 64451 64455 64454 64455 64461 64462 64463 64466 64467	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance Injection Of Anesthetic Adent, Thoracic Vertebra Through A Single Incision Injection Of Anesthetic Agent, Thoracic Vertebra Through Additional Incisions Injection Of Anesthetic Agent, Thoracic Vertebra Through A Inserted Catheter Unilateral Thoracic Fascial Plane Block By Injection(S) Unilateral Thoracic Fascial Plane Block By Continuous Infusion(S)	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38 \$221.14 \$218.81 \$48.70 \$129.14 \$68.72 \$224.06 \$105.31 \$196.83
64435 64445 64446 64447 64448 64449 64450 64451 64454 64455 64461 64462 64463	Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Bundle Of Lower Back By Posterior Approach Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance Injection Of Anesthetic Agent, Thoracic Vertebra Through A Single Incision Injection Of Anesthetic Agent, Thoracic Vertebra Through A Inserted Catheter Unilateral Thoracic Fascial Plane Block By Injection(S)	\$76.79 \$140.01 \$64.04 \$102.22 \$61.71 \$60.03 \$73.38 \$221.14 \$218.81 \$48.70 \$129.14 \$68.72 \$224.06 \$105.31

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Section Sect	64590 64595 64596 64597 64598 64600	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24
Section Sect	64590 64595 64596 64597 64598	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24
Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) S141.49 S4616 Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin S152.94 Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin S152.94 S183.04 S4620 Destruction By Neurolytic Agent Intercostal Nerve S183.04 S4624 Pestruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance S463.74 S4624 Pestruction Of Intraosseous Basivertebral Nerve In Dense Of Spine In Lower Back, First Two Bones S4625 Pestruction Of Intraosseous Basivertebral Nerve In Dense Of Spine In Lower Back, First Two Bones S4626 Pestruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single S489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single S489.16 Destruction	64590 64595 64596 64597 64598 64600 64605	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55
Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Migrai	64590 64595 64596 64597 64598 64600 64605	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55
Migraine State Migraine State Migraine State Migraine State Migraine State Migraine Mi	64590 64595 64596 64597 64598 64600 64605 64610	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25
Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin \$115.90 10 Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin \$152.94 10 Destruction By Neurolytic Agent Intercostal Nerve \$183.04 10 Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance \$183.04 10 Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance \$183.04 10 Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance \$183.04 10 Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones 10 Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back 10 Destruction By Neurolytic Agent; Pudendal Nerve 10 Destruction By Neurolytic Agent; Plantar Common Digital Nerve 10 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single 10 Pactruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each 10 Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) 10 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single 10 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single 10 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single 10 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single 10 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch 10 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch 10 Destruction By Neurolytic Agent Other Peripheral	64590 64595 64596 64597 64598 64600 64605 64610	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm)	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25
Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30
Destruction By Neurolytic Agent Intercostal Nerve \$183.04 \$383.40 Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance \$383.40 \$383.40 \$383.40 \$383.40 \$383.40 \$383.40 Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance \$384.27 \$4628 Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones \$384.27 \$4629 Heat Destruction By Neurolytic Agent; Pudendal Nerve In Additional Bone Of Spine In Lower Back \$4620 Destruction By Neurolytic Agent; Pudendal Nerve \$424.2.25 \$4630 Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single \$481.15 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch Destruction Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine)	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30
Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance \$383.40 \$383.40 \$383.40 \$383.40 \$386.25 Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance \$465.77 \$462.94 Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones \$384.27 \$463.05 Destruction By Neurolytic Agent; Pudendal Nerve \$242.25 \$463.07 Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single \$463.17 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single \$463.17 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each \$463.17 Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch \$489.16 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch \$489.16 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch \$489.16 Destruction Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles, Each Additional Extremity \$79.74 Higection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 O	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90
Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance \$465.77 \$4628 Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones \$384.27 \$4629 Heat Destruction By Neurolytic Agent; Pudendal Nerve \$242.25 \$4630 Destruction By Neurolytic Agent; Pudendal Nerve Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve (S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Sacral, Sacral, Sacral, Sacral, Sacral, Sacral, Sacral, Sacral, Sacral, Sacral, Sacral,	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Nock Excluding Voice Box Accessed Through The Skin	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94
Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones \$384.27 Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back \$176.27 \$4629 Heat Destruction By Neurolytic Agent; Pudendal Nerve \$242.25 \$4630 Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) \$213.67 \$246.00 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 or More Muscles \$164.42 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 or More Muscles \$164.42 \$164.42	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection By Neurolytic Agent Intercostal Nerve	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04
Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back Destruction By Neurolytic Agent; Pudendal Nerve Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Statistics Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Separate State Sta	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40
Destruction By Neurolytic Agent; Pudendal Nerve \$424.25 Secondary Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Secondary Seconda	64590 64595 64596 64597 64598 64600 64605 64611 64612 64615 64616 64617 64620 64624 64625	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77
Destruction By Neurolytic Agent, Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single S4633 Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single S4635 Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) S4636 Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) S4637 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch S4640 Destruction Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles S4641 Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles S4645 Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity S4646 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity S4646 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles S4647 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles S4648 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27
Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single \$431.15 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) \$213.67 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch Separately Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64628	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27
Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single S4635 Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) S213.67 S4640 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch S4641 Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles S4644 Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity S4645 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity S4646 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles S4647 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles S4648 S4649 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles S4649 S4640 S4640 S4640 S4641 S4640 S	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64624 64628 64629 64630	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back Destruction By Neurolytic Agent; Pudendal Nerve	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27
Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Separately In Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Separately Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Separately Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64628	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction By Neurolytic Agent; Pudendal Nerve Destruction By Neurolytic Agent; Pudendal Nerve	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27
Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single S4635 Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) \$213.67 Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) \$213.67 Biscopius Neurolytic Agent Other Peripheral Nerve Or Branch Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity \$102.64 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles \$136.83 Biscopius Additional Extremity \$102.64 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles \$136.83	64590 64595 64596 64597 64598 64600 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64629 64630	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg. For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85
Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each \$213.67 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve Muscles On One Arm Or Leg, 1-4 Muscles, Each Additional Extremity \$79.74 Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity \$79.74 Bestruction By Neurolytic Agent Agent Agent Paravertebral Facet Joint Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity \$102.64 Bestruction By Neurolytic Agent Agent Paravertebral Facet Joint Nerve Muscles On Trunk, 6 Or More Muscles \$113.68 Bestruction By Neurolytic Agent Paravertebral Facet Joint Nerve Muscles On Trunk, 6 Or More Muscles \$114.42	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64629 64632	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent; Plantar Common Digital Nerve	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85
S4635 Facet Joint \$489.16 Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) \$213.67 S4640 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch \$219.60 Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles \$131.00 Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles, Each Additional Extremity \$79.74 Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity \$102.64 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles, Each Additional Extremity \$102.64 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64629 64630 64632	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction By Neurolytic Agent; Pudendal Nerve Destruction By Neurolytic Agent; Padadal Nerve Destruction By Neurolytic Agent; Padadal Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or T	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85
Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) \$213.67 B4640 Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch \$219.60 B19.60	64590 64595 64596 64597 64598 64600 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64629 64630	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction By Neurolytic Agent; Pudendal Nerve Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Cod	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85
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Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles \$131.00	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64629 64633 64634	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg., For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back, First Two Bones Heat Destruction By Neurolytic Agent; Plantar Common Digital Nerve Destruction By Neurolytic Agent, Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85 \$431.15
Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles, Each Additional Extremity \$79.74	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64624 64625 64628 64629 64630 64632 64633 64634	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg. For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction By Neurolytic Agent, Plantar Common Digital Nerve Destruction By Neurolytic Agent, Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), Wit	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85 \$431.15 \$235.43 \$489.16
Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles \$153.17	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64630 64633 64634 64635	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Peripheral Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg., For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones Heat Destruction By Neurolytic Agent, Pachar Common Digital Nerve Destruction By Neurolytic Agent, Pachar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoro	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85 \$431.15 \$235.43 \$489.16 \$213.67 \$219.60
54645Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity\$102.6454646Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles\$136.8354647Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles\$164.42	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64630 64632 64633 64634 64635	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Injection Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance Reat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Ba	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85 \$431.15 \$235.43 \$489.16 \$213.67 \$219.60 \$131.00
64646Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles\$136.8364647Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles\$164.42	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64628 64628 64633 64633 64634 64635	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of 1A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Subject On Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Guidance Bestruction By Neurolytic Agent, Paravertebral Facet Joint Nerve (S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85 \$431.15 \$235.43 \$489.16 \$213.67 \$219.60 \$131.00 \$79.74
No. 10 Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles \$164.42	64590 64595 64596 64597 64598 64600 64605 64601 64611 64612 64615 64616 64617 64620 64624 64625 64628 64633 64634 64634 64635 64634 64635 64636 64640 64642 64642 64643 64644 64644 64644 64644 64644 64644 64644 64644 64644 64644 64644	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Revision Of A Peripheral Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Destruction Or Replacement Of A Peripheral Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Reve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Reve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Reve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Reve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg. For Chronic Migraine) Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction By Neurolytic Agent, Peravertebral Nerve In Additional Bone Of Spine In Lower Back, First Two Bones Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidanc	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$4465.77 \$384.27 \$176.27 \$242.25 \$84.85 \$431.15 \$235.43 \$489.16 \$213.67 \$219.60 \$131.00 \$79.74 \$153.17
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S4650 Chemodenervation Of Eccrine Glands; Both Axillae \$77.77	64590 64595 64596 64597 64598 64600 64605 64610 64611 64612 64615 64616 64617 64620 64624 64625 64628 64629 64630 64632 64634 64635 64640 64644 64645 64644 64645 64646 6466 6	Revision Of Peripheral Neurostimulator Electrodes Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch Destruction Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg. For Blepharospasm, Hemifacial Spasm) Chemodenervation Of Chemical For Destruction Of Nerve Muscles On One Side Of Nock Excluding Voice Box Accessed Through The Skin Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin Destruction By Neurolytic Agent Intercostal Nerve Destruction By Neurolytic Agent Intercostal Nerve Destruction By Neurolytic Agent, Plantar Common Digital Nerve Destruction By Neurolytic Agent, Plantar Common Digital Nerve Destruction By Neurolytic Agent, Paravertebral Facet Joint	\$384.04 \$317.39 \$1,895.70 \$1,895.70 Price by Report \$441.24 \$774.55 \$727.33 \$125.25 \$132.30 \$141.49 \$115.90 \$152.94 \$183.04 \$383.40 \$465.77 \$384.27 \$176.27 \$242.25 \$84.85 \$431.15 \$235.43 \$489.16 \$213.67 \$219.60 \$131.00 \$79.74 \$153.17 \$102.64 \$136.83

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	Description	Fee
	Chemodenervation Of Eccrine Glands; Other Area(S) (Eg., Scalp, Face, Neck), Per Day	\$90.55
	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Celiac Plexus	\$312.44
	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Superior Hypogastric Plexus	\$443.85
	Neurolysis; Digital, One Or Both, Same Digit Neurolysis; Nerve Of Hand Or Foot	\$448.34 \$301.33
-	Release Of Nerve Of Arm Or Leg, Open Procedure	\$493.77
	Release of Nerve of Afrir of Leg, Open Procedure	\$565.99
	Release of Major Nerve Of Arm Or Leg, Open Procedure	\$713.08
	Release of Nerve of Upper Leg, Open Procedure	\$685.61
	Neurolysis And/Or Transposition; Cranial Nerve (Specify)	\$472.84
	Neurolysis And/Or Transposition; Ulnar Nerve At Elbow	\$557.92
	Neurolysis And/Or Transposition; Ulnar Nerve At Wrist	\$394.81
	Neurolysis And/Or Transposition; Median Nerve At Carpal Tunnel	\$431.93
	Decompression: Unspecified Nerve(S) (Specify)	\$354.34
	Decompression; Plantar Digital Nerve	\$250.79
	Internal Neurolysis By Dissection, With Or Without Microdissection (List Separately In Addition To Code For Primary Neuroplasty)	\$161.79
	Transection Or Avulsion Of; Supraorbital Nerve	\$402.10
	Transection Or Avulsion Of: Infraorbital Nerve	\$453.67
	Transection Or Avulsion Of, Mental Nerve	\$307.83
	Transection Or Avulsion Of; Inferior Alveolar Nerve By Osteotomy	\$421.16
	Transection Or Avulsion Of; Lingual Nerve	\$431.95
	Transection Or Avulsion Of; Facial Nerve, Differential Or Complete	\$459.06
	Transection Or Avulsion Of; Greater Occipital Nerve	\$445.96
64746	Transection Or Avulsion Of; Phrenic Nerve	\$386.81
	Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selective Proximal Vagotomy, Proximal Gastric Vagotomy, Parietal	
64755	Cell Vagotomy, Supra- Or Highly Selective Vagotomy)	\$820.14
64760	Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Abdominal	\$469.28
64763	Incision Or Removal Of Nerve (Obturator) Outside Of The Pelvis That Control The Muscles That Pull The Thighs Together	\$464.14
64766	Incision Or Removal Of Nerve (Obturator) Inside Of The Pelvis That Control The Muscles That Pull The Thighs Together	\$572.17
64771	Transection Or Avulsion Of Other Cranial Nerve, Extradural	\$531.50
64772	Transection Or Avulsion Of Other Spinal Nerve, Extradural	\$532.29
64774	Excision Of Neuroma; Cutaneous Nerve, Surgically Identifiable	\$382.98
64776	Removal Of Growth Of Finger Or Toe Nerve, Same Digit	\$362.74
64778	Removal Of Growth Of Finger Or Toe Nerve, Each Additional Digit	\$160.31
64782	Excision Of Neuroma; Hand Or Foot, Except Digital Nerve	\$420.66
64783	Removal Of Growth Of Hand Or Foot Nerve, Each Additional Nerve	\$191.55
64784	Excision Of Neuroma; Major Peripheral Nerve, Except Sciatic	\$662.80
64786	Excision Of Neuroma; Sciatic Nerve	\$896.14
64787	Insertion Of Plastic Cap On Nerve End	\$213.65
64788	Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve	\$352.87
64790	Removal Of Growth Of Peripheral Nerve Or Nerve Lining, Major	\$768.01
64792	Removal Of Growth Of Peripheral Nerve Or Nerve Lining, Extensive Including Malignancy	\$954.32
	Biopsy Of Nerve	\$177.17
64802	Sympathectomy, Cervical	\$739.66
64804	Sympathectomy, Cervicothoracic	\$1,031.78
	Sympathectomy, Thoracolumbar	\$941.52
64818	Sympathectomy, Lumbar	\$705.68
64820	Sympathectomy; Digital Arteries, Each Digit	\$667.39
64821	Sympathectomy; Radial Artery	\$633.77
	Sympathectomy; Ulnar Artery	\$638.14
	Sympathectomy; Superficial Palmar Arch	\$721.12
	Suture Of One Hand Or Foot Digital Nerve	\$598.97
	Suture Of Each Additional Digital Hand Or Foot Digital Nerve	\$275.70
64834	Suture Of One Nerve; Hand Or Foot, Common Sensory Nerve	\$640.12
64835	Suture Of One Nerve; Median Motor Thenar	\$741.13
	Suture Of One Nerve; Ulnar Motor	\$741.13
64837	Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition To Code For Primary Procedure)	\$322.70
_	Suture Of Posterior Tibial Nerve	\$871.73
	Suture Of Peripheral Nerve, Arm Or Leg, With Relocation To New Site	\$895.52
	Suture Of Peripheral Nerve, Arm Or Leg	\$974.45
	Suture Of Sciatic Nerve	\$1,059.80
	Suture Of Each Additional Major Peripheral Nerve (List Separately In Addition To Code For Primary Procedure)	\$219.40
64861	Suture Of; Brachial Plexus	\$1,310.06
	Suture Of; Lumbar Plexus	\$1,236.04
64864	Suture Of Facial Nerve; Extracranial	\$782.85
64865	Suture Of Facial Nerve; Intratemporal, With Or Without Grafting	\$1,005.98
64866	Connection Of Nerves To Restore Function To The Face (Facial-Spinal)	\$1,144.66
64868	Connection Of Nerves To Restore Function To The Face (Facial-Hypoglossal)	\$922.52
64872	Suture Of Nerve; Requiring Secondary Or Delayed Suture (List Separately In Addition To Code For Primary Neurorrhaphy)	\$102.65
04074	Subject Of Nonce Paguides Establish Desired Mahilisation Of Transporting Of Name // in Constitute Addition To Only To U.S.	0450.70
	Suture Of Nerve; Requiring Extensive Proximal Mobilization, Or Transposition Of Nerve (List Separately In Addition To Code For Nerve Suture)	\$153.76
	Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately In Addition To Code For Nerve Suture)	\$173.74
	Graft Of Head Or Neck Nerve, 4.0 Cm Or Less	\$1,008.44
64886	Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm In Length Craft Of Head Or Fact Nario, 4.0 Cm Or Leas	\$1,174.41
64890	Graft Of Hand Or Foot Nerve , 4.0 Cm Or Less	\$974.41
64891	Graft Of Hand Or Foot Nerve, More Than 4.0 Cm	\$1,035.45
64892	Graft Of Arm Or Leg Nerve, 4.0 Cm Or Less	\$948.19

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13.168.88 13.1		Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separately In Addition To Code For Primary Procedure)	
Season Proceedings Season Seaso	64905	Transfer Of Nerve To Injured Nerve, First Stage	\$913.24
Meyer Repair With Ausgenous Vein Graft (Includes Harvest Of Vein Graft), Each Nerve S331.15			\$1,169.88
Separ Of Narve Using Narve Gett, Each Additional Strand Separation			\$721.07
Melan Nerve Lining Nerve Graft, Each Additional Strond			
Piece De Removal O'Es Contents, With Implant			
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Section Few Without Implant Sept 25			
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Cone Or More Stages \$327.07	66820	Removal Of Recurring Cataract In Lens Capsule With A Stab Incision	\$449.59
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Aspiration Or Release Of Vitreous, Subretinal Or Choroidal Fluid, Pars Plana Approach (Posterior Sclerotomy) \$538.55 67025 Injection Of Vitreous Substitute, Pars Plana Or Limbal Approach, (Fluid-Gas Exchange), With Or Without Aspiration (Separate Procedure) \$696.41 67027 Implantation Of Intravitreal Drug Delivery System (Eg, Ganciclovir Implant), Includes Concomitant Removal Of Vitreous \$782.66 67028 Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure) \$109.92 67030 Discission Of Vitreous Strands (Without Removal), Pars Plana Approach \$2521.49 67031 Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages) \$364.57 67036 Vitrectomy, Mechanical, Pars Plana Approach \$865.37 67039 Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal			
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67027Implantation Of Intravitreal Drug Delivery System (Eg, Ganciclovir Implant), Includes Concomitant Removal Of Vitreous\$782.6667028Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure)\$109.9267030Discission Of Vitreous Strands (Without Removal), Pars Plana Approach\$521.4967031Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages)\$364.5767036Vitrectomy, Mechanical, Pars Plana Approach\$865.3767039Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal\$925.10	67015	Aspiration Or Release Of Vitreous, Subretinal Or Choroidal Fluid, Pars Plana Approach (Posterior Sclerotomy)	\$538.55
67027Implantation Of Intravitreal Drug Delivery System (Eg, Ganciclovir Implant), Includes Concomitant Removal Of Vitreous\$782.6667028Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure)\$109.9267030Discission Of Vitreous Strands (Without Removal), Pars Plana Approach\$521.4967031Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages)\$364.5767036Vitrectomy, Mechanical, Pars Plana Approach\$865.3767039Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal\$925.10			
67028Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure)\$109.9267030Discission Of Vitreous Strands (Without Removal), Pars Plana Approach\$521.4967031Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages)\$364.5767036Vitrectomy, Mechanical, Pars Plana Approach\$865.3767039Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal\$925.10			
67030Discission Of Vitreous Strands (Without Removal), Pars Plana Approach\$521.4967031Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages)\$364.5767036Vitrectomy, Mechanical, Pars Plana Approach\$865.3767039Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal\$925.10			
67031Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages)\$364.5767036Vitrectomy, Mechanical, Pars Plana Approach\$865.3767039Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal\$925.10			
67036Vitrectomy, Mechanical, Pars Plana Approach\$865.3767039Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal\$925.10			
67039 Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal \$925.10			
			\$865.37
67040 Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, All Of The Retina \$997.40			
	67040	Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, All Of The Retina	\$997.40

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67041	Description	Fee
	Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Preretinal Cellular Membrane (Eg, Macular Pucker)	\$1,099.12
67042	Removal Of Membrane From The Retina, Pars Plana Approach With Removal Of Internal Limiting Membrane Of Retina	\$1,099.12
67043	Removal Of Membrane From The Retina, Pars Plana Approach, With Removal Of Subretinal Membrane	\$1,110.64
67101	Repair Of Detached Retina, 1 Or More Sessions, With Cold Treatment	\$313.18
67105	Repair Of Detached Retina, 1 Or More Sessions, With A Lazer	\$276.23
67107	Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, Without Removal Of Vitreous Fluid	\$1,080.76
67108	Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, With Removal Of Vitreous Fluid	\$1,143.49
67110	Repair Of Retinal Detachment, One Or More Sessions; By Injection Of Air Or Other Gas (Eg, Pneumatic Retinopexy)	\$865.99
67113	Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, Complex	\$1,278.34
67115	Release Of Encircling Material (Posterior Segment)	\$461.31
67120	Removal Implanted Material, Posterior Segment Eye	\$631.31
67121	Removal Of Implanted Material, Posterior Segment; Intraocular	\$800.58
67141	Preventive Retinal Detachment Treatment By Heat Or Freezing, 1 Or More Sessions	\$264.18
67145	Preventive Retinal Detachment Treatment By Heat Or Laser, 1 Or More Sessions	\$237.55
67208	Destruction Of Retinal Growth By Heat Or Freezing, 1 Or More Sessions	\$559.49
67210	Laser Destruction Of Retinal Growth, 1 Or More Sessions	\$500.34
67218	Destruction Of Retinal Growth With Implantation Of Radiation Source, 1 Or More Sessions	\$1,287.77
67220	Destruction Of Vascular Growth Between Retina And Sclera, 1 Or More Sessions	\$494.26
67221	Destruction Of Localized Lesion Of Choroid (Eg, Choroidal Neovascularization); Photodynamic Therapy (Includes Intravenous Infusion)	\$254.32
67225	Destruction Of Vascular Growth Between Retina And Sclera, At Single Session	\$26.94
67227	Destruction Of Leaking Retinal Blood Vessels, 1 Or More Sessions	\$275.25
67228	Laser Destruction Of Leaking Retinal Blood Vessels, 1 Or More Sessions	\$329.34
67229	Laser Destruction Or Freezing Of Extensive Leaking Retinal Blood Vessels, Preterm Infant, 1 Or More Sessions	\$1,054.61
67250	Scleral Reinforcement (Separate Procedure); Without Graft	\$861.18
67255	Scleral Reinforcement (Separate Procedure); With Graft	\$638.55
67299	Unlisted Procedure, Posterior Segment	Price by Report
67311	Strabismus Surgery, Recession Or Resection Procedure; One Horizontal Muscle	\$496.78
67312	Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); Two Horizontal Muscles	\$640.87
3, 512	Strabismus Surgery, Recession or Resection Procedure (Patient Not Previously Operated On); One Vertical Muscle (Excluding Superior	ψυτυ.υ1
67314	Oblique)	\$551.98
0/314	Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); Two Or More Vertical Muscles (Excluding	φυυ 1.90
07040		COC 04
67316	, , ,	\$686.91
67318	Strabismus Surgery, Any Procedure, Superior Oblique Muscle	\$635.09
07000	Transposition Procedure (Eg, For Paretic Extraocular Muscle), Any Extraocular Muscle (Specify) (List Separately In Addition To Code For	# 000 44
67320	Primary Procedure)	\$208.11
l	Strabismus Surgery On Patient With Previous Eye Surgery Or Injury That Did Not Involve The Extraocular Muscles (List Separately In Addition	
67331	To Code For Primary Procedure)	\$187.70
	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (Eg, Prior Ocular Injury, Strabismus Or Retinal Detachment Surgery) Or	
67332	Restrictive Myopathy (Eg, Dysthyroid Ophthalmopathy) (List Separately In Addition To Code For Primary Procedure)	\$242.30
	Strabismus Surgery By Posterior Fixation Suture Technique, With Or Without Muscle Recession (List Separately In Addition To Code For	
67334		\$184.79
	Placement Of Adjustable Suture(S) During Strabismus Surgery, Including Postoperative Adjustment(S) Of Suture(S) (List Separately In Addition	
67335	To Code For Specific Strabismus Surgery)	\$178.14
	Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocular Muscle(S) (List Separately In Addition To Code For Primary	
67340		
67343		\$268.66
67245		\$620.78
67345	Chemodenervation Of Extraocular Muscle	
67346	Biopsy Of Extraocular Muscle	\$620.78
67346	Biopsy Of Extraocular Muscle Eye Muscle Procedure	\$620.78 \$223.64 \$175.16 Price by Report
67346	Biopsy Of Extraocular Muscle	\$620.78 \$223.64 \$175.16
67346 67399	Biopsy Of Extraocular Muscle Eye Muscle Procedure	\$620.78 \$223.64 \$175.16 Price by Report
67346 67399 67400	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach	\$620.78 \$223.64 \$175.16 Price by Report \$910.08
67346 67399 67400 67405	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07
67346 67399 67400 67405 67412	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96
67346 67399 67400 67405 67412 67413	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95
67346 67399 67400 67405 67412 67413 67414 67415	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24
67346 67399 67400 67405 67412 67413 67414 67415 67420	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67450	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67450 67500	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication)	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67450 67500 67505	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67450 67500 67505 67515	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye, With Bone Flap Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11
67346 67399 67400 67405 67412 67413 67414 67415 67420 67440 67445 67450 67500 67505 67515	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball Injection Of Drug Into The Space Between The Cornea And Retina In The Eye	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67450 67500 67505 67515 67516	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40
67346 67399 67400 67405 67412 67413 67414 67415 67420 67440 67450 67500 67505 67516 67550 67550	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67445 67450 67500 67505 67515 67516 67560 67570	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath)	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64 \$1,239.60
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67500 67505 67515 67516 67550 67570 67570 67599	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) Unlisted Procedure, Orbit	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 Price by Report
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67445 67450 67500 67505 67515 67516 67560 67570	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) Unlisted Procedure, Orbit Blepharotomy, Drainage Abscess Eyelid	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,276.47 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64 \$1,239.60 Price by Report \$252.02
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67500 67505 67550 67560 67579 67579 67570 67570 67570 67570 67570 67570 67570 67570 67570 67570 67570	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap (Lateral Approach) Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) Unlisted Procedure, Orbit Blepharotomy, Drainage Abscess Eyelid Severing Tarsorrhaphy	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64 \$1,239.60 Price by Report
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67500 67505 67550 67560 67579 67579 67570 67570 67570 67570 67570 67570 67570 67570 67570 67570 67570	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) Unlisted Procedure, Orbit Blepharotomy, Drainage Abscess Eyelid	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64 \$1,239.60 Price by Report \$252.02
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67500 67505 67515 67516 67550 67570 67570 67710 67710	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap (Lateral Approach) Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) Unlisted Procedure, Orbit Blepharotomy, Drainage Abscess Eyelid Severing Tarsorrhaphy	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,239.60 Price by Report \$252.02 \$237.46
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67445 67500 67505 67515 67516 67550 67570 67570 67710 67710	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg. Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap, Lateral Approach (Eg. Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg. Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) Unlisted Procedure, Orbit Blepharotomy, Drainage Abscess Eyelid Severing Tarsorrhaphy Canthotomy (Separate Procedure)	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64 \$1,239.60 Price by Report \$252.02 \$237.46 \$256.35
67346 67399 67400 67405 67412 67413 67414 67415 67420 67440 67445 67450 67500 67505 67516 67550 67570 67590 67590 67570 67590 67710 67715 67710	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Medication Or Substance Into Membrane Covering Eyeball Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Orbital Procedure, Orbit Blepharotomy, Drainage Abscess Eyelid Severing Tarsorrhaphy Canthotomy (Separate Procedure) Removal Of Eyelid Growth, Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid)	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64 \$1,239.60 Price by Report \$252.02 \$237.46 \$256.35 \$121.10
67346 67399 67400 67405 67412 67413 67414 67415 67420 67430 67440 67450 67500 67505 67515 67515 67560 67570 67599 67700 67710 67710 67710 67710 677800 67710 67710 67710 677800 67710	Biopsy Of Extraocular Muscle Eye Muscle Procedure Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body Removal Of Bone From Cavity Behind Eye, Without Bone Flap Fine Needle Aspiration Of Orbital Contents Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage Removal Of Bone From Cavity Behind Eye, With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) Retrobulbar Injection; Alcohol Injection Of Drug Into The Space Between The Cornea And Retina In The Eye Orbital Implant (Implant Outside Muscle Cone); Insertion Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) Unlisted Procedure, Orbit Blepharotomy, Drainage Abscess Eyelid Severing Tarsorrhaphy Canthotomy (Separate Procedure) Removal Of Eyelid Growth, Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid) Excision Chalazion; Multiple, Same Lid	\$620.78 \$223.64 \$175.16 Price by Report \$910.08 \$858.07 \$964.96 \$916.95 \$1,377.05 \$94.24 \$1,543.58 \$1,314.97 \$1,276.47 \$1,439.74 \$1,240.97 \$70.68 \$80.82 \$48.11 \$103.32 \$1,028.40 \$1,050.64 \$1,239.60 Price by Report \$252.02 \$237.46 \$256.35 \$121.10

Code	Description	Fee
67820	Correction Trichiasis; Epilation, Forceps Only	\$18.23
67825	Correction Of Trichiasis; Epilation By Other Than Forceps (Eg, By Electrosurgery, Cryotherapy, Laser Surgery)	\$120.47
67830	Correction Trichiasis; Incision Lid Margin	\$261.02
67835	Correction Trichiasis; Incision Lid Margin, With Free Mucous Membrane Graft	\$408.31
67840	Removal Of Eyelid Growth, Other Than Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid)	\$275.12
67850	Destruction Of Growth Of Eyelid Margin, 1.0 Cm Or Less	\$190.87
67875	Temporary Closure Of Eyelids By Suture (Eg. Frost Suture)	\$160.76
67880	Construction Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy;	\$412.08
67882	Construction Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy; With Transposition Of Tarsal Plate	\$538.71
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Coronal Approach)	\$612.26
67901	Repair Of Upper Eyelid Muscle To Correct Drooping Or Paralysis, With External Material	\$699.86
67902	Repair Of Upper Eyelid Muscle To Correct Drooping Or Paralysis, With Internal Tissues	\$671.62
67903	Repair Of Blepharoptosis; (Tarso)Levator Resection Or Advancement, Internal Approach	\$589.48
67904	Repair Of Blepharoptosis; (Tarso)Levator Resection Or Advancement, External Approach	\$722.33
67906	Repair Of Blepharoptosis Superior Rectus Technique With Fascial Sling (Includes Obtaining Fascia)	\$466.04
67908	Removal Of Tissue, Muscle, And Membrane To Correct Eyelid Drooping Or Paralysis	\$513.72
67909	Reduction Of Overcorrection Of Ptosis	\$519.11
67911	Correction Of Lid Retraction	\$515.99
67912	Correction Of Lagophthalmos, With Implantation Of Upper Eyelid Lid Load (Eg, Gold Weight)	\$874.11
67914	Repair Ectropion; Suture	\$468.02
67915	Repair Ectropion; Thermocauterization	\$305.09
67916	Repair Of Ectropion; Excision Tarsal Wedge	\$582.53
67917	Repair Of Ectropion; Extensive (Eg, Tarsal Strip Operations)	\$594.00
67921	Repair Entropion; Suture	\$459.36
67922	Repair Entropion; Thermocauterization	\$295.27
67923	Repair Of Turning-Inward Eyelid Defect, Simple	\$582.63
67924	Repair Of Turning-Inward Eyelid Defect, Complex	\$572.31
67930	Suture Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva) Direct Closure; Partial Thickness	\$330.89
67935	Suture Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva) Direct Closure; Full Thickness	\$535.16
67938	Removal Embedded Foreign Body, Eyelid	\$240.40
67950	Canthoplasty (Reconstruction Of Canthus)	\$571.50
	Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle	
67961	Flap With Adjacent Tissue Transfer Or Rearrangement; Up To One-Fourth Of Lid Margin	\$575.99
	Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle	
67966	Flap With Adjacent Tissue Transfer Or Rearrangement; Over One-Fourth Of Lid Margin	\$730.70
	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Up To Two-Thirds Of Eyelid, One Stage Or	
67971	First Stage	\$662.94
	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Total Eyelid, Lower, One Stage Or First	
67973	Stage	\$851.73
	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Total Eyelid, Upper, One Stage Or First	
67974	Stage	\$849.99
67975	Reconstruction Eyelid Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Second Stage	\$627.91
67999	Unlisted Procedure, Eyelids	Price by Report
68020	Incision Conjunctiva, Drainage Cyst	\$107.86
68040	Expression Conjunctival Follicles, Eg, For Trachoma	\$58.34
68100	Biopsy Conjunctiva	\$173.60
	Excision Lesion Conjunctiva; Up To 1 Cm	\$212.61
	Excision Lesion Conjunctiva; Over 1 Cm	\$293.98
68130	Removal Of Growth Of Sclera And Conjunctive	\$525.05
	Destruction Lesion Conjunctiva	\$146.56
	Subconjunctival Injection	\$40.45
	Repair Of Conjunctiva With Graft From External Eye	\$705.97
	Repair Of Conjunctiva With Graft From Cheek Tissue	\$605.30
	Reconstruction Of Conjunctiva, With Graft From The Outer Eye	\$622.93
68328	Reconstruction Of Conjunctiva, With Graft From The Cheek	\$649.86
68330	Repair Symblepharon; Conjunctivoplasty, Without Graft	\$591.57
68335	Release Of Scar Tissue From Eyelids With A Graft	\$596.03
	Release Of Scar Tissue From Eyelids Without A Graft	\$577.49
68360	Relocation Of Conjunctival Flap, Partial	\$515.04
68362	Relocation Of Conjunctival Flap, Total	\$609.07
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68371	Harvesting Conjunctival Allograft, Living Donor	\$382.14
68371 68399	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva	Price by Report
68371 68399 68400	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland	Price by Report \$287.52
68371 68399 68400 68420	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy)	Price by Report \$287.52 \$320.80
68371 68399 68400 68420 68440	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum	\$287.52 \$320.80 \$97.49
68371 68399 68400 68420 68440 68500	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total	\$287.52 \$320.80 \$97.49 \$996.90
68371 68399 68400 68420 68440 68500 68505	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53
68371 68399 68400 68420 68440 68500 68505 68510	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00
68371 68399 68400 68420 68440 68500 68505	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy)	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98
68371 68399 68400 68420 68440 68500 68505 68510 68520 68525	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy) Biopsy Of Lacrimal Sac	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98 \$236.62
68371 68399 68400 68420 68440 68500 68505 68510 68520 68525 68530	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy) Biopsy Of Lacrimal Sac Removal Of Foreign Body Or Dacryolith, Lacrimal Passages	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98
68371 68399 68400 68420 68440 68500 68505 68510 68520 68525 68530	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy) Biopsy Of Lacrimal Sac Removal Of Foreign Body Or Dacryolith, Lacrimal Passages Excision Of Lacrimal Gland Tumor; Frontal Approach	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98 \$236.62
68371 68399 68400 68420 68440 68500 68505 68510 68520 68525 68530	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy) Biopsy Of Lacrimal Sac Removal Of Foreign Body Or Dacryolith, Lacrimal Passages Excision Of Lacrimal Gland Tumor; Frontal Approach	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98 \$236.62 \$415.57
68371 68399 68400 68420 68440 68500 68505 68510 68520 68525 68530 68540	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy) Biopsy Of Lacrimal Sac Removal Of Foreign Body Or Dacryolith, Lacrimal Passages Excision Of Lacrimal Gland Tumor; Frontal Approach Excision Of Lacrimal Gland Tumor; Involving Osteotomy Plastic Repair Canaliculi	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98 \$236.62 \$415.57 \$920.58
68371 68399 68400 68420 68440 68500 68505 68510 68520 68525 68530 68540 68550	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy) Biopsy Of Lacrimal Sac Removal Of Foreign Body Or Dacryolith, Lacrimal Passages Excision Of Lacrimal Gland Tumor; Frontal Approach Excision Of Lacrimal Gland Tumor; Involving Osteotomy Plastic Repair Canaliculi Correction Everted Punctum, Cautery	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98 \$236.62 \$415.57 \$920.58 \$1,147.41
68371 68399 68400 68420 68500 68505 68510 68520 68525 68530 68540 68550 68700	Harvesting Conjunctival Allograft, Living Donor Unlisted Procedure, Conjunctiva Incision, Drainage Lacrimal Gland Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) Snip Incision Lacrimal Punctum Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial Biopsy Lacrimal Gland Excision Of Lacrimal Sac (Dacryocystectomy) Biopsy Of Lacrimal Sac Removal Of Foreign Body Or Dacryolith, Lacrimal Passages Excision Of Lacrimal Gland Tumor; Frontal Approach Excision Of Lacrimal Gland Tumor; Involving Osteotomy Plastic Repair Canaliculi	Price by Report \$287.52 \$320.80 \$97.49 \$996.90 \$992.53 \$430.00 \$691.98 \$236.62 \$415.57 \$920.58 \$1,147.41 \$527.88

