

**South Dakota Medicaid
Physician Services Fee Schedule**
Effective July 1, 2024

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](#).

Code	Description	Fee
01999	Unlisted Anesthesia Procedure(S)	Price by Report
10004	Fine Needle Aspiration Of Additional Lesion	\$ 47.03
10005	Fine Needle Aspiration Of First Lesion Using Ultrasound Guidance	\$ 130.86
10006	Fine Needle Aspiration Of Additional Lesion Using Ultrasound Guidance	\$ 57.86
10007	Fine Needle Aspiration Of First Lesion Using Fluoroscopic Guidance	\$ 290.71
10008	Fine Needle Aspiration Of Additional Lesion Using Fluoroscopic Guidance	\$ 154.94
10009	Fine Needle Aspiration Of First Lesion Using Ct Guidance	\$ 379.10
10010	Fine Needle Aspiration Of Additional Lesion Using Ct Guidance	\$ 230.36
10011	Fine Needle Aspiration Of First Lesion Using Mr Guidance	\$ 173.44
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
10035	Placement Of Soft Tissue Locating Device Using X-Ray, First Growth	\$ 400.88
10036	Placement Of Soft Tissue Locating Device Using X-Ray, Each Additional Growth	\$ 292.54
10040	Acne Surgery (Eg, Marsupialization, Opening Or Removal Of Multiple Milia, Comedones, Cysts, Pustules)	\$ 103.01
10060	Simple Or Single Drainage Of Skin Abscess	\$ 112.34
10061	Complicated Or Multiple Drainage Of Skin Abscess	\$ 193.46
10080	Simple Drainage Of Cyst Of Tailbone	\$ 222.18
10081	Complicated Drainage Of Cyst Of Tailbone	\$ 301.37
10120	Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Simple	\$ 149.70
10121	Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Complex	\$ 257.07
10140	Drainage Of Blood Or Fluid Accumulation	\$ 166.11
10160	Aspiration Of Abscess, Blood, Or Cyst	\$ 125.24
10180	Complex Drainage Of Wound Infection After Surgery	\$ 235.90
11000	Removal Of Inflamed Or Infected Skin, Up To 10% Of Body Surface	\$ 55.51
11001	Removal Of Inflamed Or Infected Skin, Each Additional 10% Of Body Surface Or Less	\$ 24.98
11004	Removal Of Infected Skin, Tissue Or Muscle Of Genitals	\$ 517.77
11005	Removal Of Infected Skin, Tissue Or Muscle Of Abdomen	\$ 693.59
11006	Removal Of Infected Skin, Tissue Or Muscle Of Genitals, Perineum, Or Abdomen	\$ 633.04
11008	Removal Of Infected Artificial Material Or Mesh From Abdomen	\$ 238.95
11010	Debridement Including Removal Of Foreign Material At The Site Of An Open Fracture And/Or An Open Dislocation (Eg, Excisional Debridement); Skin And Subcutaneous Tissues	\$ 432.16
11011	Removal Of Foreign Material From Skin, Tissue, And Muscle At Open Fracture And/Or Dislocation	\$ 479.69
11012	Removal Of Foreign Material From Skin, Tissue, Muscle, And Bone At Open Fracture And/Or Dislocation	\$ 700.73
11042	Removal Of Skin And Tissue, 20.0 Sq Cm Or Less	\$ 114.44
11043	Removal Of Muscle And/Or Tissue, 20.0 Sq Cm Or Less	\$ 224.45
11044	Removal Of Bone, 20.0 Sq Cm Or Less	\$ 287.75
11045	Removal Of Skin And Tissue, Each Additional 20.0 Sq Cm Or Less	\$ 38.30
11046	Removal Of Muscle And/Or Tissue, Each Additional 20.0 Sq Cm Or Less	\$ 68.99
11047	Removal Of Bone, Each Additional 20.0 Sq Cm Or Less	\$ 113.30
11055	Removal Of Noncancer Thickened Skin Growth, 1 Growth	\$ 63.56
11056	Removal Of Noncancer Thickened Skin Growth, 2-4 Growths	\$ 73.56
11057	Removal Of Noncancer Thickened Skin Growth, More Than 4 Growths	\$ 80.26
11102	Tangential Biopsy Of Single Skin Lesion	\$ 98.65
11103	Tangential Biopsy Of Additional Skin Lesion	\$ 44.50
11104	Punch Biopsy Of Single Skin Lesion	\$ 110.79
11105	Punch Biopsy Of Additional Skin Lesion	\$ 52.52
11106	Incisional Biopsy Of Single Skin Lesion	\$ 137.50
11107	Incisional Biopsy Of Additional Skin Lesion	\$ 64.22
11200	Removal Of Skin Tag, 1-15 Skin Tags	\$ 81.92
11201	Removal Of Skin Tag, Each Additional 10 Skin Tags	\$ 17.69
11300	Shaving Of 0.5 Centimeters Or Less Skin Growth Of The Trunk, Arms, Or Legs	\$ 89.18
11301	Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs	\$ 107.50
11302	Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs	\$ 121.39
11303	Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs	\$ 134.02
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	\$ 108.59
11307	Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals	\$ 122.41
11308	Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals	\$ 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
11406	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
11470	Removal Of Skin And Tissue Of Anus Or Navel For Inflamed Sweat Glands With Simple Or Intermediate Repair	\$ 406.03
11471	Removal Of Skin And Tissue Of Anus Or Navel For Inflamed Sweat Glands With Complicated Repair	\$ 479.48
11600	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 4.0 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 4.0 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 (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	\$ 261.97
11643	Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	\$ 296.59
11644	Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	\$ 364.26
11646	Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips	\$ 442.82
11720	Debridement Of Nail(S) By Any Method(S); One To Five	\$ 31.01
11721	Debridement Of Nail(S) By Any Method(S); Six Or More	\$ 43.78
11730	Separation Of Single Nail Plate From Nail Bed	\$ 101.99
11732	Separation Of Additional Nail Plate From Nail Bed	\$ 29.11
11740	Evacuation Of Subungual Hematoma	\$ 51.57
11750	Removal Of Nail	\$ 158.44
11755	Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure)	\$ 108.10
11760	Repair Of Nail Bed	\$ 181.17
11762	Reconstruction Of Nail Bed With Graft	\$ 275.95
11765	Removal Of Skin Of Finger Or Toe Nail	\$ 147.94
11770	Removal Of Tailbone Cyst, Simple	\$ 323.58
11771	Removal Of Tailbone Cyst, Extensive	\$ 543.29
11772	Removal Of Tailbone Cyst, Complicated	\$ 666.41
11900	Injection, Intralesional; Up To And Including Seven Lesions	\$ 54.41
11901	Injection, Intralesional; More Than Seven Lesions	\$ 68.03
11920	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less	\$ 183.91
11921	Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect	\$ 204.11
11922	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)	\$ 59.40
11950	Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 1 Cc Or Less	\$ 74.52
11951	Injection Of 1.1 To 5.0 Cc Filling Material, Beneath The Skin	\$ 99.30
11952	Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 5.1 To 10.0 Cc	\$ 132.36
11954	Injection Of Over 10.0 Cc Filling Material, Beneath The Skin	\$ 145.78
11960	Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion	\$ 879.04
11970	Replacement Of Tissue Expander With Permanent Implant	\$ 535.63
11971	Removal Of Tissue Expanders	\$ 475.95
11976	Removal, Implantable Contraceptive Capsules	\$ 139.29
11980	Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin)	\$ 87.05
11981	Insertion, Non-Biodegradable Drug Delivery Implant	\$ 96.54
11982	Removal, Non-Biodegradable Drug Delivery Implant	\$ 106.24
11983	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant	\$ 135.14

Code	Description	Fee
12001	Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Neck, Underarms, Trunk, Arms And/Or Legs	\$ 91.25
12002	Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs	\$ 109.98
12004	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
12014	Repair Of Wound (5.1 To 7.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$ 128.91
12015	Repair Of Wound (7.6 To 12.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$ 156.89
12016	Repair Of Wound (12.6 To 20.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$ 207.92
12017	Repair Of Wound (20.1 To 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes	\$ 138.93
12018	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	\$ 262.76
12021	Repair Of Separation Of Wound Closure With Insertion Of Packing	\$ 154.54
12031	Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$ 232.34
12032	Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$ 293.85
12034	Repair Of Wound (7.6 To 12.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs	\$ 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
12044	Repair Of Wound (7.6 To 12.5 Centimeters) Of Neck, Hands, Feet, And/Or Genitals	\$ 336.49
12045	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
12051	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
13120	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
14001	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10 Sq Cm To 30 Sq Cm	\$ 750.36
14020	Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of The Scalp, Arms, And/Or Legs	\$ 616.89
14021	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Scalp, Arms, And/Or Legs	\$ 758.24
14040	Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet	\$ 665.92
14041	Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, 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	Filletted 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
15004	Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (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
15040	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less	\$ 251.00
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
15115	Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$ 742.93
15116	Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer	\$ 141.48

Code	Description	Fee
15120	Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$ 731.84
15121	Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (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
15135	Deep Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children)	\$ 817.09
15136	Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq 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)	\$ 733.80
15156	Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 1 Sq Cm To 75 Sq Cm)	\$ 140.72
15157	Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (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	Full Thickness Skin Graft To Nose, Ears, Eyelids, Or Lips, Each Additional 20.0 Sq Cm	\$ 193.85
15271	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs (First 25 Sq Cm Or Less)	\$ 149.60
15272	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs	\$ 23.60
15273	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 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
15275	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 25 Sq Cm Or Less)	\$ 154.87
15276	Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes"	\$ 30.85
15277	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 (First 100 Sq Cm Or 1% Body Area Of Infants And Children)	\$ 325.39
15278	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
15570	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Trunk	\$ 844.17
15572	Creation Of Flap Graft To Scalp, Arms, Or Legs	\$ 811.47
15574	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
15600	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
15620	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	Creation Of Flap Graft To Head And/Or Neck	\$ 974.26
15734	Muscle, Myocutaneous, Or Fasciocutaneous Flap Trunk	\$ 1,395.82
15736	Muscle, Myocutaneous, Or Fasciocutaneous Flap Upper Extremity	\$ 1,148.61
15738	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
15770	Creation Of Skin, Fat And Muscle Graft	\$ 600.57
15771	Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less	\$ 587.77
15772	Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less	\$ 181.94
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 25 Cc Or Less Injectate	\$ 170.57
15777	Implantation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk) (List Separately In Addition To Code For Primary Procedure)	\$ 197.44
15778	Implantation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma	\$ 318.65
15780	Scraping Of Skin Of The Entire Face	\$ 797.13
15781	Repair Of Detached Retina, 1 Or More Sessions	\$ 508.34

Code	Description	Fee
15782	Scraping Of Skin Other Than The Face	\$ 459.01
15783	Scraping Of Skin Any Site (Superficial)	\$ 423.03
15786	Abrasion; Single Lesion (Eg, Keratosis, Scar)	\$ 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	Chemical Peel Of Skin Of Face, Deep Layer	\$ 499.84
15792	Chemical Peel Of Skin Other Than Face, Outer Layer	\$ 319.60
15793	Chemical Peel, Nonfacial; Dermal	\$ 447.49
15819	Cervicoplasty	\$ 730.36
15820	Blepharoplasty, Lower Eyelid;	\$ 545.59
15821	Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad	\$ 583.29
15822	Blepharoplasty, Upper Eyelid;	\$ 435.51
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid	\$ 591.34
15824	Incision, Stretching, And Suture Of Forehead Skin	\$ 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	Removal Of Excessive Skin At Cheek, Chin, Or Neck	Price by Report
15830	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdomen, Inframammary Panniculectomy	\$ 991.67
15832	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	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Buttock	\$ 848.06
15836	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Arm	\$ 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	Fibrous Tissue Graft To Relieve Or Reactivate Facial Paralysis	\$ 931.99
15841	Muscle Graft To Relieve Or Reactivate Facial Paralysis	\$ 1,617.54
15842	Microsurgical Muscle Graft To Relieve Or Reactivate Facial Paralysis	\$ 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	Dressing Change (For Other Than Burns) Under Anesthesia (Other Than Local)	\$ 41.39
15853	Removal Of Sutures Or Staples	\$ 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	Price by Report
15877	Suction Assisted Lipectomy; Trunk	Price by Report
15878	Suction Assisted Lipectomy; Upper Extremity	Price by Report
15879	Suction Assisted Lipectomy; Lower Extremity	Price by Report
15920	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Primary Suture	\$ 535.73
15922	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure	\$ 731.55
15931	Excision, Sacral Pressure Ulcer, With Primary Suture;	\$ 592.56
15933	Excision, Sacral Pressure Ulcer, With Primary Suture; With Ostectomy	\$ 746.11
15934	Excision, Sacral Pressure Ulcer, With Skin Flap Closure;	\$ 840.54
15935	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	Excision, Sacral Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy	\$ 973.75
15940	Excision, Ischial Pressure Ulcer, With Primary Suture;	\$ 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	Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure	\$ 1,509.96
15950	Excision, Trochanteric Pressure Ulcer, With Primary Suture;	\$ 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	Excision, Trochanteric Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure;	\$ 1,065.98
15958	Excision, Trochanteric Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy	\$ 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
16030	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Large (Eg, More Than One Extremity, Or Greater Than 10% Total Body Surface Area)	\$ 170.18
16035	Initial Incision Of Burn Tissue	\$ 172.81
16036	Additional Incision Of Burn Tissue	\$ 70.20
17000	Destruction Of Skin Growth	\$ 66.67
17003	Destruction By Any Method, Including Laser, With Or Without Surgical Curettement, All Benign Or Premalignant Lesions (Eg, Actinic Keratoses) Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions, Including Local Anesthesia; 2 - 14 Each.	\$ 6.66
17004	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
17107	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
17110	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

Code	Description	Fee
17111	Destruction Of 15 Or More Non-Cancerous Skin Growths	\$ 118.29
17250	Application Of Chemical Agent To Excessive Wound Tissue	\$ 77.01
17260	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 0.5 Cm Or Less	\$ 92.86
17261	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 0.6-1.0 Cm	\$ 133.08
17262	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 1.1-2.0 Cm	\$ 167.45
17263	Destruction Of Cancer Skin Growth Of Trunk, Arms, Or Legs, 2.1-3.0 Cm	\$ 170.84
17264	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
17271	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 0.6-1.0 Cm	\$ 163.81
17272	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 1.1-2.0 Cm	\$ 179.08
17273	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 2.1-3.0 Cm	\$ 197.95
17274	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, 3.1-4.0 Cm	\$ 231.11
17276	Destruction Of Cancer Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals, More Than 4.0 Cm	\$ 267.98
17280	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 0.5 Cm Or Less	\$ 138.80
17281	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 0.6-1.0 Cm	\$ 176.84
17282	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 1.1-2.0 Cm	\$ 201.86
17283	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 2.1-3.0 Cm	\$ 229.14
17284	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, 3.1-4.0 Cm	\$ 260.35
17286	Destruction Of Cancer Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth, More Than 4.0 Cm	\$ 332.57
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
17313	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (First Stage, Up To 5 Tissue Blocks)	\$ 627.85
17314	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, Up To 5 Tissue Blocks)	\$ 372.83
17315	Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, After First 5 Tissue Blocks)	\$ 72.31
17340	Cold Treatment Of Acne	\$ 50.74
17360	Chemical Treatment Of Acne	\$ 114.84
17999	Skin, Mucus Membrane And Beneath The Skin Procedure	Price by Report
19000	Aspiration Of Cyst Of Breast, First Cyst	\$ 97.93
19001	Aspiration Of Cyst Of Breast, Each Additional Cyst	\$ 24.77
19020	Drainage Of Abscess Of Breast	\$ 407.60
19030	Injection For X-Ray Imaging Of Breast Duct	\$ 144.32
19081	Biopsy Of Breast Accessed Through The Skin With Stereotactic Guidance, First Lesion	\$ 548.47
19082	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
19085	Biopsy Of Breast Accessed Through The Skin With Mri Guidance, First Lesion	\$ 841.32
19086	Biopsy Of Breast Accessed Through The Skin With Mri Guidance, Additional Lesion	\$ 579.91
19100	Biopsy Of Breast; Percutaneous, Needle Core, Not Using Imaging Guidance (Separate Procedure)	\$ 128.48
19101	Biopsy Of Breast, Open Procedure	\$ 310.58
19105	Ablation, Cryosurgical, Of Fibroadenoma, Including Ultrasound Guidance, Each Fibroadenoma	\$ 2,244.34
19110	Nipple Exploration, With Or Without Excision Of A Solitary Lactiferous Duct Or A Papilloma Lactiferous Duct	\$ 419.59
19112	Excision Of Lactiferous Duct Fistula	\$ 436.57
19120	Removal Of 1 Or More Breast Growth, Open Procedure	\$ 468.95
19125	Removal Of Breast Growth, Open Procedure	\$ 487.90
19126	Removal Of Growth Of Chest Wall And Ribs, Open Procedure	\$ 140.41
19281	Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, First Lesion	\$ 212.67
19282	Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, Additional Lesion	\$ 165.19
19283	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
19286	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
19296	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy	\$ 3,568.21
19297	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
19298	Insertion Of Catheters Into Breast For Radiation Therapy With Or After Breast Removal Using Imaging Guidance	\$ 857.00
19300	Mastectomy For Gynecomastia	\$ 511.50
19301	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy);	\$ 549.68
19302	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); With Axillary Lymphadenectomy	\$ 837.92
19303	Mastectomy, Simple, Complete	\$ 795.41
19305	Removal Of Breast, Lymph Nodes, And Muscle	\$ 1,029.24
19306	Removal Of Breast, Skin, Lymph Nodes, And Chest Muscles	\$ 1,098.04
19307	Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Without Pectoralis Minor Muscle, But Excluding Pectoralis Major Muscle	\$ 1,089.77
19316	Repair For Sagging Of The Breast	\$ 749.39
19318	Breast Reduction	\$ 1,031.11
19325	Insertion Of Breast Implant	\$ 562.72
19328	Removal Of Intact Breast Implant	\$ 480.11
19330	Removal Of Ruptured Breast Implant And Implant Material	\$ 589.73
19340	Immediate Insertion Of Breast Implant On Same Day As Mastectomy	\$ 699.32

Code	Description	Fee
19342	Delayed Insertion Of Breast Implant After Mastectomy	\$ 723.17
19350	Nipple/Areola Reconstruction	\$ 770.25
19355	Correction Of Inverted Nipples	\$ 652.80
19357	Reconstruction Of Breast Using Tissue Expander	\$ 1,104.67
19361	Reconstruction Of Breast With Back Muscle Flap	\$ 1,464.17
19364	Reconstruction Of Breast With Free Flap	\$ 2,463.54
19367	Reconstruction Of Breast With Abdominal Muscle Flap	\$ 1,606.82
19368	Reconstruction Of Breast With Single-Based Abdominal Muscle Flap	\$ 1,967.24
19369	Reconstruction Of Breast With Double-Based Abdominal Muscle Flap	\$ 1,828.47
19370	Surgical Change To Tissue Capsule Surrounding Breast Implant	\$ 589.85
19371	Removal Of Entire Tissue Capsule Surrounding Breast Implant	\$ 675.09
19380	Surgical Change To Reconstructed Breast	\$ 719.31
19396	Preparation Of Moulage For Custom Breast Implant	\$ 262.57
19499	Unlisted Procedure, Breast	Price by Report
20100	Exploration Of Penetrating Wound (Separate Procedure); Neck	\$ 622.55
20101	Exploration Of Penetrating Wound (Separate Procedure); Chest	\$ 501.42
20102	Exploration Of Penetrating Wound Of Abdomen, Flank, Or Back	\$ 532.98
20103	Exploration Of Penetrating Wound (Separate Procedure); Extremity	\$ 543.37
20150	Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Obtained Through Same Fascial Incision	\$ 907.88
20200	Biopsy Of Muscle	\$ 187.88
20205	Biopsy, Muscle; Deep	\$ 261.90
20206	Needle Biopsy Of Muscle	\$ 194.38
20220	Biopsy Of Bone Using Needle Or Trocar	\$ 204.65
20225	Deep Biopsy Of Bone Using Needle Or Trocar	\$ 334.50
20240	Biopsy Of Bone, Open Procedure, Superficial	\$ 132.97
20245	Biopsy Of Bone, Open Procedure, Deep	\$ 304.06
20250	Biopsy Of Middle Spine Bone	\$ 363.88
20251	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
20520	Removal Of Foreign Body In Muscle; Simple	\$ 191.76
20525	Removal Of Foreign Body In Muscle; Deep Or Complicated	\$ 405.70
20526	Injection, Therapeutic (Eg, Local Anesthetic, Corticosteroid), Carpal Tunnel	\$ 79.06
20527	Injection Of Enzyme In Palm Tissue	\$ 80.31
20550	Injections Of Tendon Sheath, Ligament, Or Muscle Membrane	\$ 55.86
20551	Injection(S); Single Tendon Origin/Insertion	\$ 55.74
20552	Injection(S); Single Or Multiple Trigger Point(S), One Or Two Muscle(S)	\$ 50.95
20553	Injections Of Trigger Points In 3 Or More Muscles	\$ 58.73
20555	Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or Subsequent To The Procedure)	\$ 309.35
20600	Aspiration And/Or Injection Of Small Joint Or Joint Capsule	\$ 52.07
20604	Aspiration And/Or Injection Of Small Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$ 78.89
20605	Aspiration And/Or Injection Of Medium Joint Or Joint Capsule	\$ 53.41
20606	Aspiration And/Or Injection Of Intermediate Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$ 86.88
20610	Aspiration And/Or Injection Of Large Joint Or Joint Capsule	\$ 62.57
20611	Aspiration And/Or Injection Of Major Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance	\$ 96.44
20612	Aspiration And/Or Injection Of Ganglion Cyst(S) Any Location	\$ 57.06
20615	Aspiration And Injection For Treatment Of Bone Cyst	\$ 239.52
20650	Insertion Of Wire Or Pin For Skeletal Traction, Including Removal (Separate Procedure)	\$ 203.16
20660	Application Of Cranial Tongs, Caliper, Or Stereotactic Frame, Including Removal (Separate Procedure)	\$ 206.80
20661	Placement Of Stabilizing Device To Skull	\$ 446.70
20662	Application Of Pelvic Halo Device (Stabilization Device For Pelvis)	\$ 477.73
20663	Placement Of Stabilizing Device To Thigh	\$ 440.81
20664	Application Of Cranial Halo (Stabilization Device For Skull)	\$ 777.87
20665	Removal Of Stabilizing Device From Head Originally Applied By Other Provider	\$ 109.70
20670	Removal Of Surface Implant From Bone	\$ 349.96
20680	Removal Of Deep Implant From Bone	\$ 581.03
20690	Placement Of Single Direction External Bone Stabilizing Device To Arm Or Leg	\$ 508.61
20692	Placement Of Multiple Direction External Bone Stabilizing Device To Arm Or Leg	\$ 1,075.52
20693	Revision Of External Bone Stabilizing Device Under Anesthesia	\$ 408.03
20694	Removal Of External Bone Stabilizing Device Under Anesthesia	\$ 378.02
20696	Placement Of Multiple Direction External Bone Stabilizing Device To Arm Or Leg Using Imaging	\$ 1,075.84
20697	Placement Of Multiple Direction External Bone Stabilizing Device To Arm Or Leg Using Imaging Guidance	\$ 1,766.95
20700	Preparation And Insertion Of Drug-Delivery Devices Beneath Fibrous Covering Of Muscle	\$ 77.92
20701	Removal Of Drug-Delivery Devices From Beneath Fibrous Covering Of Muscle	\$ 59.05
20702	Preparation And Insertion Of Drug-Delivery Devices Into Marrow Cavity Of Bone	\$ 127.66
20703	Removal Of Drug-Delivery Devices From Marrow Cavity Of Bone	\$ 92.83
20704	Preparation And Insertion Of Drug-Delivery Devices Into Joint	\$ 137.76
20705	Removal Of Drug-Delivery Devices Into Joint	\$ 110.72
20802	Replantation, Arm; Complete	\$ 2,464.05
20805	Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint); Complete Amputation	\$ 2,924.34
20808	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
20838	Replantation, Foot; Complete	\$ 2,505.07

Code	Description	Fee
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	Cartilage Graft; Nasal Septum	\$ 445.20
20920	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
20930	Fragmmented 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
20933	Half-Cylindrical Donor Bone Graft	\$ 616.68
20934	Cylindrical Donor Bone Graft	\$ 671.07
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminae Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	\$ 260.64
20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In 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
20939	Harvest Of Bone Marrow For Spine Surgery Graft	\$ 62.24
20950	Monitoring Of Interstitial Fluid Pressure (Includes Insertion Of Device Eg, Wick Catheter Technique, Needle Manometer Technique) In Detection Of Muscle Compartment Syndrome	\$ 234.40
20955	Bone Graft With Microvascular Anastomosis; Fibula	\$ 2,298.74
20956	Bone Graft With Microvascular Anastomosis; Iliac Crest	\$ 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
20973	Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web Space	\$ 2,689.82
20982	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	\$ 5,590.23
20985	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure)	\$ 132.64
20999	Unlisted Procedure, Musculoskeletal System, General	Price by Report
21010	Arthrotomy, Temporomandibular Joint	\$ 692.79
21011	Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	\$ 333.83
21012	Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp	\$ 323.81
21013	Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm	\$ 518.18
21014	Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater	\$ 497.50
21015	Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp	\$ 640.65
21016	Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp	\$ 913.82
21025	Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible	\$ 742.15
21026	Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S)	\$ 506.06
21029	Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia)	\$ 718.12
21030	Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage	\$ 432.96
21031	Excision Of Torus Mandibularis	\$ 367.84
21032	Excision Of Maxillary Torus Palatinus	\$ 354.86
21034	Excision Of Malignant Tumor Of Maxilla Or Zygoma	\$ 1,209.87
21040	Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage	\$ 407.84
21044	Excision Of Malignant Tumor Of Mandible;	\$ 799.70
21045	Excision Of Malignant Tumor Of Mandible; Radical Resection	\$ 1,105.70
21046	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$ 939.08
21047	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Mandibulectomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$ 1,157.96
21048	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$ 946.07
21049	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg, Locally Aggressive Or Destructive Lesion(S))	\$ 1,099.26
21050	Arthrectomy, Temporomandibular Joint; Unilateral	\$ 811.85
21060	Menisectomy, Temporomandibular Joint; Unilateral	\$ 735.74
21070	Coronoidectomy (Separate Procedure)	\$ 566.86
21073	Manipulation Of Temporomandibular Joint(S) (Tmj), Therapeutic, Requiring An Anesthesia Service (Ie, General Or Monitored Anesthesia Care)	\$ 357.82
21076	Impression And Custom Preparation; Surgical Obturator Prosthesis	\$ 836.45
21077	Impression And Custom Preparation; Orbital Prosthesis	\$ 1,965.03
21079	Impression And Custom Preparation; Interim Obturator Prosthesis	\$ 1,348.68
21080	Impression And Custom Preparation; Definitive Obturator Prosthesis	\$ 1,561.58
21081	Impression And Custom Preparation; Mandibular Resection Prosthesis	\$ 1,433.31
21082	Impression And Custom Preparation; Palatal Augmentation Prosthesis	\$ 1,316.56
21083	Impression And Custom Preparation; Palatal Lift Prosthesis	\$ 1,258.08
21084	Impression And Custom Preparation; Speech Aid Prosthesis	\$ 1,435.34
21085	Impression And Custom Preparation Of Oral Surgical Splint	\$ 661.22
21086	Impression And Custom Preparation; Auricular Prosthesis	\$ 1,463.89
21087	Impression And Custom Preparation; Nasal Prosthesis	\$ 1,463.89
21088	Impression And Custom Preparation; Facial Prosthesis	\$ 1,428.26
21089	Unlisted Maxillofacial Prosthetic Procedure	Price by Report
21100	Application Of Halo Type Appliance For Maxillofacial Fixation, Includes Removal (Separate Procedure)	\$ 599.18

Code	Description	Fee
21110	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation	\$ 842.24
21116	Injection Procedure For Temporomandibular Arthrotomography	\$ 210.06
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Material)	\$ 629.52
21121	Genioplasty; Sliding Osteotomy, Single Piece	\$ 599.64
21122	Genioplasty; Sliding Osteotomies, Two Or More Osteotomies (Eg, Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin)	\$ 695.10
21123	Insertion Of Sliding Bone Graft To Enlarge Chin Bone, Additional Bone Graft	\$ 800.84
21125	Augmentation, Mandibular Body Or Angle; Prosthetic Material	\$ 2,556.98
21127	Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft)	\$ 3,966.04
21137	Reduction Forehead; Contouring Only	\$ 686.61
21138	Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft)	\$ 834.65
21139	Reduction Forehead; Contouring And Setback Of Anterior Frontal Sinus Wall	\$ 999.98
21141	Reconstruction Of Midface Bones, Single Piece (Lefort I)	\$ 1,281.83
21142	Reconstruction Of Midface Bones, 2 Pieces (Lefort I)	\$ 1,314.80
21143	Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I)	\$ 1,317.19
21145	Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I)	\$ 1,447.15
21146	Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I)	\$ 1,511.07
21147	Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I)	\$ 1,589.85
21150	Reconstruction Of Midface Bones (Lefort Ii)	\$ 1,511.98
21151	Reconstruction Of Midface Bones With Bone Graft (Lefort Ii)	\$ 1,662.28
21154	Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii)	\$ 1,788.33
21155	Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii)	\$ 1,981.62
21159	Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii)	\$ 2,371.52
21160	Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii)	\$ 2,570.61
21172	Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtaining Autografts)	\$ 1,832.82
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigenocephaly, Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts)	\$ 2,010.37
21179	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material)	\$ 1,384.19
21180	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts)	\$ 1,544.90
21181	Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial	\$ 677.24
21182	Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting Less Than 40 Sq Cm	\$ 1,918.61
21183	Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting Greater Than 40 Sq Cm But Less Than 80 Sq Cm	\$ 2,086.10
21184	Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting Greater Than 80 Sq Cm	\$ 2,242.87
21188	Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft	\$ 1,481.78
21193	Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft	\$ 1,181.95
21194	Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft)	\$ 1,330.20
21195	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation	\$ 1,259.34
21196	Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation	\$ 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)	\$ 1,595.61
21215	Graft, Bone; Mandible (Includes Obtaining Graft)	\$ 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)	\$ 1,473.54
21248	Reconstruction Of Mandible Or Maxilla, Endosteal Implant (Eg, Blade, Cylinder); Partial	\$ 925.25
21249	Reconstruction Of Mandible Or Maxilla, Endosteal Implant Complete	\$ 1,256.34
21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining Autografts)	\$ 1,256.37
21256	Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts (Includes Obtaining Autografts) (Eg, Microphthalmia)	\$ 1,128.93
21260	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach	\$ 1,261.62
21261	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And Extracranial Approach	\$ 2,220.91
21263	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With Forehead Advancement	\$ 2,057.03
21267	Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Extracranial Approach	\$ 1,475.39
21268	Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Combined Approach	\$ 1,845.46
21270	Malar Augmentation, Prosthetic Material	\$ 939.67
21275	Secondary Revision Of Orbitocraniofacial Reconstruction	\$ 772.87
21280	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 (Eg, 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

Code	Description	Fee
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	Open Treatment Of Nasal Septal Fracture, With Or Without Stabilization	\$ 607.19
21337	Closed Treatment Of Nasal Septal Fracture, With Or Without Stabilization	\$ 368.45
21338	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 Ii Type); With Wiring And/Or Local Fixation	\$ 970.15
21347	Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); Requiring Multiple Open Approaches	\$ 973.68
21348	Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Bone Grafting (Includes Obtaining Graft)	\$ 1,005.09
21355	Treatment Of Broken Lower And Upper Cheek Bones With Manipulation, Accessed Through The Skin	\$ 421.05
21356	Open Treatment Of Broken Cheek Bone, Zygoma Fracture	\$ 477.36
21360	Open Treatment Of Broken Cheek Bone, Malar Fracture	\$ 484.34
21365	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch And Malar Tripod; With Internal Fixation And Multiple Surgical Approaches	\$ 1,027.50
21366	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch 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	\$ 199.71
21401	Closed Treatment Of Broken Eye Socket Bone With Manipulation	\$ 448.48
21406	Open Treatment Of Broken Eye Socket Bone Without Implant, Other Than Blowout Fracture	\$ 537.38
21407	Open Treatment Of Broken Eye Socket Bone With Implant, Other Than Blowout Fracture	\$ 619.25
21408	Open Treatment Of Broken Eye Socket Bone With Bone Graft 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
21445	Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	\$ 685.75
21450	Closed Treatment Of Mandibular Fracture; Without Manipulation	\$ 524.21
21451	Closed Treatment Of Mandibular Fracture; With Manipulation	\$ 748.02
21452	Treatment Of Broken Jaw Bone With Placement Of External Hardware, Accessed Through The Skin	\$ 726.06
21453	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
21470	Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or 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	\$ 627.88
21499	Unlisted Orthopedic Procedure, Head	Price by Report
21501	Incision And Drainage, Deep Abscess Or Hematoma;	\$ 427.01
21502	Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Ostectomy	\$ 457.77
21510	Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess);	\$ 410.42
21550	Excisional Biopsy, Soft Tissues	\$ 235.13
21552	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
21558	Removal Of (5 Centimeters Or Greater) Growth Of Neck Or Front Of Chest	\$ 1,204.22
21600	Excision Of Rib, Partial	\$ 510.02
21601	Removal Of Tumor From Chest Wall Including Ribs	\$ 1,055.13
21602	Removal Of Tumor From Chest Wall Including Ribs With Plastic Reconstruction	\$ 1,394.60
21603	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

Code	Description	Fee
21632	Radical Resection Of Sternum; With Mediastinal Lymphadenectomy	\$ 1,075.28
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
21740	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
21750	Closure Of Median Sternotomy Separation With Or Without Debridement (Separate Procedure)	\$ 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
21925	Biopsy Of Tissue Of Back Or Flank, Deep	\$ 463.63
21930	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
21932	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$ 621.41
21933	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular); 5 Cm Or Greater	\$ 688.08
21935	Removal (Less Than 5 Centimeters) Tissue Growth Of Back Or Flank	\$ 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
22102	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Lower Back (Lumbar Spine)	\$ 709.42
22103	Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality From Additional Vertebral Segment Of Spine	\$ 118.74
22110	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Neck (Cervical Spine)	\$ 932.98
22112	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Upper Back (Thoracic Spine)	\$ 988.41
22114	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
22116	Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In Additional Vertebral Segment Of Spine	\$ 121.11
22206	Extensive Incision Of Spinal Column (3-Column Osteotomy) In Upper Back (Thoracic Spine) To Correct Deformity	\$ 2,222.32
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	\$ 1,399.99
22216	Incision Of Spinal Column (Single Column Osteotomy) In Additional Vertebral Segment Of Spine	\$ 323.63
22220	Osteotomy Of Spine, Including Discectomy, 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	\$ 1,421.89
22226	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral Segment; Each Additional Vertebral Segment (List Separately 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
22325	Open Treatment Of Broken And/Or Dislocated Lower Spine Bones, Posterior Approach	\$ 1,220.75
22326	Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach	\$ 1,377.22
22327	Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach	\$ 1,409.42
22328	Open Treatment Of Broken And/Or Dislocated Spine Bones, Posterior Approach	\$ 248.19
22505	Manipulation Of Spine Requiring Anesthesia, Any Region	\$ 116.93
22510	Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Upper Spine Area	\$ 1,754.23
22511	Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Lower Spine Area	\$ 1,753.54
22512	Injection Of Bone Cement Into Body Of Middle Or Lower Spine Accessed Through The Skin Using Imaging Guidance	\$ 706.20
22513	Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Thoracic To Correct Forward Bending	\$ 6,264.84
22514	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

Code	Description	Fee
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
22586	Arthrodesis, Pre-Sacral Interbody Technique, Including Disc Space Preparation, Discectomy, With Posterior Instrumentation, With Image 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
22634	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment, Each Additional 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, 2 To 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	\$ 730.16
22836	Tethering Of 7 Or Fewer Middle Spine Bones	\$ 1,453.65
22837	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)	\$ 0.01
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
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	\$ 321.71
22849	Reinsertion Of Spinal Fixation Device	\$ 1,087.64
22850	Removal Of Posterior Nonsegmental Spinal Instrumentation	\$ 655.66
22852	Removal Of Posterior Segmental Spinal Instrumentation	\$ 659.92
22853	Insertion Of Device Into Intervertebral Disc Space Of Spine And Fusion Of Vertebrae	\$ 228.75
22854	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
22856	Insertion Of Artificial Upper Spine Disc, Anterior Approach	\$ 1,480.38
22857	Insertion Of Artificial Lower Spine Disc, Anterior Approach	\$ 1,590.00
22858	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
22862	Revision With Replacement Of Artificial Lower Spine Disc	\$ 1,981.17
22864	Revision Of Artificial Upper Spine Disc, Cervical	\$ 1,767.73
22865	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
22868	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Additional Level With Open Decompression	\$ 208.12
22869	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level	\$ 418.67
22870	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level	\$ 109.34
22899	Unlisted Procedure, Spine	Price by Report
22900	Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid)	\$ 510.79
22901	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular); 5 Cm Or Greater	\$ 601.06
22902	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm	\$ 445.56
22903	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater	\$ 463.84
22904	Removal (Less Than 5 Centimeters) Tissue Growth In Abdominal Wall	\$ 943.67
22905	Removal (5 Centimeters Or Greater) Tissue Growth In Abdominal Wall	\$ 1,183.57
22999	Procedure On Abdomen, Muscle Or Bone	Price by Report
23000	Removal Of Calcium Deposits At Rotator Cuff Tendons, Open Procedure	\$ 538.91
23020	Capsular Contracture Release (Eg, Sever Type Procedure)	\$ 632.33
23030	Incision And Drainage; Deep Abscess Or Hematoma	\$ 384.29
23031	Incision And Drainage; Infected Bursa	\$ 406.42
23035	Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area	\$ 625.57
23040	Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body	\$ 685.89
23044	Arthrotomy, Acromioclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body	\$ 519.58
23065	Biopsy Of Tissue Of Shoulder Area, Superficial	\$ 214.36

Code	Description	Fee
23066	Biopsy Of Tissue Of Shoulder Area, Deep	\$ 534.99
23071	Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater	\$ 396.36
23073	Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater	\$ 630.33
23075	Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm	\$ 449.61
23076	Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$ 494.76
23077	Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area	\$ 1,008.82
23078	Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area	\$ 1,280.51
23100	Arthrotomy, Glenohumeral Joint, Including Biopsy	\$ 467.13
23101	Incision To Repair Joints Between Shoulder, Chest And Collar Bones	\$ 421.52
23105	Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy	\$ 587.66
23106	Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy	\$ 463.75
23107	Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body	\$ 605.90
23120	Claviclectomy; Partial	\$ 511.30
23125	Claviclectomy; Total	\$ 649.50
23130	Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release	\$ 596.09
23140	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	\$ 485.06
23145	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; With Primary Autogenous Graft (Includes Obtaining Graft)	\$ 637.48
23146	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; With Homogenous Or Other Nonautogenous Graft	\$ 572.82
23150	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus;	\$ 611.23
23155	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Primary Autogenous Graft (Includes Obtaining Graft)	\$ 729.40
23156	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Homogenous Or Other Nonautogenous Graft	\$ 622.19
23170	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess),	\$ 519.44
23172	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess),	\$ 524.57
23174	Removal Of Dead Upper Arm Bone For Bone Infection In The Upper Portion Or The Bone	\$ 700.11
23180	Partial Removal Of Collar Bone For A Bone Infection	\$ 607.72
23182	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Scapula	\$ 617.35
23184	Partial Removal Of Upper Portion Upper Arm Bone (Humerus) For Bone Infection	\$ 709.74
23190	Ostectomy Of Scapula, Partial (Eg, Superior Medial Angle)	\$ 546.03
23195	Resection Humeral Head	\$ 714.45
23200	Radical Resection Of Tumor; Clavicle	\$ 1,356.86
23210	Radical Resection Of Tumor; Scapula	\$ 1,589.14
23220	Radical Resection Of Tumor, Proximal Humerus	\$ 1,742.46
23330	Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin	\$ 288.29
23333	Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle	\$ 434.30
23334	Removal Of Prosthesis Of Shoulder	\$ 964.67
23335	Removal Of Prosthesis Of Shoulder, Total Shoulder	\$ 1,073.91
23350	Injection Procedure For Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography	\$ 143.45
23395	Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single	\$ 1,161.92
23397	Muscle Transfer, Any Type For Paralysis Of Shoulder Or Upper Arm; Multiple	\$ 1,030.58
23400	Scapulopexy (Eg, Sprengel'S Deformity Or For Paralysis)	\$ 884.57
23405	Tenotomy, Shoulder Area; Single Tendon	\$ 590.92
23406	Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision	\$ 684.42
23410	Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New	\$ 780.62
23412	Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old	\$ 810.78
23415	Coracoacromial Ligament Release, With Or Without Acromioplasty	\$ 640.30
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)	\$ 926.20
23430	Tenodesis Of Long Tendon Of Biceps	\$ 711.95
23440	Resection Or Transplantation Of Long Tendon Of Biceps	\$ 690.12
23450	Reattachment Of Shoulder Joint Capsule Without Bone Transfer	\$ 859.50
23455	Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim	\$ 901.62
23460	Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block	\$ 989.42
23462	Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone)	\$ 1,006.33
23465	Repair Of Shoulder Joint Capsule In The Back Of The Joint	\$ 1,014.53
23466	Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions	\$ 1,064.74
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	\$ 1,128.65
23472	Prosthetic Repair Of Shoulder Joint, Total Shoulder	\$ 1,355.57
23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component	\$ 1,506.24
23474	Revision Of Total Shoulder Repair, Total Shoulder	\$ 1,624.27
23480	Incision To Repair Collarbone	\$ 747.66
23485	Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation)	\$ 902.54
23490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle	\$ 783.80
23491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus	\$ 923.23
23500	Closed Treatment Of Clavicular Fracture; Without Manipulation	\$ 224.32
23505	Treatment Of Closed Clavicular Fracture; With Manipulation	\$ 337.72
23515	Open Treatment Of Clavicular Fracture, Includes Internal Fixation, When Performed	\$ 621.26
23520	Closed Treatment Of Sternoclavicular Dislocation; Without Manipulation	\$ 227.49
23525	Treatment Of Closed Sternoclavicular Dislocation; With Manipulation	\$ 373.04
23530	Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic;	\$ 529.61
23532	Open Treatment Of Closed Or Open Sternoclavicular Dislocation, Acute Or Chronic; With Fascial Graft (Includes Obtaining Graft)	\$ 575.35
23540	Closed Treatment Of Acromioclavicular Dislocation; Without Manipulation	\$ 225.10
23545	Treatment Of Closed Acromioclavicular 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

Code	Description	Fee
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	\$ 439.98
23615	Open Treatment Of Broken Upper Arm Bone, Upper End	\$ 799.43
23616	Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of 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
23670	Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Bone Boney Prominence Outside Of 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)	\$ 172.31
23800	Arthrodesis, Glenohumeral Joint;	\$ 932.95
23802	Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft)	\$ 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	Incision, 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	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater	\$ 733.83
24075	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subcutaneous; Less Than 3 Cm	\$ 474.37
24076	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subfascial (Eg, Intramuscular); 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
24102	Arthrotomy, Elbow; With Synovectomy	\$ 569.32
24105	Excision, Olecranon Bursa	\$ 319.91
24110	Removal Of Upper Arm Bone Cyst Or Growth Without A Bone Graft	\$ 543.12
24115	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Primary Autogenous Graft (Includes Obtaining Graft)	\$ 704.31
24116	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
24125	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)	\$ 572.40
24126	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Homogenous Or Other Nonautogenous Graft	\$ 597.08
24130	Excision, Radial Head	\$ 471.69
24134	Removal Of Dead Upper Arm Bone For Bone Infection In The Main Portion And Lower Portion Or The Bone	\$ 683.24
24136	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
24145	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Radial Head Or Neck	\$ 546.42
24147	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Olecranon Process	\$ 580.62
24149	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	Radical Resection Of Tumor, Radial Head Or Neck	\$ 1,212.61
24155	Resection Of Elbow Joint (Arthrectomy)	\$ 775.85
24160	Removal Of Elbow Joint Hardware	\$ 1,135.85
24164	Removal Of Hardware Of Forearm Bone At Elbow Joint	\$ 661.41
24200	Removal Of Foreign Body Of Upper Arm Or Elbow Area, Accessed Beneath The Skin	\$ 193.11
24201	Removal Of Foreign Body, Upper Arm Or Elbow Area	\$ 541.37
24220	Injection Procedure For Elbow Arthrography	\$ 167.46
24300	Manipulation, Elbow, Under Anesthesia	\$ 395.68
24301	Muscle Or Tendon Transfer, Any Type, Single (Excluding 24330)	\$ 685.94
24305	Tendon Lengthening, Upper Arm Or Elbow, Each Tendon	\$ 504.03
24310	Incision Of Tendon Located From Elbow To Shoulder, Open Procedure	\$ 417.10
24320	Tenoplasty, With Muscle Transfer, With Or Without Free Graft, Elbow To Shoulder, Single (Seddon-Brookes Type Procedure)	\$ 712.07
24330	Flexor-Plasty, Elbow, (Eg, Steindler Type Advancement);	\$ 656.92
24331	Relocation Of Forearm Tendons With Advancement Of The Extensor Tendons	\$ 716.87
24332	Tenolysis, Triceps	\$ 565.94
24340	Tenodesis Of Biceps Tendon At Elbow (Separate Procedure)	\$ 568.34