Code		
	Description	Fee
	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With Insertion Of Tube Or Stent	\$836.13
	Closure Of The Lacrimal Punctum; By Thermocauterization, Ligation, Or Laser Surgery	\$211.31
68761	Closure Of The Lacrimal Punctum; By Plug, Each	\$143.49
68770	Closure Lacrimal Fistula (Separate Procedure)	\$579.24
68801	Dilation Of Lacrimal Punctum, With Or Without Irrigation	\$95.17
68810	Probing Of Nasolacrimal Duct, With Or Without Irrigation;	\$157.98
68811	Probing Of Nasolacrimal Duct, With Or Without Irrigation; Requiring General Anesthesia	\$130.73
	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Insertion Of Tube Or Stent	\$368.63
68816	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Transluminal Balloon Catheter Dilation	\$754.81
68840	Probing Lacrimal Canaliculi, With Or Without Irrigation	\$117.68
68841	Insertion Of Drug Delivery Implant Into Tear Duct Of Eye	\$33.69
68850 68899	Injection Contrast Medium For Dacryocystography Unlisted Procedure, Lacrimal System	\$55.52
		Price by Report
69000 69005	Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Simple Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Complicated	\$164.11
	Drainage External Auditory Canal, Abscess	\$192.52 \$212.27
	Biopsy External Ear	\$84.31
	Biopsy External Auditory Canal	\$128.10
	Excision External Ear; Partial, Simple Repair	\$423.79
	Excision External Ear; Complete Amputation	\$369.81
	Excision Exectosis(Es), External Auditory Canal	\$810.50
	Excision Soft Tissue Lesion, External Auditory Canal	\$364.38
69150	Removal Of Growth Of Ear Canal, Without Neck Dissection	\$945.37
69155	Removal Of Growth Of Ear Canal, With Neck Dissection	\$1,514.22
	Removal Foreign Body From External Auditory Canal; Without General Anesthesia	\$78.29
69205	Removal Foreign Body From External Auditory Canal; With General Anesthesia	\$92.37
	Removal Of Impacted Ear Wax By Washing	\$14.19
	Removal Of Impact Ear Wax, One Ear	\$46.29
69220	Removal Of Skin Debris And Drainage Of Mastoid Cavity, Simple	\$68.48
69222		\$191.75
69300	Otoplasty, Protruding Ear, With Or Without Size Reduction	\$614.25
69310	Reconstruction Of External Auditory Canal (Meatoplasty) (Eg, For Stenosis Due To Injury, Infection) (Separate Procedure)	\$976.90
69320	Reconstruction External Auditory Canal For Congenital Atresia, Single Stage	\$1,484.06
69399	Unlisted Procedure, External Ear	Price by Report
69420	Incision, Aspiration, And/Or Inflation Of Eardrum	\$169.16
69421	Incision, Aspiration, And Inflation Of Eardrum Under Anesthesia	\$132.89
69424	Ventilating Tube Removal Requiring General Anesthesia	\$125.77
69433	Tympanostomy (Requiring Insertion Of Ventilating Tube), Local Or Topical Anesthesia	\$178.79
69436	Tympanostomy (Requiring Insertion Of Ventilating Tube), General Anesthesia	\$155.15
69440	Middle Ear Exploration Through Postauricular Or Ear Canal Incision	\$655.63
69450	Tympanolysis, Transcanal	\$534.75
69501	Transmastoid Antrotomy ("Simple" Mastoidectomy)	\$668.16
69502	Mastoidectomy; Complete	\$910.71
69505	Mastoidectomy; Modified Radical	\$1,170.61
69511	Mastoidectomy; Radical	
	Petrous Apicectomy Including Radical Mastoidectomy	\$1,196.71
		\$1,196.71 \$1,480.55
	Resection Temporal Bone, External Approach	
69530	Resection Temporal Bone, External Approach Excision Aural Polyp	\$1,480.55
69530 69535		\$1,480.55 \$2,493.34
69530 69535 69540	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid	\$1,480.55 \$2,493.34 \$204.58
69530 69535 69540 69550	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal)	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85
69530 69535 69540 69550 69552	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74
69530 69535 69540 69550 69552 69554	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12
69530 69535 69540 69550 69552 69554 69601	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22
69530 69535 69540 69550 69552 69554 69601 69602	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area)	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69620	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69620	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69620	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00
69530 69535 69540 69550 69552 69554 69602 69603 69604 69610 69620 69631 69633	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair);	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69620 69631 69633 69633	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69620 69631 69632 69633 69633 69635 69635	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07
69530 69535 69540 69550 69552 69552 69601 69602 69603 69604 69610 69620 69631 69632 69633 69633 69635 69636	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Prosthesis With Opening Of Mastoid	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19
69530 69535 69540 69550 69552 69552 69552 69601 69602 69603 69610 69620 69631 69632 69633 69633 69635 69636 69637	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal With Removal Of Mastoid Bone, Complex	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69620 69631 69632 69633 69635 69635 69636 69637 69641	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Aural Glomus Tumor; Extended (Extratemporal) Excision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80
69530 69535 69540 69550 69552 69554 69602 69603 69604 69610 69620 69631 69632 69633 69635 69636 69637 69642 69642	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Exended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal Mith Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal With Removal Of Mastoid Bone, Simple	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,180.49
69530 69535 69540 69550 69552 69554 69602 69603 69604 69610 69620 69631 69632 69633 69635 69636 69637 69641 69642 69643	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, With Intact Canal Wall	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,180.49 \$1,429.24
69530 69535 69540 69550 69552 69554 69602 69603 69604 69610 69620 69633 69633 69635 69636 69637 69641 69642 69643 69644 69644	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Redical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Mith Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Mith Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Mith Removal Of Mastoid Bone, Extensive Or Radical	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,180.49 \$1,429.43
69530 69535 69540 69550 69552 69552 69601 69602 69603 69604 69610 69620 69631 69632 69633 69633 69635 69636 69641 69642 69644 69644 69645 69646	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Redical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, With Intact Canal Wall Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,180.49 \$1,429.24 \$1,429.43 \$1,486.44
69530 69535 69540 69550 69552 69552 69602 69603 69604 69610 69620 69633 69633 69633 69633 69641 69642 69643 69645 69645 69645 69646 69646 69646	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, With Intact Canal Wall Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Stapes Mobilization	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,429.43 \$1,429.24 \$1,429.24 \$1,429.24 \$1,429.43
69530 69535 69540 69550 69552 69552 69554 69601 69602 69603 69610 69620 69631 69632 69633 69633 69634 69644 69645 69645 69646 69646 69650 69660	Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Stapes Mobilization Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,180.49 \$1,429.24 \$1,429.43 \$1,429.43 \$1,486.44 \$758.57 \$869.14
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69633 69633 69633 69635 69636 69641 69642 69643 69644 69645 69660 69660 69660	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Redical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal, And Bones With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Extensive Or Radical Stapes Mobilization Stapedectomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,429.43 \$1,429.43 \$1,429.43 \$1,486.44 \$758.57 \$869.14 \$1,129.68
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69635 69635 69635 69636 69636 69644 69645 69646 69646 69666 69661 69661	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Radical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical Stapes Mobilization Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,480.49 \$1,429.43 \$1,429.43 \$1,429.43 \$1,429.43 \$1,486.44 \$758.57 \$869.14 \$1,129.68 \$1,084.15
69530 69535 69540 69550 69552 69554 69601 69602 69603 69604 69610 69633 69633 69633 69635 69636 69641 69642 69643 69644 69645 69660 69660 69660	Excision Aural Polyp Excision Aural Glomus Tumor; Transcanal Excision Aural Glomus Tumor; Transmastoid Excision Aural Glomus Tumor; Extended (Extratemporal) Revision Mastoidectomy; Resulting In Complete Mastoidectomy Revision Of Previous Mastoid Surgery, Modified Radical Procedure Revision Of Previous Mastoid Surgery, Redical Procedure Revision Mastoidectomy; Resulting In Tympanoplasty Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch Myringoplasty (Surgery Confined To Drumhead And Donor Area) Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid Repair Of Eardrum, Ear Canal, And Bones With Removal Of Mastoid Bone, Complex Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Simple Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Extensive Or Radical Repair Of Eardrum, Ear Canal Hold Removal Of Mastoid Bone, Extensive Or Radical Stapes Mobilization Stapedectomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material	\$1,480.55 \$2,493.34 \$204.58 \$1,013.85 \$1,497.74 \$2,362.12 \$956.22 \$1,052.15 \$1,221.37 \$1,047.40 \$371.89 \$727.00 \$864.45 \$1,025.21 \$1,019.07 \$1,202.26 \$1,340.38 \$1,359.19 \$1,007.76 \$1,291.80 \$1,429.43 \$1,429.43 \$1,429.43 \$1,429.43 \$1,429.43 \$1,486.44 \$758.57 \$869.14 \$1,129.68

	Description Machaid Oblitaration (Separate Procedure)	Fee
	Mastoid Obliteration (Separate Procedure) Tympanic Neurectomy	\$891.81 \$789.74
69700	Closure Postauricular Fistula, Mastoid (Separate Procedure)	\$626.58
	Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On One Side Of Body, Using Endoscope Inserted Through Nose	\$2,672.46
	Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On Both Sides Of Body, Using Endoscope Inserted Through Nose	\$3,101.74
	Implantation Or Replacement Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone Removal Or Repair Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	\$536.37 \$789.46
	Temporal Bone Implantation Of Cochlear Stimulating System, Accessed Through The Skin	\$595.78
	Implantation Of Cochlear Stimulating System Into Skull With Magnetic Attachment To External Speech Processor	\$543.36
69717	Temporal Bone Replacement Of Cochlear Stimulating System, Accessed Through The Skin	\$673.53
	Revision Or Replacement Of Cochlear Stimulating System Into Skull With Magnetic Attachment To External Speech Processor	\$563.13
	Release Of Facial Nerve, Lateral Release Of Facial Nerve, Medial	\$1,116.57
	Release of Facial Nerve, Medial Removal Of Cochlear Stimulating System From Skull With Attachment Through Skin To External Speech Processor	\$1,736.31 \$419.39
	Removal Of Cochlear Stimulating System From Skull With Magnetic Attachment To External Speech Processor	\$466.80
	Removal Of Entire Cochlear Stimulating System From Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor	\$519.13
69729	Implantation Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor	\$587.22
	Replacement Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor	\$600.39
	Repair Of Facial Nerve, External To The Geniculate Ganglion	\$1,083.82
69745 69799	Repair Of Facial Nerve, Internal To The Geniculate Ganglion Unlisted Procedure, Middle Ear	\$1,157.11 Price by Peport
	Incision Of Fluid Canals Of Inner Ear With Infusion Of Drugs, Transcanal Approach	Price by Report \$222.51
	Endolymphatic Sac Operation; Without Shunt	\$958.25
69806	Endolymphatic Sac Operation; With Shunt	\$862.85
	Labyrinthectomy; Transcanal	\$866.80
	Labyrinthectomy; With Mastoidectomy	\$925.72
	Vestibular Nerve Section, Translabyrinthine Approach Cochlear Device Implantation, With Or Without Mastoidectomy	\$1,394.48 \$1,163.50
	Unlisted Procedure, Inner Ear	Price by Report
69950	Vestibular Nerve Section, Transcranial Approach	\$1,610.30
69955	Total Release Of Facial Nerve	\$1,824.63
	Decompression Internal Auditory Canal	\$1,741.88
	Removal Of Tumor Unlisted Procedure, Temporal Bone, Middle Fossa Approach	\$1,970.87
	Microsurgical Techniques, Requiring Use Of Operating Microscope (List Separately In Addition To Code For Primary Procedure)	Price by Report \$188.23
	Myelography, Posterior Fossa, Radiological Supervision And Interpretation	\$54.11
	Cisternography, Positive Contrast, Radiological Supervision And Interpretation	\$164.33
	Radiologic Examination, Eye, For Detection Of Foreign Body	\$28.99
	X-Ray Of Mandible, Less Than 4 Views	\$34.68
	X-Ray Of Mandible, Minimum Of 4 Views X-Ray Of Mastoid, Less Than 3 Views Per Side	\$41.76 \$34.99
	X-Ray Of Mastoid, Minimum Of 3 Views Per Side	\$60.84
	Radiologic Examination, Internal Auditory Meati, Complete	\$59.75
	X-Ray Of Bones Of Face, Less Than 3 Views	\$31.54
	X-Ray Of Bones Of Face, Minimum Of 3 Views	\$46.86
	X-Ray Of Bones Of Nose, Minimum Of 3 Views Dacryocystography, Nasolacrimal Duct, Radiological Supervision And Interpretation	\$33.48
	Radiologic Examination Optic Foramina	\$43.44 \$36.86
	X-Ray Of Eye Bones, Minimum Of 4 Views	\$47.52
	X-Ray Of Paranasal Sinus, Less Than 3 Views	\$31.88
	X-Ray Of Paranasal Sinus, Complete, Minimum Of 3 Views	\$37.20
	Radiologic Examination, Sella Turcica X-Ray Of Skull, Less Than 4 Views	\$31.95 \$35.54
	X-Ray Of Skull, Less Than 4 Views X-Ray Of Skull, Complete, Minimum Of 4 Views	\$35.54 \$44.19
	X-Ray Of Teeth, Single View	\$12.00
70310	X-Ray Of Teeth, Less Than Full Mouth	\$36.86
	X-Ray Of Teeth, Full Mouth	\$52.85
	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Unilateral	\$31.33
	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Bilateral Temporomandibular Joint Arthrography, Radiological Supervision And Interpretation	\$48.11 \$81.73
	Magnetic Resonance (Eg, Proton) Imaging, Temporomandibular Joint(S)	\$302.90
	Cephalogram, Orthodontic	\$15.27
	Orthopantogram (Eg, Panoramic X-Ray)	\$17.90
	Radiologic Examination Neck, Soft Tissue	\$28.02
	X-Ray Of Voice Box Or Throat Imaging Of Voice Box With Speech Evaluation	\$92.02 \$101.29
	Radiologic Examination, Salivary Gland For Calculus	\$36.53
	Sialography, Radiological Supervision And Interpretation	\$114.89
70450	Computed Tomography, Head Or Brain; Without Contrast Material	\$107.49
70460	Computerized Axial Tomography, Head Or Brain; With Contrast Material(S)	\$150.35
70470	Computerized Axial Tomography, Head Or Brain; Without Contrast Material, Followed By Contrast Material(S) And Further Sections Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material	\$175.90 \$160.92
70480	Computed Tomography, Orbit, Selia, Or Posterior Possa Or Outer, Middle, Or Inner Ear; Without Contrast Material	\$160.92

70481	Description	Fee
	Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; With Contrast Material(S)	\$183.43
	Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material, Followed By	
70482	Contrast Material(S) And Further Sections	\$214.18
70486	Computed Tomography, Maxillofacial Area; Without Contrast Material	\$130.12
70487	Computerized Axial Tomography, Maxillofacial Area; With Contrast Material(S)	\$154.14
70488	Computerized Axial Tomography, Maxillofacial Area; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$186.89
70490	Computed Tomography, Soft Tissue Neck; Without Contrast Material	\$151.81
70491	Computerized Axial Tomography, Soft Tissue Neck; With Contrast Material(S)	\$186.89
70492	Computerized Axial Tomography, Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections	\$224.30
	Computed Tomographic Angiography, Head, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	
70496	Postprocessing	\$321.46
	Computed Tomographic Angiography, Neck, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	
0498	Postprocessing	\$321.46
0540	Mri Scan Bones Of The Eye, Face, And/Or Neck	\$230.50
0542	Mri Scan Bones Of The Eye, Face, And/Or Neck With Contrast	\$273.36
0543	Mri Scan Bones Of The Eye, Face, And/Or Neck Before And After Contrast	\$344.97
0544	Magnetic Resonance Angiography, Head; Without Contrast Material(S)	\$219.51
0545	Magnetic Resonance Angiography, Head; With Contrast Material(S)	\$231.49
0546	Magnetic Resonance Angiography, Head; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$336.40
0547	Magnetic Resonance Angiography, Neck; Without Contrast Material(S)	\$219.84
	Magnetic Resonance Angiography, Neck; With Contrast Material(S)	\$250.39
	Magnetic Resonance Angiography, Neck; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$352.17
70551	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material	\$199.33
0552	Magnetic Resonance (Eg, Proton) Imaging;	\$275.15
	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material, Followed By Contrast Material(S) And	+ =
0553	Further Sequences	\$323.80
	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or	
0554	Visual Stimulation, Not Requiring Physician Or Psychologist Administration	\$387.17
	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or	***************************************
0555	Visual Stimulation, Requiring Physician Or Psychologist Administration Of Entire Neurofuntional Testing	\$256.59
0557	Mri Scan Of Brain, During Open Brain Procedure	\$331.02
0558	Mri Scan Of Brain With Contrast, During Open Brain Procedure	\$365.02
0559	Mri Scan Of Brain, During Open Brain Procedure Before And After Contrast	\$336.98
1045	X-Ray of Chest, 1 View	\$25.22
1046	X-Ray Of Chest, 2 Views	\$33.21
	X-Ray Of Chest, 3 Views	\$41.38
	X-Ray Of Chest, Minimum Of 4 Views	\$45.19
	X-Ray Of Ribs Of One Side Of Body, 2 Views	\$36.20
	X-Ray Of Ribs On One Side Of Body, 2 views X-Ray Of Ribs On One Side Of Body Including The Chest, Minimum Of 3 Views	\$41.86
	X-Ray Of Both Sides Of The Ribs, 3 Views	\$43.53
	X-Ray Of Both Sides Of The Ribs, 3 views X-Ray Of Both Sides Of The Ribs Including The Chest, Minimum Of 4 Views	
11110	X-Ray Of Breast Bone, Minimum Of 2 Views	\$50.22
1120	X-Ray Of Junction Of Breast And Collar Bones, Minimum Of 2 Views	\$33.21
1250	Diagnostic Ct Scan Of Chest	\$37.40
	Diagnostic Ct Scan Of Chest With Contrast	\$134.71 \$169.45
	· ·	J109.40
	Diagnostic Ct Scan Of Chest Before And After Contrast	•
		\$199.41
71270 71271	Low Dose Ct Scan Of Chest For Lung Cancer Screening	•
1271	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	\$199.41 \$139.16
1271	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$199.41
71271	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast	\$199.41 \$139.16 \$325.38
71271	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$199.41 \$139.16
71271	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S)	\$199.41 \$139.16 \$325.38 \$379.15
71271	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S)	\$199.41 \$139.16 \$325.38
1271 1275 1550	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34
1271 1275 1550 1551	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34
1271 1275 1550 1551 1552 1555	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S)	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19
1271 1275 1550 1551 1552 1555 2020	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89
1271 1275 1550 1551 1552 1555 2020 2040	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11
1271 1275 1550 1551 1552 1555 2020 2040 2050	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18
1271 1275 1550 1551 1552 1555 2020 2040 2050 2052	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71
1271 1275 1550 1551 1552 1555 2020 2040 2050 2052 2070	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Upper Spine, 4 Or 3 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54
1271 1275 1550 1551 1552 1555 2020 2040 2050 2052 2070 2072	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$553.18 \$69.71 \$32.54 \$39.20
1271 1275 1550 1551 1552 1555 2020 2040 2050 2052 2070 2072 2074	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$55.18 \$69.71 \$32.54 \$39.20 \$44.19
1271 1275 1550 1551 1552 1555 2020 2040 2050 2052 2070 2072 2074 2080	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine, 1 View X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Middle And Lower Spine, 2 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21
11271 11275 11550 11551 11552 11555 12020 12050 12052 12070 12072 12074 12080 12081	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Middle And Lower Spine, 2 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21
1271 1275 1550 1551 1552 1555 2020 2040 2050 2070 2072 2074 2074 2080 2081 2082	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Middle And Lower Spine, 2 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$69.62
1271 1275 1550 1551 1551 1552 1555 2020 2040 2050 2052 2070 2070 2074 2080 2081 2082 2082 2082	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, 8 Nimimum Of 4 Views X-Ray Of Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$69.62 \$73.91
1271 1275 1550 1551 1551 1552 2020 2040 2050 2052 2070 2072 2072 2074 2080 2081 2082 2082 2082 2083 2084	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Middle Spine, 6 Or More Views X-Ray Of Middle Spine, 6 Or More Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 5 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 6 Or 5 Views X-Ray Of Spine, Minimum Of 6 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$42.11 \$69.62 \$73.91 \$88.04
1271 1275 1550 1551 1552 1555 2020 2040 2052 2070 2072 2074 2080 2082 2082 2082 2082 2082 2082 208	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine Of Neck, 2 Or 3 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Spine, Minimum Of 6 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$42.11 \$69.62 \$73.91 \$88.04 \$39.53
1271 1275 1550 1551 1552 1555 2020 2040 2052 2070 2072 2074 2080 2081 2082 2083 2083 2084 2110	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine, 1 View X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$42.11 \$69.62 \$773.91 \$88.04 \$39.53 \$57.96
1271 1550 1551 1551 1555 2020 2040 2050 2052 2070 2072 2074 2080 2082 2082 2082 2084 2082 2084 2082 2084 2082 2084 2082 2084 2082 2084 2084	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine, 1 View X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views Radiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views, Minimum Of 6 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$69.62 \$73.91 \$88.04 \$39.53 \$57.96 \$60.63
1271 1550 1551 1551 1555 2020 2040 2050 2052 2070 2072 2074 2080 2082 2082 2082 2084 2082 2084 2082 2084 2082 2084 2082 2084 2082 2084 2084	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine, 1 View X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$69.62 \$73.91 \$88.04 \$39.53 \$57.96
1271 1550 1551 1551 1552 2020 2040 2052 2070 2072 2072 2082 2082 2084 2100 2211 2110 2114 2110	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine, 1 View X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 8 Minimum Of 4 Views X-Ray Of Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Lower And Sacral Spine, 2 Or 3 Views X-Ray Of Lower And Sacral Spine, 2 Or 3 Views X-Ray Of Lower And Sacral Spine, 2 Or 3 Views X-Ray Of Lower And Sacral Spine, 2 Or 3 Views X-Ray Of Lower And Sacral Spine, 2 Dra Sviews X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views Madiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views, Minimum Of 6 Views Radiologic Examination, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views Computed Tomography, Cervical Spine; Without Contrast Material	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$69.62 \$73.91 \$88.04 \$39.53 \$57.96 \$60.63
1271 1275 1550 1551 1552 1555 2020 2040 2040 2072 2072 2074 2080 2081 2082 2083 2084 2100 2110	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) X-Ray Of Spine, 1 View X-Ray Of Spine, 4 Or 5 Views X-Ray Of Upper Spine, 4 Or 5 Views X-Ray Of Upper Spine, 6 Or More Views X-Ray Of Middle Spine, 2 Views X-Ray Of Middle Spine, 3 Views X-Ray Of Middle Spine, Minimum Of 4 Views X-Ray Of Spine, Entire Middle And Lower Spine, 1 View X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views X-Ray Of Spine, Minimum Of 6 Views X-Ray Of Lower And Sacral Spine, 2 Or 3 Views X-Ray Of Lower And Sacral Spine, 2 Or 3 Views Radiologic Examination, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views	\$199.41 \$139.16 \$325.38 \$379.15 \$381.34 \$593.40 \$340.19 \$23.89 \$39.11 \$53.18 \$69.71 \$32.54 \$39.20 \$44.19 \$34.21 \$69.62 \$73.91 \$88.04 \$39.53 \$57.96 \$60.63 \$40.20

Code	Description	Fee
72128	Computed Tomography, Thoracic Spine; Without Contrast Material	\$131.58
72129	Computerized Axial Tomography, Thoracic Spine; With Contrast Material	\$172.24
72130	Computerized Axial Tomography, Thoracic Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$200.83
	Computed Tomography, Lumbar Spine; Without Contrast Material	\$130.92
72132	Computerized Axial Tomography, Lumbar Spine; With Contrast Material	\$171.45
72133	Computerized Axial Tomography, Lumbar Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$200.87
	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical Without Contrast Material	\$193.67
	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical With Contrast Material(S)	\$280.27
	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic Without Contrast Material	\$193.34
	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic With Contrast Material(S)	\$277.81
	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar Without Contrast Material	\$194.34
72149	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar With Contrast Material(S)	\$275.28
72156	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And Further Sequences; Cervical	\$325.46
72157	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And Further Sequences; Thoracic	\$326.13
72158	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And Further Sequences; Lumbar	\$324.80
	Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Without Contrast Material(S)	\$352.17
72170	X-Ray Of Pelvis, 1 Or 2 Views	\$27.55
72190	X-Ray Of Pelvis, Minimum Of 3 Views	\$41.52
	Computed Tomographic Angiography, Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	
	Postprocessing	\$323.55
72192	Computed Tomography, Pelvis; Without Contrast Material Computerized Axial Tomography, Pelvis; With Contrast Material(S)	\$134.71 \$288.38
72193 72194	Computerized Axial Lomography, Pelvis; With Contrast Material(S) Computerized Axial Tomography, Pelvis; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$288.38 \$291.29
	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S)	\$233.29
72196	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; With Contrast Material(S)	\$273.15
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72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$342.98
	Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S)	\$343.55
	X-Ray Of Sacroillac Joints, Less Than 3 Views	\$29.59
	X-Ray Of Sacroillac Joints, 3 Or More Views	\$34.98
	X-Ray Of Pelvis, Minimum Of 2 Views	\$32.21
	Myelography, Cervical, Radiological Supervision And Interpretation Myelography, Thoracic, Radiological Supervision And Interpretation	\$110.41 \$106.28
	Myelography, Lumbosacral, Radiological Supervision And Interpretation	\$106.20
	Radiological Supervision And Interpretation X-Ray Of Spinal Canal, 2 Or More Spinal Regions	\$150.61
	Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Upper Or Middle Spine	\$122.66
	Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Lower Spine	\$110.15
73000	Radiologic Examination Clavicle, Complete	\$31.65
	Radiologic Examination Scapula, Complete	\$23.56
	X-Ray Of Shoulder, 1 View	\$21.23
	X-Ray Of Shoulder, Minimum Of 2 Views	\$34.54
	Radiologic Examination, Shoulder, Arthrography, Radiological Supervision And Interpretation Radiologic Examination Acromicolavicular Joints, Bilateral, With Or Without Weighted Distraction	\$117.59 \$28.55
	X-Ray Of Upper Arm, Minimum Of 2 Views	\$28.55
	X-Ray of Elbow, 2 Views	\$28.88
	X-Ray Of Elbow, Minimum Of 3 Views	\$32.54
	Radiologic Examination, Elbow, Arthrography, Radiological Supervision And Interpretation	\$99.04
	X-Ray Of Forearm, 2 Views	\$28.88
	Radiologic Examination Upper Extremity, Infant, Minimum Of Two Views	\$30.43
	X-Ray Of Wrist, 2 Views	\$31.14
	X-Ray Of Wrist, Minimum Of 3 Views	\$36.78
	Radiologic Examination, Wrist, Arthrography, Radiological Supervision And Interpretation	\$123.46
	X-Ray Of Hand, 2 Views X-Ray Of Hand, Minimum Of 3 Views	\$30.43 \$33.18
	X-Ray Of Fingers, Minimum Of 2 Views	\$33.18
	Computed Tomography, Upper Extremity; Without Contrast Material	\$189.86
	Computerized Axial Tomography, Upper Extremity; With Contrast Material(S)	\$204.07
	Computerized Axial Tomography, Upper Extremity; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$291.29
	Computed Tomographic Angiography, Upper Extremity, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	
		A000 FF
	Postprocessing	\$323.55
73218	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S)	\$373.58
73218 73219	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S)	\$373.58 \$338.27
73218 73219 73220	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$373.58 \$338.27 \$470.49
73218 73219 73220 73221	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S)	\$373.58 \$338.27
73218 73219 73220 73221 73222	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S)	\$373.58 \$338.27 \$470.49 \$206.53 \$359.58
73218 73219 73220 73221 73222 73223	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And	\$373.58 \$338.27 \$470.49 \$206.53
73218 73219 73220 73221 73222 73223 73225	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$373.58 \$338.27 \$470.49 \$206.53 \$359.58
73218 73219 73220 73221 73222 73223 73225 73501 73502	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Upper Extremity, With Or Without Contrast Material(S) X-Ray Of Hip With Pelvis, 1 View X-Ray Of Hip With Pelvis, 2-3 Views	\$373.58 \$338.27 \$470.49 \$206.53 \$359.58 \$444.27 \$348.84 \$32.51 \$45.09
73218 73219 73220 73221 73222 73223 73225 73501 73502 73503	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S) Further Sequences Magnetic Resonance Angiography, Upper Extremity, With Or Without Contrast Material(S) X-Ray Of Hip With Pelvis, 1 View	\$373.58 \$338.27 \$470.49 \$206.53 \$359.58 \$444.27 \$348.84 \$32.51

	Description	Fee
	X-Ray Of Both Hips With Pelvis, 3-4 Views	\$53.10
	X-Ray Of Both Hips With Pelvis, Minimum Of 5 Views	\$61.30
	Radiologic Examination, Hip, Arthrography, Radiological Supervision And Interpretation	\$114.83
	X-Ray Of Femur, 1 View	\$28.88
	X-Ray Of Femur, Minimum 2 Views	\$35.21
	X-Ray Of Knee, 1 Or 2 Views	\$32.82
	X-Ray Of Knee, 3 Views X-Ray Of Knee, 4 Or More Views	\$36.48
	X-Ray Of Both Knees, Standing, Front To Back View	\$42.17
	Radiologic Examination, Knee, Arthrography, Radiological Supervision And Interpretation	\$35.58 \$136.34
	X-Ray Of Lower Leg, 2 Views	\$31.21
	Radiologic Examination Lower Extremity, Infant, Minimum Of Two Views	\$30.83
	X-Ray Of Ankle, 2 Views	\$30.43
	X-Ray Of Ankle, Minimum Of 3 Views	\$32.94
	Radiologic Examination, Ankle, Arthrography, Radiological Supervision And Interpretation	\$117.97
	X-Ray Of Foot, 2 Views	\$28.22
	X-Ray Of Foot, Minimum Of 3 Views	\$32.94
73650	X-Ray Of Heel, Minimum Of 2 Views	\$28.22
73660	X-Ray Of Toes, Minimum Of 2 Views	\$25.99
73700	Computed Tomography, Lower Extremity; Without Contrast Material	\$131.25
73701	Computerized Axial Tomography, Lower Extremity; With Contrast Material(S)	\$169.12
73702	Computerized Axial Tomography, Lower Extremity; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$198.41
70700	Computed Tomographic Angiography, Lower Extremity, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	# 222 4 1
	Postprocessing Magnetic Personnes (Eq. Proton) Imaging Lower Extremity Other Than Joint: Without Contract Material(S)	\$329.11
	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S)	\$227.50
73719	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; With Contrast Material(S)	\$268.03
73720	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$343.31
	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material	\$206.20
	Magnetic Resonance (Eg., Proton) Imaging, Any Joint Of Lower Extremity; With Contrast Material(S)	\$359.96
. 0. 22	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And	ψοσο.σσ
73723	Further Sequences	\$442.40
	Magnetic Resonance Angiography, Lower Extremity, With Or Without Contrast Material(S)	\$341.98
74018	X-Ray Of Abdomen, 1 View	\$29.88
74019	X-Ray Of Abdomen, 2 Views	\$35.30
74021	X-Ray Of Abdomen, Minimum Of 3 Views	\$41.15
74022	Complete X-Ray Study Of Abdomen With Single X-Ray Of Chest	\$49.31
	Computed Tomography, Abdomen; Without Contrast Material	\$138.37
	Computerized Axial Tomography, Abdomen; With Contrast Material(S)	\$294.78
74170	Computerized Axial Tomography, Abdomen; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$301.85
	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	
74174	Postprocessing	\$386.51
74475	Computed Tomographic Angiography, Abdomen, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image	Ψ000.01
	Postprocessing	\$324.80
74176	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material	\$324.80 \$185.15
74176	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material	\$324.80
74176 74177	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And	\$324.80 \$185.15 \$301.19
74176 74177 74178	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions	\$324.80 \$185.15 \$301.19 \$346.18
74176 74177 74178 74181	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And	\$324.80 \$185.15 \$301.19
74176 74177 74178 74181	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S)	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00
74176 74177 74178 74181 74182 74183	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00
74176 74177 74178 74181 74182 74183 74185	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S)	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18
74176 74177 74178 74181 74182 74183 74185 74190	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12
74176 74177 74178 74181 74182 74183 74185 74190 74210	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg., After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230 74235	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74235 74240	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74235 74240 74246	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Double Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74235 74240 74246 74248	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Double Contrast Follow-Through X-Ray Of Upper Digestive Tract With Multiple Serial Films	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19
74176 74177 74178 74181 74182 74183 74185 74190 74220 74221 74230 74235 74240 74246 74246 74250	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Double Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230 74240 74246 74246 74250 74251	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg., After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Double Contrast Follow-Through X-Ray Of Upper Digestive Tract With Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230 74240 74246 74246 74250 74251	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Single Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Double Contrast Follow-Through X-Ray Of Upper Digestive Tract With Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230 74224 74240 74246 74248 74251 74261	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast Follow-Through X-Ray Of Upper Digestive Tract With Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230 74235 74246 74248 74250 74251 74261	Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images, If Performed Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64
74176 74177 74178 74181 74182 74183 74185 74190 74220 74221 74230 74235 74240 74246 74248 74250 74261 74262 74263 74270	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg., After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images, If Performed Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing X-Ray Of Large Bowel With Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64 \$628.36 \$136.70
74176 74177 74178 74181 74182 74183 74185 74190 74220 74221 74230 74224 74248 74250 74261 74262 74263 74270 74280	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg. Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg. Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg. Proton) Imaging, Abdomen; With Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg. After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films X-Ray Of Lorge Bowel With Contrast Images, If Performed Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing X-Ray Of Large Bowel With Air Contrast X-Ray Of Large Bowel With Air Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64 \$628.36 \$136.70 \$195.76
74176 74177 74178 74181 74182 74183 74185 74190 74220 74221 74230 74224 74246 74246 74261 74261 74262 74263 74270 74280 74280	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing; With Contrast Material Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing X-Ray Of Large Bowel With Contrast Imaging Of Colon Using Enema	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64 \$628.36 \$136.70 \$195.76 \$226.85
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230 74224 74246 74246 74246 74261 74261 74263 74270 74280 74280 74280 74283	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg. Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg. Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg. Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg. After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Use Box And/Or Esophagus In Neck With Contrast X-Ray Of Use Box And/Or Esophagus With Bouble Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Double Contrast X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing X-Ray Of Large Bowel With Air Contrast Imaging Of Collo Lusing Enema Imaging Of Collo Lusing Enema Imaging Of Gallbladder With Contrast	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64 \$628.36 \$136.70 \$195.76 \$226.85 \$84.27
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74230 74224 74246 74246 74246 74261 74261 74263 74270 74280 74280 74280 74283	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg., After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophagal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images, If Performed Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing X-Ray Of Large Bowel With Contrast Imaging Of Galibladder With Contrast Imaging Of Galibladder With Contrast Cholangiography And/	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64 \$628.36 \$136.70 \$195.76 \$226.85
74176 74177 74178 74181 74182 74183 74185 74190 74210 74220 74221 74220 74224 74246 74248 74251 74261 74262 74263 74270 74280 74280 74290 74300	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; With Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg., After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Vice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Magnetic Revaluation Of Ix Swallowing Function Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Double Contrast Follow-Through X-Ray Of Upper Digestive Tract With Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material(S) Including Non-Contrast Images, If Performed Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing X-Ray Of Large Bowel With Contrast Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Using Enema Imaging Of Colon Us	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64 \$628.36 \$136.70 \$195.76 \$226.85 \$84.27 \$28.28
74176 74177 74178 74178 74181 74182 74183 74185 74190 74220 74221 74230 74235 74240 74246 74248 74250 74261 74262 74263 74270 74280 74280 74280 74290 74300	Postprocessing Computed Tomography, Abdomen And Pelvis; Without Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material Computed Tomography, Abdomen And Pelvis; With Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S) Magnetic Resonance (Eg., Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) Peritoneogram (Eg., After Injection Of Air Or Contrast), Radiological Supervision And Interpretation X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast X-Ray Of Esophagus With Single Contrast X-Ray Of Esophagus With Double Contrast Imaging For Evaluation Of Swallowing Function Removal Of Foreign Body(S), Esophagal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images, If Performed Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing X-Ray Of Large Bowel With Contrast Imaging Of Galibladder With Contrast Imaging Of Galibladder With Contrast Cholangiography And/	\$324.80 \$185.15 \$301.19 \$346.18 \$199.00 \$308.10 \$344.31 \$343.18 \$59.12 \$93.71 \$86.74 \$108.49 \$111.30 \$152.89 \$109.32 \$123.81 \$81.19 \$108.42 \$208.12 \$269.61 \$364.64 \$628.36 \$136.70 \$195.76 \$226.85 \$84.27

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Code	Description Endeadario Catheterization Of The Department Duetal Custom, Padialogical Supervision, And Interpretation	Fee
74329 74330	Endoscopic Catheterization Of The Pancreatic Ductal System, Radiological Supervision And Interpretation Combined Endoscopic Catheterization Of The Biliary And Pancreatic Ductal Systems, Radiological Supervision And Interpretation	\$70.50 \$81.28
74340	Radiological Supervision And Interpretation Of Placement Of Long Small Bowel Tube Procedure	\$76.09
74355	Percutaneous Placement Of Enteroclysis Tube, Radiological Supervision And Interpretation	\$108.72
74360	Intraluminal Dilation Of Strictures And/Or Obstructions (Eg, Esophagus), Radiological Supervision And Interpretation	\$80.00
74363	Percutaneous Transhepatic Dilation Of Biliary Duct Stricture With Or Without Placement Of Stent, Radiological Supervision And Interpretation	\$123.69
74400	Imaging Of Urinary Tract With Injection Of Contrast Into A Vein	\$120.41
74410	Imaging Of Urinary Tract Using Infusion Technique	\$139.00
74415	Imaging Of Urinary Tract Using Infusion Technique With Kidney Section Filming	\$149.97
74420	Imaging Of Urinary Tract	\$77.28
74425	Radiological Supervision And Interpretation Of X-Ray Imaging Of Urinary Tract	\$125.07
74430	Radiological Supervision And Interpretation X-Ray Of Urinary Bladder, Minimum Of 3 Views Vasography, Vesiculography, Or Epididymography, Radiological Supervision And Interpretation	\$40.66
74440 74445	Vasography, Vesiculography, Or Epididymography, Radiological Supervision And Interpretation Corpora Cavernosography, Radiological Supervision And Interpretation	\$96.37 \$116.48
74445	Radiological Supervision And Interpretation X-Ray Of Urinary Bladder And Urethra, Before And After Dye Injection	\$47.22
74455	Radiological Supervision And Interpretation X-Ray Of Urinary Bladder And Urethra, Emptying	\$93.11
74470	Radiological Supervision And Interpretation X-Ray Of Kidney Cyst, Lower Back Contrast Injection	\$74.00
74485	Radiological Supervision And Interpretation Of Dilation Of Urinary Ducts (Ureters) Or Bladder Canal (Urethra)	\$116.43
74712	Magnetic Resonance Imaging Of Fetus, Single Or First Pregnancy	\$420.87
74713	Magnetic Resonance Imaging Of Fetus, Each Additional Pregnancy	\$201.66
74740	Hysterosalpingography, Radiological Supervision And Interpretation	\$83.63
74742	Transcervical Catheterization Of Fallopian Tube, Radiological Supervision And Interpretation	\$87.53
74775 75557	Perineogram (Eg, Vaginogram, For Sex Determination Or Extent Of Anomalies) Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material;	\$79.71 \$283.14
75559	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material, With Stress Imaging	\$381.87
70000	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S), Followed By Contrast Material(S) And	φοστ.στ
75561	Further Sequences;	\$416.55
	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S), Followed By Contrast Material(S) And	
75563	Further Sequences; With Stress Imaging	\$432.19
75565	Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In Addition To Code For Primary Procedure)	\$52.20
75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluation Of Coronary Calcium Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology (Including 3D Image	\$91.04
75572	Postprocessing, Assessment Of Cardiac Function, And Evaluation Of Venous Structures, If Performed)	\$230.75
75573	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology In The Setting Of Congenital Heart Disease (Including 3D Image Postprocessing, Assessment Of Lv Cardiac Function, Rv Structure And Function And Evaluation Of V	\$366.21
13313	bisease (including 3D image 1 ostprocessing, Assessment of Ev Cardiac 1 director, IV Structure And 1 director And Evaluation of V	φ300.21
75574	Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (When Present), With Contrast Material, Including 3D Image Postprocessing (Including Evaluation Of Cardiac Structure And Morphology, Assessment Of Cardiac Function, And Evalua	\$357.58
75580	Analysis Of Data From CT Study Of Heart Blood Vessels To Assess Severity Of Heart Artery Disease, With Interpretation And Report	\$797.58
75600	Aortography, Thoracic, Without Serialography, Radiological Supervision And Interpretation	\$180.23
75605	Radiological Supervision And Interpretation X-Ray Of Chest Aorta, Using Rapid Sequence	\$117.83
75625	Aortography, Abdominal, By Serialography, Radiological Supervision And Interpretation	\$121.63
75630	Aortography, Abdominal Plus Bilateral Iliofemoral Lower Extremity, Catheter, By Serialography, Radiological Supervision And Interpretation	\$151.72
	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff, With Contrast Material(S), Including	*
75635	Noncontrast Images, If Performed, And Image Postprocessing	\$356.64
75705	Angiography, Spinal, Selective, Radiological Supervision And Interpretation	\$228.67
	Angiography, Extremity, Unilateral, Radiological Supervision And Interpretation	\$144.65
75716	Angiography, Extremity, Bilateral, Radiological Supervision And Interpretation	\$157.71
75726	Angiography, Visceral, Selective Or Supraselective, (With Or Without Flush Aortogram), Radiological Supervision And Interpretation	\$165.94
75731	Radiological Supervision And Interpretation Of Imaging Of Artery Of One Adrenal Gland	\$145.68
75733	Angiography, Adrenal, Bilateral, Selective, Radiological Supervision And Interpretation	\$161.81
75736	Angiography, Pelvic, Selective Or Supraselective, Radiological Supervision And Interpretation Angiography, Pulmonary, Unilateral, Selective, Radiological Supervision And Interpretation	\$140.67 \$127.23
75741		5127.23
	Angiography Pulmonary Bilateral Selective Radiological Supervision And Interpretation	•
75743 75746	Angiography, Pulmonary, Bilateral, Selective, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein	\$144.25
75746	Angiography, Pulmonary, Bilateral, Selective, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation	•
	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein	\$144.25 \$128.35
75746	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	\$144.25 \$128.35 \$161.89 \$94.35
75746 75756 75774 75801	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72
75746 75756 75774 75801 75803	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78
75746 75756 75774 75801 75803 75805	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00
75746 75756 75774 75801 75803	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78
75746 75756 75774 75801 75803 75805 75807 75809 75810	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00 \$156.09 \$72.66 \$141.28
75746 75756 75774 75801 75803 75805 75807 75809 75810 75820	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver Venography, Extremity, Unilateral, Radiological Supervision And Interpretation	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00 \$156.09 \$72.66 \$141.28 \$95.10
75746 75756 75774 75801 75803 75805 75807 75809 75810 75820 75822	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver Venography, Extremity, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Veins Of Both Arms Or Legs	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00 \$156.09 \$72.66 \$141.28 \$95.10 \$130.27
75746 75756 75774 75801 75803 75805 75807 75809 75810 75820 75822 75825	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver Venography, Extremity, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Veins Of Both Arms Or Legs Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00 \$156.09 \$72.66 \$141.28 \$95.10 \$130.27 \$110.76
75746 75756 75774 75801 75803 75805 75807 75809 75810 75820 75822 75825 75827	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver Venography, Extremity, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Veins Of Both Arms Or Legs Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation Venography, Caval, Superior, With Serialography, Radiological Supervision And Interpretation	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00 \$156.09 \$72.66 \$141.28 \$95.10 \$130.27 \$110.76 \$115.62
75746 75756 75774 75801 75803 75805 75807 75809 75810 75820 75822 75825 75827 75831	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver Venography, Extremity, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Veins Of Both Arms Or Legs Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation Venography, Renal, Unilateral, Selective, Radiological Supervision And Interpretation Venography, Renal, Unilateral, Selective, Radiological Supervision And Interpretation	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00 \$156.09 \$72.66 \$141.28 \$95.10 \$130.27 \$110.76 \$115.62 \$116.91
75746 75756 75774 75801 75803 75805 75807 75809 75810 75820 75822 75825 75827	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein Angiography, Internal Mammary, Radiological Supervision And Interpretation Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver Venography, Extremity, Unilateral, Radiological Supervision And Interpretation Radiological Supervision And Interpretation Of Imaging Of Veins Of Both Arms Or Legs Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation Venography, Caval, Superior, With Serialography, Radiological Supervision And Interpretation	\$144.25 \$128.35 \$161.89 \$94.35 \$122.72 \$167.78 \$116.00 \$156.09 \$72.66 \$141.28 \$95.10 \$130.27 \$110.76 \$115.62

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Code 75860	Description Venography, Venous Sinus (Eg, Petrosal And Inferior Sagittal) Or Jugular, Catheter, Radiological Supervision And Interpretation	Fee \$122.90
75870	Radiological Supervision And Interpretation Of Imaging Of Vein System Of Head	\$170.11
75872	Venography, Epidural, Radiological Supervision And Interpretation	\$124.30
75880	Venography, Orbital, Radiological Supervision And Interpretation	\$104.23
	Radiological Supervision And Interpretation Of Imaging Of Liver Vein With Assessment Of Blood Flow, Injection Of Contrast (Accessed Through	·
75885	The Skin)	\$133.68
75887	Radiological Supervision And Interpretation Of Imaging Of Liver Vein, Injection Of Contrast (Accessed Through The Skin)	\$134.68
75889	Hepatic Venography, Wedged Or Free, With Hemodynamic Evaluation, Radiological Supervision And Interpretation	\$121.11
75891	Hepatic Venography, Wedged Or Free, Without Hemodynamic Evaluation, Radiological Supervision And Interpretation	\$121.98
75000	Venous Sampling Through Catheter, With Or Without Angiography (Eg, For Parathyroid Hormone, Renin), Radiological Supervision And	6402.42
75893 75894	Interpretation Transcatheter Therapy, Embolization, Any Method, Radiological Supervision And Interpretation	\$103.42 \$202.13
75898	Imaging Of Blood Vessel	\$184.82
75901	Radiologic Supervision And Interpretation	\$225.99
70001	Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen, Radiologic	Ψ223.33
75902	Supervision And Interpretation	\$86.72
75956	Radiological Supervision And Interpretation Of Repair Of Chest Aorta With Graft, Involving Coverage Of Artery Origin	\$669.08
	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma,	
75957	Or Traumatic Disruption); Not Involving Coverage Of Left Subclavian Artery Origin, Initial Endoprosthesis Plus Descending Thoracic Aor	\$574.52
75958	Radiological Supervision And Interpretation Of Placement Of Blood Vessel Central Extension Prosthesis Procedure	\$377.98
75959	Radiological Supervision And Interpretation Of Placement Of Blood Vessel Outer Extension Prosthesis Procedure	\$334.31
75970	Transcatheter Biopsy, Radiological Supervision And Interpretation	\$111.59
	Change Of Percutaneous Tube Or Drainage Catheter With Contrast Monitoring (Eg, Genitourinary System, Abscess), Radiological Supervision	000 ==
75984	And Interpretation	\$93.76
75000	Radiological Guidance (le, Fluoroscopy, Ultrasound, Or Computed Tomography), For Percutaneous Drainage (Eg, Abscess, Specimen	¢100.22
75989 76000	Collection), With Placement Of Catheter, Radiological Supervision And Interpretation Imaging Guidance For Procedure, Up To 1 Hour	\$109.33
76000	Imaging Guidance For Procedure, Op 16 1 Hour	\$41.79 \$32.49
76010	Radiologic Examination, Abscess, Fistula Or Sinus Tract Study, Radiological Supervision And Interpretation	\$52.49 \$58.56
76098	Imaging Of Surgical Specimen	\$37.79
76100	Radiologic Examination, Single Plane Body Section (Eg, Tomography), Other Than With Urography	\$86.90
76120	Imaging Of Organ	\$112.74
76125	Imaging Of Organ, Complimenting Routine Exam	\$39.28
76140	Consultation On X-Ray Examination Made Elsewhere, Written Report	\$17.88
76145	Medical Physics Dose Evaluation For Radiation Exposure, Including Report	\$822.72
76376	3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Workstatio 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic	\$24.23
76377	Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation	\$76.45
76380	Computed Tomography, Limited Or Localized Follow-Up Study	\$163.80
76390 76391	Magnetic Resonance Spectroscopy Magnetic Resonance (Eg, Vibration) Elastography	\$445.59 \$204.74
76496	Fluoroscopic Procedure	\$43.75
76497	Unlisted Computed Tomography Procedure (Eg, Diagnostic, Interventional)	Price by Report
76498	Unlisted Magnetic Resonance Procedure (Eg, Diagnostic, Interventional)	Price by Report
76499	Unlisted Diagnostic Radiographic Procedure	Price by Report
76506	Ultrasound Of Brain	\$101.58
	Ultrasound Of Eye Tissue And Structures	\$66.61
76511	Ultrasound Of Eye Disease Or Growth	\$54.19
76512	Ultrasound Of Eye Disease, Growth, Or Structure	\$47.52
76513	Ultrasound Of Eye Using Water Bath Method	\$74.49
76514	Ophthalmic Ultrasound, Echography, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness)	\$10.91
76516	Ophthalmic Biometry By Ultrasound Echography, A-Scan;	\$44.37
76519	Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation	\$60.75
76529	Ultrasound Of Eye Foreign Body Localization	\$82.65
76536	Ultrasound Of Head And Neck	\$98.42
76604	Ultrasound Of Chest	\$56.10
76641	Ultrasound Of One Breast, Complete	\$101.50
76642	Ultrasound Of One Breast, Limited	\$83.85
76700	Ultrasound Of Abdomen, Complete	\$129.31
76705	Ultrasound Of Abdomen, Limited	\$96.82
76706	Ultrasound Evaluation Of Abdominal Aorta To Detect Bulging (Aneurysm)	\$100.97
76770	Ultrasound, Retroperitoneal (Eg, Renal, Aorta, Nodes), B-Scan And/Or Real Time With Image Documentation; Complete	\$107.16
76775	Ultrasound Behind Abdominal Cavity, Limited Ultrasound Transplated Kidney	\$58.76 \$143.01
	Ultrasound, Spinal Canal And Contents	\$143.01 \$147.29
76800	Ultrasound, Spinal Canal And Contents Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (14 Weeks 0 Days),	φ141.29
76801	Transabdominal Approach; Single Or First Gestation	\$145.18
7 5551	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (14 Weeks 0 Days),	ψ170.10
76802	Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)	\$74.13
76805	Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days) Single Or First Fetus	\$151.03
76810	Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days)	\$108.25
	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination,	
76811	Transabdominal Approach; Single Or First Gestation	\$219.56

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Code	Description Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination,	Fee
76812	Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)	\$171.15
76813	Ultrasound Of Pregnant Uterus (First Trimester) Single Or First Fetus	\$129.02
76814	Ultrasound Of Pregnant Uterus (First Trimester), Abdominal Or Vaginal Approach	\$82.81
76815	Ultrasound Of Pregnant Uterus, 1 Or More Fetus(Es)	\$100.09
76816	Ultrasound Re-Evaluation Of Pregnant Uterus, Per Fetus	\$100.81
76817	Vaginal Ultrasound Of Pregnant Uterus	\$103.19
76818	Fetal Biophysical Profile; With Non-Stress Testing	\$117.47
76819	Fetal Biophysical Profile; Without Non-Stress Testing	\$105.91
76820	Doppler Velocimetry, Fetal; Umbilical Artery	\$49.71
76821	Doppler Velocimetry, Fetal; Middle Cerebral Artery	\$99.29
76825	Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2D) With Or Without M-Mode Recording;	\$233.88
76826	Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2D) With Or Without M-Mode Recording; Follow-Up Or Repeat Study	\$140.07
76827	Doppler Echocardiography, Fetal, Pulsed Wave And/Or Continuous Wave With Spectral Display; Complete	\$86.61
	Doppler Echocardiography, Fetal, Cardiovascular System, Pulsed Wave And/Or Continuous Wave With Spectral Display; Follow-Up Or Repeat	
76828	Study	\$60.24
76830	Ultrasound, Transvaginal	\$107.82
76831	Saline Infusion Sonohysterography (Sis), Including Color Flow Doppler, When Performed	\$115.56
76856	Ultrasound Of Pelvis, Complete, Not Pregnancy Related	\$104.37
76857	Ultrasound Of Pelvis, Limited, Not Pregnancy Related	\$48.65
76870	Ultrasound Of Scrotum	\$99.04
76872	Ultrasound Of Pelvic Region Through Rectum	\$124.07
76873 76881	Ultrasound Of Prostate Through Rectum For Radiation Therapy Planning Complete Ultrasound Of Arm Or Leg	\$173.78 \$59.13
76881	Partial Ultrasound Of Joint Or Other Non-Blood Vessel Structure Of Arm Or Leg	\$59.13 \$56.00
76882	Comprehensive Ultrasound Scan Of Entire Length Of Nerves In Extremity	\$56.00 \$64.22
76885	Ultrasound Of Hips With Manipulation, Infant	\$64.22 \$110.97
76886	Ultrasound Of Hips, Infant	\$98.71
76932	Ultrasonic Guidance For Endomyocardial Biopsy, Imaging Supervision And Interpretation	\$83.58
76936	Ultrasound Guided Compression Repair Of Blood Vessel	\$250.85
70000	Cinabatin Guada Compression Repair of Ended Vector	Ψ230.03
	Ultrasound Guidance For Vascular Access Requiring Ultrasound Evaluation Of Potential Access Sites, Documentation Of Selected Vessel	
76937	Patency, Concurrent Realtime Ultrasound Visualization Of Vascular Needle Entry, With Permanent Recording And Reporting (Lis	\$36.56
76940	Ultrasound Guidance For, And Monitoring Of, Visceral Tissue Ablation	\$209.21
76941	Ultrasonic Guidance For Intrauterine Fetal Transfusion Or Cordocentesis, Imaging Supervision And Interpretation	\$140.18
	Ultrasonic Guidance For Needle Placement (Eg. Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation	\$57.10
76945	Ultrasonic Guidance For Chorionic Villus Sampling, Imaging Supervision And Interpretation	\$97.13
76946	Ultrasonic Guidance For Amniocentesis, Imaging Supervision And Interpretation	\$32.88
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging Supervision And Interpretation	\$77.52
76965	Ultrasonic Guidance For Interstitial Radioelement Application Gastrointestinal Endoscopic Ultrasound, Supervision And Interpretation	\$92.97 \$98.33
76975 76977	Ultrasound Measurement Of Bone Density	\$6.91
76978	Ultrasound Using Targeted Microbubble Contrast Of First Lesion	\$274.13
76979	Ultrasound Using Targeted Microbubble Contrast Of Additional Lesion	\$176.80
76981	Elastography Ultrasound Of Organ Tissue	\$116.29
76982	Elastography Ultrasound Of First Lesion	\$91.15
76983	Elastography Ultrasound Of Additional Lesion	\$59.21
76984	Ultrasound Of Chest Aorta During Surgery	\$63.81
	Ultrasound Of Heart During Surgery To Evaluate For Congenital Heart Disease, Including Placement And Manipulation Of Transducer, Image	,
76987	Acquisition, And Interpretation And Report Of Results	\$198.43
76988	Ultrasound Of Heart During Surgery To Evaluate For Congenital Heart Disease, Including Placement And Manipulation Of Transducer And Image Acquisition	\$125.73
76989	Ultrasound Of Heart During Surgery To Evaluate For Congenital Heart Disease, Interpretation And Report Of Results Only	\$73.55
76998	Ultrasonic Guidance Interoperative	\$133.28
76999	Unlisted Ultrasound Procedure (Eg, Diagnostic, Interventional)	Price by Report
77001	Fluoroscopic Guidance For Insertion, Replacement Or Removal Of Central Venous Access Device	\$109.69
77002	Fluoroscopic Guidance For Insertion Of Needle	\$103.52
77003	Fluoroscopic Guidance For Injection Into Spine Or Muscle Next To Spine	\$93.74
77011	Ct Guidance Stereotactic Localization	\$219.18
	II 't Noodlo Lilocoment	
	Ct Needle Placement	\$136.75
77013	Ct Tissue Ablation	\$390.62
77013 77014	Ct Tissue Ablation Ct Radiation Therapy Fields	\$390.62 \$118.47
77013 77014 77021	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle	\$390.62 \$118.47 \$418.09
77013 77014 77021 77022	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue	\$390.62 \$118.47 \$418.09 \$428.72
77013 77014 77021 77022 77046	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51
77013 77014 77021 77022 77046 77047	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast Mri Of Both Breasts	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51 \$222.63
77013 77014 77021 77022 77046 77047 77048	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast Mri Of Both Breasts Mri Of One Breast With And Without Contrast	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51 \$222.63 \$341.98
77013 77014 77021 77022 77046 77047 77048 77049	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast Mri Of Both Breasts Mri Of One Breast With And Without Contrast Mri Of Both Breasts With And Without Contrast	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51 \$222.63 \$341.98 \$348.76
77013 77014 77021 77022 77046 77047 77048 77049 77053	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast Mri Of Both Breasts Mri Of Dee Breast With And Without Contrast Mri Of Both Breasts With And Without Contrast Mri Of Both Breasts With And Without Contrast Mammary Ductogram Single Duct	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51 \$222.63 \$341.98 \$348.76 \$53.31
77013 77014 77021 77022 77046 77047 77048 77049 77053 77054	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast Mri Of Both Breasts Mri Of One Breast With And Without Contrast Mri Of Both Breasts With And Without Contrast Mri Of Both Breasts With And Without Contrast Mammary Ductogram Single Duct Mammary Ductogram Multiple Ducts	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51 \$222.63 \$341.98 \$348.76 \$53.31 \$66.39
77013 77014 77021 77022 77046 77047 77048 77049 77053 77054 77061	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast Mri Of Both Breasts Mri Of One Breast With And Without Contrast Mri Of Both Breasts With And Without Contrast Mri Of Both Breasts With And Without Contrast Mammary Ductogram Single Duct Mammary Ductogram Multiple Ducts Digital Tomography Of One Breast	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51 \$222.63 \$341.98 \$348.76 \$53.31 \$66.39 Price by Report
77013 77014 77021 77022 77046 77047 77048 77049 77053 77054 77061	Ct Tissue Ablation Ct Radiation Therapy Fields Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle Mri Guidance For Destruction Of Tissue Mri Of One Breast Mri Of Both Breasts Mri Of One Breast With And Without Contrast Mri Of Both Breasts With And Without Contrast Mri Of Both Breasts With And Without Contrast Mammary Ductogram Single Duct Mammary Ductogram Multiple Ducts	\$390.62 \$118.47 \$418.09 \$428.72 \$216.51 \$222.63 \$341.98 \$348.76 \$53.31 \$66.39

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	Diagnostic Mammography Of Both Breasts	Fee
	Screening Mammography Of Both Breasts	\$141.31 \$114.12
	Contralateral Joint If Indicated	\$48.13
	Bone Age Studies	\$25.55
	Bone Length Studies	\$50.23
	Radiologic Exam Osseous Survey Limited	\$64.63
	X-Ray Survey Of Forearm Or Wrist Bone Density	\$94.35
	X-Ray Survey Of Bones, Infant	\$95.36
	Imaging Of 2 Or More Joints, Single View	\$46.32
	Ct Scan Bone Mineral Density Study 1 Or More Sites	\$123.90
	Bone Density Measurement Of The Core Or Central Skeleton (E.G., Hips, Pelvis, Spine)	\$38.53
	Bone Density Measurement Of The Core Or Extremities (E.G., Radius, Wrist, Heel)	\$29.66
77084	Mri Bone Marrow Blood Supply	\$387.46
	777	
77085	Bone Density Measurement Of The Core Or Central Skeleton (E.G., Hips, Pelvis, Spine), Including Assessment Of Vertebral Fracture	\$52.64
77086	Fracture Assessment Of Spine Bones Using Dedicated X-Ray Machine For Bone Density Measurement	\$31.30
77089	Calculation Of Trabecular Bone Score (Tbs) Using Imaging Data With Interpretation And Report On Fracture Risk	\$36.32
77090	Technical Preparation And Transmission Of Imaging Data For Analysis Of Trabecular Bone Score (Tbs) Performed Elsewhere	\$2.25
77091	Technical Calculation Of Trabecular Bone Score (Tbs)	\$25.43
	Interpretation Of Trabecular Bone Score (Tbs) And Report On Fracture Risk	\$8.65
77261	Management Of Radiation Therapy, Simple	\$68.59
77262	Management Of Radiation Therapy, Intermediate	\$100.45
	Management Of Radiation Therapy, Complex	\$161.83
	Management Of Radiation Therapy Simulation, Simple	\$241.33
77285	Management Of Radiation Therapy, Simulation, Intermediate	\$429.08
	Management Of Radiation Therapy, Simulation, Complex	\$400.49
77293	Respiratory Motion Management Simulation	\$374.63
77295	Management Of Radiation Therapy, 3D	\$474.86
77299	Management Of Radiation Therapy, Therapeutic Radiology	Price by Report
77300	Basic Radiation Dosimetry Calculation, Central Axis Depth Dose Calculation, Tdf, Nsd, Gap Calculation, Off Axis Factor, Tissue Inhomogeneity Factors, Calculation Of Non-Ionizing Radiation Surface And Depth Dose, As Required During Course Of Treatment,	\$65.09
	Intensity Modulated Radiotherapy Plan, Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications	\$1,828.60
77306	Radiation Therapy Plan, Online, Simple	\$146.48
77307	Radiation Therapy Plan, Online, Complex	\$283.65
	Radiation Therapy Plan Simple For Insertion Of Radioactive Implant	\$230.60
	Radiation Therapy Plan Intermediate For Insertion Of Radioactive Implant	\$290.07
	Radiation Therapy Plan, Complex For Insertion Of Radioactive Implant	\$431.66
	Special Teletherapy Port Plan, Particles, Hemi-Body, Total Body	\$93.18
	Special Dosimetry (Eg, Tld, Microdosimetry) (Specify), Only When Prescribed By The Treating Physician	\$60.74
	Radiation Treatment Devices, Design And Construction, Simple	\$38.66
	Radiation Treatment Devices, Design And Construction, Intermediate	\$124.69
	Radiation Treatment Devices, Design And Construction, Complex	\$124.26
	Of Patient Treatment Documentation In Support Of The Radiation Oncologist, Reported Per Week Of Therapy	\$78.51
	Multi-Leaf Collimator (Mlc) Device(S) For Intensity Modulated Radiation Therapy (Imrt), Design And Construction Per Imrt Plan	\$462.47
	Special Medical Radiation Physics Consultation	\$127.24
	Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using Multi-Source Radiotherapy	\$1,304.85
	Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using A Linear Accelerator	\$947.49
	Stereotactic Body Radiation Therapy 1 Or More Lesions Using Imaging Guidance	\$978.23
	Intensity Modulated Radiation Therapy Delivery, Simple	\$322.48
	Intensity Modulated Radiation Therapy Delivery, Complex	\$322.48
	Guidance For Localization Of Target Delivery Of Radiation Treatment	\$121.39
	Management Of Radiation Therapy, Medical Radiation Physics	Price by Report
	Radiation Treatment Delivery, Superficial	\$39.68
	Radiation Treatment Delivery, Simple	\$65.71
	Radiation Treatment Delivery, Intermediate	\$77.24
	Radiation Treatment Delivery, Complex Therapeutic Radiology Port Films	\$86.24
	1 67	\$13.29 \$255.97
	Radiation Treatment Delivery, High Energy Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session	\$255.87
	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session Delivery Of Single Session Of Intraoperative Radiation Treatment With Electron Beam	Price by Report
	Radiation Treatment Management, 5 Treatments	Price by Report \$184.39
	Radiation Treatment Management, 1 Or 2 Treatments	\$184.39
	Stereotactic Radiation Treatment Management Of Brain Lesions, Complete Course Of Treatment Consisting Of 1 Session	\$408.79
	Management Of Stereotactic Body Radiation Therapy For Cranial Lesion(S) Over 1-5 Sessions	\$618.25
	Intraoperative Radiation Treatment Management	\$295.18
	Special Treatment Procedure (Eg, Total Body Irradiation, Hemibody Radiation, Per Oral Or Endocavitary Irradiation)	\$139.54
	Unlisted Management Of Radiation Therapy	Price by Report
77499	- ''	\$336.20
77499 77520	Proton Treatment Delivery, Simple	\$336.20 \$842.52
77499 77520 77522	Proton Treatment Delivery, Simple Proton Treatment Delivery, Simple With Compensation	\$842.52
77499 77520 77522 77523	Proton Treatment Delivery, Simple Proton Treatment Delivery, Simple With Compensation Proton Treatment Delivery, Intermediate	\$842.52 \$342.67
77499 77520 77522 77523 77525	Proton Treatment Delivery, Simple Proton Treatment Delivery, Simple With Compensation Proton Treatment Delivery, Intermediate Proton Treatment Delivery, Complex	\$842.52 \$342.67 \$1,092.40
77499 77520 77522 77523 77525 77600	Proton Treatment Delivery, Simple Proton Treatment Delivery, Simple With Compensation Proton Treatment Delivery, Intermediate Proton Treatment Delivery, Complex Hyperthermia, Externally Generated Superficial (le, Heating To A Depth Of 4 Cm Or Less)	\$842.52 \$342.67 \$1,092.40 \$491.36
77499 77520 77522 77523 77525 77600 77605	Proton Treatment Delivery, Simple Proton Treatment Delivery, Simple With Compensation Proton Treatment Delivery, Intermediate Proton Treatment Delivery, Complex	\$842.52 \$342.67 \$1,092.40