Code	Description	Fee
24341	Repair, Tendon Or Muscle, Upper Arm Or Elbow, Each Tendon Or Muscle, Primary Or Secondary (Excludes Rotator Cuff)	\$ 651.20
24342	Reinsertion Of Ruptured Biceps Or Triceps Tendon, Distal, With Or Without Tendon Graft	\$ 738.98
24343	Repair Of Ligament On The Outside Of The Elbow With Local Tissue	\$ 689.18
24344	Repair Of Ligament On The Outside Of The Elbow With A Tendon Graft	\$ 998.88
24345	Repair Of Ligament On The Inside Of The Elbow With Local Tissue	\$ 685.64
24346	Repair Of Ligament On The Inside Of The Elbow With A Tendon Graft	\$ 1,005.49
24357	Incision Of Tendon To Repair Elbow Joint, Accessed Through The Skin	\$ 409.02
24358	Removal Of Tissue And/Or Bone At Elbow, Open Procedure	\$ 513.72
24359	Removal Of Tissue And/Or Bone At Elbow With Tendon Repair, Open Procedure	\$ 637.74
24360	Repair Of Elbow Joint With Interposition Of Tissue	\$ 822.77
24361	Repair Of Elbow Joint With Replacement Of The Endo Of The Upper Arm Bone At The Elbow	\$ 916.14
24362	Repair Of Elbow Joint With And Implant And Fibrous Tissue Reconstruction	\$ 963.10
24363	Arthroplasty, Elbow; With Distal Humerus And Proximal Ulnar Prosthetic Replacement (Eg, Total Elbow)	\$ 1,308.94
24365	Joint Repair (Arthroplasty) Forearm Bone On The Thumb Side (Radius) At The Elbow Without An Implant	\$ 587.93
24366	Joint Repair (Arthroplasty) Forearm Bone On The Thumb Side (Radius) At The Elbow With And Implant	\$ 625.00
24370	Revision Of Total Elbow Repair (Arthroplasty), Upper Arm Or Forearm Components	\$ 1,390.39
24371	Revision Of Total Elbow Repair (Arthroplasty), Upper Arm And Forearm Components	\$ 1,595.13
24400	Osteotomy, Humerus, With Or Without Internal Fixation	\$ 754.50
24410	Multiple Osteotomies With Realignment On Intramedullary Rod (Sofield Type Procedure)	\$ 961.22
24420	Osteoplasty, Humerus (Eg, Shortening Or Lengthening)	\$ 980.61
24430	Repair Of Nonunion Or Malunion, Humerus; Without Graft (Eg, Compression Technique, Etc)	\$ 999.25
24435	Repair Of Nonunion Or Malunion, Humerus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$ 1,027.29
24470	Hemiepiphyseal Arrest (Eg, Cubitus Varus Or Valgus, Distal Humerus)	\$ 616.73
24495	Decompression Fasciotomy, Forearm, With Brachial Artery Exploration	\$ 803.71
24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft	\$ 789.37
24500	Closed Treatment A Fracture Of The Mid Portion Of The Upper Arm Bone Without Manipulation	\$ 364.39
24505	Closed Treatment Of A Break Of The Mid Portion Of Upper Arm Bone With Manipulation	\$ 449.43
24515	Open Treatment Of Broken Upper Arm Bone, Mid-Portion	\$ 839.25
24516	Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without Cerclage And/Or Locking Screws	\$ 815.66
24530	Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation	\$ 384.23
24535	Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation, With Or Without Skin Or Skeletal Traction	\$ 550.58
24538	Insertion Of Hardware To Growth Plate Or Broken Upper Arm Bone At Elbow, Accessed Through The Skin	\$ 759.01
24545	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; Without Intercondylar Extension	\$ 870.47
24546	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; With Intercondylar Extension	\$ 975.23
24560	Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; Without Manipulation	\$ 301.55
24565	Treatment Of Closed Epicondylar Fracture, Medial Or Lateral; With Manipulation	\$ 506.23
24566	Insertion Of Hardware To Broken Upper Arm Bone At Elbow With Manipulation, Accessed Through The Skin	\$ 662.96
24575	Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed	\$ 703.94
24576	Closed Treatment Of Humeral Condylar Fracture, Medial Or Lateral; Without Manipulation	\$ 320.05
24577	Treatment Of Closed Condylar Fracture, Medial Or Lateral; With Manipulation	\$ 494.43
24579	Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed	\$ 775.26
24582	Insertion Of Hardware To Broken Upper Arm Bone At Shoulder With Manipulation, Accessed Through The Skin	\$ 708.17
24586	Open Treatment Of Broken And/Or Dislocated Upper Or Lower Arm Bones At Elbow	\$ 1,027.82
24587	Open Treatment Of Broken And/Or Dislocated Upper Or Lower Arm Bones At Elbow With Implant	\$ 987.67
24600	Treatment Of Closed Elbow Dislocation; Without Anesthesia	\$ 336.07
24605	Treatment Of Closed Elbow Dislocation; Requiring Anesthesia	\$ 420.11
24615	Open Treatment Of Acute Or Chronic Elbow Dislocation	\$ 682.35
24620	Closed Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head), With Manipulation	\$ 514.18
24635	Open Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head), Includes Internal Fixation, When Performed	\$ 650.26
24640	Closed Treatment Of Dislocated Forearm Bone Of Elbow, Child	\$ 103.34
24650	Closed Treatment Of Radial Head Or Neck Fracture; Without Manipulation	\$ 253.14
24655	Closed Treatment Of Broken Forearm (Radius) Bone At The Elbow Area On The Outside Part Of The Arm With Manipulation	\$ 403.63
24665	Open Treatment Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) In The Elbow Region	\$ 630.03
24666	Open Treatment Of Radial Head Or Neck Fracture, Includes Internal Fixation Or Radial Head Excision, When Performed; With Radial Head Prosthetic Replacement	\$ 701.66
24670	Closed Treatment Of Ulnar Fracture, Proximal End (Eg, Olecranon Or Coronoid Process[Es]); Without Manipulation	\$ 265.51
24675	Closed Treatment Of Broken Forearm (Ulna) Bone At The Elbow Area On The Inside Or Back Part Of The Arm With Manipulation	\$ 435.51
24685	Open Treatment Of The Forearm Bone On The Small Finger Side Of The Forearm (Ulna Bone) In The Elbow Region	\$ 630.40
24800	Fusion Of Elbow Joint Without Bone Graft From The Patient	\$ 761.39
24802	Fusion Of Elbow Joint With Bone Graft From The Patient	\$ 911.66
24900	Amputation, Arm Through Humerus; With Primary Closure	\$ 703.16
24920	Amputation At Upper Arm Bone, Open Procedure	\$ 669.49
24925	Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision	\$ 539.09
24930	Amputation, Arm Through Humerus; Reamputation	\$ 736.05
24931	Amputation, Arm Through Humerus; With Implant	\$ 845.52
24935	Stump Elongation	\$ 1,120.93
24940	Cineplasty, Upper Extremity, Complete Procedure	\$ 1,629.72
24999	Unlisted Procedure, Humerus Or Elbow	Price by Report
25000	Incision Or The Tendon Covering On The Top Side Of The Wrist	\$ 307.37
25001	Incision Or The Tendon Covering On The Palm Side Of The Wrist	\$ 323.62

Code	Description	Fee
25020	Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On One Side Of The Forearm To Relieve Pressure, Without Removal Of Tissue	\$ 649.53
25023	Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On One Side Of The Forearm To Relieve Pressure, With Removal Of Tissue	\$ 1,149.74
25024	Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On Both Sides Of The Forearm To Relieve Pressure, Without Removal Of Tissue	\$ 714.99
25025	Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On Both Sides Of The Forearm To Relieve Pressure, With Removal Of Tissue	\$ 1,068.67
25028	Incision And Drainage; Deep Abscess Or Hematoma	\$ 608.95
25031	Incision And Drainage, Forearm And/Or Wrist; Bursa	\$ 341.70
25035	Incision, Deep, Bone Cortex, Forearm And/Or Wrist (Eg, Osteomyelitis Or Bone Abscess)	\$ 557.62
25040	Arthrotomy, Radiocarpal Or Midcarpal Joint, With Exploration, Drainage, Or Removal Of Foreign Body	\$ 521.46
25065	Biopsy Of Tissue Of Forearm And/Or Wrist, Superficial	\$ 246.49
25066	Biopsy Of Tissue Of Forearm And/Or Wrist, Deep	\$ 338.96
25071	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	\$ 403.62
25073	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	\$ 490.63
25075	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; Less Than 3 Cm	\$ 454.23
25076	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subfascial (Eg, Intramuscular); Less Than 3 Cm	\$ 476.07
25077	Removal (Less Than 3 Centimeters) Tissue Growth At Forearm And/Or Wrist	\$ 795.64
25078	Removal (3 Centimeters Or Greater) Tissue Growth At Forearm And/Or Wrist	\$ 1,044.87
25085	Incision To Repair Or Release Wrist Joint Covering	\$ 413.14
25100	Arthrotomy, Wrist Joint; With Biopsy	\$ 325.12
25101	Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body	\$ 396.55
25105	Incision Into Wrist Joint With Removal Of Joint Lining Tissue	\$ 450.92
25107	Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex	\$ 542.86
25109	Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each	\$ 494.82
25110	Excision, Lesion Of Tendon Sheath	\$ 339.00
25111	Removal Of Cyst At Wrist, Initial Or Primary	\$ 320.22
25112	Removal Of Cyst At Wrist, Recurrent	\$ 382.27
25115	Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons)	\$ 660.51
25116	Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons)	\$ 557.12
25118	Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment;	\$ 375.31
25119	Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist	\$ 463.86
25120	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process);	\$ 487.40
25125	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Primary Autogenous Graft (Includes Obtaining Graft)	\$ 547.93
25126	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Homogenous Or Other Nonautogenous Graft	\$ 551.54
25130	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones;	\$ 419.36
25135	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Primary Autogenous Graft (Includes Obtaining Graft)	\$ 517.02
25136	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Homogenous Or Other Nonautogenous Graft	\$ 444.78
25145	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess);	\$ 480.89
25150	Partial Removal Of Forearm Bone On The Small Finger Side For Bone Infection	\$ 523.45
25151	Partial Removal Of Forearm Bone On The Thumb Side For Bone Infection	\$ 538.62
25170	Radical Resection Of Tumor, Radius Or Ulna	\$ 1,324.01
25210	Removal Of Wrist Bone, One Wrist Bone Not Specified	\$ 443.11
25215	Carpectomy; All Bones Or Proximal Row	\$ 570.69
25230	Radial Styloidectomy (Separate Procedure)	\$ 401.38
25240	Partial Removal Of The Forearm Bone On The Small Finger Side At The Wrist Area	\$ 398.33
25246	Injection Procedure For Wrist Arthrography	\$ 172.18
25248	Exploration With Removal Of Deep Foreign Body, Forearm Or Wrist	\$ 368.96
25250	Removal Of Wrist Prosthesis, Simple	\$ 492.37
25251	Removal Of Wrist Prosthesis, Complicated	\$ 658.23
25259	Manipulation, Wrist, Under Anesthesia	\$ 397.81
25260	Repair Of Tendon Or Muscle Of Forearm And/Or Wrist, Primary	\$ 572.10
25263	Repair Of Tendon Or Muscle Of Forearm And/Or Wrist, Secondary	\$ 584.16
25265	Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Underside Of The Wrist (Flexor) With Graft	\$ 690.01
25270	Removal Of Upper Arm Bone Cyst Or Growth	\$ 431.96
25272	Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Top Of The Wrist (Extensor), Secondary	\$ 515.52
25274	Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Top Of The Wrist (Extensor) With Graft	\$ 611.95
25275	Repair, Tendon Sheath, Extensor, Forearm And/Or Wrist, With Free Graft (Includes Obtaining Graft) (Eg, For Extensor Carpi Ulnaris 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
25310	Tendon Transplantation Or Transfer, Flexor Or Extensor, Single; Each Tendon	\$ 600.86
25312	Tendon Transplantation Or Transfer, Flexor Or Extensor, Single; With Tendon Graft(S) (Includes Obtaining Graft), Each Tendon	\$ 656.95
25315	Flexor Origin Slide (Eg, For Cerebral Palsy, Volkmann Contracture), Forearm And/Or Wrist;	\$ 702.89
25316	Flexor Origin Slide For Cerebral Palsy; With Tendon(S) Transfer	\$ 834.78
25320	Repair Of Wrist Joint, Open Procedure	\$ 862.16
25332	Repair Of Wrist Joint (Arthroplasty)	\$ 773.22

Code	Description	Fee
25335	Transposition And Realignment Of Hand Over Ulna With Or Without Removal Of Bone Or Bones, And With Or Without Tendon Transfer Or Advancement (Riordon Type Operation)	\$ 860.23
25337	Reconstruction For Stabilization Of Unstable Distal Ulna Or Distal Radioulnar Joint, Secondary By Soft Tissue Stabilization (Eg, Tendon 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	Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm In The Mid Forearm Region	\$ 699.28
25360	Incision Or Wedge Of Forearm Bone (Ulna) On The Small Finger Side Of The Forearm	\$ 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	Osteoplasty, Radius And Ulna; Shortening	\$ 921.61
25393	Osteoplasty, Radius And Ulna; Lengthening With Autogenous Bone Graft	\$ 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
25415	Repair Of Nonunion Or Malunion, Radius And Ulna; Without Graft (Eg, Compression Technique, Etc)	\$ 881.31
25420	Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes Obtaining Graft)	\$ 1,057.33
25425	Repair Of Defect With Autogenous Bone Graft; Radius Or Ulna	\$ 877.59
25426	Repair Of Defect With Autogenous Bone Graft; Radius And Ulna	\$ 1,018.25
25430	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
25440	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	Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Trapezium Bone)	\$ 660.23
25446	Arthroplasty Or Replacement Of The Entire Wrist Joint	\$ 1,064.95
25447	Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints	\$ 799.43
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)	\$ 657.90
25491	Stabilization Of Forearm Bone On The Small Finger Side (Ulna)	\$ 675.82
25492	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Radius And Ulna	\$ 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
25505	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
25525	Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed, And Closed Treatment Of Distal Radioulnar Joint Dislocation (Galeazzi Fracture/ Dislocation), Includes Percutaneous Skeletal Fixation, When Performed	\$ 758.36
25526	Open Treatment Of The Shaft Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) Associated With A Dislocation At The 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
25535	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	\$ 276.13
25565	Treatment Of Closed Radial And Ulnar Shaft Fractures; With Manipulation	\$ 512.37
25574	Open Treatment Of Broken One Forearm Bone	\$ 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
25605	Treatment Of Closed Distal Radial Fracture (Eg, Colles Or Smith Type) Or Epiphyseal Separation, With Or Without Fracture Of Ulnar Styloid; With Manipulation	\$ 531.90
25606	Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin	\$ 647.17
25607	Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation	\$ 713.83
25608	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments	\$ 795.00
25609	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments	\$ 1,006.01
25622	Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation	\$ 279.89
25624	Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation	\$ 440.69
25628	Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular)	\$ 634.92
25630	Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, Without Manipulation	\$ 276.57
25635	Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation	\$ 438.21
25645	Open Treatment Of Broken Other Wrist (Carpal) Bone, Than The Bone Between The Thumb And Wrist (Navicular)	\$ 550.72
25650	Closed Treatment Of Ulnar Styloid Fracture	\$ 298.11
25651	Insertion Of Hardware Broken Bone Of Forearm At Wrist, Accessed Through The Skin	\$ 479.07
25652	Open Treatment Of Ulnar Styloid Fracture	\$ 601.75
25660	Closed Treatment Of Dislocated Wrist Between The Forearm Bone And The Hand, With Manipulation	\$ 418.40
25670	Open Treatment Of Radiocarpal Or Intercarpal Dislocation, One Or More Bones	\$ 559.62
25671	Insertion Of Hardware To Dislocated Wrist, Accessed Through The Skin	\$ 490.35
25675	Closed Treatment Of Dislocated Wrist Between The Thumb Side And Small Finger Side Forearm Bones At The Wrist, With Manipulation	\$ 407.84
25676	Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic	\$ 580.76
25680	Closed Treatment Of Dislocated Wrist Through The Mid Portion Of The Wrist (Carpus) Bones With Manipulation	\$ 492.10

Code	Description	Fee
25685	Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation	\$ 672.32
25690	Closed Treatment Of Lunate Dislocation, With Manipulation	\$ 456.84
25695	Open Treatment Of Dislocation Wrist Bone (Lunate)	\$ 582.35
25800	Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/ Or Intercarpal And/Or Carpometacarpal Joints)	\$ 700.89
25805	Arthrodesis, Wrist Joint; With Sliding Graft	\$ 774.18
25810	Arthrodesis, Wrist Joint; With Iliac Or Other Autogenous Distant Bone Graft (Includes Obtaining Graft)	\$ 792.17
25820	Arthrodesis, Wrist; Limited, Without Bone Graft (Eg, Intercarpal Or Radiocarpal)	\$ 628.31
25825	Intercarpal Fusion; With Autogenous Bone Graft (Includes Obtaining Graft)	\$ 736.72
25830	Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With Or Without Bone Graft (Eg, Sauve-Kapandji Procedure)	\$ 969.11
25900	Amputation, Forearm, Through Radius And Ulna;	\$ 657.30
25905	Amputation Through Both Bones Of Forearm, Open Procedure	\$ 658.46
25907	Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Revision	\$ 564.65
25909	Amputation, Forearm, Through Radius And Ulna; Reamputation	\$ 595.16
25915	Krukenberg Procedure	\$ 1,055.08
25920	Removal Of Tendons, Ligaments, And Muscles Of Wrist	\$ 676.36
25922	Removal Of Tendons, Ligaments, And Muscles Of Wrist, Secondary Closure	\$ 601.24
25924	Removal Of Tendons, Ligaments, And Muscles Of Wrist With Re-Amputation Of Remaining Arm	\$ 661.19
25927	Transmetacarpal Amputation;	\$ 813.82
25929	Transmetacarpal Amputation; Secondary Closure Or Scar Revision	\$ 550.79
25931	Transmetacarpal Amputation; Reamputation	\$ 756.17
25999	Unlisted Procedure, Forearm Or Wrist	Price by Report
26010	Drainage Of Finger Abscess, Uncomplicated	\$ 305.37
26011	Drainage Of Finger Abscess, Complicated	\$ 421.72
26020	Drainage Of Tendon Sheath, Digit And/Or Palm, Each	\$ 485.34
26025	Drainage Of Palmar Bursa; Single, Bursa	\$ 389.60
26030	Drainage Of Palmar Bursa; Multiple Bursa	\$ 472.90
26034	Incision, Bone Cortex, Hand Or Finger (Eg, Osteomyelitis Or Bone Abscess)	\$ 485.08
26035	Decompression Fingers And/Or Hand, Injection Injury (Eg, Grease Gun, Etc)	\$ 747.02
26037	Decompressive Fasciotomy, Hand (Excludes 26035)	\$ 515.49
26040	Release Of Tissues Of Palm, Accessed Through The Skin	\$ 295.16
26045	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
26070	Exploration, Drainage, Or Removal Of Foreign Body Of Wrist Bone	\$ 299.20
26075	Exploration, Drainage, Or Removal Of Foreign Body Of Joint Between The Fingers And The Hand	\$ 307.32
26080	Exploration, Drainage, Or Removal Of Foreign Body Of Hand Joint Between The Finger Joints	\$ 353.74
26100	Arthrotomy With Biopsy; Carpometacarpal Joint, Each	\$ 315.82
26105	Arthrotomy With Biopsy; Metacarpophalangeal Joint, Each	\$ 317.90
26110	Arthrotomy With Synovial Biopsy; Interphalangeal Joint, Each	\$ 303.68
26111	Arthrotomy With Biopsy; 1.5 Cm Or Greater	\$ 401.48
26113	Arthrotomy With Biopsy; 1.5 Cm Or Greater	\$ 528.67
26115	Excision, Tumor Or Vascular Malformation, Soft Tissue Of Hand Or Finger, Subcutaneous; Less Than 1.5 Cm	\$ 484.93
26116	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
26118	Removal (3 Centimeters Or Greater) Tissue Growth Of Hand Or Finger	\$ 961.68
26121	Removal Of Tissue Of Palm Only	\$ 553.21
26123	Removal Of Tissue Of Palm And Release Of Finger	\$ 807.99
26125	Removal Of Tissue Of Palm And Release Of Finger, Additional Digit	\$ 248.40
26130	Removal Of The Lining Of The Wrist Joint	\$ 434.37
26135	Synovectomy, Metacarpophalangeal Joint Including Intrinsic Release And Extensor Hood Reconstruction, Each Digit	\$ 512.51
26140	Removal Of The Joint Lining And Repair Of The Tendon On The Topside Of The Finger (Extensor Tendon)	\$ 470.67
26145	Repair Of Tendon, Finger And/Or Hand	\$ 501.31
26160	Excision Of Lesion Of Tendon Sheath Or Joint Capsule (Eg, Cyst, Mucous Cyst, Or Ganglion), Hand Or Finger	\$ 544.64
26170	Excision Of Tendon, Palm, Flexor Or Extensor, Single, Each Tendon	\$ 379.43
26180	Excision Of Tendon, Finger, Flexor Or Extensor, Each Tendon	\$ 395.93
26185	Sesamoidectomy, Thumb Or Finger (Separate Procedure)	\$ 514.58
26200	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal;	\$ 413.19
26205	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
26230	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis); Metacarpal	\$ 461.97
26235	Partial Removal Of Finger Bone For Bone Infection At The Middle Of Hand Side Of The Finger	\$ 430.46
26236	Partial Removal Of Finger Bone For Bone Infection At The End Of The Finger	\$ 386.92
26250	Radical Resection Of Tumor, Metacarpal	\$ 965.92
26260	Radical Resection Of Tumor, Proximal Or Middle Phalanx Of Finger	\$ 725.40
26262	Radical Resection Of Tumor, Distal Phalanx Of Finger	\$ 577.21
26320	Removal Of Implant From Finger Or Hand	\$ 325.85
26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint	\$ 333.26
26341	Manipulation Of Palm Pretendinous Cord Following Enzyme Injection	\$ 110.62
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
26370	Repair Of Finger Deep Tendon (Primary) On The Under Side Of The Hand (Flexor) With An Intact Superficial Tendon)	\$ 763.73
26372	Repair Of Finger Tendon (Secondary) On The Under Side Of The Hand (Flexor) With A Graft In Zone 2	\$ 869.53