Code	Description	Fee
77620	Hyperthermia Generated By Intracavitary Probe(S)	\$626.66
77750	Infusion Or Instillation Of Radioelement Solution, Includes 3-Month Follow-Up Care	\$368.79
77761	Application Of Organ Cavity Radiation Source, Simple	\$391.66
77762	Application Of Organ Cavity Radiation Source, Intermediate	\$514.02
77763	Application Of Organ Cavity Radiation Source, Complex	\$723.47
77767	High Dose Brachytherapy Through Skin Surface, 1 Channel Or Up To 2.0 Cm	\$236.69
77768	High Dose Brachytherapy Through Skin Surface, 2 Channels Or More Than 2.0 Cm	\$363.16
	High Dose Brachytherapy , 1 Channel	\$344.97
77771	High Dose Brachytherapy , 2- 12 Channels	\$599.28
77772	High Dose Brachytherapy , More Than 12 Channels	\$894.66
77778	Application Of Radiation Source, Complex	\$820.80
77789	Surface Application Of Radiation	\$126.26
77790	Supervision, Handling, Loading Of Radiation	\$15.80
	Unlisted Procedure, Clinical Brachytherapy	Price by Report
78012	Thyroid Uptake Measurements	\$80.07
78013	Thyroid Imaging (Including Vascular Flow, When Performed);	\$169.86
78014	Thyroid Imaging With Vascular Flow	\$243.15
78015	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, Neck And Chest Only)	\$210.27
78016	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, With Additional Studies (Eg, Urinary Recovery)	\$250.88
78018	, , , , ,	\$253.76
78020	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure)	\$77.07
	Parathyroid Planar Imaging (Including Subtraction, When Performed);	\$240.40
78071	Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect)	\$357.33
	Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect), And Concurrently Acquired Computed	005:
78072	Tomography (Ct) For Anatomical Localization	\$354.70
78075		\$402.85
78099	Unlisted Endocrine Procedure, Diagnostic Nuclear Medicine	Price by Report
78102	Bone Marrow Imaging; Limited Area	\$147.06
	Bone Marrow Imaging; Multiple Areas	\$169.74
	Bone Marrow Imaging; Whole Body	\$204.94
	Nuclear Medicine Study Of Plasma, Single Samplings	\$66.62
78111	Nuclear Medicine Study Of Plasma, Multiple Samplings	\$70.88
78120	Nuclear Medicine Study Of Red Blood Cell, Volume Determination, Single Sample	\$68.27
78121	Nuclear Medicine Study Of Red Blood Cell, Volume Determination, Multiple Samples	\$74.80
	Whole Blood Volume Determination, Including Separate Measurement Of Plasma Volume And Red Cell Volume (Radiopharmaceutical Volume-	
	Dilution Technique)	\$93.44
78130	Nuclear Medicine Study Of Red Blood Cell, Red Cell Survival	\$120.05
78140	Nuclear Medicine Study Of Red Blood Cell, Sequestration	\$106.52
78185	Spleen Imaging Only, With Or Without Vascular Flow	\$153.43
78191	Platelet Survival Study	\$120.05
78195	Lymphatics And Lymph Nodes Imaging	\$288.68
78199	Nuclear Medicine Study Of Blood And Lymphatic Systems	Price by Report
78201	Liver Imaging; Only	\$175.19
78202	Liver Imaging; With Vascular Flow	\$173.55
78215		\$180.52
78216	Liver And Spleen Imaging; With Vascular Flow	\$123.00
78226	Hepatobiliary System Imaging, Including Gallbladder When Present;	\$331.21
	Hepatobiliary System Imaging, Including Gallbladder When Present; With Pharmacologic Intervention, Including Quantitative Measurement(S)	
78227	When Performed	\$444.59
78230	Imaging Of Salivary Gland, Simple	\$162.21
78231	Imaging Of Salivary Gland, Complex	\$100.97
78232	Salivary Gland Function Study	\$99.33
	Esophageal Motility	\$195.95
78261	Gastric Mucosa Imaging	\$183.18
78262	Gastroesophageal Reflux Study	\$224.38
78264	Stomach Emptying Study	\$269.58
78265	Stomach Emptying And Small Bowel Transit Study	\$356.45
78266	Stomach Emptying And Small Bowel With Colon Transit Study	\$403.94
78267	Nuclear Medicine Study Of Digestive Tract, Acquisition	\$11.06
78268	Nuclear Medicine Study Of Digestive Tract, Analysis	\$94.41
78278	Acute Gastrointestinal Blood Loss Imaging	\$284.37
78282	Nuclear Medicine Study To Assess Protein Loss Into The Digestive Tract	\$33.23
78290	Intestine Imaging	\$268.26
78291	Peritoneal-Venous Shunt Patency Test (Eq. For Leveen, Denver Shunt)	\$239.94
78299	Unlisted Gastrointestinal Procedure, Diagnostic Nuclear Medicine	Price by Report
78300	Bone And/Or Joint Imaging; Limited Area	\$192.11
78305	Bone And/Or Joint Imaging, Multiple Areas	\$222.61
	Bone And/Or Joint Imaging, Whole Body	\$240.59
	Bone And/Or Joint Imaging, 3 Phase Study	\$282.57
	Bone Density (Bone Mineral Content) Study Single Photon Absorptiometry	\$41.29
78350		Ψ 1 1.Δ3
78350 78351		\$83.67
78351	Bone Density (Bone Mineral Content) Study	\$83.67
	Bone Density (Bone Mineral Content) Study Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine	\$83.67 Price by Report
78351 78399	Bone Density (Bone Mineral Content) Study Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine Determination Of Central C-V Hemodynamics (Non-Imaging) (Eg, Ejection Fraction With Probe Technique) With Or Without Pharmacologic	Price by Report
78351 78399 78414	Bone Density (Bone Mineral Content) Study Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine Determination Of Central C-V Hemodynamics (Non-Imaging) (Eg, Ejection Fraction With Probe Technique) With Or Without Pharmacologic Intervention Or Exercise, Single Or Multiple Determinations	Price by Report \$45.97
78351 78399 78414 78428	Bone Density (Bone Mineral Content) Study Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine Determination Of Central C-V Hemodynamics (Non-Imaging) (Eg, Ejection Fraction With Probe Technique) With Or Without Pharmacologic Intervention Or Exercise, Single Or Multiple Determinations Cardiac Shunt Detection	Price by Report \$45.97 \$171.99
78351 78399 78414	Bone Density (Bone Mineral Content) Study Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine Determination Of Central C-V Hemodynamics (Non-Imaging) (Eg, Ejection Fraction With Probe Technique) With Or Without Pharmacologic Intervention Or Exercise, Single Or Multiple Determinations	Price by Report \$45.97

Code	Description	Fee
78431	Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle At Rest And With Stress, With Concurrently Acquired Ct Transmission Scan	\$190.46
78432	Combined Nuclear Medicine Study Of Blood Flow In Heart Muscle With Metabolic Evaluation	\$203.47
70.400	Combined Nuclear Medicine Ctudy Of Pland Flow In Heart Muscle With Metabolic Evaluation And Consurrantly Acquired Ct Transmission Cons	#222.40
78433 78434	Combined Nuclear Medicine Study Of Blood Flow In Heart Muscle With Metabolic Evaluation And Concurrently Acquired Ct Transmission Scan Nuclear Medicine Absolute Quantification Of Blood Flow In Heart Muscle	\$222.48 \$62.73
78445	Non-Cardiac Vascular Flow Imaging (Ie, Angiography, Venography)	\$186.56
70454	Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Ex	\$270.46
	Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Multiple Studies, At Rest And/Or Stre	\$279.46 \$413.24
70432	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique,	ψ+10.2+
78453	Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic)	\$264.32
78454	Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise	\$394.57
78456 78457	Acute Venous Thrombosis Imaging, Peptide Venography For Blood Clot In Vein, One Leg Or Arm	\$286.09 \$150.75
78458	Venography For Blood Clot In Veins, Both Legs Or Arms	\$190.26
78459	Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation	\$158.24
78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative	\$165.20
78468	Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique	\$181.10
78469	Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography	\$203.61
78472	Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium	\$208.40
78473	Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass	\$265.57
78481	Technique	\$163.67
78483	Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies	\$219.84
78491	Single Nuclear Medicine Study Of Blood Flow In Heart Muscle	\$155.72
78492	Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle At Rest And With Stress Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative	\$182.97
78494	Processing	\$210.06
78496	Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, At Rest, With Right Ventricular Ejection Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure)	\$40.57
78499	Unlisted Cardiovascular Procedure, Diagnostic Nuclear Medicine	Price by Report
78579	Pulmonary Ventilation Imaging (Eg, Aerosol Or Gas)	\$171.07
78580 78582	Pulmonary Perfusion Imaging (Eg, Particulate) Pulmonary Ventilation (Eg, Aerosol Or Gas) And Perfusion Imaging	\$193.25 \$338.47
78597	Quantitative Differential Pulmonary Perfusion, Including Imaging When Performed	\$204.95
78598	Quantitative Differential Pulmonary Perfusion And Ventilation (Eg, Aerosol Or Gas), Including Imaging When Performed	\$273.31
78599	Unlisted Respiratory Procedure, Diagnostic Nuclear Medicine	Price by Report
78600	Imaging Of Brain, Less Than 4 Static Views	\$166.87
78601 78605	Imaging Of Brain With Blood Flow, Less Than 4 Static Views Imaging Of Brain With Blood Flow, Minimum Of 4 Static Views Without Vascular Flow Measurement	\$178.94 \$184.30
78606	Imaging Of Brain With Blood Flow, Minimum Of 4 Static Views Without Vascular Flow Measurement	\$269.16
78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation	\$149.27
78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation	\$71.77
78610	Imaging Of Brain, Blood Flow	\$160.75
	Cerebrospinal Fluid Flow, Imaging; Cisternography (Not Including Introduction Of Material)	\$305.39
78635 78645	Cerebrospinal Fluid Flow, Imaging; Ventriculography (Not Including Introduction Of Material) Cerebrospinal Fluid Flow, Imaging; Shunt Evaluation	\$306.39 \$293.08
78650	Cerebrospinal Fluid Leakage Detection And Localization	\$245.89
78660	Radiopharmaceutical Dacryocystography	\$164.33
78699	Unlisted Nervous System Procedure, Diagnostic Nuclear Medicine	Price by Report
78700	Kidney Imaging; Only	\$156.88
78701 78707	Kidney Imaging; With Vascular Flow Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, Without Drugs, Single Study	\$203.77 \$239.69
78707 78708	Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, With Drugs, Single Study Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, With Drugs, Single Study	\$239.69 \$172.70
78709	Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, With Or Without Drugs, Multiple Studies	\$301.26
78725	Kidney Function Study, Non-Imaging Radioisotopic Study	\$107.45
78730	Urinary Bladder Residual Study	\$68.03
78740	Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)	\$200.71
78761 78799	Testicular Imaging Unlisted Genitourinary Procedure, Diagnostic Nuclear Medicine	\$195.08 Price by Report
78800	Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Single Area, 1 Day Of Imaging Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single Area	\$229.96
78801	With Imaging Over Multiple Days	\$231.76
78802	Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Whole Body, Single Day Imaging	\$251.37
78803	Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Single Area, 1 Day Of Imaging Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Whole Body, 2 Or More Days	\$310.32
78804	Imaging	\$582.31
78808	Injection Procedure For Radiopharmaceutical Localization By Non-Imaging Probe Study, Intravenous (Eg, Parathyroid Adenoma)	\$38.49
78811	Positron Emission Tomography (Pet) Imaging; Limited Area (Eg, Chest, Head/Neck)	\$153.29

Code	Description	Fee
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh	\$193.57
78813	Positron Emission Tomography (Pet) Imaging; Whole Body	\$198.05
	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical	
78814	Localization Imaging; Limited Area (Eg, Chest, Head/Neck)	\$219.31
70015	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical	¢220.24
78815	Localization Imaging; Skull Base To Mid-Thigh Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical	\$339.31
78816	Localization Imaging; Whole Body	\$343.09
70010	Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Single Area, With	φο το.σσ
78830	Concurrently Acquired Ct Transmission Scan, 1 Day Of Imaging	\$485.92
	Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single	
78831	Area With Imaging Over Multiple Days	\$646.07
	Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single	
78832	Area With Imaging Over Multiple Days, With Concurrently Acquired Ct Transmission Scan, 1 Day Of Imaging	\$918.86
78835	Quantification Of Radioactive Tracer	\$88.26
78999	Unlisted Miscellaneous Procedure, Diagnostic Nuclear Medicine	Price by Report
79005 79101	Radiopharmaceutical Therapy, By Oral Administration Radioactive Material Therapy Into Vein, Not Radiolabeled	\$131.63 \$139.68
79200	Radiopharmaceutical Therapy, By Intracavitary Administration	\$128.66
79300	Radiopharmaceutical Therapy, By Interstitial Radioactive Colloid Administration	\$139.14
79403	Radioactive Material Therapy Into Vein, Radiolabeled	\$185.62
79440	Radiopharmaceutical Therapy, By Intra-Articular Administration	\$115.90
79445	Radiopharmaceutical Therapy, By Intra-Arterial Particulate Administration	\$233.93
79999	Unlisted Radiopharmaceutical Therapeutic Procedure	Price by Report
	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified	- y p
90460	Health Care Professional; First Or Only Component Of Each Vaccine Or Toxoid Administered	\$20.30
	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified	
90461	Health Care Professional; Each Additional Vaccine Or Toxoid Component Administered (List Separately In Addition To Co	\$0.00
	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Or Intramuscular Injections); One Vaccine (Single Or	
90471	Combination Vaccine/Toxoid)	\$18.39
	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular And Jet Injections And/Or Intranasal Or Oral	
90472	Administration); Each Additional Vaccine (Single Or Combination Vaccine/ Toxoid) (List Separately In Addition To Co	\$13.00
90473	Immunization Administration By Intranasal Or Oral Route; One Vaccine (Single Or Combination Vaccine/Toxoid)	\$14.80
90480	Administration of severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine by intramuscular injection, single dose Chikungunya Virus Vaccine	\$18.39
90589 90593	Chikungunya Virus Vaccine Chikungunya Virus Vaccine, Recombinant, For Intramuscular Use	Price by Report Price by Report
90623	Meningococcal Conjugate Vaccine Serogroups A, C, W, Y, B-Fhbp, Pentavalent, Tetanus Toxoid Carrier	Price by Report
90679	Respiratory Syncytial Virus Vaccine, Pref, Recombinant, Subunit, Adjuvanted, For Intramuscular Use	Price by Report
90683	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use	Price by Report Price by Report
90683	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles	Price by Report
90683 90695 90791	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use	Price by Report Price by Report
90683 90695 90791 90792	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation	Price by Report Price by Report \$153.04
90683 90695 90791 90792 90832 90833	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41
90683 90695 90791 90792 90832 90833 90834	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy, 45 Minutes	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76
90683 90695 90791 90792 90832 90833 90834 90836	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31
90683 90695 90791 90792 90832 90833 90834 90836 90837	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24
90683 90695 90791 90792 90832 90833 90834 90836 90837 90838	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42
90683 90695 90791 90792 90832 90833 90834 90836 90837 90838 90839	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes Psychotherapy For Crisis, First 60 Minutes	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97
90683 90695 90791 90792 90832 90833 90834 90836 90837 90838 90839 90840	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83
90683 90695 90791 90792 90832 90833 90834 90836 90837 90838 90839 90840	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy, 60 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychoanalysis	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97
90683 90695 90791 90792 90832 90833 90834 90836 90837 90838 90839 90840	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychoanalysis Family Psychotherapy Including Patient, 50 Minutes	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83
90683 90695 90791 90792 90832 90833 90834 90836 90837 90838 90839 90840	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy, 60 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychoanalysis	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97
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90683 90695 90791 90792 90832 90833 90834 90836 90837 90849 90847 90865 90867 90868 90869 90870 90882 90899 90935 90937	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, HSN8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy, 60 Minutes Psychotherapy, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychoanalysis Family Psychotherapy (Driven From Formaly Mittige Family Group Psychotherapy (With Patient Present); Tritmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Tritmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Group Psychotherapy (Other Than Of A Multiple Family Group); Tritmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Tritmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg. Sodium Amobarbital (Amytal) Interview) Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Threshold Re-Determination With Delivery And Management Electroconvulsive Therapy (Includes Necessary Monitoring) Environmental Intervention For Management Of Medical Conditions Explanati	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97 \$90.68 \$37.20 \$27.22 \$156.92 \$184.17 \$121.92 \$264.98 \$153.33 \$16.53 \$0.00 \$33.69 \$68.05 \$97.85
90683 90695 90791 90792 90832 90833 90834 90836 90837 90849 90849 90845 90865 90867 90868 90869 90887 90899 90935	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, HSN8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy, 60 Minutes Psychotherapy, 60 Minutes Psychotherapy, 70 Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychoanalysis Family Psychotherapy Including Patient, 50 Minutes Multiple Family Group Psychotherapy (With Patient Present); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Group Psychotherapy (Other Than Of A Multiple-Family Group); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days Adults Only. Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg. Sodium Amobarbital (Amytal) Interview) Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Initial Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Threshold Re-Determination With Delivery And Management Electroconvulsive Therapy (Includes Necessary Monitoring) Environmental Intervention For Management Of Medical Conditions Explanation Of Psychiatric, Medical Examinations, Procedures, And Data To Responsible Person Unilisted Psychiatric Service Or Procedure, For 655-6	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97 \$90.68 \$27.22 \$156.92 \$184.17 \$121.92 \$264.98 \$153.33 \$16.53 \$0.00 \$33.69 \$68.05
90683 90695 90791 90792 90833 90834 90836 90837 90845 90847 90849 90865 90869 90880 90887 90889 90940	Respiratory Syncytial Virus Vaccine Mma Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Inframuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy Performed With Evaluation And Management Visit, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Multiple Family Group Psychotherapy (With Patient Present); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trimt Codes For Indep Mh Practitioners Only, Equal To 260 Units In 365-Days For Adults Only, Narcosyntherapy (Other Than Of A Multiple-Family Group); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trimt Codes For Indep Mh Practitioners Only, Equal To 260 Units In 365-Days For Adults Only, Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg., Sodium Amobarbital (Amytal) Interview) Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Initial Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Delivery And Management, Per Session Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Threshold Replacement Service Delivery And Management Electroconvulsive Therapy (Include	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97 \$90.68 \$37.20 \$27.22 \$156.92 \$184.17 \$121.92 \$264.98 \$153.33 \$16.53 \$0.00 \$33.69 \$68.05 \$97.85 Price by Report
90683 90695 90791 90792 90832 90833 90834 90836 90837 90845 90847 90845 90865 90865 90867 90868 90869 90887 90889 90940 90945	Respiratory Syncytial Virus Vaccine Mma Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy For Crisis; First 60 Minutes Psychotherapy For Crisis; First 60 Minutes Psychotherapy For Crisis; First 60 Minutes (List Separately In Addition To Code For Primary Service) Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychotherapy For Crisis; For Indep Mn Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Group Psychotherapy (With Patient Present); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mn Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Group Psychotherapy (Other Than Of A Multiple-Family Group); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mn Practitioners Only. Equal To 260 Units In 365-Days Adults Only. Narcosynthesis For Psychiatric Diagnositic Nard Therapeutic Purposes (Eg. Sodium Amobarbital (Amytal) Interview) Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Initial Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Threshold Re-Determination With Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Threshold Re-Determination	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97 \$90.68 \$37.20 \$27.22 \$156.92 \$184.17 \$121.92 \$264.98 \$153.33 \$16.53 \$0.00 \$33.69 \$68.05 \$97.85 Price by Report
90683 90695 90791 90792 90832 90833 90834 90836 90837 90849 90845 90847 90865 90867 90868 90869 90870 90882 90897 90940 90945 90947	Respiratory Syncytial Virus Vaccine Mma Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy, 46 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy With Evaluation And Management Visit, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy Including Patient, 50 Minutes Multiple Family Group Psychotherapy (With Patient Present); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination Wildle College For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Group Psychotherapy (Other Than Of A Multiple-Family Group); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination Wildle Other Trimt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days Adults Only. Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg. Sodium Amobarbital Campation) Wildle Other Trimt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days Adults Only. Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Initial Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Transcranial Magnetic Stimulation	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97 \$90.68 \$37.20 \$27.22 \$156.92 \$184.17 \$121.92 \$264.98 \$153.33 \$16.53 \$0.00 \$33.69 \$68.05 \$97.85 Price by Report
90683 90695 90791 90792 90832 90833 90834 90836 90837 90849 90845 90865 90867 90868 90869 90870 90882 9089 90940 90945 90947 90951	Respiratory Syncytiat Virus Vaccine Mrna Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy, With Evaluation And Management Visit, 60 Minutes Psychotherapy, 60 Minutes Psychotherapy, 67 Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychotherapy For Crisis, Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) Psychotherapy For Crisis, First 60 Minutes Multiple Family Psychotherapy Including Patient, 50 Minutes Multiple Family Group Psychotherapy (With Patient Present); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trimt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Group Psychotherapy (Other Than Of A Multiple-Family Group); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trimt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days Adults Only. Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg. Sodium Amobarbital (Amytal) Interview) Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Transcranial Magnetic Stimulation Treatment (Stimu	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97 \$90.68 \$37.20 \$27.22 \$156.92 \$184.17 \$121.92 \$264.98 \$153.33 \$16.53 \$0.00 \$33.69 \$68.05 \$97.85 Price by Report \$82.49 \$116.80 \$1,101.61
90683 90695 90791 90792 90832 90833 90834 90836 90837 90849 90845 90847 90865 90867 90868 90869 90870 90882 90897 90940 90945 90947	Respiratory Syncytial Virus Vaccine Mma Lipid Nanoparticles Influenza Vaccine, H5N8, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use Psychiatric Diagnostic Evaluation Psychiatric Diagnostic Evaluation With Medical Services Psychotherapy, 30 Minutes Psychotherapy, 30 Minutes Psychotherapy, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy, 45 Minutes Psychotherapy, 46 Minutes Psychotherapy With Evaluation And Management Visit, 45 Minutes Psychotherapy, 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy For Crisis, First 60 Minutes Psychotherapy Including Patient, 50 Minutes Multiple Family Group Psychotherapy (With Patient Present); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination Will Other Trimt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. Group Psychotherapy (Other Than Of A Multiple-Family Group); Trimt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination Will Other Trimt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days Adults Only. Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg. Sodium Amobarbital Campation) Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Initial Delivery And Management Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Transcranial Magneti	Price by Report Price by Report \$153.04 \$171.22 \$69.48 \$63.41 \$91.76 \$80.31 \$135.24 \$106.42 \$129.97 \$63.83 \$89.97 \$90.68 \$37.20 \$27.22 \$156.92 \$184.17 \$121.92 \$264.98 \$153.33 \$16.53 \$0.00 \$33.69 \$68.05 \$97.85 Price by Report

Code	Description	Fee
	Dialysis Services (4 Or More Physician Visits Per Month), Patient 2-11 Years Of Age	\$946.82
	Dialysis Services (2-3 Physician Visits Per Month), Patient 2-11 Years Of Age	\$490.60
	Dialysis Services (1 Physician Visit Per Month), Patient 2-11 Years Of Age	\$325.13
90957	Dialysis Services (4 Or More Physician Visits Per Month), Patient 12-19 Years Of Age	\$708.13
90958	Dialysis Services (2-3 Physician Visits Per Month), Patient 12-19 Years Of Age	\$475.56
90959	Dialysis Services (1 Physician Visit Per Month), Patient 12-19 Years Of Age	\$310.33
	Dialysis Services (4 Or More Physician Visits Per Month), Patient 20 Years Of Age And Older	\$312.44
90961	Dialysis Services (2-3 Physician Visits Per Month), Patient 20 Years Of Age And Older	\$254.94
90962	Dialysis Services (1 Physician Visit Per Month), Patient 20 Years Of Age And Older	\$181.27
90963	Home Dialysis Services Per Month, Patient Younger Than 2 Years Of Age	\$569.59
90964	Home Dialysis Services Per Month, Patient 2-11 Years Of Age	\$488.76
90965	Home Dialysis Services Per Month, Patient 12-19 Years Of Age	\$480.23
90966	Home Dialysis Services Per Month, Patient 20 Years Of Age Or Older	\$254.94
90967	Dialysis Services, Per Day (Less Than Full Month Service), Patient Younger Than 2 Years Of Age	\$16.58
90968	Dialysis Services, Per Day (Less Than Full Month Service), Patient 2-11 Years Of Age	\$16.25
90969	Dialysis Services, Per Day (Less Than Full Month Service), Patient 12-19 Years Of Age	\$15.93
90970	Dialysis Services, Per Day (Less Than Full Month Service), Patient 20 Years Of Age Or Older	\$8.55
90997	Hemoperfusion (Eg, With Activated Charcoal Or Resin)	\$82.68
91010	Measurement Of Esophageal Swallowing Movement	\$197.15
91013	Measurement Of Esophageal Swallowing Movement, With Stimulation Or Perfusion	\$25.09
91020	Gastric Motility (Manometric) Studies	\$274.31
91022	Duodenal Motility (Manometric) Study	\$167.46
91030	Esophagus, Acid Perfusion (Bernstein) Test For Esophagitis	\$141.62
91034	Esophagus, Gastroesophageal Reflux Test; With Nasal Catheter Ph Electrode(S) Placement, Recording, Analysis And Interpretation	\$189.42
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91035	Esophagus, Gastroesophageal Reflux Test; With Mucosal Attached Telemetry Ph Electrode Placement, Recording, Analysis And Interpretation	\$451.16
	Esophageal Function Test, Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance Electrode(S) Placement, Recording,	
	Analysis And Interpretation;	\$150.48
	Monitoring Of Gastroesophageal Reflux Including Analysis And Interpretation, Prolonged (Greater Than 1 Hour, Up To 24 Hours)	\$360.60
91040	Evaluation Of Non-Cardiac Chest Pain Using Esophageal Balloon	\$513.98
91065	Measurement Of Hydrogen In Breath To Test For Gi Symptoms	\$66.14
91110	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, With Interpretation And Report	\$818.27
91111	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus With Interpretation And Report	\$815.50
91112	Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, With Interpretation And Report	\$1,444.45
91113	Imaging Of Colon Using Capsule Endoscope, With Interpretation And Report	\$832.50
91117	Measurement Of Colon Movement, Minimum 6 Hours Continuous Recording	\$126.86
91120	Rectal Sensation, Tone, And Compliance Test (Ie, Response To Graded Balloon Distention)	\$448.27
91122	Anorectal Manometry	\$245.84
91132	Electrogastrography, Diagnostic, Transcutaneous;	\$436.11
91133	Electrogastrography, Diagnostic, Transcutaneous; With Provocative Testing	\$458.42
91200	Measuring The Stiffness In The Liver Via Elastography	\$33.99
91299	Unlisted Diagnostic Gastroenterology Procedure	Price by Report
92002	New Patient Problem Focused Exam Of Visual System	\$76.52
92004	New Patient Complete Exam Of Visual System	\$143.94
92012	Established Patient Problem Focused Exam Of Visual System	
92014	Fathfills of Baffart Connects From Office I Outline	\$80.46
	Established Patient Complete Exam Of Visual System	\$80.46 \$117.24
	Assessment For Prescription Eye Wear Using A Range Of Lens Powers	
92015		\$117.24 \$13.82
92015 92018	Assessment For Prescription Eye Wear Using A Range Of Lens Powers	\$117.24 \$13.82 \$134.75
92015 92018 92019	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia	\$117.24 \$13.82
92015 92018 92019 92020	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia	\$117.24 \$13.82 \$134.75 \$69.16
92015 92018 92019 92020 92025	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09
92015 92018 92019 92020 92025	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29
92015 92018 92019 92020 92025 92060 92065	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85
92015 92018 92019 92020 92025 92060 92065	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34
92015 92018 92019 92020 92025 92060 92065 92066	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072 92081	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072 92081 92082	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072 92081 92082 92083	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.82 \$46.52 \$62.83
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072 92081 92082	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.62 \$111.38
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072 92081 92082 92083 92100	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.82 \$46.52 \$62.83
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072 92081 92082 92083 92100	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.62 \$111.38
92015 92018 92019 92020 92025 92060 92065 92066 92071 92072 92081 92082 92083 92132	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88 \$46.52 \$62.83 \$81.32 \$30.88
92015 92018 92019 92020 92025 92065 92066 92071 92072 92081 92082 92083 92133 92133	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.82 \$46.52 \$62.83 \$81.32 \$30.88 \$35.87
92015 92018 92019 92020 92025 92066 92066 92071 92072 92081 92082 92083 92100 92132 92133	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.62 \$111.38 \$32.82 \$46.52 \$62.83 \$81.32 \$30.88
92015 92018 92019 92020 92025 92066 92071 92072 92081 92082 92083 92100 92132 92133 92134 92136 92137	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88 \$46.52 \$62.83 \$81.32 \$30.88
92015 92018 92019 92020 92025 92066 92071 92072 92081 92082 92133 92133 92134 92136 92137 92145	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Determination	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88 \$46.52 \$62.83 \$81.32 \$30.88
92015 92018 92019 92020 92025 92066 92071 92072 92081 92082 92083 92132 92133 92134 92134 92135 92145 92201	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Determination Extended Examination Of Eye With Drawing Of Retina	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88 \$46.52 \$62.83 \$81.32 \$30.88 \$35.87
92015 92018 92019 92020 92025 92066 92071 92072 92081 92082 92083 92132 92133 92134 92134 92135 92145 92201	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Determination Extended Examination Of Eye With Drawing Of Retina Extended Examination Of Eye With Drawing Of Optic Nerve And Surrounding Area (Macula)	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88 \$46.52 \$62.83 \$81.32 \$30.88
92015 92018 92019 92020 92025 92066 92071 92072 92081 92082 92083 92132 92133 92134 92134 92137 92145 92201	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Determination Extended Examination Of Eye With Drawing Of Retina	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88 \$46.52 \$62.83 \$81.32 \$30.88 \$35.87
92015 92018 92019 92020 92025 92066 92071 92072 92081 92082 92083 92100 92132 92133 92134 92136 92137 92145 92201 92227 92228	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Comeal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Extended Testing Exam Of Visual Field With Extended Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Detection, With Review And Surrounding Area (Macula) Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.88 \$46.52 \$62.83 \$81.32 \$30.88 \$35.87 \$35.87
92015 92018 92019 92020 92025 92066 92066 92071 92072 92081 92082 92133 92133 92134 92136 92137 92145 92201 92202 92227 92228	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Coular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Intermediate Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Determination Extended Examination Of Eye With Drawing Of Optic Nerve And Surrounding Area (Macula) Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.82 \$46.52 \$62.83 \$81.32 \$30.88 \$35.87 \$39.87 \$52.34 \$50.88 \$12.57 \$24.22 \$15.11
92015 92018 92019 92020 92020 92025 92066 92066 92071 92072 92081 92082 92133 92133 92134 92136 92137 92145 92201 92202 92227 92228	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Comeal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Extended Testing Exam Of Visual Field With Extended Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Detection, With Review And Surrounding Area (Macula) Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.62 \$111.38 \$32.82 \$46.52 \$62.83 \$81.32 \$30.88 \$35.87 \$39.87 \$50.88 \$12.57 \$24.22 \$15.70 \$29.00
92015 92018 92019 92020 92025 92066 92066 92071 92072 92081 92082 92133 92133 92134 92136 92137 92145 92201 92227 92228 92229	Assessment For Prescription Eye Wear Using A Range Of Lens Powers Complete Exam Of Visual System Under General Anesthesia Limited Exam Of Visual System Under General Anesthesia Exam Of The Internal Drainage System Of Eye Ct Scan Of Cornea Exam To Measure Eye Deviation And Range Of Motion Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation Eye Training Exercise Under Supervision Of Health Care Professional Fitting Of Contact Lens For Treatment Of Ocular Surface Disease Fitting Of Contact Lens For Management Of Corneal Condition Exam Of Visual Field With Limited Testing Exam Of Visual Field With Limited Testing Exam Of Visual Field With Extended Testing Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation Imaging Of Retina With Optical Coherence Tomography Angiography Corneal Hysteresis Determination Extended Examination Of Eye With Drawing Of Retina Extended Examination Of Eye With Drawing Of Optic Nerve And Surrounding Area (Macula) Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff Imaging Of Retina For Disease Detection, With Review And Report By Remote Healthcare Professional Imaging Of Retina For Disease Detection, With Review And Report By Remote Healthcare Professional Imaging Of Retina For Disease Detection, With Review And Report By Remote Healthcare Professional Imaging Of Retina For Disease Detection, With Review And Report By Remote Healthcare Professional	\$117.24 \$13.82 \$134.75 \$69.16 \$27.09 \$35.29 \$56.85 \$44.34 \$23.48 \$32.62 \$111.38 \$32.82 \$113.88 \$46.52 \$62.83 \$81.32 \$30.88 \$35.87 \$39.87 \$52.34 \$50.88 \$12.57 \$24.22 \$15.11 \$15.70 \$29.00 \$40.74