Code	Description	Fee
26373	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
26412	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
26426	Repair Of Extensor Tendon, Central Slip, Secondary (Eg, Boutonniere Deformity); Using Local Tissue(S), Including Lateral Band(S), Each 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
26434	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
26437	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
26460	Incision Of Tendon Of Hand Or Finger, Open Procedure	\$ 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
26490	Transplant Of Thumb Tendon To Palm, Without Tendon Graft Other Than Thumb	\$ 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
26508	Release Of Thenar Muscle(S) (Eg, Thumb Contracture)	\$ 596.46
26510	Cross Intrinsic Transfer, Each Tendon	\$ 614.74
26516	Repair Of Joint Capsule Of Hand And Finger, One Finger	\$ 707.86
26517	Repair Of Joint Capsule Of Hand And Finger, Two Fingers	\$ 818.40
26518	Repair Of Joint Capsule Of Hand And Finger, 3 Or Four Fingers	\$ 828.36
26520	Capsulectomy Or Capsulotomy; Metacarpophalangeal Joint, Each Joint	\$ 657.88
26525	Repair Of Joint Capsule, Hand And Finger	\$ 659.96
26530	Repair Of Joint Of Hand Bone And Finger, With Implant	\$ 500.06
26531	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
26542	Repair Of Ligament Of Hand To Finger Joint With Local Tissue	\$ 688.64
26545	Repair Of Ligament Of Finger Joint With Graft	\$ 655.32
26546	Repair Non-Union, Metacarpal Or Phalanx, (Includes Obtaining Bone Graft With Or Without External Or Internal Fixation)	\$ 981.06
26548	Repair And Reconstruction, Finger, Volar Plate, Interphalangeal Joint	\$ 712.46
26550	Pollicization Of A Digit	\$ 1,529.55
26551	Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe "Wrap-Around" With Bone Graft	\$ 3,083.06
26553	Transfer Of Toe To Hand, Single	\$ 2,977.78
26554	Transfer Of Toe To Hand, Double	\$ 3,459.88
26555	Transfer, Finger To Another Position Without Microvascular Anastomosis	\$ 1,292.25
26556	Transfer, Free Toe Joint, With Microvascular Anastomosis	\$ 3,097.29
26560	Repair Of Webbed Finger, With Skin Flaps	\$ 608.88
26561	Repair Of Webbed Finger, With Skin Flaps And Grafts	\$ 850.86
26562	Repair Of Webbed Finger, Complex (Involving Bone Or Nails)	\$ 1,185.10
26565	Osteotomy; Metacarpal, Each	\$ 684.06
26567	Osteotomy; Phalanx Of Finger, Each	\$ 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

Code	Description	Fee
26593	Release, Intrinsic Muscles Of Hand, Each Muscle	\$ 618.43
26596	Excision Of Constricting Ring With Multiple Z-Plasties	\$ 766.85
26600	Closed Treatment Of Metacarpal Fracture, Single; Without Manipulation, Each Bone	\$ 274.46
26605	Treatment Of Closed Metacarpal Fracture, Single; With Manipulation, Each Bone	\$ 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	Closed Treatment Of Carpometacarpal Dislocation, Other Than Thumb, With Manipulation, Each Joint; Without Anesthesia	\$ 314.69
26675	Treatment Of Closed Carpometacarpal Dislocation, Other Than Bennett Fracture, Single, With Manipulation; Requiring Anesthesia	\$ 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	\$ 198.83
26725	Closed Treatment Of Broken Finger Or Thumb At The Mid Portion Or Part Near The Hand With Manipulation	\$ 342.31
26727	Insertion Of Hardware To Broken Finger Or Thumb With Manipulation, Accessed Through The Skin	\$ 439.20
26735	Open Treatment Of Phalangeal Shaft Fracture, Proximal Or Middle Phalanx, Finger Or Thumb, Includes Internal Fixation, When Performed, 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
26746	Open Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint, Includes Internal Fixation, When Performed, Each	\$ 642.70
26750	Closed Treatment Of Broken Finger Or Thumb At The Portion Furthest Away From The Hand Without Manipulation	\$ 182.19
26755	Closed Treatment Of Broken Finger Or Thumb At The Portion Furthest Away From The Hand With Manipulation	\$ 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
26820	Fusion In Opposition, Thumb, With Autogenous Graft (Includes Obtaining Graft)	\$ 785.86
26841	Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixation;	\$ 735.67
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
26852	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	\$ 91.28
26862	Fusion Of The Joints Between The Finger And The Hand, With Bone Graft From The Patient	\$ 728.91
26863	Fusion Of Finger Joint With Bone Graft, Additional Joint	\$ 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	Incision, Bone Cortex, Pelvis And/Or Hip Joint (Eg, Osteomyelitis Or Bone Abscess)	\$ 923.79
27000	Incision Of Hip Tendon, Accessed Through The Skin	\$ 344.69
27001	Incision Of Hip Tendon, Open Procedure	\$ 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	Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body	\$ 882.30
27035	Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves	\$ 1,089.63
27036	Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (Ie, Gluteus Medius, Gluteus Minimus, Tensor Fascia Latae, Rectus Femoris, Sartorius, Iliopsoas)	\$ 925.72
27040	Biopsy Of Tissue Of Pelvis And Hip, Superficial	\$ 324.28
27041	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
27045	Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater	\$ 663.73
27047	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm	\$ 465.74
27048	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	Arthrotomy, For Biopsy; Hip Joint	\$ 531.02

Code	Description	Fee
27054	Arthrotomy With Synovectomy, Hip Joint	\$ 659.03
27057	Incision Of Tissue On One Side Of Pelvic Muscle Compartment With Removal Of Muscle	\$ 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
27075	Radical Removal Of Growth From Wing Of Upper Pelvic Bone (Ilium), Base Of Pelvic Bone (Ischium), 1 Pubic Bone Or Joint Between Pubic Bones	\$ 1,869.58
27076	Radical Removal Of Growth From Upper Pelvic Bone (Ilium) Including Hip Socket, Base Of Pelvic Bone (Ischium) Including Hip Socket, Or Both Pubic Bones	\$ 2,256.39
27077	Radical Resection Of Tumor; Innominate Bone, Total	\$ 2,514.77
27078	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
27086	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	Removal Of Hip Prosthesis; (Separate Procedure)	\$ 756.93
27091	Removal Of Hip Prosthesis, Complicated	\$ 1,489.41
27093	Injection Procedure For Hip Arthrography; Without Anesthesia	\$ 203.94
27095	Injection Procedure For Hip Arthrography; With Anesthesia	\$ 300.39
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	\$ 161.23
27097	Release Or Recession, Hamstring, Proximal	\$ 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
27146	Osteotomy, Iliac, Acetabular Or Innominate Bone;	\$ 1,082.70
27147	Incision Of Pelvic Bone With Repair Of Hip Joint Dislocation, Open Procedure	\$ 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	Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Single Or Multiple Pinning	\$ 875.13
27179	Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (Heyman Type Procedure)	\$ 889.94
27181	Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixation	\$ 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
27215	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
27216	Insertion Of Hardware To Broken And/Or Dislocated Bone On One Side Of Pelvis, Accessed Through The Skin	\$ 454.00
27217	Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Anterior	\$ 1,226.04
27218	Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Posterior	\$ 1,472.92
27220	Closed Treatment Of Acetabulum (Hip Socket) Fracture(S); Without Manipulation	\$ 385.41
27222	Treatment Of Closed Acetabulum (Hip Socket) Fracture(S); With Manipulation With Or Without Skeletal Traction	\$ 894.41
27226	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	\$ 451.29
27232	Closed Treatment Of Fracture Of Neck Of Thigh Bone With Manipulation	\$ 665.72
27235	Insertion Of Hardware To Broken Thigh Bone, Accessed Through The Skin	\$ 858.77

Code	Description	Fee
27236	Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation Or Prosthetic Replacement	\$ 1,123.96
27238	Closed Treatment Of Intertrochanteric, Pterotrochanteric, Or Subtrochanteric Femoral Fracture; Without Manipulation	\$ 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	\$ 1,153.86
27246	Closed Treatment Of Broken Hip, Trochanter	\$ 348.81
27248	Open Treatment Of Broken Thigh Bone Using Internal Fixation	\$ 679.02
27250	Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia	\$ 162.50
27252	Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia	\$ 638.22
27253	Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	\$ 854.47
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	\$ 271.17
27257	Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia	\$ 326.10
27258	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In 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; Requiring Regional Or General Anesthesia	\$ 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 Sacroiliac Joint Obtaining Bone Graft Open Procedure	\$ 1,200.02
27282	Fusion Of Joint Between Pubic 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
27299	Unlisted Procedure, Pelvis Or Hip Joint	Price by Report
27301	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region	\$ 584.91
27303	Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess)	\$ 575.86
27305	Removal Of Tissue At Thigh Or Knee Region, Open Procedure	\$ 444.99
27306	Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin	\$ 304.89
27307	Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin	\$ 392.29
27310	Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint	\$ 700.01
27323	Biopsy Of Thigh Or Knee Region Tissue, Superficial	\$ 260.58
27324	Biopsy Of Thigh Or Knee Region Tissue, Deep	\$ 372.98
27325	Neurectomy, Hamstring Muscle	\$ 520.09
27326	Neurectomy, Popliteal (Gastrocnemius)	\$ 482.41
27327	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm	\$ 437.17
27328	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm	\$ 564.88
27329	Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee	\$ 935.36
27330	Arthrotomy, Knee; With Synovial Biopsy Only	\$ 390.29
27331	Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee	\$ 461.03
27332	Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint	\$ 592.59
27333	Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint	\$ 541.82
27334	Removal Of Knee Joint Lining, Front Or Back	\$ 657.57
27335	Removal Of Knee Joint Lining, Front And Back	\$ 699.62
27337	Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater	\$ 395.69
27339	Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater	\$ 709.65
27340	Excision, Prepatellar Bursa	\$ 329.93
27345	Removal Of Cyst Of Membrane Covering Behind Knee Joint	\$ 448.04
27347	Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee	\$ 509.69
27350	Patellectomy Or Hemipatellectomy	\$ 628.62
27355	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	\$ 583.75
27356	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft	\$ 676.57
27357	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Primary Autogenous Graft (Includes Obtaining Graft)	\$ 780.42
27358	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal Fixation (List In Addition To Code For Primary Procedure)	\$ 244.29
27360	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/OR Fibula (Eg, Osteomyelitis Or Bone Abscess)	\$ 777.13
27364	Removal (5 Centimeters Or Greater) Tissue Growth Of Thigh Or Knee	\$ 1,451.81
27365	Radical Resection Of Tumor, Femur Or Knee	\$ 1,738.90
27369	Injection Of Contrast For Imaging Of Knee Joint	\$ 162.81
27372	Removal Foreign Body, Deep	\$ 510.62
27380	Suture Of Tendon Below Knee, Primary	\$ 601.07
27381	Suture Of Tendon Below Knee, Secondary Reconstruction	\$ 882.62
27385	Suture Of Ruptured Muscle Of Thigh, Primary	\$ 588.43
27386	Suture Of Ruptured Muscle Of Thigh, Secondary	\$ 791.53
27390	Repair Of Hamstring Tendon, Open Procedure	\$ 393.16
27391	Repair Of Multiple Hamstring Tendons, Open Procedure	\$ 512.76
27392	Repair Of Multiple Hamstring Tendons Of Both Legs, Open Procedure	\$ 652.44
27393	Lengthening Of Hamstring Tendon; Single Tendon	\$ 483.97

Code	Description	Fee
27394	Lengthening Of Hamstring Tendon; Multiple Tendons, One Leg	\$ 581.67
27395	Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral	\$ 839.39
27396	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Single Tendon	\$ 593.91
27397	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Multiple Tendons	\$ 833.25
27400	Transfer Of Tendon Or Muscle In Hamstring	\$ 637.16
27403	Arthrotomy With Meniscus Repair, Knee	\$ 618.89
27405	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral	\$ 648.61
27407	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Cruciate	\$ 760.68
27409	Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral And Cruciate Ligaments	\$ 880.10
27412	Autologous Chondrocyte Implantation, Knee	\$ 1,486.34
27415	Implantation Of Donor Cartilage Cells Into Knee Bone, Open Procedure	\$ 1,293.14
27416	Implantation Of Patient'S Knee Cartilage Cells Into Knee Bone, Open Procedure	\$ 927.11
27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	\$ 785.01
27420	Repair Of Dislocating Knee Cap, Without Realignment	\$ 679.50
27422	Repair Of Dislocating Knee Cap, With Realignment	\$ 708.59
27424	Reconstruction For Recurrent Dislocating Patella; With Patellectomy	\$ 684.12
27425	Release Of Ligaments Of Knee Joint, Open Procedure	\$ 441.86
27427	Reconstruction (Augmentation), Knee; Extra-Articular	\$ 678.05
27428	Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside The Knee Joint	\$ 1,060.41
27429	Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside Or Outside The Knee Joint	\$ 1,143.70
27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	\$ 709.18
27435	Capsulotomy, Posterior Capsular Release, Knee	\$ 736.89
27437	Arthroplasty, Patella; Without Prosthesis	\$ 633.64
27438	Arthroplasty, Patella; Without Prosthesis With Prosthesis	\$ 799.25
27440	Repair Of Knee Joint, Lower Part Of Joint	\$ 727.68
27441	Repair Of Knee Joint, Lower Part Of Joint With Cleaning And Lining Removal	\$ 750.94
27442	Revision Of Total Elbow Repair	\$ 792.44
27443	Repair Of Knee Joint, Lower Or Upper Part Of Joint With Cleaning And Lining Removal	\$ 776.85
27445	Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)	\$ 1,134.32
27446	Repair Of Knee Joint, Lower Or Upper Part Of Joint, Inside Or Outside Area	\$ 1,041.55
27447	Repair Of Knee Joint, Lower Or Upper Part Of Joint, Inside And Outside Area	\$ 1,201.41
27448	Osteotomy, Femur, Shaft Or Supracondylar, Without Fixation; Unilateral	\$ 737.52
27450	Osteotomy, Femur, Shaft Or Supracondylar, With Fixation; Unilateral	\$ 955.74
27454	Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft (Eg, Sofield Type Procedure)	\$ 1,168.83
27455	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock-Knee)), Unilateral; Before Epiphyseal Closure	\$ 911.43
27457	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock-Knee)), Unilateral; After Epiphyseal Closure	\$ 871.73
27465	Osteoplasty, Femur; Shortening	\$ 1,127.68
27466	Osteoplasty, Femur; Lengthening	\$ 1,116.92
27468	Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer	\$ 1,211.95
27470	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (Eg, Compression Technique, Etc)	\$ 1,114.41
27472	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$ 1,143.04
27475	Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur	\$ 635.43
27477	Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal	\$ 699.65
27479	Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula	\$ 834.92
27485	Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus)	\$ 642.59
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component	\$ 1,316.99
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	\$ 1,636.47
27488	Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee	\$ 1,131.08
27495	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur	\$ 1,065.16
27496	Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor);	\$ 505.45
27497	Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve	\$ 532.04
27498	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	\$ 602.64
27499	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve	\$ 642.06
27500	Closed Treatment Of Femoral Shaft Fracture, Without Manipulation	\$ 483.37
27501	Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation	\$ 488.34
27502	Closed Treatment Of Broken Thigh Bone, Mid-Portion With Manipulation	\$ 712.48
27503	Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation	\$ 728.77
27506	Open Treatment Of Broken Thigh Bone, With Implant	\$ 1,260.12
27507	Open Treatment With Plate/Screws Of Broken Thigh Bone	\$ 909.98
27508	Closed Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion	\$ 480.99
27509	Insertion Of Hardware To Stabilize Broken Thigh Bone Or Separated Growth Plate, Accessed Through The Skin	\$ 627.98
27510	Closed Treatment Of Broken Thigh Bone In The Area Of The Knee With Manipulation	\$ 618.75
27511	Open Treatment Of Broken Thigh Bone In The Area Of The Knee	\$ 934.52
27513	Open Treatment Of Fracture Of Lower End Of Thigh Bone Just Above Knee Joint (Supracondylar Or Transcondylar Fracture Of Femur)	\$ 1,153.58
27514	Open Treatment Of Fracture Of One Side Of Lower End Of Thigh Bone Just Above Knee Joint (Medial Or Lateral Condyle Fracture Of Femur)	\$ 906.90
27516	Closed Treatment Of Distal Femoral Epiphyseal Separation; Without Manipulation	\$ 483.43
27517	Closed Treatment Of Distal Femoral Epiphyseal Separation; With Manipulation, With Or Without Skin Or Skeletal Traction	\$ 632.00
27519	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

Code	Description	Fee
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
27540	Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, Includes Internal Fixation, When Performed	\$ 774.55
27550	Closed Treatment Of Knee Dislocation; Without Anesthesia	\$ 479.10
27552	Treatment Of Closed Knee Dislocation; Requiring Anesthesia	\$ 550.58
27556	Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; Without Primary Ligamentous Repair Or 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
27580	Arthrodesis, Knee, Any Technique	\$ 1,391.60
27590	Amputation, Thigh, Through Femur, Any Level;	\$ 712.99
27591	Amputation Of Thigh Through Thigh Bone With Immediate Fitting	\$ 875.44
27592	Amputation Of Thigh Through Thigh Bone, Open Procedure	\$ 595.16
27594	Amputation Of Thigh Through Thigh Bone, Secondary Closure	\$ 424.68
27596	Amputation, Thigh, Through Femur, Any Level; Reamputation	\$ 655.51
27598	Disarticulation At Knee	\$ 637.53
27599	Unlisted Procedure, Femur Or Knee	Price by Report
27600	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
27610	Exploration, Drainage, Or Removal Of Foreign Body Of Ankle	\$ 618.24
27612	Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Tendon Lengthening	\$ 552.49
27613	Biopsy, Soft Tissues; Superficial	\$ 240.71
27614	Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or Intramuscular)	\$ 547.79
27615	Removal (Less Than 5 Centimeters) Tissue Growth Of Leg Or Ankle	\$ 923.77
27616	Removal (5 Centimeters Or Greater) Tissue Growth Of Leg Or Ankle	\$ 1,138.57
27618	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
27625	Arthrotomy, Ankle, With Synovectomy;	\$ 552.82
27626	Arthrotomy, Ankle, For Synovectomy; Including Tenosynovectomy	\$ 555.67
27630	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion)	\$ 513.54
27632	Removal (3 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Leg Or Ankle	\$ 435.52
27634	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion), Leg And/Or Ankle 5 Cm Or Greater	\$ 613.42
27635	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula;	\$ 556.98
27637	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Primary Autogenous Graft (Includes Obtaining Graft)	\$ 673.65
27638	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Primary Homogenous Graft	\$ 709.55
27640	Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (Eg, Osteomyelitis); Tibia	\$ 791.84
27641	Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (Eg, Osteomyelitis); Fibula	\$ 598.63
27645	Radical Resection Of Tumor; Tibia	\$ 1,589.14
27646	Radical Resection Of Tumor; Fibula	\$ 1,382.97
27647	Radical Resection Of Tumor; Talus Or Calcaneus	\$ 922.40
27648	Injection Procedure For Ankle Arthrography	\$ 194.99
27650	Repair Of Ruptured Achilles Tendon, Open Or Through Skin Procedure	\$ 634.34
27652	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
27656	Repair, Fascial Defect Of Leg	\$ 482.30
27658	Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Primary, Without Graft	\$ 359.13
27659	Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Secondary With Or Without Graft	\$ 457.93
27664	Repair Of Leg Tendon On The Front Of The Leg (Extensor), Primary, Without Graft	\$ 338.06
27665	Repair Of Leg Tendon On The Front Of The Leg (Extensor), Secondary With Or Without Graft	\$ 411.56
27675	Repair Of Dislocating Lower Leg Tendons Without A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula)	\$ 479.58
27676	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
27686	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Multiple Tendons (Through Same Incision), Each	\$ 490.75
27687	Gastrocnemius Recession (Eg, Strayer Procedure)	\$ 440.16
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
27692	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

Code	Description	Fee
27696	Primary Repair Of Disruption Of Both Ankle Ligaments	\$ 530.07
27698	Repair Of Disrupted Collateral Ligament Of Ankle, Secondary	\$ 612.13
27700	Arthroplasty, Ankle;	\$ 611.58
27702	Arthroplasty, Ankle; With Implant ("Total Ankle")	\$ 912.36
27703	Arthroplasty, Ankle; Revision, Total Ankle	\$ 1,007.98
27704	Removal Of Ankle Implant	\$ 524.74
27705	Osteotomy; Tibia	\$ 714.89
27707	Osteotomy; Fibula	\$ 374.51
27709	Osteotomy; Tibia And Fibula	\$ 1,037.51
27712	Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Type Procedure)	\$ 964.05
27715	Osteoplasty, Tibia And Fibula, Lengthening Or Shortening	\$ 973.15
27720	Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Technique, Etc)	\$ 830.08
27722	Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft	\$ 815.56
27724	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$ 1,175.22
27725	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
27727	Repair Of Congenital Pseudarthrosis, Tibia	\$ 954.58
27730	Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure	\$ 512.51
27732	Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure	\$ 419.09
27734	Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure	\$ 602.97
27740	Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula;	\$ 647.54
27742	Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur	\$ 709.54
27745	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia	\$ 691.31
27750	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation	\$ 348.38
27752	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction	\$ 524.37
27756	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
27759	Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage	\$ 942.47
27760	Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation	\$ 322.84
27762	Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle With Manipulation	\$ 433.56
27766	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
27768	Closed Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle With Manipulation	\$ 417.48
27769	Open Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle	\$ 693.26
27780	Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End Without Manipulation	\$ 280.31
27781	Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End With Manipulation	\$ 391.61
27784	Open Treatment Of The Outer Bone Of The Lower Leg	\$ 649.10
27786	Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Region Of The Ankle Without Manipulation	\$ 315.11
27788	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
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
27818	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
27822	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	\$ 940.05
27824	Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; Without Manipulation	\$ 283.80
27825	Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; With Skeletal Traction And/Or Requiring Manipulation	\$ 479.47
27826	Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Fibula (Smaller Lower Leg Bone)	\$ 773.92
27827	Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Shin Bone	\$ 961.61
27828	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
27840	Closed Treatment Of Ankle Dislocation; Without Anesthesia	\$ 341.55
27842	Closed Treatment Of Ankle Dislocation; Requiring Anesthesia, With Or Without Percutaneous Skeletal Fixation	\$ 430.85
27846	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
27860	Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation Apparatus)	\$ 156.50
27870	Fusion Of Ankle Joint, Open Procedure	\$ 957.81
27871	Arthrodesis, Tibiofibular Joint, Proximal Or Distal	\$ 660.73
27880	Amputation Leg, Through Tibia And Fibula;	\$ 816.23
27881	Amputation Leg, Through Tibia And Fibula; With Immediate Fitting Technique Including Application Of First Cast	\$ 763.69
27882	Amputation Of Leg, Open Procedure	\$ 540.10
27884	Amputation Of Leg, Secondary Closure	\$ 487.41
27886	Amputation Leg, Through Tibia And Fibula; Reamputation	\$ 600.18