Code	Description From Of Pating Pland Vessels And Pland Vessels Returns The White Part Of Fire And Pating Union A Consider Contract After Injection Of A	Fee
92242	Exam Of Retinal Blood Vessels And Blood Vessels Between The White Part Of Eye And Retina Using A Special Camera After Injection Of A Dye	\$251.81
	Photography Of The Retina	\$36.54
	Measurement Of Eye Artery Pressure	\$18.76
	Measurement Of Eye Muscle Electrical Activity And Their Nerve Cells With Needle Electrode	\$82.31
	Measurement Of Eye Movement	\$104.90
92273	Full Field Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report Multifocal Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report	\$125.21 \$82.96
92283	Extended exam involving color vision testing	\$48.47
92284	Dark Adaptation Examination With Interpretation And Report	\$46.35
92285	Photography Of Content Of Eyes	\$22.89
	Imaging Of Front Third Of Eye Using A Special Microscope	\$38.53
92287	Imaging Of Front Third Of Eye Using A Special Camera After Injection Of A Dye	\$131.06
92310 92311	Contact Lens Services Both Eyes Contact Lens Services 1 Eye Where Natural Lens Is Absent	\$32.19 \$101.93
	Contact Lens Services 1 Lye Where Natural Lens Is Absent	\$110.18
	Contact Lens Services For Lens Covering Entire Cornea	\$90.39
92315	Contact Lens Services 1 Eye Where Natural Lens Is Absent With Fitting By Independent Technician	\$79.58
	Contact Lens Services Both Eyes Where Natural Lens Is Absent With Fitting By Independent Technician	\$98.23
92317	Contact Lens Services For Lens Covering Entire Cornea With Fitting By Independent Technician	\$83.51
	Replacement Of Contact Lens Repair And Refitting Of Spectacles	\$39.07 \$32.39
	Unlisted Ophthalmological Service Or Procedure	\$32.39 Price by Report
	Examination Of Head, Neck, Including Ears, Nose And Throat Under General Anesthesia	\$92.81
	Binocular Microscopy (Separate Diagnostic Procedure)	\$28.75
92507	Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder	\$23.52
92508	Group Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder	\$21.68
92511 92512	Nasopharyngoscopy With Endoscope (Separate Procedure) Nasal Function Studies, Eg, Rhinomanometry	\$116.35 \$57.08
92512		\$66.19
	Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing)	\$78.61
92521	Evaluation Of Speech Fluency	\$118.42
	Evaluation Of Speech Sound Production	\$98.77
92523		\$203.07
92524 92526	Behavioral And Qualitative Analysis Of Voice And Resonance Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding	\$97.27 \$82.89
92531	Spontaneous Nystagmus, Including Gaze	\$0.00
92532	Positional Nystagmus Test	\$0.00
92533	Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes Four Tests)	\$21.90
92534	Optokinetic Nystagmus Test	\$0.00
92537	Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears	\$39.20
92538 92540	Assessment And Recording Of Balance System During Irrigation Of Both Ears Observation, Testing, And Recording Of Abnormal Eye Movement	\$21.48 \$105.90
92541	Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording	\$24.55
92542	Positional Nystagmus Test, Minimum Of 4 Positions, With Recording	\$28.22
92544		\$16.91
92545	Oscillating Tracking Test, With Recording	\$16.23
92546	Sinusoidal Vertical Axis Rotational Testing Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure)	\$120.36
92547 92548	Computerized Dynamic Assessment Of Balance And Postural Instability	\$10.14 \$46.32
92550	Tympanometry And Reflex Threshold Measurements	\$21.43
92551	Screening Test, Pure Tone, Air Only	\$15.49
92552	Pure Tone Audiometry (Threshold) Air Only	\$33.97
92553	Pure Tone Audiometry (Threshold) Air And Bone	\$41.16
92555	Speech Audiometry Threshold;	\$25.88
92556 92557	Speech Audiometry Threshold; With Speech Recognition Comprehensive Audiometry Threshold Evaluation And Speech Recognition (92553 And 92556 Combined)	\$40.26 \$35.87
JZJJ1	Evoked Otoacoustic Emissions, Screening (Qualitative Measurement Of Distortion Product Or Transient Evoked Otoacoustic Emissions),	φου.01
92558	Automated Analysis	\$13.05
92562	Loudness Balance Test, Alternate Binaural Or Monaural	\$44.27
92563	Tone Decay Test	\$30.97
92565	Stenger Test, Pure Tone	\$18.69
	Tympanometry (Impedance Testing)	\$16.11
	Acquistic Reflex Testing: Threshold	\$1 <i>1</i> 77
	Acoustic Reflex Testing; Threshold Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay	\$14.77
92568	Acoustic Reflex Testing; Threshold Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing	\$14.77 \$31.54
92568 92570 92571	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test	\$31.54 \$27.68
92568 92570 92571 92572	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test Assessment Of Hearing Using (Ssw) Word Test	\$31.54 \$27.68 \$47.75
92568 92570 92571 92572 92575	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test Assessment Of Hearing Using (Ssw) Word Test Sensorineural Acuity Level Test	\$31.54 \$27.68 \$47.75 \$67.63
92568 92570 92571 92572 92575 92576	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test Assessment Of Hearing Using (Ssw) Word Test Sensorineural Acuity Level Test Synthetic Sentence Identification Test	\$31.54 \$27.68 \$47.75 \$67.63 \$38.16
92567 92568 92570 92571 92572 92575 92576 92577	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test Assessment Of Hearing Using (Ssw) Word Test Sensorineural Acuity Level Test Synthetic Sentence Identification Test Stenger Test, Speech	\$31.54 \$27.68 \$47.75 \$67.63 \$38.16 \$19.75
92568 92570 92571 92572 92575 92576 92577 92579	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test Assessment Of Hearing Using (Ssw) Word Test Sensorineural Acuity Level Test Synthetic Sentence Identification Test	\$31.54 \$27.68 \$47.75 \$67.63 \$38.16
92568 92570 92571 92572 92575 92576 92577 92579 92582	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test Assessment Of Hearing Using (Ssw) Word Test Sensorineural Acuity Level Test Synthetic Sentence Identification Test Stenger Test, Speech Visual Reinforcement Audiometry (Vra) Conditioning Play Audiometry Select Picture Audiometry	\$31.54 \$27.68 \$47.75 \$67.63 \$38.16 \$19.75 \$39.18
92568 92570 92571 92572 92575 92576	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing Filtered Speech Test Assessment Of Hearing Using (Ssw) Word Test Sensorineural Acuity Level Test Synthetic Sentence Identification Test Stenger Test, Speech Visual Reinforcement Audiometry (Vra) Conditioning Play Audiometry	\$31.54 \$27.68 \$47.75 \$67.63 \$38.16 \$19.75 \$39.18 \$77.71

0-4-	Description	F
Code	Description Distortion Product Evoked Otoacoustic Emissions; Comprehensive Diagnostic Evaluation (Quantitative Analysis Of Outer Hair Cell Function By	Fee
92588	Cochlear Mapping, Minimum Of 12 Frequencies), With Interpretation And Report	\$32.54
92590	Hearing Aid Examination And Selection; Monaural	\$316.37
92591	Hearing Aid Examination And Selection; Binaural	\$298.38
92592	Hearing Aid Check; Monaural	\$21.00
92593	Hearing Aid Check; Binaural	\$26.54
92594	Electroacoustic Evaluation For Hearing Aid; Monaural	\$49.07
92595	Electroacoustic Evaluation For Hearing Aid; Binaural	\$29.76
92596	Ear Protector Attenuation Measurements	\$69.02
92597	Evaluation For Use And/Or Fitting Of Voice Prosthetic Or Augmentative/Alternative Communication Device To Supplement Oral Speech	\$68.17
92601	Analysis And Programming Of Inner Ear (Cochlear) Implant, Patient Younger Than 7 Years Of Age	\$156.22
92602	Analysis And Reprogramming Of Inner Ear (Cochlear) Implant, Patient Younger Than 7 Years Of Age	\$98.58
92603	Analysis And Programming Of Inner Ear (Cochlear) Implant, Patient Age 7 Years Or Older	\$146.90
92604	Analysis And Reprogramming Of Inner Ear (Cochlear) Implant, Patient Age 7 Years Or Older	\$79.73
	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient;	
	First Hour	\$0.00
92606	Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification	\$0.00
92607	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	¢117.00
92607	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient;	\$117.99
92608	Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	\$46.57
	Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification	\$92.13
92610	Evaluation Of Oral And Pharyngeal Swallowing Function	\$84.39
	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	\$86.71
	Evaluation And Recording Of Swallowing Using An Endoscope	\$177.44
	Evaluation, Recording, And Interpretation Of Swallowing Using An Endoscope	\$35.13
	Evaluation And Recording Of Voice Box Sensory Function Using An Endoscope	\$139.57
	Evaluation, Recording, And Interpretation Of Voice Box Sensory Function Using An Endoscope	\$30.54
	Evaluation And Recording Of Swallowing And Voice Box Sensory Function Using An Endoscope	\$206.63
92617	Evaluation, Recording, And Interpretation Of Swallowing And Voice Box Sensory Function Using An Endoscope Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient;	\$38.18
92618	Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	\$0.00
92620	Evaluation Of Central Auditory Function, With Report; Initial 60 Minutes	\$78.17
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92621	Evaluation Of Central Auditory Function, With Report; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure)	\$21.43
92622	Analysis, Programming, And Verification Of Sound Processor For Bone-Anchored Inner Ear Implant, First Hour	\$69.30
92623	Analysis, Programming, And Verification Of Sound Processor For Bone-Anchored Inner Ear Implant, Each Additional 15 Minutes	\$17.79
92625	Assessment Of Tinnitus (Includes Pitch, Loudness Matching, And Masking)	\$66.09
92023		Ψ00.09
	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour	\$85.06
92626	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15	\$85.06
92626 92627	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes	\$85.06 \$19.73
92626 92627 92630	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15	\$85.06 \$19.73 Price by Report
92626 92627 92630 92633	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss	\$85.06 \$19.73
92626 92627 92630 92633 92640	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss	\$85.06 \$19.73 Price by Report Price by Report
92626 92627 92630 92633 92640	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour	\$85.06 \$19.73 Price by Report Price by Report \$105.78
92626 92627 92630 92633 92640 92650 92651 92652	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20
92626 92627 92630 92633 92640 92650 92651 92652 92653	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65
92626 92627 92630 92633 92640 92650 92651 92652 92653	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92920	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92920 92921	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00
92626 92627 92630 92633 92640 92651 92652 92653 92700 92920 92921 92924	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Removal Of Plaque Of Major Coronary Artery Or Branch, Accessed Through The Skin), Single Artery Or Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92920 92921 92924 92928	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Each Additional Artery Or Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19
92626 92627 92630 92633 92640 92651 92652 92653 92700 92920 92921 92924	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Removal Of Plaque Of Major Coronary Artery Or Branch, Accessed Through The Skin), Single Artery Or Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92920 92921 92924 92928 92929	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Each Additional Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19 \$0.00
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92920 92921 92924 92928 92929	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Each Additional Artery Or Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92920 92921 92924 92928 92929	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch Removal Of Plaque Of Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Removal Of Plaque And Insertion Of Stent In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19 \$0.00
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92921 92924 92928 92929 92933	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch Removal Of Plaque Of Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Removal Of Plaque And Insertion Of Stent In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Single Vessel, Including Distal Protection When Performed	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19 \$0.00 \$5584.39
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92921 92924 92928 92929 92933 92937	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pres-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch Removal Of Plaque Of Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Removal Of Plaque And Insertion Of Stent In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Each Additional Branch Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Each Additional Branch	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19 \$0.00 \$584.39 \$520.99
92626 92627 92630 92633 92640 92651 92652 92653 92700 92921 92924 92928 92929 92933 92937	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Auditory Rehabilitation; Post-Lingual Hearing Loss Auditory Rehabilitation; Post-L	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19 \$0.00 \$584.39 \$620.99 \$0.00 \$585.26
92626 92627 92630 92633 92640 92650 92651 92652 92653 92700 92921 92924 92928 92929 92933 92937	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes Auditory Rehabilitation; Pre-Lingual Hearing Loss Analysis With Programming Of Auditory Brainstem Implant, Per Hour Screening Evaluation Of Brain Response To Sound With Automated Analysis Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report Ear, Nose, Or Throat Procedure Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Each Additional Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Single Vessel, Including Distal Protection When Performed Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel During Heart Attack, Accessed Through The Skin Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel During Heart Attack, Accessed Through The Skin Insertion Of Stent, Removal Of Plaque And/Or Balloon Dila	\$85.06 \$19.73 Price by Report Price by Report \$105.78 \$30.99 \$81.52 \$110.20 \$81.65 \$16.89 \$468.42 \$0.00 \$558.56 \$521.19 \$0.00 \$584.39 \$520.99
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Code 92975	Description Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography	Fee \$326.01
92977	Thrombolysis, Coronary: By Intravenous Infusion	\$52.38
92978	Ultrasound Evaluation Of Heart Blood Vessel Or Graft, Initial Vessel	\$190.98
92979	Ultrasound Evaluation Of Heart Blood Vessel Or Graft, Each Additional Vessel	\$151.99
92986	Catheter Based Repair Of Left Lower Heart (Aortic) Valve, Accessed Through The Skin	\$1,159.45
92987	Catheter Based Repair Of Heart Valve (Mitral) Between Left Upper And Lower Chambers, Accessed Through The Skin	\$1,198.79
92990	Catheter Based Repair Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin	\$984.05
92997	Balloon Catheter Opening Of Major Lung Artery (Pulmonary), Accessed Through The Skin, Single Vessel	\$568.89
92998	Balloon Catheter Opening Of Major Lung Artery (Pulmonary), Accessed Through The Skin, Each Additional Vessel Electrocardiogram, Routine Ecg With At Least 12 Leads; With Interpretation And Report	\$282.83
93000 93005	Electrocardiogram, Routine Ecg With At Least 12 Leads, With Interpretation And Report Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	\$13.90 \$6.12
93010	Electrocardiogram, Routine Ecg With At Least 12 Leads; Interpretation And Report Only	\$7.78
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93015	Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With Ekg Monitoring, Physician Supervision, Interpretation, And Report	\$71.08
	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or	
93016	Pharmacological Stress; Supervision Only, Without Interpretation And Report	\$20.43
93017	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise; Tracing Only, Without Interpretation And Report	\$37.20
	Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With Ekg Monitoring, Physician Interpretation And Report	\$13.44
93024	Ergonovine Provocation Test	\$103.59
93025	Microvolt T-Wave Alternans For Assessment Of Ventricular Arrhythmias	\$115.56
93040	Rhythm Ecg, One To Three Leads; With Interpretation And Report	\$12.57
93041	Rhythm Ecg, One To Three Leads; Tracing Only Without Interpretation And Report	\$5.51
93042	Rhythm Ecg, One To Three Leads; Interpretation And Report Only	\$6.45
93050	Analysis Of Pressure Of Upper Limb Artery With Interpretation And Report	\$14.94
93150	Activation Of Implanted Phrenic Nerve Stimulator	\$87.02
93151 93152	Evaluation And Programming Of Implanted Phrenic Nerve Stimulator System Evaluation And Programming Of Implanted Phrenic Nerve Stimulator System During Sleep Study	\$75.83 \$136.73
93153	Evaluation Of Implanted Phrenic Nerve Stimulator System	\$44.95
93224	Heart Rhythm Tracing, Analysis, And Interpretation Of 48-Hour EKG, Includes Recording, Scanning Analysis With Report	\$80.19
	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Recording (Includes Connection,	******
93225	Recording, And Disconnection)	\$20.36
93226	Heart Rhythm Analysis, Interpretation And Report Of 48-Hour EKG	\$39.84
93227	Heart Rhythm Tracing, Analysis, And Interpretation Of 48-Hour EKG, Includes Recording, Scanning Analysis With Report	\$17.77
00000	Hoost Dhythm Tracing Computer Applying And Interpretation Of Datient Triggered Fronts Creater Than 24 Hour EVC Up To 20 Days	CO4.00
93228	Heart Rhythm Tracing, Computer Analysis, And Interpretation Of Patient-Triggered Events Greater Than 24-Hour EKG Up To 30 Days Heart Rhythm Tracing, Computer Analysis, Physician Prescribed Transmission Of Patient-Triggered Events Greater Than 24-Hour EKG Up To	\$24.02
93229	30 Days	\$912.41
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93241	Heart Rhythm Recording, Analysis, Report, Review, And Interpretation Of Continous External EKG Over More Than 48 Hours Up To 7 Days	\$239.86
93242	Heart Rhythm Recording Continous External EKG Over More Than 48 Hours Up To 7 Days	\$13.25
93243	Heart Rhythm Analysis And Report Of Continous External EKG Over More Than 48 Hours Up To 7 Days	\$208.41
93244	Heart Rhythm Review, And Interpretation Of Continous External EKG Over More Than 48 Hours Up To 7 Days	\$22.16
93245	Heart Rhythm Recording For More Than 7 Days Up To 15 Days By Continuous Rhythm Recording And Storage, With Review And Interpretation	\$252.67
93245	Heart Rhythm Recording Of Continous External EKG Over 8-15 Days	\$13.25
93247	Heart Rhythm Analysis And Report Of Continous External EKG Over 8-15 Days	\$219.09
93248	Heart Rhythm Review And Interpretation Of Continous External EKG Over 8-15 Days	\$24.35
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93260	Programming Device Evaluation Of Heart Monitoring System With Adjustment Of Programmed Values With Analysis, Review And Report	\$72.83
93261	Evaluation Of Defibrillator With Analysis, Review, And Report	\$66.44
93264	Remote Monitoring Of Wireless Pressure Sensor In Lung Artery With Qualified Health Care Professional Analysis, Review, And Report	\$44.66
	Every all Details And Whos Deformed Auto Astivated Electropordic graphic Dhythm Derived Every Decording With Symptom Deleted Mamany	
93268	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Includes Transmission, Review And Int	\$195.68
00200	2007	Ψ100.00
	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory	
93270	Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Recording (Includes Connection, Record	\$8.12
00074	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory	# 400.40
93271	Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Transmission Download And Analysis	\$160.43
	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory	
93272	Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Review And Interpretation By A Physicia	\$23.22
93278	Signal-Averaged Electrocardiography (Saecg), With Or Without Ecg	\$28.09
	Evaluation, Testing, And Programming Adjustment Of Permanent Single Lead Pacemaker System In One Chamber Of Heart With Qualified	
93279	Health Care Professional Analysis, Review, And Report	\$59.66
02200	Evaluation Tacting And Programming Adjustment Of Permanent Duel Load Personalizer System With Develor Analysis Period And Personal	¢70.00
93280	Evaluation, Testing, And Programming Adjustment Of Permanent Dual Lead Pacemaker System With Physician Analysis, Review, And Report Evaluation, Testing, And Programming Adjustment Of Permanent Multiple Lead Pacemaker System With Physician Analysis, Review, And	\$70.09
93281	Report	\$81.59
30201		\$51.00
93282	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Single Lead Defibrillator System	\$74.99
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93283	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Dual Lead Defibrillator System	\$95.84
93283	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Dual Lead Defibrillator System Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Multiple Lead Defibrillator System	\$103.49

Code	Description Evaluation, Testing, And Programming Adjustment Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care	Fee
93285	Professional Analysis, Review, And Report	\$53.07
3286	Evaluation, Testing, And Programming Adjustment Of Single, Dual, Or Multiple Lead Pacemaker System Before Or After Surgery, Procedure, Or Test With Qualified Health Care Professional Analysis, Review, And Report	\$40.08
3287	Evaluation And Programming Adjustment Of Defibrillator With Analysis, Review And Report	\$46.37
93288	Evaluation Of Parameters Of Leadless, Single, Dual, Or Multiple Lead Pacemaker System With Qualified Health Care Professional Analysis, Review, And Report	\$49.96
3289	Evaluation Of Defibrillator Including Connection, Recording And Disconnection	\$70.75
93290	Evaluation Of Parameters Of Implantable Heart And Blood Vessel Monitor System With Qualified Health Care Professional Analysis, Review, And Report	\$47.08
93291	Evaluation Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And Report	\$43.37
93292	Evaluation Of Wearable Defibrillator System Including Connection, Disconnection, Recording, Physician Analysis, Review, And Report	\$49.73
3293	Telephonic Evaluation Of Single, Dual, Or Multiple Lead Pacemaker Heart Rhythm Strips Up To 90 Days	\$48.97
3294	Remote Evaluations Of Single, Dual, Or Multiple Lead Pacemaker System With Qualified Health Care Professional Analysis, Review, And Report, Up To 90 Days	\$28.14
3295	Remote Evaluations Of Defibrillator Up To 90 Days With Analysis, Review And Report	\$34.92
3296	Remote Evaluations Of Single, Dual, Or Multiple Lead Pacemaker System Or Implantable Defibrillator System With Technician Review, Support And Distribution Of Results, Up To 90 Days	\$23.74
3297	Remote Evaluations Of Implantable Heart And Blood Vessel Monitor System With Qualified Health Care Professional Analysis, Review, And Report, Up To 30 Days	\$53.67
3231	Remote Evaluations Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And	ψ33.07
3298	Report, Up To 30 Days Transthoragin February For Consonital Cardina Anomalian Complete	\$90.63
3303	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Complete Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow Lip Or Limited Study	\$217.59
3304	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow-Up Or Limited Study Ultrasound Examination Of Heart Including Color-Depicted Blood Flow Rate, Direction, And Valve Function	\$138.68
3306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete,	\$194.42
3307	Without Spectral Or Color Doppler Echocardiography	\$135.12
3308	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Follow-Up Or Limited Study	\$97.71
	Echocardiography, Transesophageal, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording); Including Probe	
3312	Placement, Image Acquisition, Interpretation And Report Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Placement Of	\$232.75
3313	Transesophageal Probe Only Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Image Acquisition,	\$10.57
3314	Interpretation And Report Only Transesophageal Echocardiography For Congenital Cardiac Anomalies; Including Probe Placement, Image Acquisition, Interpretation And	\$200.17
3315	Report	\$272.21
3316 3317	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Placement Of Transesophageal Probe Only Transesophageal Echocardiography For Congenital Cardiac Anomalies; Image Acquisition, Interpretation And Report Only	\$24.27 \$186.93
3318	Echocardiography, Transesophageal (Tee) For Monitoring Purposes, Including Probe Placement, Real Time 2-Dimensional Image Acquisition And Interpretation Leading To Ongoing (Continuous) Assessment Of (Dynamically Changing) Cardiac Pumping Function And To Ther	\$216.90
	3D Ultrasound Imaging Of Heart For Evaluation Of Heart Structure Performed During Ultrasound Imaging Of Congenital Heart Defects	\$49.55
	Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers	\$50.19
3321 3325	Follow-Up Or Limited Heart Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers Doppler Ultrasound Study Of Color-Directed Heart Blood Flow, Rate, And Valve Function	\$24.76 \$23.30
	Ultrasound Examination Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With Interpretation And Report	\$183.64
3330	Ultrasound Examination And Continuous Monitoring Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With	ψ103.0 4
3351	Interpretation And Report	\$229.62
3352	Use Of Echocardiographic Contrast Agent During Stress Echocardiography (List Separately In Addition To Code For Primary Procedure)	\$34.21
3355	Insertion Of Probe In Esophagus For Heart Ultrasound Examination During Procedure On Heart Or Great Blood Vessel Via Catheter	\$212.24
	Heart Muscle Strain Imaging	\$41.11
3451	Insertion Of Catheter For Diagnostic Evaluation Of Right Heart Structures	\$944.29
3452	Insertion Of Catheter Into Left Heart Including Imaging Interpretation And Supervision And Injection	\$972.30
3453	Insertion Of Catheter Into Right And Left Heart For Diagnosis	\$1,239.72
3454	Insertion Of Catheter For Imaging Of Heart Including Imaging Interpretation And Supervision And Injection	\$980.31
3455	Insertion Of Catheter For Imaging Of Heart Blood Vessels And/Or Grafts Including Imaging Interpretation And Supervision And Injection Insertion Of Catheter In Right Heart For X-Ray Imaging Of Blood Vessels Or Grafts	\$1,091.06 \$1,218.60
3456 3457	Insertion of Catheter In Right Heart For X-Ray Imaging of Blood Vessels or Grafts Insertion of Catheter In Right Heart For Imaging Of Blood Vessels or Grafts	\$1,218.60
	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And Left Lower Heart Including Imaging Interpretation And Supervision And	ψ.,.σσ.σσ
3458	Injection Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And/Or Grafts And Left Lower Heart Including Imaging Interpretation And	\$1,125.99
	Supervision And Injection	\$1,209.78
3460	Insertion Of Catheter In Right And Left Heart And Left Lower Heart Including Imaging Interpretation And Supervision And Injection	\$1,342.33
2464	Insertion Of Catheter In Right And Left Heart And Left Lower Heart For Imaging Of Blood Vessels And/Or Grafts Including Imaging	¢1 246 05
93461 93462	Interpretation And Supervision And Injection Insertion Of Catheter Into Left Heart Through The Septum Or Apical Area Of The Heart	\$1,316.05 \$184.24
J 1 02	Pharmacologic Agent Administration (Eg, Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent)	ψ104.24
3463	Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administ Physiologic Exercise Study (Eg, Bicycle Or Arm Ergometry) Including Assessing Hemodynamic Measurements Before And After (List	\$91.91
3464	Separately In Addition To Code For Primary Procedure) Insertion And Placement Of Flow Directed Catheter (Eg, Swan-Ganz) For Monitoring Purposes	\$214.90
3503		\$81.85

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Code 93505	Description Endomyocardial Biopsy	Fee \$558.19
93505	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Coronary	ф000.19
93563	Angiography During Congenital Heart Catheterization (List Separately In Addition To Code For Primary Procedure)	\$52.84
	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Opacification Of	V
93564	Aortocoronary Venous Or Arterial Bypass Graft(S) (Eg. Aortocoronary Saphenous Vein, Free Radial Artery, Or	\$48.99
	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Left Ventricular Or	
93565	Left Atrial Angiography (List Separately In Addition To Code For Primary Procedure)	\$29.79
	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Right Ventricular Or	
93566	Right Atrial Angiography (List Separately In Addition To Code For Primary Procedure) Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Supravalvular Aortography	\$29.31
93567	(List Separately In Addition To Code For Primary Procedure)	\$41.65
33307	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Pulmonary Angiography (List	ψ+1.00
93568	Separately In Addition To Code For Primary Procedure)	\$51.96
93569	Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On One Side Of Body	\$32.69
93571	Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment, Initial Vessel	\$145.71
93572	Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment, Each Additional Vessel	\$105.80
93573	Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On Both Sides Of Body	\$54.49
93574	Injection For Selective Imaging Of Pulmonary Vein During Heart Catheterization	\$60.27
93575	Injection For Selective Imaging Of Major Aortopulmonary Collateral Arteries During Heart Catheterization	\$80.54
93580 93581	Catheter Based Closure Of Congenital Interatrial Defect With Implant, Accessed Through The Skin Catheter Based Closure Of Congenital Heart Defect With Implant, Accessed Through The Skin	\$866.25 \$1,149.00
93582	Closure Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta Via Catheter Accessed Through The Skin	\$541.17
93583	Therapy For Reduction Of Lower Heart Chamber Defect Via Catheter Accessed Through The Skin	\$642.83
93584	Review By Radiologist Of Vein Imaging For Congenital Heart Defect Of Superior Vena Cava	\$49.16
93585	Review By Radiologist Of Vein Imaging For Congenital Heart Defect Of The Azygos/Hemiazygos Venous System	\$46.22
93586	Review By Radiologist Of Vein Imaging For Congenital Heart Defect Of Coronary Sinus	\$58.52
93587	Review By Radiologist Of Vein Imaging For Congenital Heart Defect Of Venovenous Collaterals Above The Heart	\$86.31
93588	Review By Radiologist Of Vein Imaging For Congenital Heart Defect Of Venovenous Collaterals Below The Heart	\$87.19
93590	Transcatheter Closure Of Leak Adjacent To Mitral Valve Using First Closure Device	\$987.85
93591	Transcatheter Closure Of Leak Adjacent To Aortic Valve Using First Closure Device	\$816.25
93592	Transcatheter Closure Of Leak Adjacent To Heart Valve Using Additional Closure Device	\$359.58
93593	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance	\$406.19
93393	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel	\$400.19
93594	Connections, Using Imaging Guidance	\$616.70
93595	Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance	\$560.59
	Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel	
93596	Connections, Using Imaging Guidance	\$697.30
	Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel	•
93597	Connections, Using Imaging Guidance	\$909.59
93598	Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects	¢4.42.72
93600	Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His)	\$143.73 \$260.70
93602	Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial)	\$231.08
93603	Right Ventricular Recording	\$231.08
	Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin	•
93609	Of Tachycardia (List Separately In Addition To Code For Primary Procedure)	\$611.58
93610	Intra-Atrial Pacing	\$326.27
93612	Intraventricular Pacing	\$322.43
93613	Intracardiac Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure)	\$258.72
	Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing	\$77.72
93616 93618	Induction Of Arrhythmia By Electrical Pacing	\$125.48 \$483.73
33010	Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle	ψ403.73
93619	Recording, Including Insertion And Repositioning Of Multiple Electrode Catheters, Without Induction Or Attempted Induc	\$863.65
93620	Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Rhythm In Right Upper And Lower Heart	\$1,284.91
93621	Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Rhythm In Left Upper Heart	\$229.97
93622	Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Rhythm In Left Lower Heart	\$341.93
93623	Programmed Stimulation And Pacing After Intravenous Drug Infusion (List Separately In Addition To Code For Primary Procedure)	\$155.00
93624	Insertion Of Catheters For Assessment Of Heart Pacing, Recording, Or Attempted Induction Of Abnormal Rhythm	\$481.30
	Intra-Operative Epicardial And Endocardial Pacing And Mapping To Localize The Site Of Tachycardia Or Zone Of Slow Conduction For Surgical	
93631	Correction	\$789.28
02640	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Init	\$404.44
93640	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation	\$494.44
	3	\$689.90
93641	(Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Init	
93641 93642	(Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Init Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming	\$303.12
93641 93642 93644		
93642	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming	\$303.12
93642 93644	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming Evaluation Implantable Defibrillator Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement	\$303.12 \$184.71 \$518.16
93642 93644 93650 93653	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming Evaluation Implantable Defibrillator Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement Evaluation And Insertion Of Catheters For Creation Of Complete Heart Block	\$303.12 \$184.71 \$518.16 \$742.53
93642 93644 93650 93653 93654	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming Evaluation Implantable Defibrillator Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement Evaluation And Insertion Of Catheters For Creation Of Complete Heart Block Evaluation And Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Heart Rhythm	\$303.12 \$184.71 \$518.16 \$742.53 \$1,006.38
93642 93644 93650 93653 93654 93655	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming Evaluation Implantable Defibrillator Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement Evaluation And Insertion Of Catheters For Creation Of Complete Heart Block Evaluation And Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Heart Rhythm Insertion Of Catheters And Destruction Of Tissue To Treat Abnormal Heart Rhythm	\$303.12 \$184.71 \$518.16 \$742.53 \$1,006.38 \$272.21
93642	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming Evaluation Implantable Defibrillator Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement Evaluation And Insertion Of Catheters For Creation Of Complete Heart Block Evaluation And Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Heart Rhythm	\$303.12 \$184.71 \$518.16 \$742.53 \$1,006.38

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Sample Bectronic Analysis Antenderpolar September Sample Section Sample Section Sample Section S	93662	,	\$153.46
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3728 Ambiatory Blood Pressure Monitoring, 24 Hours Or Longer, Review With Interpretation And Report 577.44 379 Ambiatory Blood Pressure Monitoring, 24 Hours Or Longer, Review With Interpretation And Report 577.44 379 Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; Without Continuous Ecg Monitoring (Per Session) 379 Session) 379 Session) 370 Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; With Continuous Ecg Monitoring (Per Session) 370 Session) 370 Dians Span Of Entirectanial America. Complete Bilateral Study 371 Session Of Entirectanial America. Complete Bilateral Study 372 Session 372 Dians Span Of Entirectanial America. Complete Bilateral Study 372 Session 373 Dians Stan Of Entirectanial America. United Study 374 Session 375 Dians Stan Of Entirectanial America. United Study 376 Session 377 Dians Stan Of Entirectanial America. United Study 378 Session 378 Tenercanial Doppler Study Of The Interactanial Arterias. Complete Study 379 Session 370 Dians Stan Of Entirectanial America. United Study 370 Session 370 Dians Stan Of Entirectanial America. United Study 371 Diansound Of Blood Flow with trust for daypact blood flow detection with microbubble rejection 371 Diansound Of Blood Flow With trust for Daysact Bood Flow Microbubble Profession 371 Diansound Of Blood Flow With trust for Daysact Bood Clots 371 Diansound Of Stood Flow Microbubble Injection 372 Diansound Study Of Anterios Of Blood America. All Capts. United Study 372 Diansound Study Of Anterios Of Blood America. All Capts. United Study 372 Diansound Study Of Anterios Of Blood America. All Capts. United Study 372 Diansound Study Of Anterios Of Blood America. All Capts. Complete 372 Diansound Study Of Anterios Of Blood America. All Capts. And Following Treadmil Stress Testing, (ie. Bidirectional Doppler North America. All Capts. And Capts. And Capts. And Capts. And Capts. And Capts. And Capts. And Capts. And Capts. And C			
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4150Vital Capacity, Total (Separate Procedure)\$0.004200Maximum Breathing Capacity, Maximal Voluntary Ventilation\$14.294375Respiratory Diagnostic Testing (Flow Volume Loop)\$37.164450Breathing Response To Hypoxia (Hypoxia Response Curve)\$73.94	94060	inieasurement And Graphic Recording Of The Amount and Speed Of Breathed Air, Before and Following Medication Administration	\$38.53
4150Vital Capacity, Total (Separate Procedure)\$0.004200Maximum Breathing Capacity, Maximal Voluntary Ventilation\$14.294375Respiratory Diagnostic Testing (Flow Volume Loop)\$37.164450Breathing Response To Hypoxia (Hypoxia Response Curve)\$73.94	94070	Multiple Measurements And Graphic Recordings Of The Amount And Speed Of Rreathed Air. Refore And Following Medication Administration	\$62.00
4200 Maximum Breathing Capacity, Maximal Voluntary Ventilation \$14.29 4375 Respiratory Diagnostic Testing (Flow Volume Loop) \$37.16 4450 Breathing Response To Hypoxia (Hypoxia Response Curve) \$73.94			
4375 Respiratory Diagnostic Testing (Flow Volume Loop) \$37.16 4450 Breathing Response To Hypoxia (Hypoxia Response Curve) \$73.94			•
4450 Breathing Response To Hypoxia (Hypoxia Response Curve) \$73.94	94375		
High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; \$47.00	94450		
	94452	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional;	\$47.00