Code	Description	Fee
27888	Amputation, Ankle, Through Malleoli Of Tibia And Fibula (Eg, Syme, Pirogoff Type Procedures), With Plastic Closure And Resection Of Nerves	\$ 581.41
27889	Amputation Of Foot Through Ankle Joint	\$ 566.51
27892	Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only, With Debridement Of Nonviable Muscle And/Or Nerve	\$ 459.35
27893	Decompression Fasciotomy, Leg; Posterior Compartment(S) Only, With Debridement Of Nonviable Muscle And/Or Nerve	\$ 563.33
27894	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(S), With Debridement Of Nonviable Muscle And/Or Nerve	\$ 683.75
27899	Unlisted Procedure, Leg Or Ankle	Price by Report
28001	Drainage Of Fluid-Filled Sac (Bursa) Of Foot, Superficial	\$ 165.02
28002	Drainage Of Fluid-Filled Sac (Bursa) Of Foot, Deep	\$ 239.85
28003	Deep Infection, Below Fascia, Requiring Deep Dissection, With Or Without Tendon Sheath Involvement; Multiple Areas	\$ 364.76
28005	Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Foot	\$ 499.34
28008	Fasciotomy, Foot And/Or Toe	\$ 376.78
28010	Repair Of Toe Tendon, Accessed Through The Skin	\$ 207.78
28011	Repair Of Multiple Toe Tendons, Accessed Through The Skin	\$ 293.96
28020	Incision Of Foot Bone At Ankle Joint With Exploration, Drainage, Or Removal Of Foreign Body	\$ 519.10
28022	Exploration, Drainage, Or Removal Of Foreign Body Of Foot	\$ 428.30
28024	Exploration, Drainage, Or Removal Of Foreign Body Of Toe Joint	\$ 408.08
28035	Release, Tarsal Tunnel (Posterior Tibial Nerve Decompression)	\$ 468.26
28039	1.5 Cm Or Greater	\$ 464.46
28041	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial (Eg, Intramuscular); 1.5 Cm Or Greater	\$ 436.22
28043	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subcutaneous; Less Than 1.5 Cm	\$ 341.42
28045	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial (Eg, Intramuscular); Less Than 1.5 Cm	\$ 450.66
28046	Removal (Less Than 3 Centimeters) Tissue Growth Of Foot Or Toe	\$ 655.34
28047	Removal (3 Centimeters Or Greater) Tissue Growth Of Foot Or Toe	\$ 939.95
28050	Biopsy Through A Joint Opening In The Midfoot	\$ 394.00
28052	Biopsy Through A Joint Opening In The Toe/Forefoot Joint	\$ 369.69
28054	Arthrotomy For Synovial Biopsy; Interphalangeal Joint	\$ 348.19
28055	Neurectomy, Intrinsic Musculature Of Foot	\$ 354.44
28060	Fasciectomy, Plantar Fascia; Partial (Separate Procedure)	\$ 455.72
28062	Fasciectomy, Excision Of Plantar Fascia; Radical (Separate Procedure)	\$ 536.92
28070	Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each	\$ 485.91
28072	Synovectomy; Metatarsophalangeal Joint, Each	\$ 463.43
28080	Excision, Interdigital (Morton) Neuroma, Single, Each	\$ 471.10
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 Upper Surface Of The Foot	\$ 431.76
28090	Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Foot	\$ 410.72
28092	Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Toe(S), Each	\$ 375.27
28100	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus;	\$ 554.86
28102	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$ 560.82
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;	\$ 464.03
28106	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)	\$ 396.29
28107	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	Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure)	\$ 995.58
28116	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 Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area	\$ 519.75
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
28153	Resection, Condyle(S), Distal End Of Phalanx, Each Toe	\$ 385.84
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	\$ 435.24
28190	Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin	\$ 236.22
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

Code	Description	Fee
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
28262	Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy And Tendon(S) Lengthening (Eg, Resistant Clubfoot Deformity)	\$ 1,182.35
28264	Capsulotomy, Midtarsal (Eg, Heyman Type Procedure)	\$ 841.20
28270	Capsulotomy; Metatarsophalangeal Joint, With Or Without Tenorrhaphy, Each Joint (Separate Procedure)	\$ 431.51
28272	Capsulotomy; Interphalangeal Joint, Each Joint (Separate Procedure)	\$ 363.69
28280	Syndactylization, Toes (Eg, Webbing Or Kelikian Type Procedure)	\$ 481.97
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	Osteotomy, 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
28304	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	\$ 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
28320	Repair Of Non-Healed Midfoot Bone	\$ 592.39
28322	Repair Of Non-Healed Forefoot Bone	\$ 732.80
28340	Reconstruction Of Abnormal Toe, Without Bone Removal	\$ 533.97
28341	Reconstruction Of Abnormal Toe, With Bone Removal	\$ 617.85
28344	Reconstruction, Toe(S) Polydactyly	\$ 370.40
28345	Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web	\$ 457.39
28360	Reconstruction, Cleft Foot	\$ 1,002.08
28400	Closed Treatment Of Calcaneal Fracture; Without Manipulation	\$ 224.02
28405	Closed Treatment Of Calcaneal Fracture; With Manipulation	\$ 401.84
28406	Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin	\$ 525.42
28415	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed;	\$ 965.09
28420	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	\$ 1,186.88
28430	Closed Treatment Of Talus Fracture; Without Manipulation	\$ 216.83
28435	Treatment Of Closed Talus Fracture; With Manipulation	\$ 331.58
28436	Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin	\$ 465.59
28445	Open Treatment Of The Bone That Connects The Foot To The Ankle	\$ 899.51
28446	Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure	\$ 1,109.61
28450	Treatment Of Broken Foot Bone Without Manipulation	\$ 191.53
28455	Treatment Of Broken Foot Bone With Manipulation	\$ 255.83
28456	Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin	\$ 351.82
28465	Open Treatment Of Fracture Of The Hind Portion Of The Foot	\$ 559.53
28470	Closed Treatment Of Broken Foot Bone In The Fore Or Midfoot Without Manipulation	\$ 219.39
28475	Treatment Of Closed Metatarsal Fracture; With Manipulation, Each	\$ 234.02
28476	Insertion Of Hardware To Broken Foot Bone With Manipulation, Accessed Through The Skin	\$ 383.14
28485	Open Treatment Of Fracture Of The Mid Portion Of The Foot	\$ 495.35
28490	Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; Without Manipulation	\$ 128.85
28495	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

Code	Description	Fee
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
28546	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin, Other Than The Ankle (Talus) To The Midfoot (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
28576	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Ankle (Talus) With The Midfoot (Tarsal) Bones	\$ 354.49
28585	Open Treatment Of Dislocation Foot Joint Within The Midfoot Bones	\$ 827.44
28600	Closed Treatment Of Dislocated Midfoot Without Anesthesia	\$ 188.78
28605	Closed Treatment Of Dislocated Midfoot With Anesthesia	\$ 308.13
28606	Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Midfoot (Tarsal) Bones Joint With The 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	\$ 254.74
28890	Extracorporeal Shock Wave, High Energy, Performed By A Physician Or Other Qualified Health Care Professional, Requiring Anesthesia Other Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia	\$ 307.06
28899	Unlisted Procedure, Foot Or Toes	Price by Report
29000	Application Of Halo Type Body Cast (See 20661-20663 For Insertion)	\$ 318.92
29010	Application Of Risser Jacket, Localizer, Body; Only	\$ 247.47
29015	Application Of Risser Jacket, Localizer, Body; Including Head	\$ 269.26
29035	Application Of Body Cast, Shoulder To Hips;	\$ 236.40
29040	Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type	\$ 269.23
29044	Application Of Body Cast, Shoulder To Hips; Including One Thigh	\$ 264.10
29046	Application Of Body Cast, Shoulder To Hips; Including Both Thighs	\$ 289.21
29049	Application, Cast; Figure-Of-Eight	\$ 91.11
29055	Application; Shoulder Spica	\$ 204.67
29058	Application; Plaster Velpeau	\$ 112.72
29065	Application Of Cast, Shoulder To Hand (Long Arm)	\$ 95.70
29075	Application Of Cast, Elbow To Finger (Short Arm)	\$ 86.46
29085	Application; Hand And Lower Forearm (Gauntlet)	\$ 94.91
29086	Application, Cast; Finger (Eg, Contracture)	\$ 71.21
29105	Application Of Long Arm Splint (Shoulder To Hand)	\$ 81.26
29125	Application Of Non-Moveable, Short Arm Splint (Forearm To Hand)	\$ 66.39
29126	Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand)	\$ 70.05
29130	Application Of Non-Moveable, Hinged Finger Splint	\$ 40.76
29131	Application Of Moveable, Hinged Finger Splint	\$ 47.76
29200	Strapping; Thorax	\$ 31.54
29240	Strapping; Shoulder (Eg, Velpeau)	\$ 29.21
29260	Strapping; Elbow Or Wrist	\$ 31.88
29280	Strapping; Hand Or Finger	\$ 27.59
29305	Application Of Hip Spica Cast One Leg	\$ 227.04
29325	Application Of Hip Spica Cast, One And One-Half Hip Spica Or Both Legs	\$ 245.05
29345	Application Of Long Leg Cast (Thigh To Toes);	\$ 132.13
29355	Application Of Long Leg Cast (Thigh To Toes), Walker Or Ambulatory Type	\$ 129.85
29358	Application Of Long Leg Cast Brace	\$ 143.64
29365	Application Of Cylinder Cast (Thigh To Ankle)	\$ 112.60
29405	Application Of Short Leg Cast (Below Knee To Toes);	\$ 79.21
29425	Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type	\$ 74.50
29435	Application Of Patellar Tendon Bearing (PtB) Cast	\$ 109.40
29440	Adding Walker To Previously Applied Cast	\$ 39.48

Code	Description	Fee
29445	Application Of Rigid Total Contact Leg Cast	\$ 125.04
29450	Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg	\$ 142.07
29505	Application Of Long Leg Splint (Thigh To Ankle Or Toes)	\$ 83.03
29515	Application Of Short Leg Splint (Calf To Foot)	\$ 71.30
29520	Strapping; Hip	\$ 34.21
29530	Strapping; Knee	\$ 28.69
29540	Strapping; Ankle And/Or Foot	\$ 27.34
29550	Strapping; Toes	\$ 17.89
29580	Strapping, Unna Boot	\$ 56.22
29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$ 87.67
29584	Application Of Vein Wound Compression System Upper Arm, Forearm, Hand, And Fingers	\$ 79.68
29700	Removal Or Bivalving Of Gauntlet, Boot, Or Body Cast	\$ 56.57
29705	Removal Or Bivalving; Full Arm Or Full Leg Cast	\$ 55.30
29710	Removal Or Bivalving Of Shoulder, Hip Spica, Or Jacket Cast	\$ 110.99
29720	Repair Of Spica, Body Cast, Or Jacket	\$ 78.21
29730	Windowing Of Cast	\$ 56.91
29740	Wedging Of Cast (Except Clubfoot Casts)	\$ 89.92
29750	Wedging Of Clubfoot Cast	\$ 97.02
29799	Unlisted Procedure, Casting Or Strapping	Price by Report
29800	Arthroscopy, Temporomandibular Joint, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	\$ 486.48
29804	Arthroscopy, Temporomandibular Joint, Surgical	\$ 562.23
29805	Diagnostic Examination Of Shoulder Using An Endoscope	\$ 431.34
29806	Incision Of Should Joint Capsule Using An Endoscope	\$ 1,003.74
29807	Repair Of Shoulder Socket Cartilage Using An Endoscope	\$ 980.63
29819	Removal Of Loose Or Foreign Body Of Shoulder Using An Endoscope	\$ 538.77
29820	Partial Removal Of Shoulder Joint Lining Using An Endoscope	\$ 492.69
29821	Removal Of Entire Shoulder Joint Lining Using An Endoscope	\$ 545.64
29822	Limited Removal Of Abnormal Shoulder Joint Tissue Using Endoscope	\$ 520.44
29823	Extensive Removal Of Abnormal Shoulder Joint Tissue Using Endoscope	\$ 568.21
29824	Partial Removal Of Collar Bone At Shoulder Using An Endoscope	\$ 648.98
29825	Release Or Removal Of Shoulder Scar Tissue Using An Endoscope	\$ 562.25
29826	Shaving Of Shoulder Bone Using An Endoscope	\$ 157.83
29827	Repair Of Shoulder Rotator Cuff Using An Endoscope	\$ 1,010.70
29828	Release Of Shoulder Biceps Tendon Using An Endoscope	\$ 869.12
29830	Arthroscopy, Elbow, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	\$ 420.59
29834	Arthroscopy, Elbow, Surgical; With Removal Of Loose Body Or Foreign Body	\$ 452.95
29835	Arthroscopy, Elbow, Surgical; Synovectomy, Partial	\$ 467.50
29836	Arthroscopy, Elbow, Surgical; Synovectomy, Complete	\$ 537.76
29837	Arthroscopy, Elbow, Surgical; Debridement, Limited	\$ 504.42
29838	Arthroscopy, Elbow, Surgical; Debridement, Extensive	\$ 545.40
29840	Arthroscopy, Wrist, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	\$ 417.09
29843	Diagnostic Examination Of The Wrist Using An Endoscope For Infection, Irrigation, And Drainage	\$ 447.07
29844	Arthroscopy, Wrist, Surgical Synovectomy, Partial	\$ 460.76
29845	Arthroscopy, Wrist, Surgical Synovectomy, Complete	\$ 538.93
29846	Arthroscopy, Wrist, Surgical Excision Of Triangular Fibrocartilage And/Or Joint Debridement	\$ 503.86
29847	Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability	\$ 498.51
29848	Endoscopy, Wrist, Surgical, With Release Of Transverse Carpal Ligament	\$ 496.64
29850	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
29851	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) With Internal Or External Fixation (Includes Arthroscopy)	\$ 880.55
29855	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
29860	Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	\$ 589.50
29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	\$ 679.86
29862	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
29874	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)	\$ 477.56
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	\$ 632.51
29880	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed	\$ 539.44
29881	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of 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	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions With Or Without Manipulation (Separate Procedure)	\$ 593.65

Code	Description	Fee
29885	Repair Of Knee Joint With Bone Graft Using An Endoscope, With Bone Graft	\$ 690.43
29886	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
29892	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy)	\$ 588.99
29893	Endoscopic Plantar Fasciotomy	\$ 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	Arthroscopy, Metacarpophalangeal Joint, Diagnostic, Includes Synovial Biopsy	\$ 464.71
29901	Arthroscopy, Metacarpophalangeal Joint, Surgical; With Debridement	\$ 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 (Ie, Treatment Of Cam Lesion)	\$ 939.95
29915	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	\$ 962.65
29916	Arthroscopy, Hip, Surgical; With Labral Repair	\$ 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
30110	Removal Of Polyps In Nose, Simple	\$ 239.82
30115	Removal Of Polyps In Nose, Extensive Or Complex	\$ 420.47
30117	Removal Or Destruction Of Growth In Nose, Internal Approach	\$ 880.31
30118	Removal Or Destruction Of Growth In Nose, External Approach	\$ 690.03
30120	Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma	\$ 479.00
30124	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	Injection Into Turbinate(S), Therapeutic	\$ 106.23
30210	Displacement Therapy (Proetz Type)	\$ 144.51
30220	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
30400	Rhinoplasty, Primary Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	\$ 1,174.70
30410	Reshaping Of Bone, Cartilage, Or Tip Of Nose	\$ 1,313.81
30420	Rhinoplasty, Primary Including Major Septal Repair	\$ 1,289.99
30430	Rhinoplasty, Secondary Minor Revision (Small Amount Of Nasal Tip Work)	\$ 1,034.08
30435	Rhinoplasty, Secondary Intermediate Revision (Bony Work With Osteotomies)	\$ 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
30462	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip, Septum, 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	Repair Of Collapsed Nasal Valve	\$ 2,297.07
30520	Septoplasty With Or Without Cartilage Implant (Separate Procedure)	\$ 658.67
30540	Repair Of Nasal Passage Through Nose	\$ 705.24
30545	Repair Of Nasal Passages Through Palate	\$ 954.24
30560	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	\$ 638.39
30801	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Superficial	\$ 194.28
30802	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Intramural (Ie, Submucosal)	\$ 272.78
30901	Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery And/Or Packing) Any Method	\$ 137.29
30903	Control Nasal Hemorrhage, Anterior, Complex (Extensive Cautery And/Or Packing) Any Method	\$ 214.49
30905	Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs And/Or Cautery, Any Method; Initial	\$ 308.39
30906	Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs; Initial Subsequent	\$ 357.62
30915	Tying Of Artery (Ethmoidal) For Control Of Nose Bleed	\$ 569.17
30920	Tying Of Artery (Internal Maxillary) For Control Of Nose Bleed	\$ 823.84
30930	Fracture Nasal Inferior Turbinate(S), Therapeutic	\$ 115.59
30999	Unlisted Procedure, Nose	Price by Report

Code	Description	Fee
31000	Irrigation Of Nasal Sinus (Maxillary)	\$ 175.61
31002	Irrigation Of Nasal Sinus (Sphenoid)	\$ 167.18
31020	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
31050	Incision Of Nasal (Sphenoid) Sinus	\$ 493.93
31051	Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S)	\$ 663.67
31070	Incision Of Nasal (Frontal) Sinus	\$ 456.70
31075	Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type)	\$ 787.32
31080	Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow	\$ 1,034.65
31081	Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead	\$ 1,105.92
31084	Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow	\$ 1,143.70
31085	Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead	\$ 1,177.64
31086	Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft	\$ 1,114.33
31087	Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft	\$ 1,055.15
31090	Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid)	\$ 1,065.15
31200	Ethmoidectomy; Intranasal, Anterior	\$ 603.13
31201	Removal Of Nasal Sinus From Within The Nose Passage	\$ 758.21
31205	Removal Of Nasal Sinus From Outside The Nose Passage	\$ 896.13
31225	Maxillectomy; Without Orbital Exenteration	\$ 1,674.97
31230	Maxillectomy; With Orbital Exenteration (En Bloc)	\$ 1,860.14
31231	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
31238	Control Of Bleeding Of Nose Using An Endoscope	\$ 218.19
31239	Incision Of Tear Duct Using An Endoscope	\$ 584.39
31240	Removal Of Nasal Breathing Passages Using An Endoscope	\$ 150.63
31241	Tying Of Sphenopalatine Artery Using An Endoscope	\$ 402.85
31242	Destruction Of Nasal Nerve By Heat Using An Endoscope	\$ 2,205.31
31243	Destruction Of Nasal Nerve By Freezing Using An Endoscope	\$ 2,140.47
31253	Complete Examination Of Nose And Sinuses Using An Endoscope	\$ 468.37
31254	Partial Removal Of Nasal Sinus Using An Endoscope	\$ 424.52
31255	Complete Removal Of Nasal Sinus Using An Endoscope	\$ 303.48
31256	Incision Of Nasal (Maxillary) Sinus Using An Endoscope	\$ 169.70
31257	Complete Examination Of Nose And Sinuses And Removal Of Nasal Sinus Using An Endoscope	\$ 417.78
31259	Removal Of Tissue From Sphenoid Sinus Using An Endoscope	\$ 441.72
31267	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
31290	Repair Of Leak Of Brain And Spinal Fluid From Sinus Behind Bridge Of Nose Using Endoscope	\$ 1,051.12
31291	Repair Of Leak Of Brain And Spinal Fluid From Sinus Behind Eyes Using Endoscope	\$ 1,103.34
31292	Decompression Of Inner Side Or Floor Of Eye Socket Using Endoscope	\$ 940.53
31293	Decompression Of Inner Side And Floor Of Eye Socket Using Endoscope	\$ 990.38
31294	Decompression Of Optic Nerve Using Endoscope	\$ 1,129.98
31295	Dilation Of Maxillary Sinus In The Nose Using An Endoscope	\$ 1,836.81
31296	Dilation Of Frontal Sinus In The Nose Using An Endoscope	\$ 1,863.73
31297	Dilation Of Sphenoid Sinus In The Nose Using An Endoscope	\$ 1,619.02
31298	Dilation Of Sphenoid And Frontal Sinus In The Nose Using An Endoscope	\$ 3,455.45
31299	Unlisted Procedure, Accessory Sinuses	Price by Report
31300	Removal Of Vocal Cord Growth Or Cartilage Attachment	\$ 1,173.19
31360	Removal Of Voice Box, Total	\$ 1,796.74
31365	Removal Of Voice Box, Muscle, Lymph Nodes, And Glands, Total, With Neck Dissection	\$ 2,342.82
31367	Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection	\$ 2,025.04
31368	Removal Of Voice Box And Lymph Nodes In Neck	\$ 2,238.84
31370	Partial Removal Of Voice Box, Horizontal	\$ 1,906.59
31375	Partial Removal Of Voice Box, Lateroververtical	\$ 1,812.30
31380	Partial Removal Of Voice Box, Anteroververtical	\$ 1,787.52
31382	Partial Removal Of Voice Box, Antero-Latero-Vertical	\$ 1,955.92
31390	Removal Of Voice Box, Throat, Muscle, Lymph Nodes, And Glands	\$ 2,591.89
31395	Removal Of Voice Box And Throat, Muscle, Lymph Nodes, And Glands With Reconstruction Of Defect	\$ 2,726.18
31400	Arytenoidectomy Or Arytenoidopexy, External Approach	\$ 953.91
31420	Epiglottidectomy	\$ 775.24
31500	Intubation, Endotracheal, Emergency Procedure	\$ 129.96
31502	Tracheotomy Tube Change Prior To Establishment Of Fistula Tract	\$ 32.77
31505	Diagnostic Examination Of Voice Box Using An Endoscope, With A Mirror	\$ 87.36
31510	Biopsy Of Voice Box Using An Endoscope, Indirect	\$ 204.29
31511	Removal Of Foreign Body From Voice Box Using An Endoscope, Indirect	\$ 200.30
31512	Laryngoscopy, Indirect (Separate Procedure); With Removal Of Lesion	\$ 204.63
31513	Laryngoscopy, Indirect (Separate Procedure); With Vocal Cord Injection	\$ 118.73
31515	Laryngoscopy Direct; For Aspiration	\$ 204.29
31520	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