Code	Description	Fee
	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; With	
94453	Supplemental Oxygen Titration	\$63.79
94610	Intrapulmonary Surfactant Administration By A Physician Or Other Qualified Health Care Professional Through Endotracheal Tube	\$53.94
94617	Exercise Test For Spasm Of Lung Airways With Ekg Test For Exercise-Induced Lung Stress	\$88.05
94618 94619	Exercise Test For Spasm Of Lung Airways	\$33.34 \$64.29
94621	Test For Exercise-Induced Heart And Lung Stress	\$171.21
94625	Professional Services For Outpatient Pulmonary Rehabilitation, Per Session	\$65.77
94626	Professional Services For Outpatient Pulmonary Rehabilitation With Continuous Monitoring Of Blood Oxygen, Per Session	\$71.27
94640	Respiratory Inhaled Pressure Or Nonpressure Treatment To Relieve Airway Obstruction Or For Sputum Specimen	\$9.73
94642	Aerosol Inhalation Of Pentamidine For Pneumocystis Carinii Pneumonia Treatment Or Prophylaxis	\$26.84
94644	Respiratory Inhaled Aerosol Treatment To Relieve Airway Obstruction, First Hour	\$59.17
94645	Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Obstruction; Each Additional Hour	\$15.16
94660	Continuous Positive Airway Pressure Ventilation (Cpap), Initiation And Management	\$59.99
94662	Continuous Negative Pressure Ventilation (Cnp), Initiation And Management	\$32.84
94664	Demonstration And/Or Evaluation Of Patient Use Of Aerosol Generator, Nebulizer, Metered Dose Inhaler Or Intermittent Positive Pressure Breathing (lppb) Device	\$15.80
94667	Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function Initial Demonstration And/Or Evaluation	\$22.10
94668	Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function Subsequent	\$34.79
94669	Mechanical Chest Wall Manipulation For Improvement In Lung Function	\$18.21
94680	Oxygen Uptake, Expired Gas Analysis Rest And Exercise, Direct, Simple	\$47.79
94681	Oxygen Uptake, Expired Gas Analysis Including Co2 Output, Percentage Oxygen Extracted	\$47.32
94690	Oxygen Uptake, Expired Gas Analysis Rest, Indirect (Separate Procedure)	\$43.37
94726	Plethysmography For Determination Of Lung Volumes And, When Performed, Airway Resistance	\$55.31
94727	Gas Dilution Or Washout For Determination Of Lung Volumes And, When Performed, Distribution Of Ventilation And Closing Volumes	\$44.19
94728	Measurement Of Airway Resistance By Impulse Oscillometry	\$39.47
94729	Diffusing Capacity (Eg, Carbon Monoxide, Membrane) (List Separately In Addition To Code For Primary Procedure)	\$56.18
94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation Single Determination	\$2.42
94761	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation Multiple Determinations (Eg, During Exercise)	\$3.41
94762	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation By Continuous Overnight Monitoring (Separate Procedure) Measurement And Recording Of Breathing Pattern Over 12-24 Hours, Infant	\$25.09
94772	Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, 30-Day Time Period, With Physician	\$77.32
94774	Interpretation And Report	Price by Report
94775	Attachment And Disconnection Of Pediatric Home Monitoring Device For Detection Of Breathing Pauses During Sleep, 30-Day Time Period Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, Receipt Of Transmissions And Computer	Price by Report
94776	Analysis, 30-Day Time Period	Price by Report
94777	Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, Physician Review And Interpretation, 30- Day Time Period	\$31.19
94799	Unlisted Pulmonary Service Or Procedure	Price by Report
95004	Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin	\$3.89
95012	Nitric Oxideexpired Gas Determanation	\$18.77
95017	Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report	\$8.45
95018	Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify	\$19.77
95024	Number Of Tests	\$7.27
95027	Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	\$4.68
95028	Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests	\$11.20
95044	Patch Or Application Test(S) (Specify Number Of Tests)	\$4.79
95052	Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis	\$6.01
95056	Photo Tests	\$47.21
95060	Ophthalmic Mucous Membrane Tests	\$35.16
95065	Direct Nasal Mucous Membrane Test	\$25.95
95070	Inhalation Of Medications With Allergic Reaction Analysis	\$34.54
95076	Ingestion Of Test Items For Allergies, 120 Minutes Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Each Additional 60	\$121.93
95079	Minutes Of Testing (List Separately In Addition To Code For Primary Procedure)	\$83.98
95115	Professional Services For Allergen Immunotherapy Not Including Provision Of Allergenic Extracts Single Injection	\$9.93
95117	Injection Of Incremental Dosages Of Allergen, 2 Or More Injections Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Single Dose Vial(S)	\$12.11
95144	(Specify Number Of Vials)	\$16.14
95145	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Single Stinging Insect Venom	\$33.14
95146	Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Two Single Stinging Insect Venoms	\$60.63
95146	Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Three Single	
95146 95147	Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Three Single Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Four Single	\$58.65
95146 95147 95148	Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Three Single Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Four Single Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Five Single	\$58.65 \$87.10
95146 95147	Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Three Single Stinging Insect Venoms Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Four Single Stinging Insect Venoms	\$58.65

Cada	Description	F
Code	Description Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy; Whole Body Extract Of Biting Insect Or	Fee
95170	Other Arthropod (Specify Number Of Doses)	\$10.78
95180	Rapid Desensitization Procedure, Each Hour	\$128.56
95199	Unlisted Allergy/Clinical Immunologic Service Or Procedure	Price by Report
	Continuous Monitoring Of Glucose In Tissue Fluid Using Sensor Under Skin	\$57.98
	Ambulatory Continuous Glucose (Sugar) Monitoring For A Minimum Of 72 Hours	\$140.40
	Ambulatory Continuous Glucose (Sugar) Including Interpretation And Report For A Minimum Of 72 Hours	\$33.46
_	Measurement Of Brain Wave Activity (Eeg), Continuous	\$256.87
	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, Unmonitored	\$231.13
	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Intermittent Monitoring And Maintenance Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$375.89 \$393.07
	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Continuous, Real-Time Worldowing And Walinterhance	\$289.00
	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Intermittent Monitoring And Maintenance	\$722.72
	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$917.51
	Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours, Unmonitored	\$231.13
95712	Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours With Intermittent Monitoring And Maintenance	\$433.74
	Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours With Continuous, Real-Time Monitoring And Maintenance	\$524.21
	Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, Unmonitored	\$289.00
	Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Intermittent Monitoring And Maintenance	\$809.12
95716	Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$1,113.86
05717	Continuous Macquirement Of Prain Ways Activity (Fog.) 2.12 Hours, With Hoolth Care Professional Analysis, Interpretation And Papart	\$100 EG
95717	Continuous Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report Continuous Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours, With Health Care Professional Analysis, Interpretation And	\$102.56
95718	Report	\$130.16
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95719	Continuous Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report	\$155.51
	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And	·
95720	Report	\$200.47
95721	Continuous Measurement Of Brain Wave Activity (Eeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report	\$200.67
05700	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And	#0.40.00
95722	Report	\$242.96
95723	Continuous Measurement Of Brain Wave Activity (Eeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report	\$238.02
33123	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And	Ψ230.02
95724	Report	\$306.31
	Continuous Measurement Of Brain Wave Activity With (Eeg), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And	·
95725	Report	\$273.59
	Continuous Measurement Of Brain Wave Activity With Video (Veeg), More Than 84 Hours, With Health Care Professional Analysis,	
95726	Interpretation And Report	\$392.77
05700	Debramanaranhy Vayagar Than 6 Vagar Slean Staging With 4 Or Mare Additional Decomptor Of Slean Attended By A Technologist	¢070.00
95782	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive	\$970.99
95783	Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist	\$1,029.09
00100	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing, Recording, Analysis And Interpretation Of Physiological Measurements Of	ψ1,020.00
95805	Sleep During Multiple Trials To Assess Sleepiness	\$385.30
95806	Unattended Sleep Study With Recording Of Heart Rate, Oxygen, Respiratory Airflow And Effort	\$93.18
	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, Ecg Or Heart Rate, And Oxygen Saturation, Attended By A	
	Technologist	\$365.53
95808	Polysomnography; Any Age, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist	\$634.65
05010	Polycompography: Age 6 Vegre Or Older Sleep Storing With 4 Or Mars Additional Parameters Of Sleep, Attended By A Tachnologist	PC10 00
95610	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive	\$618.20
95811	Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist	\$646.09
	Measurement Of Brain Wave (Eeg) Activity, 41-60 Minutes	\$313.50
	Measurement Of Brain Wave Activity (Eeg) Extended Monitoring, 61-119 Minutes	\$396.23
	Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Drowsy	\$353.16
	Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Asleep	\$406.90
	Measurement And Recording Of Brain Wave (Eeg) Activity, In Coma Or Asleep	\$369.64
	Measurement And Recording Of Brain Wave (Eeg) Activity, Cerebral Death Evaluation	\$83.99
95829	Electrocorticogram At Surgery (Separate Procedure)	\$1,757.77
95830	Insertion By Physician Or Other Qualified Health Care Professional Of Sphenoidal Electrodes For Electroencephalographic (Eeg) Recording	\$683.51
	Recording Of Brain Cortex Electrical Responses To Implanted Stimulation Device With Interpretation And Report	\$98.30
	Range Of Motion Testing Of Arm, Leg Or Each Spine Section	\$19.73
	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	\$16.46
	Cholinesterase Inhibitor Challenge Test For Myasthenia Gravis	\$60.30
	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm Or Leg, 1 Extremity	\$105.25
95861	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 2 Extremities	\$144.54
	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 3 Extremities	\$204.86
	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 4 Extremities	\$228.75
	Needle Electromyography; Larynx	\$147.02
	Needle Electromyography: Cranial Nerva Supplied Muscle(S). Unilateral	\$114.32 \$104.57
	Needle Electromyography; Cranial Nerve Supplied Muscle(S), Unilateral Needle Electromyography, Cranial Nerve Supplied Muscles, Bilateral	\$104.57 \$131.63
	Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12)	\$94.25
	Needle Measurement And Recording Of Electrical Activity Of Muscles In Arm Or Leg Or Muscles In Trunk Or Head, Limited Study	\$74.04
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Code	Description	Fee
95872	Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement Of Jitter, Blocking And/Or Fiber Density, Any/All Sites Of Each Muscle Studied	\$184.32
95873	Electrical Stimulation For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure)	\$63.03
95874 95875	Needle Electromyography For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure) Ischemic Limb Exercise Test With Serial Specimen(S) Acquisition For Muscle(S) Metabolite(S)	\$68.12 \$120.60
95885	Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And Latency/Velocity Study; Limited (List Separately In Addition To Code For Primary Procedure)	\$69.05
95886	Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And Latency/Velocity Study; Complete, Five Or More Muscles Studied, Innervated By Three Or More Nerves Or Four Or More Spinal Levels (\$95.25
05007	Needle Electromyography, Non-Extremity (Cranial Nerve Supplied Or Axial) Muscle(S) Done With Nerve Conduction, Amplitude And	***
95887 95905	Latency/Velocity Study (List Separately In Addition To Code For Primary Procedure) Needle Measurement And Recording Of Movement And/Or Feeling Of Arm Or Leg With Interpretation And Report	\$81.94 \$33.21
95907	Nerve Transmission Studies, 1-2 Studies	\$88.85
95908	Nerve Transmission Studies, 3-4 Studies	\$110.28
95909	Nerve Transmission Studies, 5-6 Studies	\$132.38
95910 95911	Nerve Transmission Studies, 7-8 Studies Nerve Transmission Studies, 9-10 Studies	\$172.91 \$208.45
95912	Nerve Transmission Studies, 11-12 Studies	\$243.45
95913	Nerve Transmission Studies, 13 Or More Studies	\$280.98
95919	Measurement Of Pupil With Healthcare Professional Interpretation And Report	\$13.71
95921	Testing Of Autonomic For Heart Rate Response To Deep Breathing	\$85.27
95922	Testing Of Autonomic Nervous System Function; Vasomotor Adrenergic Innervation (Sympathetic Adrenergic Function), Including Beat-To-Beat Blood Pressure And R-R Interval Changes During Valsalva Maneuver And At Least Five Minutes Of Passive Tilt	\$93.51
95923	Testing Of Autonomic Nervous System Function; Sudomotor, Including One Or More Of The Following: Quantitative Sudomotor Axon Reflex Test (Qsart), Silastic Sweat Imprint, Thermoregulatory Sweat Test, And Changes In Sympathetic Skin Potential	\$120.80
95924	Testing Of Autonomic (Sympathetic) Nervous System Function, At Least 5 Minutes Of Tilt	\$148.53
95925	Nervous System; In Upper Limbs	\$174.52
95926	Nervous System; In Lower Limbs	\$154.06
95927 95928	Nervous System; In The Trunk Or Head Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Upper Limbs	\$162.77 \$228.42
95928	Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Lower Limbs Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Lower Limbs	\$235.17
95930	Measurement And Recording Of Nerve Conduction Patterns Using Visually-Evoked Stimulation	\$66.83
95933	Orbicularis Oculi (Blink) Reflex, By Electrodiagnostic Testing	\$81.40
95937	Neuromuscular Junction Testing (Repetitive Stimulation, Paired Stimuli), Each Nerve, Any One Method	\$92.73
95938	Short-Latency Somatosensory Evoked Potential Study, Stimulation Of Any/All Peripheral Nerves Or Skin Sites, Recording From The Central Nervous System; In Upper And Lower Limbs	\$372.63
95939	Insertion Of Needles And Skin Electrodes For Measurement And Recording Of Stimulated Sites In The Arms And Legs (Brain Motor Stimulation)	\$553.94
95940	Continuous Monitoring Of Nervous System During Operation, Each 15 Minutes	\$30.80
95941	Continuous Monitoring Of Nervous System During Operation, Per Hour	Price by Report
95954	Pharmacological Or Physical Activation Requiring Physician Or Other Qualified Health Care Professional Attendance During Eeg Recording Of Activation Phase (Eg, Thiopental Activation Test)	\$389.22
95955	Electroencephalogram (Eeg) During Nonintracranial Surgery (Eg, Carotid Surgery)	\$174.39
95957	Digital Analysis Of Electroencephalogram (Eeg) (Eg, For Epileptic Spike Analysis) Wada Activation Test For Hemispheric Function, Including Electroencephalographic (Eeg) Monitoring	\$261.41
95958 95961	Mapping Of Electrical Brain Wave Activity (Eeg) Using Electrodes On Brain Surface To Provoke Seizure Activity Or Assess Brain Function, First Hour	\$624.25 \$308.31
	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of Depth Electrodes, To	,
95962	Provoke Seizures Or Identify Vital Brain Structures; Each Additional Hour Of Attendance By A Physician Or Other Qualified	\$252.91
95965	Magnetoencephalography (Meg), Recording And Analysis; For Spontaneous Brain Magnetic Activity (Eg, Epileptic Cerebral Cortex Localization)	\$887.81
95966 95967	Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Single Method Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Each Additional Method	\$423.86 \$367.11
95967	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device	\$367.11 \$18.02
95971	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Spinal Cord Or Peripheral Nerve Stimulator Programming	\$46.49
95972	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Spinal Cord Or Peripheral Nerve Stimulator Programming	\$54.94
95976	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Cranial Nerve Stimulator Programming	\$37.51
95977	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Cranial Nerve Stimulator Programming	\$49.87
95980	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros	\$39.76
95981	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros	\$35.89
95982	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros	\$54.22
95983	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, First 15 Minutes Face-To-Face Time With Qualified Health Care Professional	\$47.75
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Code	Description Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, Additional 15 Minutes	Fee
95984	Face-To-Face Time With Qualified Health Care Professional	\$37.79
33304	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular),	ψ31.19
95990	Includes Electronic Analysis of Pump, When Performed;	\$87.12
		**
	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular),	
95991	Includes Electronic Analysis Of Pump, When Performed; Requiring Skill Of A Physician Or Other Qualified Health Care Profes	\$104.69
95992	Repositioning Maneuvers For Treatment Of Vertigo, Per Day	\$41.66
95999	Unlisted Neurological Or Neuromuscular Diagnostic Procedure	Price by Report
96000	Three-Dimensional, Video-Taped, Computer-Based Gait Analysis	\$80.17
96001	Three-Dimensional, Video-Taped, Computer-Based Gait Analysis During Walking	\$103.64
96002	Dynamic Surface Electromyography, During Walking Or Other Functional Activities, 1-12 Muscles	\$20.08
96004	Review And Interpretation By Physician Or Other Qualified Health Care Professional Of Comprehensive Computer-Based Motion Analysis, Dynamic Plantar Pressure Measurements, Dynamic Surface Electromyography During Walking Or Other Functional Activities, And D	\$102.90
96020	Neurofunctional Testing Selection And Administration During Noninvasive Imaging Functional Brain Mapping, With Test Administered Entirely By A Physician Or Other Qualified Health Care Professional (Ie, Psychologist), With Review Of Test Results And Report	\$339.55
	Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension,	
96105	Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, P	\$92.38
	Developmental Screening	\$14.18
	Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	\$135.83
	Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, Additional 30 Minutes	\$58.48
	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	\$90.23
	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes	\$66.66
	Standardized Thought Processing Testing, Interpretation, And Report Per Hour	\$100.96
	Brief Emotional Or Behavioral Assessment	\$5.56
96130	Psychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes	\$117.37
96131	Psychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$84.52
	Neuropsychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes	\$126.31
	Neuropsychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$96.17
96136	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, First 30 Minutes	\$41.20
96137	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, Additional 30 Minutes	\$37.41
96138	Administration of psychological or neuropsychological test by technician, first 30 minutes	\$30.10
96139	Administration of psychological or neuropsychological test by technician, each additional 30 minutes	\$30.10
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	Administration And Interpretation Of Patient-Focused Health Risk Assessment	Price by Report
96161	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment	\$3.75
96161 96360	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes	\$3.75 \$36.09
96161 96360 96361	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour	\$3.75 \$36.09 \$12.11
96161 96360 96361 96361	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	\$3.75 \$36.09 \$12.11 \$12.11
96161 96360 96361	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour	\$3.75 \$36.09 \$12.11
96161 96360 96361 96361 96365	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48
96161 96360 96361 96361 96365 96366	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10
96161 96360 96361 96361 96365 96366 96367	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure)	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60
96161 96360 96361 96361 96365 96366 96367	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60
96161 96360 96361 96361 96365 96366 96367 96368 96369 96370	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43
96161 96360 96361 96361 96365 96366 96367 96368 96369 96370 96371	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57
96161 96360 96361 96361 96365 96366 96367 96368 96369 96370 96371 96372	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70
96161 96360 96361 96361 96365 96366 96367 96368 96369 96370 96371 96372	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infigection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Into Artery For Therapy, Diagnosis, Or Prevention	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13
96161 96360 96361 96361 96365 96366 96367 96368 96369 96370 96371 96372 96373	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Into Artery For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73
96161 96360 96361 96361 96365 96366 96367 96368 96369 96370 96371 96372 96373 96374	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Torug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11
96161 96360 96361 96361 96365 96366 96366 96368 96370 96370 96371 96372 96373 96374 96375 96376	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report
96161 96360 96361 96361 96365 96366 96367 96368 96370 96371 96372 96373 96374 96375 96376	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of On-Body Injector For Injection Under Skin	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10
96161 96360 96361 96361 96365 96366 96366 96368 96370 96370 96371 96372 96373 96374 96375 96376	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report
96161 96360 96361 96361 96365 96366 96367 96368 96370 96371 96372 96373 96374 96375 96376	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prevention, Beneath The Skin Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of On-Body Injector For Injection Under Skin Injection Or Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10
96161 96360 96361 96361 96365 96366 96366 96367 96370 96371 96372 96373 96374 96375 96376 96379	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Or Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report
96161 96360 96361 96361 96365 96366 96366 96367 96370 96371 96372 96373 96374 96375 96376 96379 96380 96381 96401	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Infusion Into A Vein Or Artery For Therapy, Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Of Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular, Non-Hormonal Anti-Neoplastic	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report
96161 96360 96361 96361 96365 96366 96366 96367 96370 96371 96372 96373 96374 96375 96376 96379 96380 96381 96401 96402	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Into Artery For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Rosody Injector For Injection Under Skin Injection Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87
96161 96360 96361 96361 96365 96366 96366 96368 96370 96371 96372 96373 96374 96375 96376 96379 96380 96380 96380 96381 96401 96402	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular, Hormonal Anti-Neoplastic Chemotherapy Into A Lesion, Up To And Including 7 Lesions	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87
96161 96360 96361 96361 96365 96366 96366 96369 96370 96371 96372 96373 96374 96375 96376 96380 96381 96402 96405 96406	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Into Artery For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Of On-Body Injector For Injection Under Skin Injection Of On-Body Injector For Injection Under Skin Injection Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic Chemotherapy Into A Lesion, Up To And Including 7 Lesions Chemotherapy Into A Lesion, More Than 7 Lesions	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43
96161 96360 96361 96361 96365 96366 96366 96369 96370 96371 96372 96373 96374 96375 96376 96379 96380 96381 96401 96405 96406	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of On-Body Injector For Injection Under Skin Injection Of Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Into A Lesion, Up To And Including 7 Lesions Chemotherapy Into	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87
96161 96360 96361 96361 96365 96366 96367 96368 96370 96371 96372 96373 96374 96375 96376 96379 96380 96381 96401 96402 96405 96409	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Of Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular, Hormonal Anti-Neoplastic Chemotherapy Administration, Subcutaneous Or Intramuscular, Hor	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96
96161 96360 96361 96361 96365 96366 96366 96370 96370 96371 96372 96373 96374 96375 96376 96377 96380 96380 96401 96402 96409 96411	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection For Therapy Or Prevention, Beneath The Skin Injection For Therapy Or Prevention, Beneath The Skin Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic Chemotherapy Into A Lesion, More Than 7 Lesions Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/Drug Che	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96
96161 96360 96361 96361 96365 96366 96366 96370 96370 96371 96372 96373 96374 96375 96376 96377 96380 96380 96401 96402 96409 96411	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Of Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular, Hormonal Anti-Neoplastic Chemotherapy Administration, Subcutaneous Or Intramuscular, Hor	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96
96161 96360 96361 96361 96365 96366 96366 96369 96370 96371 96372 96373 96374 96375 96376 96380 96380 96402 96405 96409	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Prevention, Prevention, Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Infusion Into A Vein Or Artery For Therapy, Diagnosis, Or Prevention Injection Of Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic Chemotherapy Administration; Intravenous, Push Technique, Single Or Initial Substance/Drug Chemotherapy Administration, Intravenous Infusion Technique; Up To 1	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96
96161 96360 96361 96361 96365 96366 96366 96367 96368 96370 96371 96372 96373 96374 96375 96379 96380 96381 96401 96402 96402 96405 96406 96409	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Prevention, In A Facility Application Of Or-Body Injector For Injection Under Skin Injection Of Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration of Respirat	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96 \$60.35 \$143.69
96161 96360 96361 96361 96365 96366 96366 96367 96368 96370 96371 96372 96373 96374 96375 96379 96380 96381 96401 96402 96402 96405 96406 96409	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initia, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy, Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Or Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic Chemotherapy Administration, Intravenous, Push Technique, Each Additional Substance/Drug Chemotherapy Administration, Intravenous, Push Technique, Each Additio	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96 \$60.35 \$143.69
96161 96360 96361 96361 96365 96366 96366 96367 96370 96371 96372 96373 96374 96375 96376 96379 96380 96380 96401 96402 96405 96409 96411 96415	Administration And Interpretation of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy or Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prevention, Beneath The Skin Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Of Drug Or Substance Into A Vein For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular, Non-Hormonal Anti-Neoplastic Chemotherapy Administration, Intravenous, Push Technique, Each Additional Substance/Drug Chemotherapy Administration, I	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96 \$60.35 \$143.69 \$30.62 \$141.44
96161 96360 96361 96361 96365 96366 96366 96367 96370 96371 96372 96373 96374 96375 96376 96377 96379 96380 96401 96402 96405 96406 96409 96411 96415 96416	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy, Prevention, Beneath The Skin Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion Into Taken Provention, Beneath The Skin Infusion Por Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Sub	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96 \$60.35 \$143.69 \$30.62
96161 96360 96361 96361 96365 96366 96366 96367 96370 96371 96372 96373 96374 96375 96376 96379 96380 96380 96401 96402 96405 96409 96411 96415	Administration And Interpretation of Caregiver-Focused Health Risk Assessment Infusion Into A Vein For Hydration, 31-60 Minutes Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy or Prevention, Or Diagnosis, Concurrent With Another Infusion Subcutaneous Infusion For Therapy Or Prevention, Beneath The Skin Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Infusion For Therapy Or Prevention, Beneath The Skin Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility Application Of On-Body Injector For Injection Under Skin Injection Of Drug Or Substance Into A Vein For Therapy, Prevention, Or Diagnosis Administration Of Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection Chemotherapy Administration, Subcutaneous Or Intramuscular, Non-Hormonal Anti-Neoplastic Chemotherapy Administration, Intravenous, Push Technique, Each Additional Substance/Drug Chemotherapy Administration, I	\$3.75 \$36.09 \$12.11 \$12.11 \$69.48 \$20.10 \$31.60 \$19.43 \$139.22 \$14.51 \$56.57 \$12.70 \$17.13 \$40.73 \$15.11 Price by Report \$18.10 Price by Report \$19.85 \$17.21 \$70.75 \$34.87 \$74.04 \$115.43 \$110.96 \$60.35 \$143.69 \$30.62 \$141.44

	Description	Fee
96423	Chemotherapy Administration, Intra-Arterial; Infusion Technique, Each Additional Hour Up To 8 Hours (List Separately In Addition To Code For Primary Procedure)	\$71.54
96425	Prolonged Chemotherapy Infusion Into Artery By Portable Or Implanted Pump, More Than 8 Hours	\$165.84
96440	Administration Of Chemotherapy Into Chest Cavity	\$742.09
96446	Administration Of Chemotherapy Into Abdominal Cavity	\$177.30
	Chemotherapy Administration, Into Cns (Eg, Intrathecal), Requiring And Including Spinal Puncture	\$177.30
96450		
96521	Refilling And Maintenance Of Portable Pump	\$122.39
96522	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (Eg, Intravenous, Intra-Arterial)	\$116.06
96523	Irrigation Of Implanted Venous Access Device For Drug Delivery Systems	\$24.76
96542	Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents	\$127.03
96547	Intraoperative Heated Intraperitoneal Chemotherapy, First 60 Minutes	\$289.60
96548	Intraoperative Heated Intraperitoneal Chemotherapy, Each Additional 30 Minutes	\$132.99
96549	Unlisted Chemotherapy Procedure	\$32.39
96567	Application Of Light And Light-Sensitive Drugs To Aid Destruction Of Premalignant Skin Growths, Per Session	\$128.21
	Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); First 30	
96570	Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal Tract) Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); Each	\$47.46
96571	Additional 15 Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal	\$23.68
96573	Application Of Light And Light-Sensitive Drugs To Aid Destruction Of Premalignant Skin Growths, Per Day	\$225.94
96574	Application Of Light And Light-Sensitive Drugs Following Removal Of Premalignant Thickened Skin Growth, Per Day	\$263.19
96900	Actinotherapy (Ultraviolet Light)	\$22.28
30300	Microscopic Examination Of Hairs Plucked Or Clipped By The Examiner (Excluding Hair Collected By The Patient) To Determine Telogen And	ΨZZ.Z0
96902	Anagen Counts, Or Structural Hair Shaft Abnormality	\$0.00
	Whole Body Integumentary Photography, For Monitoring Of High Risk Patients With Dysplastic Nevus Syndrome Or A History Of Dysplastic	4
96904	Nevi, Or Patients With A Personal Or Familial History Of Melonoma	\$68.37
96910	Photochemotherapy Tar And Ultraviolet B (Goeckerman Treatment) Or Petrolatum And Ultraviolet B	\$106.28
96912	Photochemotherapy Psoralens And Ultraviolet A (Puva)	\$97.89
96913	Photochemotherapy (Goeckerman And/Or Puva) For Severe Photoresponsive Dermatoses Requiring At Least Four To Eight Hours Of Care Under Direct Supervision Of The Physician (Includes Application Of Medication And Dressings)	\$146.74
96920	Treatment Of Inflammatory Skin Disease Using Laser, Less Than 250.0 Sq Cm	\$173.72
96921	Treatment Of Inflammatory Skin Disease Using Laser, 250.0-500.0 Sq Cm	\$169.20
96922	Treatment Of Inflammatory Skin Disease Using Laser, 250.0-500.0 Sq Cm	
		\$225.04
96931	Microscopy Of Lesion Of Skin With Interpretation And Report - First Lesion	\$166.05
96932	Microscopy Of Lesion Of Skin - First Lesion	\$124.71
96933	Interpretation And Report Of Microscopy Of Lesion Of Skin - First Lesion	\$41.34
96934	Microscopy Of Lesion Of Skin With Interpretation And Report	\$115.56
96935	Microscopy Of Lesion Of Skin	\$75.87
96936	Interpretation And Report Of Microscopy Of Lesion Of Skin	\$39.66
96999	Unlisted Special Dermatological Service Or Procedure	Price by Report
97012	Physical Medicine Treatment To One Area Traction, Mechanical	\$12.40
97014	Application Of Electrical Stimulation To 1 Or More Areas, Unattended By Physical Therapist	\$10.36
97016	Physical Medicine Treatment To One Area; Vasopneumatic Devices	
		510.30
97018		\$10.30 \$6.81
97018	Physical Medicine Treatment To One Area Whithool	\$6.81
97022	Physical Medicine Treatment To One Area Whirlpool	\$6.81 \$15.09
97022 97024	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave)	\$6.81 \$15.09 \$8.90
97022 97024 97026	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared	\$6.81 \$15.09 \$8.90 \$8.06
97022 97024 97026 97028	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15
97022 97024 97026 97028 97032	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11
97022 97024 97026 97028 97032	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15
97022 97024 97026 97028 97032 97033	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11
97022 97024 97026 97028 97032 97033	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19
97022 97024 97026 97028 97032 97033 97034	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23
97022 97024 97026 97028 97032 97033 97034 97035 97036	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Infrared Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50
97022 97024 97026 97028 97032 97033 97034 97035 97036	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97129 97130	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97113 97129 97130	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therappeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify)	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03
97022 97024 97026 97028 97032 97033 97035 97036 97039 97110 97112 97113 97129 97130 97139 97140	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapputic Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03 \$24.08
97022 97024 97026 97028 97032 97033 97034 97035 97036 97110 97112 97113 97116 97129 97130 97139	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therappeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify)	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$33.03
97022 97024 97026 97028 97032 97033 97036 97039 97110 97112 97113 97116 97129 97130 97130 97140 97150	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapputic Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03 \$24.08
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97116 97130 97130 97140 97140	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes Therapeutic Procedure(S), Group (2 Or More Individuals)	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$33.03 \$24.08 \$15.99
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97113 97116 97129 97130 97130 97140 97150 97161 97161	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes Therapeutic Procedure(S), Group (2 Or More Individuals) Evaluation Of Physical Therapy, Typically 20 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03 \$24.08 \$15.99 \$89.43
97022 97024 97026 97028 97032 97033 97034 97035 97039 97110 97113 97116 97129 97130 97130 97150 97161 97162 97163	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes Therapeutic Procedure(S), Group (2 Or More Individuals) Evaluation Of Physical Therapy, Typically 20 Minutes Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Physical Therapy, Typically 45 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03 \$24.08 \$15.99 \$89.43 \$89.43
97022 97024 97024 97026 97028 97033 97033 97035 97036 97039 97110 97112 97113 97113 971140 97150 97150 97162 97163 97164	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapy Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes Therapeutic Procedure(S), Group (2 Or More Individuals) Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Physical Therapy, Typically 45 Minutes Re-Evaluation Of Physical Therapy, Typically 20 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03 \$24.08 \$15.99 \$89.43 \$89.43 \$89.43
97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97113 97116 97150 97161 97162 97163 97164 97165	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes Therapeutic Procedure(S), Group (2 Or More Individuals) Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Physical Therapy, Typically 45 Minutes Evaluation Of Physical Therapy, Typically 20 Minutes Evaluation Of Occupational Therapy, Typically 20 Minutes Evaluation Of Occupational Therapy, Typically 30 Minutes Evaluation Of Occupational Therapy, Typically 30 Minutes Evaluation Of Occupational Therapy, Typically 30 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$33.03 \$24.08 \$15.99 \$33.03 \$24.08 \$15.99 \$33.03 \$24.08 \$15.99 \$33.03 \$24.08 \$15.99 \$33.03
97022 97024 97024 97026 97028 97033 97034 97035 97036 97039 97110 97112 97113 97130 97140 97150 97161 97162 97163 97164 97165 97166	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapy Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Individuals) Evaluation Of Physical Therapy, Typically 20 Minutes Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Occupational Therapy, Typically 30 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$33.03 \$24.08 \$15.99 \$89.43 \$89.43 \$89.43 \$62.06 \$90.33 \$90.33
97022 97024 97026 97028 97032 97033 97034 97035 97036 97130 97110 97112 97113 97116 97150 97161 97162 97163 97164 97166 97166	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapy Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes Therapeutic Procedure(S), Group (2 Or More Individuals) Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Physical Therapy, Typically 45 Minutes Evaluation Of Physical Therapy, Typically 45 Minutes Evaluation Of Occupational Therapy, Typically 45 Minutes Evaluation Of Occupational Therapy, Typically 30 Minutes Evaluation Of Occupational Therapy, Typically 30 Minutes Evaluation Of Occupational Therapy, Typically 45 Minutes Evaluation Of Occupational Therapy, Established Plan Of Care, Typically 60 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03 \$24.08 \$15.99 \$89.43 \$89.43 \$89.43 \$89.43 \$90.33 \$90.33
97022 97024 97026 97028 97033 97033 97035 97036 97039 97110 97112 97113 97116 97129 97130 97140 97161 97162 97163 97164 97166 97166 97167	Physical Medicine Treatment To One Area Whirlpool Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Infrared Physical Medicine Treatment To One Area Ultraviolet Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes Application Of Medication Using Electrical Current, Each 15 Minutes Application Of Hot And Cold Baths, Each 15 Minutes Application Of Ultrasound, Each 15 Minutes Application Of Water Therapy Using A Special Tank, Each 15 Minutes Unlisted Modality (Specify Type And Time If Constant Attendance) Unlisted Modality (Specify Type And Time If Constant Attendance) Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes Walking Training To 1 Or More Areas, Each 15 Minutes Therapy Procedure For A Range Of Mental Processes, Initial 15 Minutes Therapy Procedure For A Range Of Mental Processes, Each Additional 15 Minutes Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes Therapeutic Procedure(S), Group (2 Or More Individuals) Evaluation Of Physical Therapy, Typically 20 Minutes Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Physical Therapy, Typically 45 Minutes Evaluation Of Physical Therapy, Typically 30 Minutes Evaluation Of Occupational Therapy, Typically 30 Minutes Evaluation Of Occupational Therapy, Established Plan Of Care, Typically 30 Minutes Evaluation Of Occupational Therapy Established Plan Of Care, Typically 30 Minutes	\$6.81 \$15.09 \$8.90 \$8.06 \$10.15 \$14.11 \$17.19 \$17.23 \$15.50 \$32.82 \$23.74 \$26.18 \$30.07 \$32.77 \$26.18 \$19.89 \$18.99 \$33.03 \$24.08 \$15.99 \$89.43 \$89.43 \$89.43 \$90.33 \$90.33 \$90.33
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Code	Description	Fee
97602	Removal Of Tissue From Wounds Per Session	\$45.08
97605	Therapy Procedure Using A Special Bandage And Vacuum Pump, Surface Area 50.0 Sq Cm Or Less	\$42.74
97606	Therapy Procedure Using A Special Bandage And Vacuum Pump, Surface Area More Than 50.0 Sq Cm	\$50.72
97607	Therapy Procedure Using A Special Bandage, Vacuum Pump And Disposable Medical Equipment, Surface Area 50.0 Sq Cm Or Less	\$311.96
97608	Thorany Broodura Heina A Special Randoga Maguum Ruma And Dispecable Medical Equipment, Surface Area Mara Than 50.0 Sa Cm	\$322.19
97610	Therapy Procedure Using A Special Bandage, Vacuum Pump And Disposable Medical Equipment, Surface Area More Than 50.0 Sq Cm Low Frequency, Non-Contact, Non-Thermal Ultrasound Wound Assessment, And Instructions For Ongoing Care, Per Day	\$426.87
97750	Physical Performance Test Or Measurement With Report, Each 15 Minutes	\$30.38
97755	Assistive Technology Assessment To Enhance Functional Performance, Each 15 Minutes	\$37.87
97760	Training In Use Of Orthotics (Supports, Braces, Or Splints) For Arms, Legs And/Or Trunk, Per 15 Minutes	\$42.66
97763	Management And/Or Training In Use Of Orthotics (Supports, Braces, Or Splints) For Arms, Legs, And/Or Trunk, Per 15 Minutes	\$46.85
97799	Unlisted Physical Medicine/Rehabilitation Service Or Procedure	\$38.89
97802	Medical Nutrition Therapy, Assessment And Intervention, Each 15 Minutes	\$36.08
97803	Medical Nutrition Therapy Re-Assessment And Intervention, Each 15 Minutes	\$31.42
97804	Medical Nutrition Therapy Performed In A Group Setting, Each 30 Minutes	\$16.44
	Established Patient Synchronous Audio-Only Visit With Straightforward Medical Decision Making And 10 Minutes Or More Of Medical	
98012	Discussion, If Using Time 10 Minutes Or More Established Patient Synchronous Audio-Only Visit With Low Medical Decision Making And 10 Minutes Or More Of Medical Discussion, If Using	\$31.01
98013	Time 20 Minutes Or More Established Patient Synchronous Audio-Only Visit With Moderate Medical Decision Making And 10 Minutes Or More Of Medical Discussion, If Using Time 30 Minutes Or More	\$54.23
98014	Established Patient Synchronous Audio-Only Visit With High Medical Decision Making And 10 Minutes Or More Of Medical Discussion, If Using	\$78.77
98015	Time 40 Minutes Or More	\$114.73
98925	Osteopathic Manipulative Treatment (Omt); One To Two Body Regions Involved	\$27.60
98926	Osteopathic Manipulative Treatment (Omt); Three To Four Body Regions Involved	\$44.12
98927	Osteopathic Manipulative Treatment (Omt); Five To Six Body Regions Involved	\$51.80
98928	Osteopathic Manipulative Treatment (Omt); Seven To Eight Body Regions Involved	\$63.12
98929	Osteopathic Manipulative Treatment (Omt); Nine To Ten Body Regions Involved	\$74.31
98966	Telephone Discussion Provided To An Established Patient By Nonphysician Professional, 5-10 Minutes Telephone Discussion Provided To An Established Patient By Nonphysician Professional, 11-20 Minutes	\$49.71
98967		\$79.82
98968	Telephone Discussion Provided To An Established Patient By Nonphysician Professional, 21-30 Minutes	\$112.75
99070	Supplies And Materials (Except Spectacles), Provided By The Physician Or Other Qualified Health Care Professional Over And Above Those Usually Included With The Office Visit Or Other Services Rendered (List Drugs, Trays, Supplies, Or Materials Provided)	\$0.00
99080	Special Reports Such As Insurance Forms, More Than The Information Conveyed In The Usual Medical Communications Or Standard Reporting Form	\$0.00
	Collection And Interpretation Of Physical Parameters Stored In Computers And/Or Transmitted By The Patient And/Or Caregiver To Qualified	
99091	Health Care Professional, Requiring 30 Minutes Or More, Per 30 Days Medarate Societies Societies Societies By Physician Also Borforming A Procedure, Potient Younger Than 5 Years Of Age, First 15 Minutes	\$48.80
99151	Moderate Sedation Services By Physician Also Performing A Procedure, Patient Younger Than 5 Years Of Age, First 15 Minutes	\$67.47
99152 99153	Moderate Sedation Services By Physician Also Performing A Procedure, Patient 5 Years Of Age Or Older, First 15 Minutes Moderate Sedation Services By Physician Also Performing A Procedure, Additional 15 Minutes	\$49.65 \$11.24
99155	Moderate Sedation Services By Physician Aiso Ferforming A Procedure, Additional 13 Williams Moderate Sedation Services By Physician Not Performing A Procedure, Patient Younger Than 5 Years Of Age, First 15 Minutes	\$77.23
99156	Moderate Sedation Services By Physician Not Performing A Procedure, Patient Todriger Than 3 Tears Of Age, Prior To Minutes Moderate Sedation Services By Physician Not Performing A Procedure, Patient 5 Years Of Age Or Older, First 15 Minutes	\$70.40
99157	Moderate Sedation Services By Physician Not Performing A Procedure, Faceh Additional 15 Minutes	\$56.32
99170	Examination Of Genital And Anal Region Of Child Using An Endoscope, Suspected Trauma	\$156.21
99172	Visual Function Screening, Automated Or Semi-Automated Bilateral Quantitative Determination Of Visual Acuity, Ocular Alignment, Color Vision By Pseudoisochromatic Plates, And Field Of Vision (May Include All Or Some Screening Of The Determinati	\$16.20
	Screening Test Of Visual Acuity, Quantitative, Bilateral (The Screening Test Used Must Employ Graduated Visual Acuity Stimuli That Allow A	
99173	Quantitative Estimate Of Visual Acuity (Eg, Snellen Chart). Other Identifiable Services Unrelated To This Screening	\$15.71
99175	lpecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison	\$27.58
99177	Instrument Based Eye Screening Of Both Eyes With Analysis	Price by Report
	Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session	\$99.17
99184	Initiation Of Lowering Head Or Total Body Temperature In Neonate	\$204.67
99188 99190	Application Of Topical Fluoride Assembly And Operation Of Heart-Lung Machine, Each Hour	\$32.62
99190	Assembly And Operation Of Heart-Lung Machine, Each Hour Assembly And Operation Of Heart-Lung Machine, 45 Minutes	\$128.84 \$73.09
99191	Assembly And Operation Of Heart-Lung Machine, 45 Minutes Assembly And Operation Of Heart-Lung Machine, 30 Minutes	\$73.09 \$53.98
99192	Phlebotomy, Therapeutic (Separate Procedure)	\$87.28
99202	New Patient Office Or Other Outpatient Visit With Straightforward Medical Decision Making, If Using Time, 15 Minutes Or More	\$63.53
99203	New Patient Office Or Other Outpatient Visit With Low Level Of Medical Decision Making, If Using Time, 30 Minutes Or More	\$97.40
99204	New Patient Office Or Other Outpatient Visit With Moderate Level Of Medical Decision Making, If Using Time, 45 Minutes Or More	\$145.95
99205	New Patient Office Or Other Outpatient Visit With A High Level Of Medical Decision Making, If Using Time, 60 Minutes Or More	\$192.21
99211	Established Patient Outpatient Visit, Minimal Presenting Problem	\$20.79
	Established Patient Office Or Other Outpatient Visit With Straightforward Medical Decision Making, If Using Time, 10 Minutes Or More	\$49.82
99213	Established Patient Office Or Other Outpatient Visit With Low Level Od Decision Making, If Using Time, 20 Minutes Or More	\$79.94
	Established Patient Office Or Other Outpatient Visit With Moderate Level Of Decision Making, If Using Time, 30 Minutes Or More	\$112.75
99215	Established Patient Office Or Other Outpatient Visit With High Level Of Medical Decision Making, If Using Time, 40 Minutes Or More	\$158.30
99221	Initial Hospital Inpatient Care, Typically 30 Minutes Per Day	\$78.18
99222	Initial Hospital Inpatient Or Observation Care With Moderate Level Of Medical Decision Making. If Using Time, 55 Minutes Or More	\$121.57
	Initial Hospital Inpatient Care, Typically 70 Minutes Per Day	\$157.06 \$42.37
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99231	Subsequent Hospital Inpatient Care, Typically 15 Minutes Per Day	
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99231 99232 99233	Subsequent Hospital Inpatient Or Observation Care With Moderate Level Of Medical Decision Making, If Using Time, 35 Minutes Or More Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day	\$67.88 \$102.12
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Days \$45.14	JU 700		ψ11.00
Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive (20	99454		\$45.14
Communication With The Patient/Caregiver; First 20 Minutes \$43.92	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Ş.O1
Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive (2008) (2018)	99457		\$43.92
19458 Communication With The Patient/Caregiver; Each Additional 20 Minute \$35.69 19459 Pelvic exam \$20.04		· ·	Ţ.3.0 <u>L</u>
9459 Pelvic exam \$20.04	99458		\$35.69
	99460	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant	\$88.87