Code	Description	Fee
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	Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope	\$ 226.66
31541	Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope With Operating Microscope Or Telescope	\$ 247.06
31545	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	\$ 239.91
31572	Destruction Of Abnormality Of One Side Of Voice Box Using A Flexible Endoscope	\$ 513.94
31573	Injection Of Drug Into One Side Of Voice Box Using A Flexible Endoscope	\$ 280.30
31574	Injection Of Substance To Augment Voice Box Using A Flexible Endoscope	\$ 925.31
31575	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
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
31599	Unlisted Procedure, Larynx	Price by Report
31600	Tracheostomy, Planned (Separate Procedure);	\$ 279.70
31601	Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years	\$ 398.67
31603	Tracheostomy, Emergency Procedure; Transtracheal	\$ 293.52
31605	Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane	\$ 299.96
31610	Tracheostomy, Fenestration Procedure With Skin Flaps	\$ 845.38
31611	Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis)	\$ 505.88
31612	Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin	\$ 88.68
31613	Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue	\$ 375.75
31614	Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue	\$ 669.24
31615	Tracheoscopy Through Established Tracheostomy Incision	\$ 167.29
31622	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure)	\$ 242.61
31623	Bronchoscopy; With Brushing Or Protected Brushings	\$ 268.56
31624	Bronchoscopy; With Bronchial Alveolar Lavage	\$ 249.38
31625	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites	\$ 306.92
31626	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple	\$ 770.80
31627	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])	\$ 1,186.38
31628	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Single Lobe	\$ 363.45
31629	Needle Biopsy Of Windpipe Cartilage, Airway, And/Or Lung Using An Endoscope	\$ 398.38
31630	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Tracheal/Bronchial Dilation Or Closed Reduction Of Fracture	\$ 184.27
31631	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Placement Of Tracheal Stent(S) (Includes Tracheal/ Bronchial Dilation As Required)	\$ 205.07
31632	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure)	\$ 62.39
31633	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Needle Aspiration Biopsy(S), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure)	\$ 77.22
31634	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Balloon Occlusion, With Assessment Of Air Leak, With Administration Of Occlusive Substance (Eg, Fibrin Glue), If Performed	\$ 1,451.05
31635	Bronchoscopy; With Removal Of Foreign Body	\$ 284.11
31636	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Placement Of Bronchial Stent(S) (Includes Tracheal/ Bronchial Dilation As Required), Initial Bronchus	\$ 198.48
31637	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; Each Additional Major Bronchus Stented (List Separately In Addition To Code For Primary Procedure)	\$ 70.59
31638	Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Revision Of Tracheal Or Bronchial Stent Inserted At Previous Session (Includes Tracheal/Bronchial Dilation As Required)	\$ 225.02
31640	Bronchoscopy; With Excision Of Tumor	\$ 230.72
31641	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Destruction Of Tumor Or Relief Of Stenosis By Any Method Other Than Excision (Eg, Laser Therapy, Cryotherapy)	\$ 236.76

Code	Description	Fee
31643	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Catheter(S) For Intracavitary 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
32035	Thoracostomy; With Rib Resection For Empyema	\$ 653.07
32036	Thoracostomy; With Open Flap Drainage For Empyema	\$ 703.00
32096	Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	\$ 700.20
32097	Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	\$ 701.62
32098	Thoracotomy, With Biopsy(les) Of Pleura	\$ 665.54
32100	Thoracotomy; With Exploration	\$ 733.96
32110	Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear	\$ 1,200.66
32120	Thoracotomy; For Postoperative Complications	\$ 791.68
32124	Thoracotomy; With Open Intrapleural Pneumonolysis	\$ 813.96
32140	Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed	\$ 868.60
32141	Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	\$ 1,324.41
32150	Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit	\$ 922.43
32151	Thoracotomy; With Removal Of Intrapulmonary Foreign Body	\$ 907.31
32160	Thoracotomy; With Cardiac Massage	\$ 727.37
32200	Drainage Of Infected Lung Material Or Cyst, Open Procedure	\$ 1,002.04
32215	Pleural Scarification For Repeat Pneumothorax	\$ 703.51
32220	Decortication, Pulmonary, (Separate Procedure); Total	\$ 1,434.00
32225	Decortication, Pulmonary, (Separate Procedure); Partial	\$ 899.54
32310	Pleurectomy, Parietal (Separate Procedure)	\$ 808.50
32320	Decortication And Parietal Pleurectomy	\$ 1,406.07
32400	Needle Biopsy Of Lining Of Lung, Accessed Through The Skin	\$ 147.66
32408	Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin	\$ 831.60
32440	Removal Of Lung, Pneumonectomy;	\$ 1,372.38
32442	Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy)	\$ 2,642.83
32445	Removal Of Lung, Pneumonectomy; Extrapleural	\$ 3,062.19
32480	Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy)	\$ 1,327.01
32482	Removal Of Lung, Other Than Pneumonectomy; 2 Lobes (Bilobectomy)	\$ 1,384.94
32484	Removal Of Lung, Other Than Pneumonectomy; Single Segment (Segmentectomy)	\$ 1,282.26
32486	Removal Of Lung, Other Than Pneumonectomy; With Circumferential Resection Of Segment Of Bronchus Followed By Broncho-Bronchial Anastomosis (Sleeve Lobectomy)	\$ 2,028.53
32488	Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy)	\$ 2,076.94
32491	Volume Reduction, Sternal Split Or Transthoracic Approach, Includes Any Pleural Procedure, When Performed	\$ 1,288.00
32501	Resection And Repair Of Portion Of Bronchus (Bronchoplasty) When Performed At Time Of Lobectomy Or Segmentectomy (List Separately In Addition To Code For Primary Procedure)	\$ 208.71
32503	Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall Resection, Rib(S) Resection(S), Neurovascular Dissection, When Performed; Without Chest Wall Reconstruction(S)	\$ 1,563.07
32504	Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall Resection, Rib(S) Resection(S), Neurovascular Dissection, When Performed; With Chest Wall Reconstruction	\$ 1,777.89
32505	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
32507	Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure)	\$ 134.73

Code	Description	Fee
32540	Extrapleural Enucleation Of Empyema (Empyemectomy);	\$ 1,507.22
32550	Insertion Of Indwelling Tunneled Pleural Catheter With Cuff	\$ 755.84
32551	Removal Of Fluid From Between Lung And Chest Cavity, Open Procedure	\$ 141.89
32552	Removal Of Indwelling Tunneled Pleural Catheter With Cuff	\$ 174.14
32553	Insertion Of Devices In Chest Cavity For Radiation Therapy Guidance, Accessed Through The Skin	\$ 493.24
32554	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; Without Imaging Guidance	\$ 229.03
32555	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; With Imaging Guidance	\$ 345.05
32556	Removal Of Fluid From Chest Cavity With Insertion Of Indwelling Catheter, Accessed Through The Skin	\$ 705.79
32557	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
32608	Thoracoscopy; With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	\$ 336.60
32609	Thoracoscopy; With Biopsy(les) Of Pleura	\$ 224.77
32650	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical)	\$ 609.01
32651	Thoracoscopy, Surgical; With Partial Pulmonary Decortication	\$ 985.50
32652	Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis	\$ 1,449.75
32653	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
32656	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
32663	Thoracoscopy, Surgical; With Lobectomy (Single Lobe)	\$ 1,218.83
32664	Thoracoscopy, Surgical; With Thoracic Sympathectomy	\$ 743.55
32665	Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type)	\$ 1,073.95
32666	Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral	\$ 786.25
32667	Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection	\$ 135.06
32668	Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung	\$ 135.18
32669	Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy)	\$ 1,170.10
32670	Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	\$ 1,396.06
32671	Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	\$ 1,539.32
32672	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
32701	Thoracic Target(S) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt), (Photon Or Particle Beam), Entire Course Of Treatment	\$ 186.46
32800	Repair Lung Hernia Through Chest Wall	\$ 829.82
32810	Closure Of Chest Wall Following Open Flap Drainage For Empyema (Clagett Type Procedure)	\$ 791.47
32815	Closure Of Abnormal Drainage Tract From Chest Cavity To Lung Airway, Open Procedure	\$ 2,438.57
32820	Major Reconstruction, Chest Wall (Post-Traumatic)	\$ 1,166.82
32850	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
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Unilateral	Price by Report
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Bilateral	Price by Report
32900	Resection Of Ribs, Extrapleural, All Stages	\$ 1,219.65
32905	Thoracoplasty, Schede Type Or Extrapleural (All Stages);	\$ 1,164.29
32906	Thoracoplasty, Schede Type Or Extrapleural (All Stages); With Closure Of Bronchopleural Fistula	\$ 1,433.09
32940	Pneumonolysis, Extrapleural, Including Filling Or Packing Procedures	\$ 1,077.09
32960	Pneumothorax, Therapeutic, Intrapleural Injection Of Air	\$ 119.42
32994	Destruction Of Growths In One Lung, Accessed Through The Skin With Imaging Using Extreme Cold To Destroy Tissues	\$ 4,718.85
32997	Total Lung Lavage (Unilateral)	\$ 313.44
32998	Destruction Of Growths In One Lung, Accessed Through The Skin Using Radiofrequency To Destroy Tissues	\$ 3,005.88
32999	Unlisted Procedure, Lungs And Pleura	Price by Report
33016	Drainage Of Heart Sac	\$ 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
33018	Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Fluoroscopy And/Or Ultrasound Guidance Imaging Guidance, In Patient 5 Years Or Older Or Any Age With Congenital Heart Defect	\$ 251.83
33019	Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Imaging Guidance, Using Ct Imaging Guidance	\$ 193.55
33020	Pericardiectomy For Removal Of Clot Or Foreign Body (Primary Procedure)	\$ 725.12
33025	Creation Of Pericardial Window Or Partial Resection For Drainage	\$ 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

Code	Description	Fee
33130	Resection Of External Cardiac Tumor	\$ 1,192.70
33140	Transmyocardial Laser Revascularization, By Thoracotomy (Separate Procedure)	\$ 1,353.70
33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The Time Of Other Open Cardiac Procedure(S) (List Separately In 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	\$ 144.16
33211	Placement Of Temporary Pacemaker Leads, Dual Chamber	\$ 148.55
33212	Insertion Of Pacemaker Pulse Generator Only; With Existing Single Lead	\$ 294.24
33213	Insertion Of Pacemaker Pulse Generator Only; With Existing Dual Leads	\$ 307.98
33214	Upgrade Of Implanted Pacemaker System, Conversion Of Single Chamber System To Dual Chamber System (Includes Removal Of Previously Placed Pulse Generator, Testing Of Existing Lead, Insertion Of New Lead, Insertion Of New Pulse Generator)	\$ 427.32
33215	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
33226	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement Of Existing Generator)	\$ 432.58
33227	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System	\$ 303.37
33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System	\$ 322.60
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System	\$ 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	\$ 1,269.62
33251	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg, Wolff-Parkinson-White, A-V Node Re-Entry), Tract(S) And/Or 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
33259	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Time Of Other Cardiac Procedure(S), Extensive (Eg, Maze 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 Defibrillator 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	\$ 853.20
33268	Exclusion Of Appendage Of Left Upper Chamber Of Heart Performed During Other Procedure On Chest	\$ 105.64
33269	Exclusion Of Appendage Of Left Upper Chamber Of Heart Using An Endoscope	\$ 676.13
33270	Insertion Or Replacement Of Defibrillator With Electrode	\$ 506.87
33271	Insertion Of Defibrillator Electrode	\$ 400.19
33272	Removal Of Defibrillator Electrode	\$ 309.82
33273	Repositioning Of Previously Implanted Defibrillator Electrode	\$ 353.65
33274	Insertion Or Replacement Of Permanent Leadless Pacemaker Into Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance	\$ 432.28
33275	Removal Of Permanent Leadless Pacemaker From Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance	\$ 442.71
33285	Insertion Of Heart Rhythm Monitor Under Skin	\$ 3,718.59
33286	Removal Of Heart Rhythm Monitor From Under Skin	\$ 121.83
33289	Insertion Of Wireless Pressure Sensor Into Lung Artery Via Catheter	\$ 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

Code	Description	Fee
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
33367	Insertion Of Catheters In Peripheral Blood Vessels Accessed Through Skin For Heart-Lung Machine Support Of Replacement Of Aortic Valve With Prosthetic Valve Through Catheter	\$ 527.11
33368	Insertion Of Catheters In Peripheral Blood Vessels, Open Procedure, For Heart-Lung Machine Support Of Replacement Of Aortic Valve With Prosthetic Valve Through Catheter	\$ 638.78
33369	Insertion Of Catheters In Central Blood Vessels For Heart-Lung Machine Support Of Replacement Of Aortic Valve With Prosthetic Valve 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
33405	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
33413	Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement Of Pulmonary Valve (Ross 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	\$ 1,569.46
33419	Replacement Of Mitral Valve With Prosthetic Valve Accessed Through The Skin, Additional Prosthesis(Es)	\$ 367.95
33420	Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure	\$ 1,265.13
33422	Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure	\$ 1,449.78
33425	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass	\$ 2,368.37
33426	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring	\$ 2,067.53
33427	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring	\$ 2,119.47
33430	Replacement, Mitral Valve, With Cardiopulmonary Bypass	\$ 2,490.92
33440	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	\$ 2,972.82
33460	Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	\$ 2,079.13
33463	Valvuloplasty, Tricuspid Valve; Without Ring Insertion	\$ 2,461.51
33464	Valvuloplasty, Tricuspid Valve; With Ring Insertion	\$ 1,953.03
33465	Replacement, Tricuspid Valve, With Cardiopulmonary Bypass	\$ 2,387.36
33468	Tricuspid Valve Repositioning And Plication For Ebstein Anomaly	\$ 2,119.78
33471	Incision Of Valve Between Lower Right Heart Chamber And Main Lung Artery, Closed Heart Procedure, Approached Through Main Lung Artery	\$ 1,156.51
33474	Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure	\$ 1,890.70
33475	Replacement, Pulmonary Valve	\$ 2,017.89
33476	Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy	\$ 1,328.81
33477	Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin	\$ 1,188.17
33478	Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection	\$ 1,371.96
33496	Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure)	\$ 1,450.55
33500	Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass	\$ 1,360.10
33501	Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass	\$ 976.05
33502	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation	\$ 1,118.03
33503	Anomalous Coronary Artery; Graft, Without Bypass	\$ 1,162.25
33504	Anomalous Coronary Artery; Graft, With Bypass	\$ 1,280.52
33505	Repair Of Anomalous Coronary Artery; With Construction Of Intrapulmonary Artery Tunnel (Takeuchi Procedure)	\$ 1,780.15
33506	Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery To Aorta	\$ 1,775.19
33507	Repair Of Anomalous (Eg, Intramural) Aortic Origin Of Coronary Artery By Unroofing Or Translocation	\$ 1,491.30
33508	Endoscopy, Surgical, Including Video-Assisted Harvest Of Vein(S) For Coronary Artery Bypass Procedure (List Separately In Addition To Code For Primary Procedure)	\$ 14.21
33509	Harvest Of Artery From Arm For Heart Bypass Graft Using An Endoscope	\$ 139.19
33510	Heart Artery Bypass, Single	\$ 1,721.83
33511	Heart Artery Bypass , 2 Grafts	\$ 1,844.89
33512	Heart Artery Bypass , 3 Grafts	\$ 2,103.60
33513	Heart Artery Bypass , 4 Grafts	\$ 2,152.14
33514	Heart Artery Bypass , 5 Grafts	\$ 2,264.03
33516	Heart Artery Bypass , 6 Or More Grafts	\$ 2,344.22
33517	Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Single Vein Graft (List Separately In Addition To Code For Primary Procedure)	\$ 164.52
33518	Combined Vein And Artery Heart Artery Bypass, 2 Grafts	\$ 360.57
33519	Combined Vein And Artery Heart Artery Bypass, 3 Grafts	\$ 476.97

Code	Description	Fee
33521	Combined Vein And Artery Heart Artery Bypass, 4 Grafts	\$ 561.53
33522	Combined Vein And Artery Heart Artery Bypass, 5 Grafts	\$ 630.37
33523	Combined Vein And Artery Heart Artery Bypass, 6 Or More Grafts	\$ 713.19
33530	Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than One Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	\$ 460.39
33533	Heart Artery Bypass, Single Graft	\$ 1,667.18
33534	Heart Artery Bypass, 2 Grafts	\$ 1,908.48
33535	Heart Artery Bypass, 3 Grafts	\$ 2,123.73
33536	Heart Artery Bypass, 4 Or More Grafts	\$ 2,287.49
33542	Myocardial Resection (Eg, Ventricular Aneurysmectomy)	\$ 2,270.55
33545	Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocardial Resection	\$ 2,658.29
33548	Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Performed (Eg, Ventricular Remodeling, Svr, Saver, Dor Procedures)	\$ 2,577.47
33572	Removal Of Plaque From Heart Artery At Time Of Bypass Graft Procedure, Open Procedure	\$ 198.21
33600	Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch	\$ 1,497.07
33602	Closure Of Semilunar Valve (Aortic Or Pulmonary) By Suture Or Patch	\$ 1,453.69
33606	Anastomosis Of Pulmonary Artery To Aorta (Damus-Kaye-Stansel Procedure)	\$ 1,547.57
33608	Repair Of Complex Cardiac Anomaly Other Than Pulmonary Atresia With Ventricular Septal Defect By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery	\$ 1,608.46
33610	Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle With Subaortic Obstruction) By Surgical Enlargement Of Ventricular Septal Defect	\$ 1,545.92
33611	Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair;	\$ 1,689.39
33612	Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair; With Repair Of Right Ventricular Outflow Tract Obstruction	\$ 1,733.85
33615	Repair Of Complex Cardiac Anomalies (Eg, Tricuspid Atresia) By Closure Of Atrial Septal Defect And Anastomosis Of Atria Or Vena Cava To Pulmonary Artery (Simple Fontan Procedure)	\$ 1,735.09
33617	Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle) By Modified Fontan Procedure	\$ 1,924.28
33619	Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart Syndrome) (Eg, Norwood Procedure)	\$ 2,448.45
33620	Placement Of Bands Around The Right And Left Pulmonary (Lung) Arteries, Hybrid Approach	\$ 1,645.80
33621	Transthoracic Insertion Of Catheter For Stent Placement With Catheter Removal And Closure (Eg, Hybrid Approach Stage 1)	\$ 810.78
33622	Reconstruction Of Complex Cardiac Anomaly (Eg, Single Ventricle Or Hypoplastic Left Heart) With Palliation Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia, Creation Of Cavopulmonary Anastomosis, And Removal Of Right And Left Pulmonary	\$ 2,960.83
33641	Repair Atrial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or Without Patch	\$ 1,457.00
33645	Direct Or Patch Closure, Sinus Venosus, With Or Without Anomalous Pulmonary Venous Drainage	\$ 1,501.98
33647	Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct Or Patch Closure	\$ 1,612.35
33660	Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atrial Septal Defect), With Or Without Atrioventricular Valve Repair	\$ 1,559.40
33665	Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair	\$ 1,696.89
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 Single Ventricular Septal Defect, With Or Without Patch;	\$ 1,649.80
33684	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	\$ 1,083.56
33692	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; 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, Open Heart Procedure	\$ 1,264.12
33737	Enlargement Of Wall Between Two Upper Heart Chambers With Correction Of Blood Flow, Open Heart Procedure	\$ 1,134.66
33741	Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging Guidance	\$ 634.76
33745	Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance	\$ 903.16
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
33771	Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, With Surgical Enlargement Defect	\$ 1,879.82
33774	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg, Mustard Or Senning Type) With Cardiopulmonary Bypass	\$ 1,567.64
33775	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

Code	Description	Fee
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
33780	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
33782	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium 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
33813	Obliteration Of Aortopulmonary Septal Defect Without Cardiopulmonary Bypass	\$ 1,084.94
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
33851	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus Repair Using Either Left Subclavian Artery Or Prosthetic 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
33863	Placement Of Graft To Ascending Aorta On Heart-Lung Machine, With Replacement Of Root Of Aorta And Reconstruction Of Heart	\$ 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
33891	Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-Carotid, Performed In Conjunction With Endovascular Repair Of Descending Thoracic Aorta, By Neck Incision	\$ 814.79
33894	Repair Of Aorta By Insertion Of Stent Across Major Side Branches	\$ 793.06
33895	Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches	\$ 631.03
33897	Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel	\$ 469.31
33900	Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body	\$ 479.66
33901	Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body	\$ 630.55
33902	Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body	\$ 608.92
33903	Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body	\$ 717.75
33904	Placement Of Additional Stent In Pulmonary Artery	\$ 240.76
33910	Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass	\$ 2,279.91
33915	Pulmonary Artery Embolectomy; Without Bypass	\$ 1,198.66
33916	Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass	\$ 3,610.07
33917	Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft	\$ 1,308.78
33920	Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery	\$ 1,571.58
33922	Transection Of Pulmonary Artery With Cardiopulmonary Bypass	\$ 1,213.01
33924	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)	\$ 249.85
33925	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass	\$ 1,522.13
33926	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass	\$ 2,134.40
33927	Implantation Of Artificial Heart	\$ 2,190.84
33928	Replacement Of Artificial Heart	Price by Report
33929	Removal Of Artificial Heart	Price by Report
33933	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	Price by Report
33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	\$ 4,270.68
33940	Donor Cardiectomy (Including Cold Preservation)	Price by Report
33944	Backbench Standard Preparation Of Cadaver Donor Heart 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	Price by Report
33945	Heart Transplant, With Or Without Recipient Cardiectomy	\$ 4,308.42
33946	Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump	\$ 275.38
33947	Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump	\$ 304.58
33948	Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump	\$ 215.56
33949	Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump	\$ 210.02
33951	Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$ 371.30

Code	Description	Fee
33952	Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$ 425.52
33953	Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$ 414.50
33954	Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$ 471.06
33955	Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$ 725.45
33956	Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$ 719.39
33957	Repositioning Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$ 159.19
33958	Repositioning Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$ 161.96
33959	Repositioning Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years 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
33963	Repositioning Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age	\$ 409.59
33964	Repositioning Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older	\$ 424.83
33965	Removal Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years 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	\$ 209.62
33967	Insertion Of Assistive Heart Blood Flow Device Into Aorta, Accessed Through The Skin	\$ 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 Of Age	\$ 239.08
33970	Removal Of Blood Flow Assist Device In Aorta, Open Procedure	\$ 306.57
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
33974	Removal Of Intra-Aortic Balloon Assist Device From The Ascending Aorta, Including Repair Of The Ascending Aorta, With Or Without Graft	\$ 781.97
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
33985	Removal Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 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 And Older	\$ 451.25
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
33990	Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery Accessed Through Skin, Including Radiological Supervision And Interpretation	\$ 319.50
33991	Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery And Vein Accessed Through Skin, With Puncture Of Partition 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
33995	Insertion Of Right Lower Heart Chamber Blood Flow Assist Device Via Vein Accessed Through Skin, Including Radiological Supervision And 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
34001	Removal Of Blood Clot In Artery Via Neck Incision	\$ 781.31
34051	Removal Of Blood Clot In Artery Via Thoracic Incision	\$ 871.78
34101	Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision	\$ 526.78
34111	Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision	\$ 526.12
34151	Removal Of Blood Clot In Artery Via Abdominal Incision	\$ 1,198.58
34201	Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision	\$ 807.24
34203	Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision	\$ 834.80
34401	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision	\$ 1,294.27
34421	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision	\$ 595.28
34451	Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions	\$ 1,223.76
34471	Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision	\$ 921.96
34490	Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision	\$ 507.48
34501	Valvuloplasty, Femoral Vein	\$ 767.03
34502	Reconstruction Of Vena Cava, Any Method	\$ 1,345.70
34510	Venous Valve Transposition, Any Vein Donor	\$ 872.99
34520	Cross-Over Vein Graft To Venous System	\$ 846.30
34530	Saphenopopliteal Vein Anastomosis	\$ 807.48