Code	Description	Fee
	Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center	\$80.72
99462	Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn	\$39.04
00.400	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The	0400.77
99463	Same Date Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of	\$103.77
99464	Newborn	\$78.20
	Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute	•
99465	Inadequate Ventilation And/Or Cardiac Output	\$153.03
99466	Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes	\$249.64
99467	Critical Care Of III Or Injured Pediatric Patient, 24 Months Or Younger	\$125.26
99468 99469	Initial Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day Subsequent Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day	\$962.47 \$462.54
	Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day	\$925.98
99472	Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day	\$472.45
	Education and training to self measure blood pressure	\$11.59
99474	Self measured blood pressure measurements	\$13.73
	Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 2 Through 5 Years Of Age, Per Day	\$597.27
99476	Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 2 Through 5 Years Of Age, Per Day	\$359.65
99477	Initial Intensive Care Of Newborn, 28 Days Of Age Or Younger, Per Day	\$364.73
	Subsequent Intensive Care Of Recovering Very Low Birth Weight Infant, Per Day Subsequent Intensive Care Of Recovering Low Birth Weight Infant, Per Day (1500-2500 Grams)	\$159.48 \$145.00
	Subsequent Intensive Care Of Recovering Low Birth Weight Infant, Per Day (2501-5000 Grams) Subsequent Intensive Care Of Recovering Low Birth Weight Infant, Per Day (2501-5000 Grams)	\$139.18
	Assessment of and care planning for patient with impaired thought processing, typically 60 minutes	\$239.40
99485	Supervision Of Interfacility Transport Care Of The Critical Patient, 24 Months Of Age Or Younger, First 30 Minutes	\$0.00
99486	Supervision Of Interfacility Transport Care Of The Critical Patient, 24 Months Of Age Or Younger	\$0.00
	Advance Care Planning, First 30 Minutes	\$76.93
	Advance Care Planning, Each Additional 30 Minutes	\$66.65
	Child Advocacy Program Forensic Interview	\$321.78
	Home Visit For Assessment And Monitoring Of Pregnancy, Fetal Heart Rate, And Diabetes Status Home Visit For Postnatal Assessment And Follow-Up Care	\$81.72
99501 99502	Home Visit For Newborn Care And Assessment Home Visit For Newborn Care And Assessment	\$16.86 \$81.72
	Other Home Visit Service Or Procedure	\$28.96
	Home Infusion Or Specialty Drug Administration, Per Visit, 2 Hours Or Less	Price by Report
	Home Infusion Or Specialty Drug Administration, Per Visit, Each Additional Hour	Price by Report
	Initial Prenatal Care Visit (Report At First Prenatal Encounter With Health Care Professional Providing Obstetrical Care. Report Also Date Of	
	Visit And, In A Separate Field, The Date Of The Last Menstrual Period YImp") (Prenatal)	\$10.92
	Most Recent Systolic Blood Pressure Less Than 130 Mm Hg (Dm), (Htn, Ckd Cad)	\$0.00
	Most Recent Systolic Blood Pressure 130 - 139 Mm Hg (Dm) Most Recent Systolic Blood Pressure Greater Than Or Equal To 140 Mm Hg (Htn, Ckd, Cad) (Dm)	\$0.00 \$0.00
	Most Recent Diastolic Blood Pressure Less Than 80 Mm Hg (Htn, Ckd, Cad) (Dm)	\$0.00
	Most Recent Diastolic Blood Pressure 80-89 Mm Hg (Htn, Ckd, Cad) (Dm)	\$0.00
	Most Recent Diastolic Blood Pressure Greater Than Or Equal To 90 Mm Hg (Htn, Ckd, Cad) (Dm)	\$0.00
	Catheter Removal Of Plaque From Kidney Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And	
0234T	Interpretation	Price by Report
000FT	Catheter Removal Of Plaque From Organ Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And	Delay by Danier
0235T	Interpretation	Price by Report
0236T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Abdominal Aorta	Price by Report
	Catheter Removal Of Plaque From Upper Arm Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And	. nee by respon
	Interpretation	\$9,728.88
	Catheter Removal Of Plaque From Groin Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And	
	Interpretation	\$10,784.75
0253T	Insertion Of Eye Fluid Drainage Device, Internal Approach Outdoors If Performed Complete Presenting Institutes of Or Bilateral Pens Marrow Houset	Price by Report
0263T	Guidance, If Performed; Complete Procedure Including Unilateral Or Bilateral Bone Marrow Harvest Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound	Price by Report
0264T	Guidance, If Performed; Complete Procedure Excluding Bone Marrow Harvest	Price by Report
	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound	-7 -ep
0265T	Guidance, If Performed; Unilateral Or Bilateral Bone Marrow Harvest Only For Intramuscular Autologous Bon	Price by Report
	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or	
	Bilateral Lead Placement, Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	\$733.16
0267T	Programming, And Repositioning, When Performed) Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation,	\$134.02
0268T	Programming, And Repositioning, When Performed)	\$135.23
02001	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead	ψ100.20
0269T	Placement, Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	Price by Report
	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Lead Only, Unilateral (Includes Intra-Operative Interrogation,	
0270T	Programming, And Repositioning, When Performed)	Price by Report
02747	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation,	\$430.7F
0271T	Programming, And Repositioning, When Performed)	\$130.75
	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation System, Including Telemetric Iterative Communication With The	
0272T	Implantable Device To Monitor Device Diagnostics And Programmed Therapy Values, With Interpretation And Repo	\$26.60
0273T	Interrogation Device Evaluation (In Person) Carotid Sinus Baroreflex Activation System, With Programming	\$63.23
	Removal Of Bone From Upper Or Middle Spine For Decompression Of Nerve Tissue Using Imaging Guidance, Accessed Through The Skin	Price by Report
0275T	Removal Of Bone From Lower Spine For Decompression Of Nerve Tissue Using Imaging Guidance, Accessed Through The Skin Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of	Price by Report
0278T	Electrodes)	Price by Report
		by hopoit

0-4-	Proceedings	Fee
Code 0394T	Description High Dose Rate Electronic Brachytherapy, External	Fee \$150.40
	High Dose Rate Electronic Brachytherapy, Internal	\$539.79
0402T	Collagen Cross-Linking Treatment Of Disease Of Cornea	\$464.20
0479T	Laser Destruction Of Scar Tissue, First 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children	\$401.52
0480T	Laser Destruction Of Scar Tissue, Each Additional 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children	\$84.56
0543T	Repair Of Valve Between Upper Left And Lower Left Chambers Of Heart (Mitral Valve) With Insertion Of Artificial Supporting Tendons, Accessed Through Apex Of Heart	Price by Report
03431	Reconstruction Of Junction Between Upper Left And Lower Left Chambers Of Heart (Annulus Of Mitral Valve) With Implantation Of Adjustable	Trice by Report
0544T	Reconstruction Device, Via Catheter, Accessed Through Skin	Price by Report
	Reconstruction Of Junction Between Upper Right And Lower Right Chambers Of Heart (Annulus Of Tricuspid Valve) With Implantation Of	
	Adjustable Reconstruction Device, Via Catheter, Accessed Through Skin Radiofrequency Spectroscopy Evaluation Of Surgical Margins During Partial Mastectomy, With Report	\$2,088.97
	Bone Material Quality Testing By Microindentations Of Shin Bone	Price by Report Price by Report
	Harvesting Of Fatty Tissue And Creation Of Cellular Implant For Treatment Of Osteoarthritis	Price by Report
0566T	Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance	Price by Report
	Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter,	
0569T	Accessed Through Skin; Initial Prosthesis Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter,	\$760.01
0570T	Accessed Through Skin; Each Additional Prosthesis	\$380.17
0571T	Insertion Or Replacement Of Implantable Cardioverter-Defibrillator System With Electrodes Under Breastbone	\$759.26
0572T	Insertion Of Implantable Defibrillator Electrode Under Breastbone	Price by Report
	Removal Of Implantable Defibrillator Electrode From Under Breastbone	Price by Report
0574T	Repositioning Of Previously Implanted Defibrillator Electrode Under Breastbone In-Person Programming Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis,	Price by Report
0575T	In-Person Programming Device Evaluation of implantable Cardioverter-Delibrillator System With Electrode Under Breastbone, With Analysis, Review And Report	\$70.61
	In-Person Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis,	2
0576T	Review And Report	\$66.97
0577T	Electrophysiological Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And	Drice by Benert
0577T	Report Remote Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Lead Under Breastbone, With Analysis, Review	Price by Report
0578T	And Report By Healthcare Professional	\$32.17
	Remote Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Lead Under Breastbone, With Remote Data	
	Acquisitions, Receipt Of Transmissions And Technician Review, Technical Support And Distribution Of Results	\$20.24
0580T 0581T	Removal Of Implantable Defibrillator Pulse Generator From Under Breastbone Freezing Destruction Of Malignant Breast Tumors In One Breast, Accessed Through Skin	Price by Report Price by Report
0582T	High-Energy Water Vapor Heat Destruction Of Malignant Prostate Tissue, Including Imaging And Needle Guidance	Price by Report
0583T	Insertion Of Ventilating Tube In Eardrum Using An Automated Tube Delivery System Under Local Anesthesia	\$1,885.62
0584T	Transplantation Of Insulin-Producing Cells, Via Catheter Accessed Through Skin Using Imaging Guidance	Price by Report
0585T	Transplantation Of Insulin-Producing Cells Using Endoscope Inserted Through Wall Of Abdomen	Price by Report
0586T 0587T	Transplantation Of Insulin-Producing Cells, Open Procedure Implantation Or Replacement Of Posterior Tibial Nerve Stimulating System For Bladder Dysfunction, Accessed Through Skin	Price by Report \$103.37
0588T	Revision Or Removal Of Posterior Tibial Nerve Stimulating System For Bladder Dysfunction, Accessed Through Skin	Price by Report
0589T	Electronic Analysis With Simple Programming Of Posterior Nerve Stimulating System For Bladder Dysfunction	Price by Report
0590T	Electronic Analysis With Complex Programming Of Posterior Tibial Nerve Stimulating System For Bladder Dysfunction	Price by Report
0594T	Incision Of Upper Arm Bone And Insertion Of Bone-Lengthening Device In Marrow Cavity	Price by Report
	Initial Insertion Of Temporary Valve-Pump In Female Urethra Replacement Of Temporary Valve-Pump In Female Urethra	\$130.16 \$37.23
	Fluorescence Wound Imaging For Bacteria, First Anatomic Site	\$6.86
	Fluorescence Wound Imaging For Bacteria, Each Additional Anatomic Site	\$6.86
	Irreversible Electroporation Destruction Of Growths Of Internal Organ, Accessed Through Skin	\$3,183.82
	Irreversible Electroporation Destruction Of Growths Of Internal Organ, Open Procedure	Price by Report
0602T 0603T	Measurement Of Kidney Filtration Rate Using Skin Sensor And Single Dose Of Fluorescent Agent Monitoring Of Kidney Filtration Rate Using Skin Sensor And Multiple Doses Of Fluorescent Agent	Price by Report Price by Report
0603T	Provision Of Device And Patient Education For Remote Oct Imaging Of Retina	Price by Report
0605T	Technical Support, Data Analyses And Report Of Remote Oct Imaging Of Retina	Price by Report
0606T	Physician Review, Interpretation And Report Of Remote Oct Imaging Of Retina	Price by Report
0607T	Set-Up And Patient Education For Remote Monitoring Of Lung Fluid Monitoring System Pate Anglesis And Report Transmission To Health Care Professional For Remote Monitoring Of Lung Fluid Monitoring System	Price by Report
0608T 0609T	Data Analysis And Report Transmission To Health Care Professional For Remote Monitoring Of Lung Fluid Monitoring System Acquisition Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price by Report Price by Report
0610T	Transmission Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price by Report
0611T	Analysis Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price by Report
0612T	Interpretation And Report Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	Price by Report
0613T	Implantation Of Shunt In Partition Between Upper Heart Chambers Via Catheter, Accessed Through Skin	Price by Report
0614T 0615T	Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator Automated Eye-Movement Analysis With Interpretation And Report	Price by Report Price by Report
0619T	Examination Of Urethra And Bladder With Incision Of Opening Of Prostate Gland And Drug Delivery Using Endoscope	\$2,397.75
0620T	Insertion Of Stent To Shunt Arterial Blood To Deep Vein Of Lower Leg Via Catheter Using Imaging Guidance	Price by Report
0621T	Laser Incision Of Drainage Tissue Within Eye (Trabecular Meshwork)	Price by Report
0622T	Laser Incision Of Drainage Tissue Within Eye (Trabecular Meshwork) Using Ocular Endoscope	Price by Report
0623T	Preparation, Transmission And Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries, With Review, Interpretation, And Report	Price by Report
	Preparation And Transmission Of Ct Angiography Data On Plaque In Heart Arteries	Price by Report
0625T	Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries	Price by Report
0626T	Review Of Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries, With Interpretation, And Report	Price by Report
0627T	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin, First Level	Price by Report
0628T	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin, Each Additional Level	Price by Report

Code	Description	Fee
0629T	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin Using Ct Imaging Guidance, First Level	Price by Report
0630T	Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin Using Ct Imaging Guidance, Each Additional Level	Price by Report
	Measurement Of Oxygenation Of Limb Using Visible Light Imaging, With Interpretation And Report	Price by Report
0632T	Destruction Of Nerves To Main Arteries Of Lung, Accessed Through Skin Via Catheter Using Imaging Guidance	Price by Report
0633T	Ct Of One Breast With 3D Rendering	Price by Report
0634T	Ct Of One Breast With Contrast And 3D Rendering	Price by Report
0635T	Ct Of One Breast Before And After Contrast With 3D Rendering	Price by Report
0636T	Ct Of Both Breasts With 3D Rendering	Price by Report
0637T	Ct Of Both Breasts With Contrast And 3D Rendering	Price by Report
0638T	Ct Of Both Breasts Before And After Contrast With 3D Rendering	Price by Report
0639T	Wireless Skin Sensor Evaluation Of Flow In Cerebrospinal Fluid Shunt Using Ultrasound Guidance	Price by Report
0643T	Implantation Of Restoration Device Into Left Lower Chamber Of Heart Through Catheter	Price by Report
0644T	Removal Or Reduction Of Mass Within Heart By Suction Through Catheter	\$1,638.77
0645T	Implantation Of Coronary Sinus Reduction Device In Heart Through Catheter	Price by Report
0646T	Implantation Of Artificial Valve Between Right Upper And Lower Chambers Of Heart Through Catheter	\$965.06
	Insertion Of Tube Into Stomach Through Skin Using Ultrasound Guidance	\$770.71
0652T	Diagnostic Inspection Of Esophagus, Stomach, And Upper Small Intestine Using A Flexible Endoscope Through Nose	\$278.03
0653T	Inspection Of Esophagus, Stomach, And Upper Small Intestine With Biopsy Using A Flexible Endoscope Through Nose	Price by Report
		1 Hoo by Hopoli
_	Inspection Of Esophagus, Stomach, And Upper Small Intestine With Insertion Of Tube Or Catheter Using A Flexible Endoscope Through Nose	\$123.57
	Destruction Of Prostate Cancer Tissue By Laser Using Ultrasound Guidance	Price by Report
	Tethering Of 7 Or Fewer Lower Spine Bones	Price by Report
	Tethering Of 8 Or More Lower Spine Bones	Price by Report
0659T	Infusion Of Supersaturated Oxygen Into Heart During Heart Attack With Review By Radiologist	Price by Report
0660T	Implantation Of Drug-Releasing Device In Front Chamber Of Eye	\$614.25
0661T	Removal And Reimplantation Of Drug-Releasing Device In Front Chamber Of Eye	Price by Report
0662T	Initial Measurement And Calibration Of Cap For Mechanical Cooling Of Scalp	Price by Report
0663T	Placement, Monitoring, And Removal Of Device For Mechanical Cooling Of Scalp	Price by Report
	Insertion Of Drainage Device Into Drainage Tissue Within Eye (Trabecular Meshwork)	\$584.90
	Transperineal Laser Destruction Of Benign Prostatic Enlargement Using Imaging Guidance For Prostate Volume Less Than 50 MI	Price by Report
	Acoustic Waveform Recording Of Heart With Automated Analysis And Generation Of Coronary Artery Disease Risk Score	Price by Report
07.10.	Harvesting Of Patient'S Own Fatty Tissue And Preparation Of Cells For Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For	1 Hoo by Hopoli
0717T	Partial Thickness Rotator Cuff Tear	Price by Report
07171	Injection Of Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy Into Supraspinatus Tendon Of One Shoulder Using Ultrasound	1 1100 by 1topolt
0718T	Guidance, For Partial Thickness Rotator Cuff Tear	Price by Report
	Replacement Of Posterior Joint In Single Segment Of Spine In Lower Back (Lumbar) Using Imaging Guidance	Price by Report
	Electrical Nerve Field Stimulation Of Cranial Nerves Through Skin	Price by Report
	Quantitative Computed Tomography (Ct Scan) Tissue Characterization With Interpretation And Report	
0/211	Quantitative Computed Tomography (Ct Scan) Tissue Characterization With Interpretation And Report And Concurrent Ct Examination Of Any	Price by Report
0722T	Structure Contained In The Concurrently Acquired Diagnostic Imaging Dataset	Price by Report
07221	Quantitative Magnetic Resonance (Mr Scan) Imaging Of Gallbladder, Bile Ducts, Pancreas And Pancreatic Duct Cholangiopancreatography	Trice by Report
0722T	(Qmrcp), With Data Preparation And Transmission, Interpretation And Report	Price by Report
0723T	(Gillich), Willi Dala i Teparation And Transmission, interpretation And Report	File by Report
	Quantitative Magnetic Resonance (Mr Scan) Imaging Of Gallbladder, Bile Ducts, Pancreas And Pancreatic Duct Cholangiopancreatography	
0724T		
	(Omron) With Data Preparation And Transmission, Interpretation And Report And With Diagnostic Magnetic Resonance Imaging	Price by Penort
	(Qmrcp), With Data Preparation And Transmission, Interpretation And Report And With Diagnostic Magnetic Resonance Imaging Spect Measurement Of Blood Flow To Heart Muscle	Price by Report
0744T	Spect Measurement Of Blood Flow To Heart Muscle	\$310.32
	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein)	\$310.32 Price by Report
	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract	\$310.32
0780T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body	\$310.32 Price by Report \$45.00
0780T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract	\$310.32 Price by Report
0780T 0781T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope	\$310.32 Price by Report \$45.00 Price by Report
0780T 0781T 0782T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope	\$310.32 Price by Report \$45.00 Price by Report Price by Report
0780T 0781T 0782T 0784T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin	\$310.32 Price by Report \$45.00 Price by Report Price by Report Price by Report
0780T 0781T 0782T 0784T 0785T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array	\$310.32 Price by Report \$45.00 Price by Report Price by Report Price by Report Price by Report Price by Report
0780T 0781T 0782T 0784T 0785T 0786T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array Insertion Or Replacement Of Sacral Integrated Never Stimulating System With Electrode Array, Accessed Through The Skin	\$310.32 Price by Report \$45.00 Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0780T 0781T 0782T 0784T 0785T 0786T 0787T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Never Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin	\$310.32 Price by Report \$45.00 Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0780T 0781T 0782T 0784T 0785T 0786T 0787T 0788T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Never Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array Electronic Analysis With Simple Programming Of Spinal Or Sacral Integrated Nerve Stimulating System	\$310.32 Price by Report \$45.00 Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
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0780T 0781T 0782T 0784T 0785T 0786T 0787T 0788T 0790T 0791T 0792T 0793T 0794T 0795T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array Insertion Or Replacement Of Sacral Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array Electronic Analysis With Simple Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Revision, Replacement, Or Removal Of Lower Spine Tethering Semi-Immersive Virtual Reality-Facilitated, Motor-Cognitive Training For Walking, Each 15 Minutes Appl Skr diamn fluoride 38% Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Cancer Drug Treatment Options Based On The Patient'S Tumor-Specific Cancer Marker Information Obtained From Previous Laboratory Testing Which Have Been Previously Interpreted And Reported Separately Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Atrial And Right Ventricular Pacemaker	\$310.32 Price by Report \$45.00 Price by Report
0780T 0781T 0782T 0784T 0785T 0786T 0786T 0787T 0790T 0791T 0792T 0793T 0794T 0795T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertino Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array Electronic Analysis With Simple Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Revision, Replacement, Or Removal Of Lower Spine Tethering Semi-Immersive Virtual Reality-Facilitated, Motor-Cognitive Training For Walking, Each 15 Minutes Appl slvr diamn fluoride 38% Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Cancer Drug Treatment Options Based On The Patient'S Tumor-Specific Cancer Marker Information Obtained From Previous Laboratory Testing Which Have Been Previously Interpreted And Reported Separately Transcatheter Insertion Of Permanent Dual-Chamber Leadl	\$310.32 Price by Report \$45.00 Price by Report
0780T 0781T 0782T 0784T 0785T 0786T 0786T 0787T 0790T 0791T 0792T 0793T 0794T 0795T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Of Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Of Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array Electronic Analysis With Simple Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Revision, Replacement, Or Removal Of Lower Spine Tethering Semi-Immersive Virtual Reality-Facilitated, Motor-Cognitive Training For Walking, Each 15 Minutes Appl slvr diamn fluoride 38% Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Cancer Drug Treatment Options Based On The Patient'S Tumor-Specific Cancer Marker Information Obtained From Previous Laboratory Testing Which Have Been Previously Interpreted And Reported Separately Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Atrial And Right Ventricular Pacema	\$310.32 Price by Report \$45.00 Price by Report Price by Report \$389.05
0780T 0781T 0782T 0784T 0785T 0786T 0787T 0788T 0790T 0791T 0792T 0794T 0795T 0796T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Of Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Of Removal Of Sacral Integrated Nerve Stimulating System Electronic Analysis With Simple Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Revision, Replacement, Or Removal Of Lower Spine Tethering Semi-Immersive Virtual Reality-Facilitated, Motor-Cognitive Training For Walking, Each 15 Minutes Appl slvr diamn fluoride 38% Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Cancer Drug Treatment Options Based On The Patient'S Tumor-Specific Cancer Marker Information Obtained From	\$310.32 Price by Report \$45.00 Price by Report Price by Report \$389.05
0780T 0781T 0782T 0784T 0785T 0786T 0787T 0788T 0790T 0791T 0792T 0793T 0796T 0796T 0797T	Spect Measurement Of Blood Flow To Heart Muscle Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Replacement Of Sacral Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array Electronic Analysis With Simple Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System Revision, Replacement, Or Removal Of Lower Spine Tethering Semi-Immersive Virtual Reality-Facilitated, Motor-Cognitive Training For Walking, Each 15 Minutes Appl Sivr diamn fluoride 38% Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Cancer Drug Treatment Options Based On The Patient'S Tumor-Specific Cancer Marker Information Obtained From Previous Laboratory Testing Which Have Been Previously Interpreted And Reported Separately Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Us	\$310.32 Price by Report \$45.00 Price by Report

Code	Description	Fee
0800T	Transcatheter Removal Of The Right Ventricular Component Of A Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy	Price by Report
0801T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Atrial And Right Ventricular Components	Price by Report
	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Atrial Component	Price by Report
	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Ventricular Component	Price by Report
	In-Person Programming Device Evaluation Of Dual-Chamber Leadless Pacemaker With Adjustment Of The Device To Test Function And To	Thoo by Hopon
_	Select Optimal Permanent Values, With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional	\$69.85
0805T	Implantation Of A Superior And Inferior Vena Cava Artificial Valve Using The Femoral Vein Through The Skin	Price by Report
0806T	Open Implantation Of A Superior And Inferior Vena Cava Artificial Valve Using The Femoral Vein	Price by Report
0807T	Analysis Of Lung Tissue Ventilation Using Software-Based Processing Of Cinefluorography Images And Previously Acquired Ct Images, Including Data Preparation And Transmission, Evaluation Of Lung Tissue Ventilation Data, Review, Interpretation, And Report	Price by Report
	Analysis Of Lung Tissue Ventilation Using Software-Based Processing Of Cinefluorography Images And Ct Images Taken For The Purpose Of Lung Tissue Ventilation Analysis, Including Data Preparation And Transmission, Evaluation Of Lung Tissue Ventilation Data, Review,	
	Interpretation, And Report Subretinal Injection Of A Drug, Including Vitrectomy And Retinotomy	Price by Report \$778.83
	Set-Up And Education On Use Of Equipment For Remoted Electronic Assessment Of Bladder Emptying	Price by Report
	Device Supply And Report Generation For Remote Electronic Assessment Of Bladder Emptying For Up To 10 Days	Price by Report
	Volume Adjustment Of Intragastric Bariatric Balloon Using A Flexible Endoscope Through The Mouth	Price by Report
	Injection Through The Skin Of Calcium-Based Osteoconductive Material To Repair Upper Thigh Bone	Price by Report
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0815T	Ultrasound-Based Radiofrequency Echographic Multi-Spectrometry Scan For Measuring Bone Loss In Hips, Pelvis, Or Spine	Price by Report
	Insertion Or Replacement Of Integrated Posterior Tibial Nerve Stimulating System Under The Skin, For Bladder Dysfunction	\$103.37
	Insertion Or Replacement Of Integrated Posterior Tibial Nerve Stimulating System Under Muscle, For Bladder Dysfunction	Price by Report
	Revision Or Removal Of Integrated Posterior Nerve Stimulating System Under Skin, For Bladder Dysfunction	\$384.04
0819T	Revision Or Removal Of Integrated Posterior Nerve Stimulating System Under Muscle, For Bladder Dysfunction	Price by Report
0820T	Continuous In-Person Monitoring And Intervention During Psychedelic Medication Therapy, First Physician Or Other Qualified Health Care Professional, Each Hour	Price by Report
	Continuous In-Person Monitoring And Intervention During Psychedelic Medication Therapy, Second Physician Or Other Qualified Health Care	
	Professional Working With The First Physician Or Other Qualified Health Care Professional, Each Hour Continuous In-Person Monitoring And Intervention During Psychedelic Medication Therapy Clinical Staff Working With The First Physician Or	Price by Report
	Other Qualified Health Care Professional, Each Hour	Price by Report
0823T	Insertion Of Permanent Single-Chamber Leadless Pacemaker For Pacing The Right Upper Heart Chamber Using Imaging Guidance	\$389.05
	Removal Of Permanent Single-Chamber Leadless Pacemaker For Pacing The Right Upper Chamber Of The Heart Using Imaging Guidance Removal And Replacement Of Single-Chamber Permanent Leadless Pacemaker For Pacing The Right Upper Chamber Of The Heart Using	Price by Report
	Imaging Guidance	Price by Report
	In-Person Device Evaluation Of Single-Chamber Leadless Pacemaker System	\$57.39
	Digitization Of Glass Microscope Slides For Cytopathology Of Fluids, Washings, Or Brushings, Smears	Price by Report
	Digitization Of Glass Microscope Slides For Cytopathology Of Fluids, Washings, Or Brushings, Simple Filter Method	Price by Report
	Digitization Of Glass Microscope Slides For Cytopathology, Concentration Technique	Price by Report
0830T	Digitization Of Glass Microscope Slides For Cytopathology, Selective-Cellular Enhancement Technique	Price by Report
0831T	Digitization Of Glass Microscope Slides For Cytopathology Of Cervical Or Vaginal Specimen	Price by Report
0832T	Digitization Of Glass Microscope Slides For Cytopathology, Smears Requiring Screening And Interpretation	Price by Report
0833T	Digitization Of Glass Microscope Slides For Cytopathology, Smears Requiring Preparation, Screening And Interpretation	Price by Report
	Digitization Of Glass Microscope Slides For Cytopathology, Smears Requiring Extended Study Of Over 5 Slides And/Or Multiple Stains	Price by Report
	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate, First Evaluation	Price by Report
	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate, Each Additional Evaluation	Price by Report
	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate	Price by Report
	Digitization Of Glass Microscope Slides For Consultation And Report On Slides Prepared Elsewhere	Price by Report
	Digitization Of Glass Microscope Slides For Consultation And Report Requiring Preparation Of Slides Using Referred Material	Price by Report
	Digitization Of Glass Microscope Slides For Consultation, Comprehensive Review	Price by Report
	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, First Tissue Block	Price by Report
	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, Each Additional Tissue Block	Price by Report
0843T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, Cytologic Examination Of Initial Site	Price by Report
0844T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, Cytologic Examination Of Each Additional Site	Price by Report
	Digitization Of Glass Microscope Slides For Immunofluorescence, Initial Single Antibody Stain Procedure	Price by Report
	Digitization Of Glass Microscope Slides For Immunofluorescence, Each Additional Antibody Stain Procedure	Price by Report
	Digitization Of Glass Microscope Slides For Examination And Selection Of Retrieved Archival Tissue(S) For Molecular Analysis	Price by Report
	Digitization Of Glass Microscope Slides For In Situ Hybridization, Initial Single Probe Stain Procedure	Price by Report
0849T	Digitization Of Glass Microscope Slides For In Situ Hybridization, Each Additional Single Probe Stain Procedure	Price by Report
0850T	Digitization Of Glass Microscope Slides For In Situ Hybridization, Each Multiplex Probe Stain Procedure	Price by Report
	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Initial Manual Single Probe Stain Procedure	Price by Report
	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Each Additional Manual Single Probe Stain Procedure	
		Price by Report
0854T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Each Manual Multiplex Probe Stain Procedure Digitization Of Glass Microscope Slides For Peripheral Blood Smear	Price by Report Price by Report
0855T	Digitization Of Glass Microscope Slides For Bone Marrow Smear	Price by Report
0856T	Digitization Of Glass Microscope Slides For Diagnostic Electron Microscopy	Price by Report
0857T	Opto-Acoustic Imaging Of The Breast Using Software Processing Of Imaging Data	Price by Report
0858T	External Application Of Magnetic Field To Stimulate Nerve Cells In The Brain With Measurement Of Electrical Activity In The Brain	Price by Report

Code		_
	Description	Fee
0859T	Noncontact Near-Infrared Spectroscopy With Image Acquisition, Interpretation And Report, Each Additional Anatomic Site Noncontact Near-Infrared Spectroscopy With Provocative Maneuvers, Image Acquisition, Interpretation And Report For Screening For	\$21.52
0860T	Peripheral Arterial Disease	Price by Report
	Removal Of Battery And Transmitter Of Wireless Cardiac Stimulator For Pacing Of Left Lower Chamber Of Heart	Price by Report
	Relocation Of Battery Of Wireless Cardiac Stimulator For Pacing Of Left Lower Chamber Of Heart	Price by Report
	Relocation Of Transmitter Of Wireless Cardiac Stimulator For Pacing Of Left Lower Chamber Of Heart	Price by Report
0864T	Low Energy Shockwave Therapy Of Penis	Price by Report
0865T	Quantitative Mri Of The Brain With Comparison To Previous Mri Scan Without Mri Scan Performed During The Same Visit	Price by Report
0866T	Quantitative Mri Of The Brain With Comparison To Previous Mri Scan With Mri Scan Performed During The Same Visit	\$179.40
	Implantation Of Subcutaneous Peritoneal Ascites Pump System Through The Skin, Including Pump-Pocket Creation, Insertion Of Tunneled	
0870T	Indwelling Bladder And Peritoneal Catheters With Pump Connections, Including All Imaging And Initial Programming	Price by Report
0071T	Replacement Of A Peritoneal Ascites Pump Under The Skin, Including Reconnection Between Pump And Indwelling Bladder And Peritoneal	Drice by Depart
0871T	Catheters, Including Initial Programming And Imaging, When Performed Replacement Of Permanent Bladder And Peritoneal Catheters, Including Tunneling Of Catheter(S) And Connection With Previously Implanted	Price by Report
0872T	Peritoneal Ascites Pump, Including Imaging And Programming, When Performed	Price by Report
00121	Revision Of A Peritoneal Ascites Pump System Under The Skin, Any Component (Ascites Pump, Associated Peritoneal Catheter, Associated	T floo by Proport
0873T	Bladder Catheter), Including Imaging And Programming, When Performed	Price by Report
	Removal Of A Peritoneal Ascites Pump System, Including Implanted Peritoneal Ascites Pump And Permanent Bladder And Peritoneal	
0874T	Catheters	Price by Report
0875T	Programming Of Peritoneal Ascites Pump System Implanted Under The Skin, By Physician Or Other Qualified Health Care Professional	Price by Report
0040T	Transcatheter Therapeutic Drug Delivery By Intracoronary Drug-Delivery Balloon, With Imaging Supervision, Interpretation, And Report,	Delay by Danier
0913T	Performed On A Single Major Coronary Artery Or Branch Transcatheter Therapeutic Drug Delivery By Intracoronary Drug-Delivery Balloon, Performed On A Separate Target Lesion From The Target	Price by Report
0914T	Lesion Treated With Balloon Angioplasty, Coronary Stent Placement Or Coronary Atherectomy	Price by Report
55141	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Pulse Generator And Dual Transvenous	i noo by Report
0915T	Electrodes/Leads	Price by Report
0916T	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Pulse Generator Only	Price by Report
0917T	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Single Transvenous Lead Only	Price by Report
0918T	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Dual Transvenous Leads Only	Price by Report
0919T	Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Pulse Generator Only	Price by Report
0920T	Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Single Transvenous Pacing Lead Only	Price by Report
0004T	Permanent Of A Dermanent Cordine Contractifity Madulation Definillation Custom Company (C) Single Transport on Definillation Load Only	Dries hu Danast
0921T 0922T	Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Single Transvenous Defibrillation Lead Only Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Dual Transvenous Leads Only	Price by Report Price by Report
0923T	Removal And Replacement Of Permanent Cardiac Contractility Modulation-Defibrillation Pulse Generator Only	Price by Report
0924T	Repositioning Of Previously Implanted Cardiac Contractility Modulation-Defibrillation Transvenous Electrode(S)/Lead(S)	Price by Report
0925T	Relocation Of Skin Pocket For Implanted Cardiac Contractility Modulation-Defibrillation Pulse Generator	Price by Report
	In Person Programming Device Evaluation With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And	,
0926T	Select Optimal Permanent Programmed Values With Analysis	Price by Report
	In Person Interrogation Device Evaluation Of Implantable Cardiac Contractility Modulation-Defibrillation System With Analysis, Review, And	
0927T	Report, Per Patient Encounter	Price by Report
	Remote Interrogation Device Evaluation, Up To 90 Days, Cardiac Contractility Modulation-Defibrillation System With Interim Analysis And	B: 1 B
0928T	Report(S) Remote Interrogation Device Evaluation, Up To 90 Days, Cardiac Contractility Modulation-Defibrillation System, Remote Data Acquisition(S),	Price by Report
0929T	Remote interrogation bevice Evaluation, up 10 90 Days, Cardiac Contractility Modulation-Bellomitation System, Remote Data Acquisition(5), Receipt Of Transmissions, Technician Review, Technical Support, And Distribution Of Results	
03231		Drice by Penort
0930T	Hectrophysiologic Evaluation Of Cardiac Contractility Modulation-Detinfliator Leads. At Time Of Initial Implantation Of Replacement With	Price by Report
	Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, At Time Of Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator	•
	Electrophysiologic Evaluation of Cardiac Contractility Modulation-Defibrillator Leads, At Time Of Initial Implantation of Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With	Price by Report
	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator	•
0931T 0944T	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin	Price by Report
0931T 0944T 0946T	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure	Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter	Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5)	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5)	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100 A4261	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100 A4261 A4266	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use	Price by Report Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100 A4261 A4266 A4267 A4268	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100 A4266 A4266 A4267 A4268 A4268	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2020 A2020 A2020 A2026 A4100 A4261 A4266 A4268 A4269 A9156	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report
0931T 0944T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100 A4261 A4266 A4267 A4269 A4269 A9156 A9292	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Microlyte Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report Price by Report
0931T 0944T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100 A4261 A4266 A4267 A4268 A4268 A4268 A4268 A4268 A4268 A9506	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Mil Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment Graphite Crucible For Preparation Of Technetium Tc 99M-Labeled Carbon Aerosol, One Crucible	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report Price by Report Price by Report
0931T 0944T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A4000 A4261 A4266 A4267 A4268 A4269 A9292 A9506 A9601	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment Graphite Crucible For Preparation Of Technetium Tc 99M-Labeled Carbon Aerosol, One Crucible Flortaucipir F 18 Injection, Diagnostic, 1 Millicurie	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report
0931T 0944T 0944T A2002 A2005 A2006 A2007 A2011 A2012 A2026 A4026 A4100 A4261 A4266 A4267 A4268 A4269 A9156 A9902 A9906 A99001 A9603	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 MI Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment Graphite Crucible For Preparation Of Technetium Tc 99M-Labeled Carbon Aerosol, One Crucible Flotaucipir F 18 Injection, Diagnostic, 1 Millicurie Injection, Pafolacianine, 0.1 Mg	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4261 A4266 A4267 A4268 A4269 A9156 A9292 A9506 A9603 A9609	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment Graphite Crucible For Preparation Of Technetum Tc 99M-Labeled Carbon Aerosol, One Crucible Flortaucipir F 18 Injection, Diagnostic, 1 Millicurie Injection, Pafolacianine, 0.1 Mg Fludeoxyglucose F18 Up To 15 Millicuries	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2026 A4100 A4261 A4266 A4267 A4268 A4269 A9156 A9292 A9506 A9609 A9610	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Suprathel, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment Graphite Crucible For Preparation Of Technetum To 99M-Labeled Carbon Aerosol, One Crucible Flortaucipir F 18 Injection, Diagnostic, 1 Millicurie Injection, Pafolacianine, 0.1 Mg Fludeoxyglucose F18 Upperpolarized Gas, Diagnostic, Per Study Dose	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report
0931T 0944T 0946T A2002 A2005 A2006 A2007 A2011 A2012 A2020 A2020 A2020 A2020 A2020 A2020 A2020 A2020 A2020 A4100 A4261 A4268 A4269 A9156 A9601 A9603 A9600 A9610 A9611	Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Separate From Initial Implantation Or Replacement With Testing Of Cardiac Contractility Modulation-Defibrillator Pulse Generator 3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Microwave Destruction Though Skin Orthopedic Implant Movement Analysis Using Paired Ct Examination Of The Target Structure Mirragen Advanced Wound Matrix, Per Square Centimeter Microlyte Matrix, Per Square Centimeter Novosorb Synpath Dermal Matrix, Per Square Centimeter Restrata, Per Square Centimeter Supra Sdrm, Per Square Centimeter Supra Sdrm, Per Square Centimeter Ac5 Advanced Wound System (Ac5) Restrata Minimatrix, 5 Mg Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified Cervical Cap For Contraceptive Use Diaphragm For Contraceptive Use Diaphragm For Contraceptive Use Contraceptive Supply, Condom, Male, Each Contraceptive Supply, Condom, Female, Each Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment Graphite Crucible For Preparation Of Technetum Tc 99M-Labeled Carbon Aerosol, One Crucible Flortaucipir F 18 Injection, Diagnostic, 1 Millicurie Injection, Pafolacianine, 0.1 Mg Fludeoxyglucose F18 Up To 15 Millicuries	Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report Price by Report \$52.28 \$46.91 \$2.03 \$3.87 \$14.09 Price by Report

Code	Description	Fee
	Description Supply Of Injectable Contrast Material For Use In Echocardiography, Per Study	\$286.66
	Deep Sedation/General Anesthesia - First 15 Minutes	\$264.90
	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$203.54
	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$194.24
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$145.97
	Individual Counseling For Pre-Exposure Prophylaxis (Prep) By Physician Or Qualified Health Care Professional (Qhp)To Prevent Human Immunodeficiency Virus (Hiv), Includes Hiv Risk Assessment (Initial Or Continued Assessment Of Risk), Hiv Risk Reduction An	\$22.73
G0012	Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle Individual Counseling For Pre-Exposure Prophylaxis (Prep) By Clinical Staff To Prevent Human Immunodeficiency Virus (Hiv), Includes: Hiv	\$11.77
	Risk Assessment (Initial Or Continued Assessment Of Risk), Hiv Risk Reduction And Medication Adherence	\$20.45
	Cervical Or Vaginal Cancer Screening; Pelvic And Clinical Breast Examination	\$42.57
	Prostate Cancer Screening; Digital Rectal Examination	\$22.03
	Colorectal Cancer Screening; Flexible Sigmoidoscopy	\$178.74
	Colorectal Cancer Screening; Colonoscopy On Individual At High Risk Glaucoma Screening For High Risk Patients Furnished By An Optometrist Or Ophthalmologist	\$413.20 \$60.07
	Glaucoma Screening For High Risk Patients Furnished Under The Direct Supervision Of An Optometrist Or Ophthalomologist	\$40.34
	Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk	\$330.69
	Facility, Each 10 Minutes Beyond The First 5 Minutes	\$8.51
G0129	Occupational Therapy Services Requiring The Skills Of A Qualified Occupational Therapist, Furnished As A Component Of A Partial Hospitalization Or Intensive Outpatient Treatment Program, Per Session (45 Minutes Or More) Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist,	Price by Report
G0130	Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes	\$34.57
	Services Performed by A Qualified Physical Therapist in The Home Health Or Hospice Setting, Each 15 Minutes Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes	\$29.67 \$29.67
	Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes	\$23.52
	Services of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes	\$32.57
	Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes	\$10.88
	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	\$25.68
	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	\$25.68
	Services Performed By A Qualified Physical Therapist, In The Home Health Settin , In Establishment/Delivery Of Safe P.E. Maintenance Program, Each 15 Min	Price by Report
	Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In Establishment/Delivery Of O.T. Maintenance Program, Each 15 Min	Price by Report
	External Counterpulsation, Per Treatment Session	\$101.70
G0175	Scheduled Interdisciplinary Team Conference (Minimum Of Three Exclusive Of Patient Care Nursing Staff) With Patient Present	Price by Report
G0186	Destruction Of Localized Lesion Of Choroid (For Example, Choroidal Neovascularization); Photocoagulation, Feeder Vessel Technique (One Or More Sessions)	\$848.93
G0237	Therapeutic Procedures To Increase Strength Or Endurance Of Respiratory Muscles, Face To Face, One On One, Each 15 Minutes (Includes Monitoring)	\$10.00
G0238	Therapeutic Procedures To Improve Respiratory Function, Other Than Described By G0237, One On One, Face To Face, Per 15 Minutes (Includes Monitoring)	\$9.60
G0239	Therapeutic Procedures To Improve Respiratory Function Or Increase Strength Or Endurance Of Respiratory Muscles, Two Or More Individuals (Includes Monitoring)	\$12.21
	Prostate Brachytherapy Using Permanently Implanted Palladium Seeds, Including Transperitoneal Placement Of Needles Or Catheters Into	
G0256	The Prostate, Cystoscopy And Application Of Permanent Interstitial Radiation Source Unscheduled Or Emergency Dialysis Treatment For An Esrd Patient In A Hospital Outpatient Department That Is Not Certified As An Esrd	Price by Report
G0257		Price by Report
	Injection Procedure For Sacroiliac Joint; Arthrograpy	Price by Report
	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent And Arthrography Removal Of Impacted Cerumen (One Or Both Ears) By Physician On Same Date Of Service As Audiologic Function Testing	Price by Report \$50.41
	Placement Of Occlusive Device Into Either A Venous Or Arterial Access Site, Post Surgical Or Interventional Procedure (E.G. Angioseal Plug,	·
	Vascular Plug) Hyperharic Ovygen Linder Pressure, Full Rody Chamber, Per 30 Minute Interval	Price by Report
	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval Iliac Artery Angiography Performed At The Same Time Of Cardiac Catheterization, Includes Catheter Placement, Injection Of Dye, Radiologic	\$170.28
	Supervision And Interpretation And Production Of Images (List Separately In Addition To Primary Procedure)	\$11.92
	Diagnostic Digital Breast Tomosynthesis, Unilateral Or Bilateral (List Separately In Addition To 77065 Or 77066) Reconstruction, Computed Tomographic Angiography Of Aorta For Surgical Planning For Vascular Surgery	\$46.65 \$37.58
	Noncovered Surgical Procedure(S) Using Conscious Sedation, Regional, General Or Spinal Anesthesia In A Medicare Qualifying Clinical Trial, Per Day	Price by Report
	Noncovered Procedure(S) Using Either No Anesthesia Or Local Anesthesia Only, In A Medicare Qualifying Clinical Trial, Per Day	Price by Report
	Insertion Of Dual Chamber Pacing Cardioverter Defibrillator Pulse Generator	Price by Report
	Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting, Each 15 Minutes Direct Skilled Nursing Services Of A Licensed Practical Nurse (Lpn) In The Home Health Or Hospice Setting, Each 15 Minutes	\$22.60
	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, Complete Course Of Services, To Include A Minimum Of 16 Days Of	\$18.83
	Services Pro Operative Bulmanary Surgery Services For Proparation For Lyrs, 10 To 15 Days Of Services	Price by Report
	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 10 To 15 Days Of Services Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 1 To 9 Days Of Services	Price by Report
	Post-Discharge Pulmonary Surgery Services After Lvrs, Minimum Of 6 Days Of Services	Price by Report Price by Report
	Immunization Counseling By A Physician Or Other Qualify Ed Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service For Ages Under 21, 5 To 15 Mins Time (This Code Is Used For Medicaid Billing Purposes)	\$6.02
	Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service For Ages Under 21, 16-30 Mins Time (This Code Is Used For Medicaid Billing Purposes)	\$12.03

Code	Description	Fee
	Prolonged Nursing Facility Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualified Healthcare Professional, With Or Without Direct Patient Contact (List Separately In Addition To Cpt Codes 99306, 99310 For Nursing Facility Evaluation And Management Services). (Do Not Report G0317 On The Same Date Of Service As Other Prolonged Services For Evaluation	
G0317	And Management 99358, 99359, 99418). (Do Not Report G0317 For Any Time Unit Less Than 15 Minutes)	\$27.89
G0318	Prolonged Home Or Residence Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualified Healthcare Professional, With Or Without Direct Patient Contact (List Separately In Addition To Cpt Codes 99345, 99350 For Home Or Residence Evaluation And Management Services). (Do Not Report G0318 On The Same Date Of Service As Other Prolonged Services For Evaluation And Management 99358, 99359, 99417). (Do Not Report G0318 For Any Time Unit Less Than 15 Minutes)	\$27.28
G0330	Facility Services For Dental Rehabilitation Procedure(S) Performed On A Patient Who Requires Monitored Anesthesia (E.G., General, Intravenous Sedation (Monitored Anesthesia Care) And Use Of An Operating Room	Price by Report
G0339	Fractionated Treatment	\$1,042.69
	Fractionated Treatment, All Lesions, Per Session, Second Through Fifth Sessions, Maximum Five Sessions Per Course Of	\$1,326.33
G0341	Percutaneous Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	\$1,561.26
G0342 G0343	Laparoscopy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion Laparotomy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	\$672.51 \$1,102.92
G0343	Hospital Observation Service, Per Hour	Price by Report
	Direct Admission Of Patient For Hospital Observation Care	Price by Report
G0398	Respiratory Effort And Oxygen Saturation	\$152.07
G0399	Home Sleep Test (Hst) With Type Iii Portable Monitor, Unattended; Minimum Of 4	\$82.87
G0400	Home Sleep Test (Hst) With Type Iv Portable Monitor, Unattended; Minimum Of 3 Channels Electrocardiogram, Routine Ecg With 12 Leads; Tracing Only, Without Interpretation And Report, Performed As A Screening For The Initial	\$81.17
G0404	Preventive Physical Examination	\$5.67
	Electrocardiogram, Routine Ecg With 12 Leads; Interpretation And Report Only, Performed As A Screening For The Initial Preventive Physical Examination	\$7.63
	Group Psychotherapy Other Than Of A Multiple-Family Group, In A Partial Hospitalization Or Intensive Outpatient Setting, Approximately 45 To	·
	50 Minutes	Price by Report
G0411	Interactive Group Psychotherapy, In A Partial Hospitalization Or Intensive Outpatient Setting, Approximately 45 To 50 Minutes Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fracture(S), Unilateral Or Bilateral For Pelvic Bone Fracture Patterns	Price by Report
G0412	Which Do Not Disrupt The Pelvic Ring Includes Internal Fixation, When Performed	\$658.41
	Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns Which Disrupt The Pelvic Ring, Unilateral Or Bilateral, (Includes Ilium, Sacroiliac Joint And/Or Sacrum)	\$1,002.95
	Bilateral, Includes Internal Fixation When Performed (Includes Pubic Symphysis And/Or Superior/Inferior Rami)	\$947.23
	Bilateral, Includes Internal Fixation, When Performed (Includes Ilium, Sacroiliac Joint And/Or Sacrum)	\$1,236.59
G0416	Surgical Pathology, Gross And Microscopic Examinations, For Prostate Needle Biopsy, Any Method	\$336.45
	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A Result Of Highly Active Antiretroviral Therapy)	\$91.18
	And Guidance On How To Change Sexual Behavior; Performed Semi-Annually, 30 Minutes Annual Face-To-Face Obesity Screening, 15 Minutes	\$25.31 Price by Report
	Collection Of Venous Blood By Venipuncture Or Urine Sample By Catheterization From An Individual In A Skilled Nursing Facility (Snf) Or By A	
G0471	Laboratory On Behalf Of A Home Health Agency (Hha) Pump/Supplies, With Continuation Of The Infusion In The Community Setting (E.G., Home, Domiciliary, Rest Home Or Assisted Living	\$11.09
	Services Performed By A Physical Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Physical Therapy	\$154.75
G2168	Maintenance Program, Each 15 Minutes Services Performed By An Occupational Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Occupational	Price by Report
	Therapy Maintenance Program, Each 15 Minutes	Price by Report
	Ultrasonic Guidance For Placement Of Radiation Therapy Fields	\$161.23
	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy	\$74.61
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 6-10 Mev	\$142.04 \$125.95
	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 11-19 Mev	\$126.29
		·
	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 20 Mev Or Greater	\$125.29
G6007	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: Up To 5 Mev	\$229.48
G6008	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 6-10 Mev	\$173.68
G6009	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 11-19 Mev Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 20 Mev Or	\$173.35
G6010	Greater Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam,	\$172.02
G6011	Compensators, Electron Beam; Up To 5 Mev	\$228.61
G6012	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 6-10 Mev	\$228.94
G6013	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 11-19 Mev	\$229.94
	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam,	
G6014		\$228 27
G6014	Compensators, Electron Beam; 20 Mev Or Greater Intensity Modulated Treatment Delivery, Single Or Multiple Fields/Arcs, Via Narrow Spatially And Temporally Modulated Beams, Binary, Dynamic	\$228.27 \$353.43
	Compensators, Electron Beam; 20 Mev Or Greater	\$228.27 \$353.43

Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg.3D Positional Tracking, Gating, Geol 17 3) Surface Tracking), Each Fraction Of Treatment \$95.86 (2013) Screening For Depression Is Documented As Being Positive And A Follow-Up Plan Is Not Required Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Price by Report Score (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Cada	Description	Faa
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Price by Report	G8510	Screening For Depression Is Documented As Negative, A Follow-Up Plan Is Not Required	\$0.00
93151 MPCP Demonstration - State Provided Services 93102 MPCP Demonstration - State Provided Services 93102 MPCP Demonstration - State Provided Services 93102 MPCP Demonstration - State Provided Services 93252		Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than	
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Proce by Report			Price by Report
Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Police by Report 10:004 New Technology Intraocular Lens Category 4 As Defined in Federal Register Notice			
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2010000 New Technology Intraocular Lens Category 5 As Defined In Federal Register Notice Price by Report 202004 Irgation Solution For Treatment Of Blodder Cocilul, For Example Renaddin Per 500MI Price by Report 20205 Services, Supplies And Accessories Used in The Home For The Administration Of Intravenous Immune Globulin (Ivig) Price by Report 20301 Radiocelements For Brachytherapy, Any Type Price by Report 20303 Collagen Six Test \$3.171 203031 Collagen Six Test \$5.374 204002 Cast Supplies, Body Cast Adult, With Or Without Head, Plaster \$5.374 204002 Cast Supplies, Body Cast Adult, With Or Without Head, Plaster \$5.35.374 204002 Cast Supplies, Body Cast Adult, With Or Without Head, Plaster \$3.85.85 204003 Cast Supplies, Long Arm Cast, Adult (11 Years +) Plaster \$3.85.85 204004 Cast Supplies, Long Arm Cast, Adult (11 Years +) Plaster \$14.23 204005 Cast Supplies, Long Arm Cast, Pediatric (0 -10 Years), Plaster \$7.71 204006 Cast Supplies, Long Arm Cast, Pediatric (0 -10 Years), Plaster \$2.2.16 204007 Cast Supplies, Solut Arm Cast, Pediatric (0 -10 Years), Plaster \$3.			
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24000 Cast Supplies, Short Arm Cast, Adult (11 Years +), Piberglass \$22.16	Q4007	Cast Supplies, Long Arm Cast, Pediatric (0-10 Years), Plaster	\$7.11
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Q4045 Cast Supplies, Short Leg Splint, Adult (11 Years+), Plaster \$12.74	Q4044	Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Fiberglass	\$18.77
	Q4045	Cast Supplies, Short Leg Splint, Adult (11 Years+), Plaster	\$12.74

	Description	Fee
	Cast Supplies, Short Leg Splint, Adult (11 Years+), Fiberglass	\$20.49
	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster	\$6.35
	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass)	\$10.26
	Finger Splint, Static	\$2.31
Q4051	Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fasteners, Padding And Other Supplies) Signature Apatch, Per Square Centimeter	Price by Report
	Tag, Per Square Centimeter	Price by Report
	American Amnion Ac Tri-Layer, Per Square Centimeter	Price by Report
		Price by Report
	American Amnion Ac, Per Square Centimeter American Amnion, Per Square Centimeter	Price by Report
	Sanopellis, Per Square Centimeter	Price by Report
	Via Matrix, Per Square Centimeter	Price by Report
	Procenta, Per 100 Mg	Price by Report \$2154.98
	Medical Home Program, Comprehensive Care Coordination And Planning, Initial Plan	\$100.00
	Medical Home Program, Comprehensive Care Coordination And Planning, Maintenance Of Plan	\$50.00
	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline	Price by Report
	Repair, Congenital Cystic Adenomatoid Malformation In The Fetus, Procedure Performed In Utero	Price by Report
32402	Newborn Metabolic Screening Panel, Includes Test Kit, Postage And The Following Tests: Hemoglobin, Electrophoresis; Hydroxyprogesterone;	File by Report
S3620	17-D; Phenalanine (Pku); And Thyroxine, Total	\$106.00
	Emergency Response System, Installation And Testing	\$37.75
	Home Delivered Meals, Including Preparation Per Meal	\$11.20
S5170	Wellness Assessment, Performed By Nonphysician	Price by Report
00100	Tomico Nacedinent, Tenentica by Neinphysiaian	T fice by Report
S5498	Home Infusion Therapy, Catheter Care / Maintenance, Simple (Single Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Pe	\$76.16
S5501	Home Infusion Therapy, Catheter Care / Maintenance, Complex (More Than One Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$51.32
S8999	Resuscitation Bag (For Use By Patient On Artificial Respiration During Power Failure Or Other Catastrophic Event)	Price by Report
	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); Administrative Services, Professional Pharmacy Services, Care Coordination, And All	
S9364	Necessary Supplies And Equipment (Includes Standard Tpn Formula - Lipids, Specialty Amino Acid Formulas, Drugs, And Nu	Price by Report
S9432	Medical Foods For Non-Inborn Errors Of Metabolism	Price by Report
S9433	Medical Food Nutritionally Complete, Administered Orally, Providing 100% Of Nutritional Intake	Price by Report
S9434	Modified Solid Food Supplements For Inborn Errors Of Metabolism	Price by Report
S9435	Medical Foods For Inborn Errors Of Metabolism	\$8.53
S9484	Crisis Intervention Mental Health Services, Per Hour	\$32.56
S9500	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$295.42
S9501	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$313.89
S9502	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$360.51
	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative Services, Professional Pharmacy Services,	
S9503	Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 4 Hours; Administrative Services, Professional Pharmacy Services,	\$560.16
S9504	Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$525.96
	Nursing Evaluation Or Assessment	\$10.40
T1002	Rn Services Up To 15 Minutes.	Price by Report
T1502	Administration Of Oral, Intramuscular And/Or Subcutaneous Medication By Health Care Agency/Professional, Per Visit	Price by Report
T1015	Clinic Visit/Encounter, All-Inclusive	Price by Report
T1017	Targeted Case Management, Each 15 Minutes	\$16.87
	Intensive, Extended Multidisciplinary Services Provided In A Clinic Setting To Children With Complex Medical, Physical, Mental And	
T1025	Psychosocial Impairments, Per Diem	Price by Report
T1032	Services performed by a doula birth worker, per 15 minutes	\$16.87
	Services performed by a doula birth worker, per diem	\$600.00
	Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Agency/Professional, Per Visit	Price by Report
	Nonemergency Transportation; Encounter/Trip	\$546.00
	Targeted Case Management; Per Month	Price by Report
	Service Assesment/Plan Of Care Development, Waiver	Price by Report
	Frames, Complete	\$77.50
	Not Otherwise Classified, Single Vision Lens	\$41.45
	Lenticular Lens, Per Lens, Bifocal	\$96.11
	Specialty Bifocal (By Report)	\$62.20
	Specialty Trifocal (By Report)	\$84.06
	Variable Asphericity Lens, Single Vision, Full Field, Glass Or Plastic, Per Lens	\$128.30
	Variable Asphericity Lens, Bifocal, Full Field, Glass Or Plastic, Per Lens	\$132.00
	Contact Lens, Gas Permeable, Spherical, Per Lens	\$130.67
V2520	Contact Lens Hydrophilic, Spherical, Per Lens	\$110.01
		\$213.03
V2521	Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per Lens	
V2521 V2524	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens	\$127.31
V2521 V2524 V2530	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens Contact Lens, Scleral, Per Lens (For Contact Lens Modification, See 92325)	\$127.31 \$256.05
V2521 V2524 V2530 V2531	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens	\$127.31

Code	Description	Fee
V2623	Prosthetic Eye, Plastic, Custom	\$1,113.25
V2624	Polishing/Resurfacing Of Ocular Prosthesis	\$81.67
V2625	Enlargement Of Ocular Prosthesis	\$526.01
V2626	Reduction Of Ocular Prosthesis	\$233.85
V2627	Scleral Cover Shell	\$1,766.25
V2628	Fabrication And Fitting Of Ocular Conformer	\$427.93
V2630	Anterior Chamber Intraocular Lens	\$125.57
V2631	Iris Supported Intraocular Lens	\$125.57
V2632	Posterior Chamber Intraocular Lens	\$156.96
V2710	Slab Off Prism, Glass Or Plastic. Per Lens	\$82.97
V2715	Prism, Per Lens	\$12.27
V2718	Press-On Lens, Fresnell Prism, Per Lens	\$30.12
V2744	Tint, Photochromatic, Per Lens	\$17.49
V2745	Addition To Lens; Tint, Any Color, Solid, Gradient Or Equal, Excludes Photochromatic, Any Lens Material, Per Lens	\$11.08
V2750	Anti-Reflective Coating, Per Lens	\$20.13
V2781	Progressive Lens, Per Lens	\$81.49
V2784	Lens, Polycarbonate Or Equal, Any Index, Per Lens	\$50.66
V2785	Processing, Preserving And Transporting Corneal Tissue	Price by Report
V2799	Vision Item Or Service, Miscellaneous	Price by Report
	Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction,	
V5000	Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape	\$174.55
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction	Price by Report
V5095	Semi-Implantable Middle Ear Hearing Prosthesis	Price by Report
V5336	Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid) See 67:16:29:02.10	Price by Report
V5362	Speech Screening	Price by Report
V5363	Language Screening	Price by Report
V5364	Dysphagia Screening	Price by Report