Code	Description	Fee
34701	Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation	\$ 1,068.09
34702	Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation	\$ 1,584.22
34703	Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation	\$ 1,180.48
34704	Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 1,951.64
34705	Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 1,504.26
34706	Repair Of Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 1,950.62
34707	Repair Of Non-Ruptured Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 995.87
34708	Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 1,582.49
34709	Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery Including Radiological Supervision And Interpretation	\$ 275.29
34710	Delayed Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery, Initial Vessel Treated	\$ 685.09
34711	Delayed Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery, Additional Vessel Treated	\$ 251.36
34712	Delivery Of Fixation Device To Graft Via Catheter Including Radiological Supervision And Interpretation	\$ 566.59
34713	Exposure Of One Groin Artery For Delivery Of Graft, Accessed Through The Skin	\$ 107.16
34714	Exposure Of One Groin Artery With Creation Of Conduit, Open Procedure	\$ 230.79
34715	Exposure Of One Underarm Or Upper Chest Artery For Delivery Of Prosthesis, Open Procedure	\$ 255.09
34716	Exposure Of One Underarm Or Upper Chest Artery With Creation Of Conduit	\$ 319.27
34717	Repair Of Groin Artery On One Side With Graft Inserted Through Artery, Performed At Same Time As Repair Of Aorta	\$ 379.46
34718	Repair Of Groin Artery On One Side With Graft Inserted Through Artery, Not Performed At Same Time As Repair Of Aorta	\$ 1,061.15
34808	Endovascular Placement Of Iliac Artery Occlusion Device (List Separately In Addition To Code For Primary Procedure)	\$ 168.22
34812	Exposure Of One Thigh Artery For Insertion Of Prosthesis, Open Procedure	\$ 175.84
34813	Placement Of Femoral-Femoral Prosthetic Graft During Endovascular Aortic Aneurysm Repair (List Separately In Addition To Code For Primary Procedure)	\$ 200.77
34820	Exposure Of One Groin Artery For Insertion Of Prosthesis, Open Procedure	\$ 285.18
34830	Repair Of Bulging (Aneurysm) Of Aorta With Prosthesis, Open Procedure	\$ 1,499.86
34831	Repair Of Bulging (Aneurysm) Of Aorta Or Groin Arteries With Prosthesis, Open Procedure	\$ 1,643.38
34832	Repair Of Bulging (Aneurysm) Of Aorta Or Upper Thigh Arteries With Prosthesis, Open Procedure	\$ 1,612.02
34833	Exposure Of One Groin Artery With Creation Of Conduit	\$ 332.41
34834	Exposure Of One Arm Artery For Insertion Of Prosthesis, Open Procedure	\$ 109.74
34841	Repair Of Aorta In Abdomen With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 1,175.05
34842	Repair Of Aorta In Abdomen Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 1,326.71
34843	Repair Of Aorta In Abdomen Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation	\$ 1,499.65
34844	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	\$ 1,601.57
34845	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	\$ 1,375.49
34846	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	\$ 1,529.43
34847	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	\$ 1,554.17
34848	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
35001	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	\$ 971.92
35002	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	\$ 972.33
35005	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	\$ 852.76
35011	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	\$ 871.31
35013	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	\$ 1,088.65
35021	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	\$ 1,101.46
35022	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	\$ 1,258.37
35045	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	\$ 858.46
35081	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
35082	Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta	\$ 1,856.60
35091	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
35092	Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs	\$ 2,227.58
35102	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
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
35151	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
35152	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
35180	Repair, Congenital Arteriovenous Fistula; Head And Neck	\$ 672.42
35182	Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen	\$ 1,560.12
35184	Repair, Congenital Arteriovenous Fistula; Extremities	\$ 824.58
35188	Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck	\$ 1,098.85
35189	Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen	\$ 1,285.62
35190	Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities	\$ 666.76
35201	Repair Blood Vessels Or A-V Fistula, Direct; Neck	\$ 816.01
35206	Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity	\$ 712.02
35207	Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger	\$ 687.35
35211	Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, With Bypass	\$ 1,218.69
35216	Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass	\$ 1,826.54
35221	Repair Blood Vessels Or A-V Fistula, Direct; Intra-Abdominal	\$ 1,314.21
35226	Repair Blood Vessels Or A-V Fistula, Direct; Lower Extremity	\$ 734.02
35231	Repair Blood Vessel Or A-V Fistula With Vein Graft; Neck	\$ 1,113.66
35236	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
35246	Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass	\$ 1,361.42
35251	Repair Blood Vessel Or A-V Fistula With Vein Graft; Intra-Abdominal	\$ 1,503.55
35256	Repair Blood Vessel Or A-V Fistula With Vein Graft; Lower Extremity	\$ 1,005.15
35261	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Neck	\$ 838.12
35266	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Upper Extremity	\$ 768.50
35271	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass	\$ 1,205.40
35276	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, Without Bypass	\$ 1,201.75
35281	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intra-Abdominal	\$ 1,401.30
35286	Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Lower Extremity	\$ 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
35305	Removal Of Blood Clot And Portion Of Artery, Tibial Or Peroneal Artery, Initial Vessel	\$ 1,051.82
35306	Removal Of Blood Clot And Portion Of Artery, Tibial Or Peroneal Artery, Each Additional Artery	\$ 376.79
35311	Removal Of Blood Clot And Portion Of Artery, By Thoracic Incision	\$ 1,351.88
35321	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	\$ 901.28
35361	Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac	\$ 1,296.33
35363	Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemoral	\$ 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
35390	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	\$ 125.59
35500	Harvest Of Upper Extremity Vein, One Segment, For Lower Extremity Or Coronary Artery Bypass Procedure (List Separately In Addition To Code For Primary Procedure)	\$ 270.51
35501	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
35508	Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), With Vein	\$ 1,132.14
35509	Bypass Of Diseased Or Blocked Artery (Neck To Opposite Neck Artery), With Vein	\$ 1,202.36
35510	Bypass Of Diseased Or Blocked Artery (Neck To Arm Artery), With Vein	\$ 1,047.36
35511	Bypass Of Diseased Or Blocked Artery (Chest To Opposite Chest Artery), With Vein	\$ 954.68
35512	Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), With Vein	\$ 1,026.81
35515	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
35518	Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), With Vein	\$ 972.93
35521	Bypass Of Diseased Or Blocked Artery (Arm To Upper Leg Artery), With Vein	\$ 1,047.88
35522	Bypass Of Diseased Or Blocked Artery (Under Arm To Arm Artery), With Vein	\$ 996.87
35523	Bypass Of Diseased Or Blocked Artery (Upper Arm To Arm Artery), With Vein	\$ 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
35585	Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Lower Leg (Femoral-Anterior Tibial, Posterior Tibial, Or Peroneal Artery Bypass)	\$ 1,428.36
35587	Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popliteal-Tibial Or Peroneal 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
35612	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	\$ 1,504.46
35636	Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), Other Than Vein	\$ 1,358.00
35637	Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein	\$ 1,411.87
35638	Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Opposite Groin Artery), Other Than Vein	\$ 1,485.04
35642	Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein	\$ 845.96
35645	Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), Other Than Vein	\$ 809.92
35646	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 (Arm To Both Lower Thigh Arteries), 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	\$ 951.87
35663	Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein	\$ 1,039.68
35665	Bypass On Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein	\$ 1,006.64
35666	Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein	\$ 1,112.13
35671	Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein	\$ 980.89
35681	Bypass Of Diseased Or Blocked Artery, Composite	\$ 67.87
35682	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
35685	Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synthetic Conduit (List Separately In Addition To Code For Primary Procedure)	\$ 167.99
35686	Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surgery (Non-Hemodialysis) (List Separately In Addition To Code For 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 Infraarenal Aortic Prosthesis, Each Artery (List Separately In Addition To Code For Primary Procedure)	\$ 124.70
35700	Reoperation, Femoral-Popliteal Or Femoral (Popliteal) -Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels, More Than One Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	\$ 131.50
35701	Exploration Of Artery Of Neck	\$ 393.67
35702	Exploration Of Artery Of Arm	\$ 356.33
35703	Exploration Of Artery Of Leg	\$ 370.62
35800	Exploration Of Neck For Postsurgical Bleeding, Blood Clot, Or Infection	\$ 611.58
35820	Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection	\$ 1,610.75
35840	Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection	\$ 991.20
35860	Exploration Of Arm Or Leg For Postsurgical Bleeding, Blood Clot, Or Infection	\$ 680.68
35870	Repair Of Graft-Enteric Fistula	\$ 1,065.26
35875	Thrombectomy Of Arterial Or Venous Graft (Other Than Hemodialysis Graft Or Fistula);	\$ 523.69
35876	Thrombectomy Of Arterial Or Venous Graft; With Revision Of Arterial Or Venous Graft	\$ 812.86
35879	Revision Of Arterial Bypass Of Leg With Placement Of Vein Patch, Open Procedure	\$ 792.57

Code	Description	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	\$ 0.01
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, Initial Second Order Branch	\$ 922.32
36217	Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch	\$ 1,574.87
36218	Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond	\$ 197.61
36221	Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The	\$ 1,070.13
36222	Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$ 1,185.06
36223	Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$ 1,618.32
36224	Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$ 2,000.57
36225	Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All 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
36227	Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation	\$ 229.37
36228	Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post	\$ 1,410.66
36245	Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch	\$ 1,078.13
36246	Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch	\$ 717.13
36247	Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch	\$ 1,540.01
36248	Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery	\$ 100.54
36251	Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation	\$ 1,395.38
36252	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	\$ 1,502.40
36253	Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation	\$ 2,189.85
36254	Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation	\$ 1,900.95
36260	Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver)	\$ 587.59
36261	Revision Of Implanted Infusion Pump	\$ 371.82
36262	Removal Of Implanted Infusion Pump	\$ 284.54
36299	Unlisted Procedure, Vascular Injection	Price by Report
36400	Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years	\$ 26.68
36405	Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years	\$ 23.56
36406	Insertion Of Needle Into Vein, Patient Younger Than 3 Years	\$ 17.44
36410	Insertion Of Needle Into Vein, Patient 3 Years Or Older	\$ 17.23
36415	Collection Of Venous Blood By Venipuncture	\$ 8.83
36416	Puncture Of Skin For Collection Of Blood Sample	\$ 4.85
36420	Incision Of Vein For Insertion Of Needle Or Tube (Younger Than 1 Year)	\$ 40.97
36425	Incision Of Vein For Insertion Of Needle Or Tube (1 Year Or Older)	\$ 36.46
36430	Transfusion Of Blood Or Blood Products	\$ 40.58
36440	Push Blood Transfusion (2 Years Or Younger)	\$ 47.02
36450	Exchange Blood Transfusion, Newborn	\$ 159.53
36455	Exchange Blood Transfusion, Other Than Newborn	\$ 108.51
36456	Partial Exchange Transfusion, Newborn	\$ 90.96
36460	Intrauterine Fetal Transfusion	\$ 308.76
36465	Injection Of Chemical Agent Into Single Incompetent Vein Of Leg Using Ultrasound Guidance	\$ 1,420.64
36466	Injection Of Chemical Agent Into Multiple Incompetent Veins Of Same Leg Using Ultrasound Guidance	\$ 1,331.01
36468	Injection Of Chemical Agent Into Spider Veins Of Arm, Leg, Or Trunk	Price by Report
36470	Injection Of Chemical Agent Into Single Incompetent Vein	\$ 109.50
36471	Injection Of Chemical Agent Into Multiple Incompetent Veins Of One Leg	\$ 173.90
36473	Mechanochemical Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance	\$ 1,171.14

Code	Description	Fee
36474	Mechanochemical Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S)	\$ 241.66
36475	Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin	\$ 1,160.88
36476	Radiofrequency Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance	\$ 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
36483	Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S)	\$ 144.14
36500	Venous Catheterization For Selective Organ Blood Sampling	\$ 149.34
36510	Insertion Of Catheter Into Vein Of Navel, Newborn	\$ 84.24
36511	Therapeutic Apheresis; For White Blood Cells	\$ 102.89
36512	Therapeutic Apheresis; For Red Blood Cells	\$ 99.47
36513	Therapeutic Apheresis; For Platelets	\$ 97.22
36514	Therapeutic Apheresis; For Plasma Pheresis	\$ 620.21
36516	Mechanical Separation Of Plasma And Abnormal Antibodies From Blood	\$ 1,766.52
36522	Photopheresis, Extracorporeal	\$ 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	Insertion Of Tunneled Centrally Inserted Central Venous Access Device With Subcutaneous Pump	\$ 1,050.22
36565	Insertion Of Central Venous Catheters For Infusion, Two Catheters In Two Veins	\$ 789.50
36566	Insertion Of Central Venous Catheters, Two Catheters In Two Veins, And Implanted Devices For Infusion Beneath The Skin	\$ 4,103.61
36568	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	Insertion Of Central Venous Catheter For Infusion Using Imaging Guidance, Patient 5 Years Or Older	\$ 371.32
36575	Repair Of Central Venous Catheter For Infusion Without A Port Or Pump	\$ 158.66
36576	Repair Of Central Venous Catheter For Infusion With A Port Or Pump	\$ 328.47
36578	Replacement Of Central Venous Catheter Device	\$ 410.51
36580	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
36590	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	\$ 26.78
36593	Declotting By Thrombolytic Agent Of Implanted Vascular Access Device Or Catheter	\$ 30.79
36595	Mechanical Removal Of Pericatheter Obstructive Material (Eg, Fibrin Sheath) From Central Venous Device Via Separate Venous Access	\$ 573.23
36596	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
36598	Contrast Injection(S) For Radiologic Evaluation Of Existing Central Venous Access Device, Including Fluoroscopy, Image Documentation And Report	\$ 116.73
36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis	\$ 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	Insertion Of Cannula Connecting Vein To Vein	\$ 112.54
36810	Insertion Of Cannula Connecting Artery To Vein	\$ 192.93
36815	Repositioning Or Removal Of Cannula Connecting Artery To Vein	\$ 115.63
36818	Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Upper Arm, Cephalic Vein	\$ 611.66
36819	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
36823	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
36825	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Autogenous Graft	\$ 687.91
36830	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Nonautogenous Graft (Eg, Biological 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
36837	Creation Of Opening Between Artery And Vein In Arm With Separate Access To Each Blood Vessels	\$ 9,094.17

Code	Description	Fee
36838	Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemodialysis Access (Steal Syndrome)	\$ 981.42
36860	External Cannula Declotting (Separate Procedure); Without Balloon Catheter	\$ 218.68
36861	Cannula Declotting; With Balloon Catheter	\$ 120.41
36901	Insertion Of Needle And/Or Catheter Into Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation	\$ 613.40
36902	Supervision And Interpretation	\$ 1,167.89
36903	Supervision And Interpretation	\$ 4,638.87
36904	Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment , Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation, Without Balloon Catheter	\$ 1,746.52
36905	Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment , Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation, With Balloon Catheter	\$ 2,199.76
36906	Removal Or Dissolving Of Blood Clot In Dialysis Circuit, With Balloon Dilation Of Dialysis Segment And Placement Of Stent, Accessed Through Skin, With Imaging	\$ 5,899.51
36907	Balloon Dilation Of Dialysis Segment, Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation	\$ 638.57
36908	Insertion Of Stent In Dialysis Segment, With Imaging Including Radiological Supervision And Interpretation	\$ 1,538.80
36909	Permanent Blockage Of Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation	\$ 2,064.38
37140	Connection Of Vena Cava And Portal Vein Of Liver, Open Procedure	\$ 2,043.98
37145	Connection Of Renal (Kidney) Vein And Portal Vein Of Liver, Open Procedure	\$ 1,897.02
37160	Connection Of Vena Cava And Abdominal Vein, Open Procedure	\$ 1,996.83
37180	Connection Of Splenic (Spleen) And Renal (Kidney) Vein Near Aorta, Open Procedure	\$ 1,871.68
37181	Connection Of Splenic (Spleen) And Renal (Kidney) Vein, Open Procedure	\$ 2,043.98
37182	Portography With Hemodynamic Evaluation, Intrahepatic Tract Formation/Dilatation, Stent Placement And All Associated	\$ 750.38
37183	Revision Of Shunts To Bypass Blood Flow To Liver Using Imaging Guidance	\$ 5,318.25
37184	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through The Skin, Initial Vessel	\$ 1,845.45
37185	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through The Skin, Subsequent Vessel(S)	\$ 507.83
37186	Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Beneath The Skin	\$ 1,280.96
37187	Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance, Initial	\$ 1,830.67
37188	Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance, Subsequent	\$ 1,570.98
37191	Insertion Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation	\$ 2,202.37
37192	Repositioning Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation	\$ 1,219.27
37193	Removal Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation	\$ 1,623.20
37195	Thrombolysis, Cerebral, By Intravenous Infusion	\$ 378.09
37197	Retrieval Of Foreign Body Of Blood Vessels, Accessed Through The Skin Including Radiological Supervision And Interpretation	\$ 1,697.01
37200	Transcatheter Biopsy	\$ 197.71
37211	Insertion Of Catheter Into Artery For Drug Infusion For Blood Clot Including Radiological Supervision And Interpretation	\$ 345.24
37212	Transcatheter Therapy, Venous Infusion For Thrombolysis, Any Method, Including Radiological Supervision And Interpretation, Initial Treatment Day	\$ 302.94
37213	Transcatheter Therapy, Arterial Or Venous Infusion For Thrombolysis Other Than Coronary, Any Method, Including Radiological Supervision And Interpretation, Continued Treatment On Subsequent Day During Course Of Thrombolytic Therapy, Including Follow-Up Catheter	\$ 207.03
37214	Removal Of Catheter In Artery Or Vein Including Radiological Supervision And Interpretation	\$ 108.91
37215	Insertion Of Stents And Blood Clot Protection Device In Neck Artery, Open Or Accessed Through The Skin	\$ 872.45
37216	Insertion Of Stents In Neck Artery, Open Or Accessed Through The Skin	\$ 1,156.50
37217	Insertion Of Intravascular Stents In Neck Artery With Radiological Supervision And Interpretation	\$ 929.57
37218	Insertion Of Stents In Blood Vessels Of Chest Open Or Accessed Through The Skin With Radiological Supervision And Interpretation	\$ 711.70
37220	Balloon Dilation Of Artery In One Side Of Groin, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 2,717.81
37221	Insertion Of Stents In Artery In One Side Of Groin, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 3,334.57
37222	Balloon Dilation Of Groin Artery, Endovascular, Open, Or Percutaneous Approach	\$ 662.06
37223	Insertion Of Stents Into Groin Artery, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 1,373.77
37224	Balloon Dilation Of Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 3,160.28
37225	Removal Of Plaque In Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 9,554.23
37226	Insertion Of Stents Into Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 8,850.57
37227	Removal Of Plaque And Insertion Of Stents Into Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 12,204.55
37228	Balloon Dilation Of Artery Of One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 4,488.54
37229	Removal Of Plaque In Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 9,716.59
37230	Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 9,728.38
37231	Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 12,872.30
37232	Balloon Dilation Of Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure	\$ 885.03
37233	Removal Of Plaque In Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel	\$ 1,006.53
37234	Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel	\$ 3,526.84
37235	Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel	\$ 3,834.39
37236	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	\$ 2,451.38
37237	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	\$ 1,243.18
37238	Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation	\$ 3,347.00
37239	Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein	\$ 1,672.54
37241	Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$ 4,040.32

Code	Description	Fee
37242	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
37244	Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance	\$ 5,960.82
37246	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	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	Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	\$ 1,468.26
37249	Balloon Dilation Of Additional Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation	\$ 474.94
37252	Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Initial Vessel	\$ 1,034.84
37253	Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Each Additional Vessel	\$ 164.88
37500	Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)	\$ 543.63
37501	Unlisted Vascular Endoscopy Procedure	Price by Report
37565	Ligation, Internal Jugular Vein	\$ 650.71
37600	Ligation; External Carotid Artery	\$ 664.08
37605	Ligation; Internal Or Common Carotid Artery	\$ 632.00
37606	Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As With Selverstone Or Crutchfield Clamp	\$ 636.81
37607	Ligation Or Banding Of Angioaccess Arteriovenous Fistula	\$ 379.85
37609	Ligation Or Biopsy, Temporal Artery	\$ 273.77
37615	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Neck	\$ 479.09
37616	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Chest	\$ 917.89
37617	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Abdomen	\$ 1,076.40
37618	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Extremity	\$ 360.84
37619	Ligation Of Inferior Vena Cava	\$ 1,519.60
37650	Ligation Of Femoral Vein	\$ 396.45
37660	Ligation Of Common Iliac Vein	\$ 1,160.84
37700	Tying And Incision Leg Vein, Long Saphenous Vein	\$ 216.48
37718	Ligation, Division, And Stripping, Short Saphenous Vein	\$ 340.03
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below	\$ 408.05
37735	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
37760	Tying Of Varicose Veins In One Leg, Open Procedure, Radical	\$ 496.55
37761	Tying Of Varicose Veins In One Leg, Open Procedure, Simple	\$ 469.40
37765	Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, 10-20 Incisions	\$ 395.33
37766	Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, Greater Than 20 Incisions	\$ 463.55
37780	Tying And Incision Leg Vein, Short Saphenous Vein	\$ 205.71
37785	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg	\$ 327.90
37788	Penile Revascularization, Artery, With Or Without Vein Graft	\$ 1,146.72
37790	Blockage Of Penis Vein	\$ 443.03
37799	Unlisted Procedure, Vascular Surgery	Price by Report
38100	Splenectomy; Total	\$ 945.06
38101	Splenectomy; Total Partial	\$ 1,030.61
38102	Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure)	\$ 229.61
38115	Repair Of Ruptured Spleen (Splenorraphy) With Or Without Partial Splenectomy	\$ 1,141.95
38120	Laparoscopy, Surgical, Splenectomy	\$ 971.62
38129	Unlisted Laparoscopy Procedure, Spleen	Price by Report
38200	Injection Procedure For Splenoportography	\$ 120.23
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic	\$ 79.95
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous	\$ 78.96
38220	Aspiration Of Bone Marrow	\$ 155.06
38221	Biopsy Of Bone Marrow	\$ 160.39
38222	Diagnostic Aspirations And Biopsies Of Bone Marrow	\$ 172.62
38230	Harvesting Of Donor Bone Marrow For Transplantation	\$ 180.63
38232	Harvesting Of Patient Bone Marrow For Transplantation	\$ 176.25
38240	Transplantation Of Donor Stem Cells, Per Donor	\$ 210.58
38241	Transplantation Of Patient-Derived Stem Cells	\$ 164.14
38242	Transplantation Of Donor White Cells (Lymphocytes)	\$ 118.44
38243	Transplantation Of Donor Stem Cells	\$ 115.16
38300	Simple Drainage Of Lymph Node Abscess Or Inflammation	\$ 299.94
38305	Extensive Drainage Of Lymph Node Abscess Or Inflammation	\$ 447.14
38308	Incision Or Other Operation On Lymphatic Channels	\$ 417.45
38380	Suture And/Or Tying Chest Lymph Duct, Cervical	\$ 522.13
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

Code	Description	Fee
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	Removal Of All Lymph Nodes Of Both Sides Of Pelvis Using An Endoscope	\$ 1,105.57
38589	Unlisted Laparoscopy Procedure, Lymphatic System	Price by Report
38700	Suprahyoid Lymphadenectomy	\$ 723.96
38720	Cervical Lymphadenectomy (Complete)	\$ 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
38746	Procedure)	\$ 188.60
38747	Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Peripancreatic, With Or Without Para-Aortic And Vena Caval Nodes (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
38900	Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S), Includes Injection Of Non-Radioactive Dye, When Performed (List 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 Sterotomy	\$ 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
39501	Repair, Laceration Of Diaphragm, Any Approach	\$ 781.58
39503	Repair Of Congenital Defect Of Muscle Separating The Chest And Abdominal Cavities, Neonate	\$ 5,137.76
39540	Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Acute	\$ 763.64
39541	Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Chronic	\$ 832.13
39545	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic	\$ 813.72
39560	Resection, Diaphragm; With Simple Repair (Eg, Primary Suture)	\$ 740.70
39561	Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap)	\$ 1,105.91
39599	Unlisted Procedure, Diaphragm	Price by Report
40490	Biopsy Lip	\$ 107.84
40500	Vermilionectomy (Lip Shave), With Mucosal Advancement	\$ 499.97
40510	Excision Lip; Transverse Wedge Excision With Primary Closure	\$ 465.86
40520	Excision Lip; V-Excision With Primary Direct Linear Closure	\$ 477.23
40525	Removal Of Lip With Local Skin Flap Repair	\$ 508.84
40527	Removal Of Lip With Cross Skin Flap Repair	\$ 578.89
40530	Resection Lip, More Than One-Fourth, Without Reconstruction	\$ 528.76
40650	Repair Of Lip And Border	\$ 423.10
40652	Repair Of Vertical Lip Wound Extending To Half Of Lip	\$ 454.90
40654	Repair Of Vertical Lip Wound Extending To Over Half Of Lip	\$ 551.30
40700	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral	\$ 954.38
40701	Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage	\$ 1,123.07
40702	Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage	\$ 944.98
40720	Plastic Repair Of Nasal And Lip Deformity Present At Birth, Without A Flap	\$ 962.17
40761	Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap	\$ 980.75
40799	Unlisted Procedure, Lips	Price by Report
40800	Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated	\$ 179.74
40801	Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated	\$ 260.30
40804	Removal Of Embedded Foreign Body Of Mouth, Simple	\$ 180.47
40805	Removal Of Embedded Foreign Body Of Mouth, Complicated	\$ 251.33
40806	Incision Of Labial Frenum (Frenotomy)	\$ 88.95
40808	Biopsy, Vestibule Of Mouth	\$ 150.38
40810	Excision Of Lesion Of Mucosa And Submucosa; Without Repair	\$ 192.48
40812	Excision Of Lesion Of Mucosa And Submucosa; With Simple Repair	\$ 244.75
40814	Excision Of Lesion Of Mucosa And Submucosa; With Complex Repair	\$ 327.23
40816	Excision Of Lesion Of Mucosa, Submucosa, And Underlying Muscle	\$ 382.16
40818	Excision Of Mucosa As Donor Graft	\$ 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	Repair To Increase Depth Of Mouth, Front Portion	\$ 816.11
40842	Vestibuloplasty; Posterior, Unilateral	\$ 872.94
40843	Vestibuloplasty; Posterior, Bilateral	\$ 1,120.35

Code	Description	Fee
40844	Repair To Increase Depth Of Mouth, Entire Arch	\$ 1,399.41
40845	Repair To Increase Depth Of Mouth, Complex	\$ 1,389.56
40899	Unlisted Inner Mouth Procedure	Price by Report
41000	Drainage Of Abscess, Cyst, Or Blood Accumulation Of Tongue	\$ 142.38
41005	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
41009	Drainage Of Abscess, Cyst, Or Blood Accumulation Under Lower Teeth	\$ 373.82
41010	Incision Of Lingual Frenum (Frenotomy)	\$ 197.45
41015	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Superficial From Outside Of The Mouth	\$ 381.03
41016	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Lip From Outside Of The Mouth	\$ 451.93
41017	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Jaw Bone	\$ 445.61
41018	Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Teeth	\$ 497.22
41019	Insertion Of Needles, Catheters, Or Devices Into Head And/Or Neck For Radiation Delivery	\$ 450.50
41100	Biopsy Of Tongue, Front Two Thirds	\$ 168.94
41105	Biopsy Of Tongue, Back On Third	\$ 179.73
41108	Biopsy, Floor Of Mouth	\$ 152.24
41110	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
41114	Removal Of Growth Of Tongue With Local Tissue Flap	\$ 568.66
41115	Excision Of Lingual Frenum (Frenectomy)	\$ 231.15
41116	Excision Lesion Of Floor Of Mouth	\$ 301.74
41120	Removal Of Less Than Half Of Tongue	\$ 941.15
41130	Glossectomy; Hemiglossectomy	\$ 1,230.42
41135	Glossectomy; Partial, With Unilateral Radical Neck Dissection	\$ 2,006.48
41140	Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radical Neck Dissection	\$ 2,032.04
41145	Glossectomy; Complete Or Total, With Or Without Tracheostomy, With Unilateral Radical Neck Dissection	\$ 2,557.38
41150	Removal Of Tongue, Floor Of Mouth, And Jaw Bone	\$ 2,041.25
41153	Removal Of Tongue, Floor Of Mouth, Soft Tissue, And Lymph Nodes	\$ 2,217.42
41155	Removal Of Tongue, Floor Of Mouth, Jaw Bone, Tissue, And Lymph Nodes	\$ 2,767.67
41250	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
41252	Repair Of Laceration (More Than 2.5 Centimeter Or Complex) Of Tongue Or Floor Of Mouth	\$ 284.94
41510	Suture Of Tongue To Lip To Enlarge Mouth	\$ 435.06
41512	Permanent Suture Suspension Of Tongue Base	\$ 644.49
41520	Repair Of Tissue Connecting Tongue To Floor Of Mouth	\$ 326.31
41530	Destruction Of Tongue Tissue, Per Session	\$ 899.54
41599	Unlisted Procedure, Tongue, Floor Of Mouth	Price by Report
41800	Drainage Of Abscess, Cyst, Or Blood Accumulation Of Dental Bone	\$ 258.36
41805	Removal Embedded Foreign Body; From Soft Tissues	\$ 304.03
41806	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
41870	Periodontal Mucosal Grafting	\$ 165.40
41872	Reshaping Of Gum	\$ 447.20
41874	Reshaping Of Tooth Socket	\$ 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	Removal Of Soft Tissue At Roof Of Mouth, Simple	\$ 276.57
42145	Removal Of Soft Tissue At Roof Of Mouth, Complex	\$ 662.42
42160	Destruction Of Lesion, Palate Or Uvula (Thermal, Cryo Or Chemical)	\$ 222.08
42180	Repair Of Lacerated Roof Of Mouth, 2.0 Cm Or Less	\$ 243.36
42182	Repair Laceration Of Palate; Over 2 Cm Or Complex	\$ 312.46
42200	Repair Of Defect Of Roof Of Mouth Of Soft And Hard Plate	\$ 879.20
42205	Repair Of Defect Of Roof Of Mouth, Alveolar Ridge, Soft Tissue	\$ 882.57
42210	Repair Of Defect Of Roof Of Mouth, Alveolar Ridge, With Graft	\$ 1,018.54
42215	Repair Of Defect Of Roof Of Mouth, Major Revision	\$ 669.88
42220	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

Code	Description	Fee
42235	Lengthening Of Roof Of Mouth With Flap From The Lower Inferior Nasal Septal Area	\$ 700.46
42260	Repair Nasolabial Fistula	\$ 808.08
42280	Maxillary Impression For Palatal Prosthesis	\$ 170.67
42281	Insertion Of Pin-Retained Palatal Prosthesis	\$ 216.47
42299	Unlisted Roof Of The Mouth Procedure	Price by Report
42300	Drainage Of Abscess Of Salivary Gland, Uncomplicated	\$ 193.53
42305	Drainage Of Abscess Of Salivary Gland, Complicated	\$ 393.71
42310	Drainage Of Lower Jaw Abscess From Within The Mouth	\$ 164.14
42320	Drainage Of Lower Jaw Abscess From Outside Of The Mouth	\$ 249.46
42330	Removal Of Salivary Gland Stone (Parotid) Uncomplicated Inside The Mouth	\$ 209.50
42335	Removal Of Salivary Gland (Submaxillary) Or Stone, Complicated Inside The Mouth	\$ 383.27
42340	Removal Of Salivary Gland (Parotid) Stone, Complicated	\$ 509.15
42400	Biopsy Salivary Gland; Needle	\$ 93.89
42405	Biopsy Of Salivary Gland By Incision	\$ 267.22
42408	Excision Sublingual Salivary Cyst (Ranula)	\$ 479.03
42409	Marsupialization Sublingual Salivary Cyst (Ranula)	\$ 350.24
42410	Removal Of Salivary Gland Growth Or Salivary Gland, Lateral Lobe	\$ 548.85
42415	Excision Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection And Preservation Of Facial Nerve	\$ 970.21
42420	Excision Parotid Tumor Or Parotid Gland; Total, With Dissection And Preservation Of Facial Nerve	\$ 1,086.35
42425	Excision Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sacrifice Of Facial Nerve	\$ 769.71
42426	Excision Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical Neck Dissection	\$ 1,232.34
42440	Excision Submandibular (Submaxillary) Gland	\$ 400.83
42450	Excision Sublingual Gland	\$ 415.86
42500	Plastic Repair Of Salivary Duct, Simple	\$ 427.04
42505	Plastic Repair Of Salivary Duct, Complicated	\$ 542.18
42507	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
42510	Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts	\$ 566.07
42550	Injection Procedure For Sialography	\$ 150.53
42600	Closure Salivary Fistula	\$ 520.73
42650	Dilation Salivary Duct	\$ 65.37
42660	Dilation And Catheterization Of Salivary Duct, With Or Without Injection	\$ 101.34
42665	Ligation Salivary Duct, Intraoral	\$ 362.63
42699	Unlisted Procedure, Salivary Glands Or Ducts	Price by Report
42700	Incision And Drainage Abscess; Peritonsillar	\$ 188.59
42720	Drainage Of Throat Abscess, Through The Mouth	\$ 387.30
42725	Drainage Of Throat Abscess, From Outside The Mouth	\$ 686.41
42800	Biopsy; Oropharynx	\$ 150.41
42804	Biopsy Of Throat Lesion Behind Nose, Simple	\$ 207.65
42806	Biopsy Of Throat Lesion Behind Nose, Complex	\$ 230.55
42808	Excision Or Destruction Of Lesion Of Pharynx, Any Method	\$ 218.93
42809	Removal Of Foreign Body From Pharynx	\$ 181.99
42810	Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues	\$ 345.04
42815	Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues	\$ 519.42
42820	Tonsillectomy And Adenoidectomy; Under Age 12	\$ 282.05
42821	Tonsillectomy And Adenoidectomy; Age 12 Or Over	\$ 294.62
42825	Tonsillectomy, Primary Or Secondary; Under Age 12	\$ 261.67
42826	Tonsillectomy, Primary Or Secondary; Age 12 Or Over	\$ 248.69
42830	Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure	\$ 208.01
42831	Removal Of Adenoids Patient Age 12 Or Over, Initial Procedure	\$ 226.45
42835	Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure	\$ 175.07
42836	Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure	\$ 226.72
42842	Removal Of Tonsils, Tissue, Muscle, And Bone, Without Closure	\$ 947.89
42844	Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Local Flap	\$ 1,285.55
42845	Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Other Flap	\$ 2,043.37
42860	Excision Of Tonsil Tags	\$ 179.69
42870	Excision Or Destruction Lingual Tonsil, Any Method (Separate Procedure)	\$ 516.36
42890	Limited Pharyngectomy	\$ 1,321.14
42892	Partial Removal Of Wall Of Throat (Pharynx) With Suture Repair	\$ 1,739.31
42894	Removal Of Throat Tissue	\$ 2,193.59
42900	Suture Pharynx For Wound Or Injury	\$ 304.47
42950	Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx)	\$ 732.14
42953	Pharyngoesophageal Repair	\$ 905.52
42955	Pharyngostomy (Fistulization Of Pharynx, External For Feeding)	\$ 718.44
42960	Control Of Bleeding Of Throat, Uncomplicated	\$ 140.74
42961	Control Oropharyngeal Hemorrhage (Primary Or Secondary, Eg, Posttonsillectomy); Complicated, Requiring Hospitalization	\$ 369.29
42962	Control Of Bleeding Of Throat, Complicated	\$ 498.86
42970	Control Of Bleeding Of Throat With Insertion Of Packing, Uncomplicated	\$ 361.67
42971	Control Of Nasopharyngeal Hemorrhage (Primary Or Secondary, Eg, Postadenoidectomy); Complicated, Requiring Hospitalization	\$ 419.57
42972	Control Of Bleeding Of Throat With Insertion Of Packing, Complicated	\$ 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

Code	Description	Fee
43101	Removal Of Growth Of Esophagus, Thoracic Or Abdominal Approach	\$ 885.23
43107	Removal Of Esophagus, Without Open Chest Procedure	\$ 2,599.55
43108	Removal Of Esophagus, Without Open Chest Procedure, Including Intestine Repair	\$ 3,849.08
43112	Removal Of Esophagus, Open Chest Procedure	\$ 3,021.09
43113	Removal Of Esophagus, Open Chest Procedure, Including Intestine Repair	\$ 3,765.93
43116	Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Microvascular Anastomosis, Obtaining The Graft And Intestinal Reconstruction	\$ 4,301.57
43117	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abdominal Incision, With Or Without Proximal Gastrectomy; With Thoracic Esophagogastrotomy, With Or Without Pyloroplasty (Ivor Lewis)	\$ 2,837.14
43118	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
43123	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or Without Proximal Gastrectomy; With Colon Interposition Or Small 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	Injections Of Substance In Tissue Lining Of Esophagus Using An Endoscope	\$ 154.32
43193	Biopsy Of Esophagus Using A Rigid Endoscope Through The Mouth	\$ 153.99
43194	Removal Of Foreign Bodies Of Esophagus Using An Endoscope	\$ 159.80
43195	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
43210	Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope	\$ 386.27
43211	Removal Of Tissue Lining Of Esophagus Using An Endoscope	\$ 214.40
43212	Placement Of Stent On Esophagus Using An Endoscope	\$ 169.32
43213	Dilation Of Esophagus Using An Endoscope	\$ 1,195.44
43214	Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size	\$ 175.37
43215	Removal Of Foreign Bodies In Esophagus Using An Endoscope	\$ 344.98
43216	Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery	\$ 401.22
43217	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	\$ 317.16
43236	Injections Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$ 379.98
43237	Ultrasound Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$ 183.84
43238	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
43247	Removal Of Foreign Bodies Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope	\$ 336.82
43248	Insertion Of Guide Wire With Dilation Of Esophagus Using An Endoscope	\$ 364.22
43249	Balloon Dilation Of Esophagus, Stomach And Upper Small Bowel Using A Flexible Endoscope	\$ 953.59
43250	Removal Of Polyps Or Growths Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope With Electrical Cautery	\$ 438.87
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
43260	Diagnostic Examination Of Gallbladder And Pancreatic, Liver, And Bile Ducts Using An Endoscope, Including Collection Of Specimen(S)	\$ 301.83
43261	Biopsy Of Gallbladder, Pancreatic, Liver, And Bile Ducts Using A Flexible Endoscope Via Mouth	\$ 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

Code	Description	Fee
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
43273	Endoscopic Cannulation Of Papilla With Direct Visualization Of Common Bile Duct(S) And/Or Pancreatic Duct(S) (List Separately In Addition To Code(S) For Primary Procedure)	\$ 111.16
43274	Insertion Of Stent Into Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$ 399.64
43275	Removal Of Stent From Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$ 351.83
43276	Replacement Of Stent In Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth	\$ 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
43283	Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	\$ 137.46
43284	Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth	\$ 582.93
43285	Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth	\$ 599.55
43286	Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope	\$ 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
43310	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
43314	Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), Thoracic Approach; With Repair Of Congenital Tracheoesophageal Fistula	\$ 2,742.94
43320	Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen	\$ 1,238.80
43325	Repair Of Muscle At Lower Esophagus And Stomach, With Patch	\$ 1,205.26
43327	Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy	\$ 747.25
43328	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
43332	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
43338	Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	\$ 99.00
43340	Partial Removal Of Esophagus And Stomach, Abdominal Approach	\$ 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
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	\$ 1,348.50
43405	Ligation Or Stapling At Gastroesophageal Junction For Pre-Existing Esophageal Perforation	\$ 1,280.54
43410	Suture Of Wound Or Injury To Esophagus, Cervical Approach	\$ 946.05
43415	Suture Of Wound Or Injury To Esophagus, Thoracic Or Abdominal Approach	\$ 2,240.58
43420	Repair Of Abnormal Drainage Tract Of Esophagus, Cervical Approach	\$ 932.56
43425	Repair Of Abnormal Drainage Tract Of Esophagus, Thoracic Or Abdominal Approach	\$ 1,181.36
43450	Dilation Of Esophagus Unguided	\$ 183.75
43453	Dilation Of Esophagus With A Guided Wire	\$ 786.00
43460	Esophagogastric Tamponade, With Balloon (Sengstaken Type)	\$ 194.00
43496	Free Jejunum Transfer With Microvascular Anastomosis	\$ 1,870.81
43497	Incision Of Muscle Of Lower Esophagus Using An Endoscope	\$ 679.30
43499	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
43502	Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (Eg, Mallory-Weiss)	\$ 1,351.68
43510	Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intraluminal Tube (Eg, Celestin Or Mousseaux-Barbin)	\$ 847.52
43520	Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation)	\$ 638.69
43605	Biopsy Of Stomach, By Laparotomy	\$ 746.57
43610	Excision, Local; Ulcer Or Benign Tumor Of Stomach	\$ 815.96
43611	Excision, Local; Malignant Tumor Of Stomach	\$ 1,086.07
43620	Gastrectomy, Total; With Esophagoenterostomy	\$ 1,750.51
43621	Gastrectomy, Total; With Roux-En-Y Reconstruction	\$ 2,002.72
43622	Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type	\$ 2,036.45

Code	Description	Fee
43631	Partial Removal Of Stomach, With Gastroduodenostomy	\$ 1,321.93
43632	Partial Removal Of Stomach, With Gastrojejunostomy	\$ 1,682.61
43633	Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction	\$ 1,697.85
43634	Partial Removal Of Stomach With Creation Of Pouch	\$ 1,874.52
43635	Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In Addition To Code(S) For Primary Procedure)	\$ 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
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb 150 Cm Or Less)	\$ 1,775.96
43645	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	Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum	\$ 685.95
43651	Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal	\$ 588.16
43652	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
43753	Insertion Of Stomach Tube And Aspirations Of Gastric Contents	\$ 19.66
43754	Gastric Intubation And Aspiration, Diagnostic; Single Specimen (Eg, Acid Analysis)	\$ 225.15
43755	Diagnostic Insertion Of Stomach Tube And Multiple Aspirations Of Stomach Contents After Administration Of Drugs To Stimulate Stomach Secretions	\$ 200.46
43756	Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance	\$ 273.10
43757	Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance After Administration Of Drugs To Stimulate Pancreatic Or Gallbladder Secretions	\$ 366.07
43761	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
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive Device (Eg, Gastric Band And Subcutaneous Port Components)	\$ 1,005.69
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device Component Only	\$ 1,138.56
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device Component Only	\$ 844.94
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
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy)	\$ 992.51
43800	Pyloroplasty	\$ 765.32
43810	Gastroduodenostomy	\$ 903.08
43820	Partial Removal Of Stomach, Without Vagotomy	\$ 1,118.57
43825	Gastrojejunostomy; With Vagotomy, Any Type	\$ 1,164.18
43830	Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube	\$ 585.40
43831	Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding	\$ 553.43
43832	Creation Of Stomach Feeding Tube, Open Procedure	\$ 928.59
43840	Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel	\$ 1,117.34
43842	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty	\$ 1,430.26
43843	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
43846	Partial Removal Of Stomach, With Gastroenterostomy	\$ 1,466.12
43847	Partial Removal Of Stomach, With Small Intestine Repair	\$ 1,603.25
43848	Revision Of Upper Stomach Bypass, Open Procedure	\$ 1,710.14
43860	Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy	\$ 1,341.27
43865	Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy	\$ 1,512.20
43870	Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy)	\$ 588.77
43880	Closure Of Gastrocolic Fistula	\$ 1,420.37
43881	Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure	\$ 938.05
43882	Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure	\$ 1,343.37
43886	Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure	\$ 336.05
43887	Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure	\$ 313.62
43888	Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure	\$ 422.05
43999	Unlisted Procedure, Stomach	Price by Report
44005	Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	\$ 985.82
44010	Duodenotomy	\$ 776.34
44015	Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure)	\$ 126.31
44020	Incision Of Small Bowel For Exploration, Biopsy, Or Foreign Body Removal	\$ 811.22
44021	Enterotomy, Small Bowel, Other Than Duodenum; For Decompression (Eg, Baker Tube)	\$ 864.11
44025	Enterotomy With Exploration Or Foreign Body Removal; Large Bowel	\$ 877.32
44050	Reduction Of Volvulus, Intussusception, Internal Hernia, By Laparotomy	\$ 771.71
44055	Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Midgut Volvulus (Eg, Ladd Procedure)	\$ 1,353.53
44100	Biopsy Of Small Bowel By Capsule Attached To Tube Passed Through Mouth	\$ 97.67
44110	Excision Of One Or More Lesions Of Small Or Large Intestine Not Requiring Anastomosis, Exteriorization, Or Fistulization; Single Enterotomy	\$ 762.13
44111	Excision Of One Or More Lesions Of Small Or Large Bowel Not Requiring Anastomosis, Exteriorization, Or Fistulization; Multiple Enterotomies	\$ 875.86
44120	Partial Removal Of Small Bowel, Single Resection And Connection	\$ 1,057.35
44121	Partial Removal Of Small Bowel, Each Additional Resection And Connection	\$ 215.99
44125	Enterectomy, Resection Of Small Intestine; With Enterostomy	\$ 1,031.56

Code	Description	Fee
44126	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
44130	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
44136	Intestinal Allotransplantation; From Living Donor	Price by Report
44137	Removal Of Transplanted Intestinal Allograft, Complete	\$ 1,406.36
44139	Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	\$ 108.22
44140	Partial Removal Of Large Bowel, With Connection	\$ 1,227.43
44141	Colectomy, Partial; With Skin Level Cecostomy Or Colostomy	\$ 1,491.60
44143	Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	\$ 1,356.89
44144	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
44146	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
44156	Removal Of Large Bowel And Rectum And Creation Of Opening From End Of Small Intestine Through Wall Of Abdomen, With Small Intestinal Reservoir For Feces	\$ 2,045.75
44157	Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, Includes Loop Ileostomy, And Rectal Mucosectomy, When 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
44180	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	\$ 842.46
44186	Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding	\$ 599.61
44187	Creation Of Small Bowel Opening Using An Endoscope, Non-Tube	\$ 1,015.18
44188	Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy	\$ 1,121.48
44202	Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection	\$ 1,425.89
44203	Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection	\$ 215.41
44204	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis	\$ 1,582.53
44205	Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	\$ 1,378.09
44206	Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	\$ 1,791.24
44207	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis)	\$ 1,868.81
44208	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy	\$ 1,763.91
44210	Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy	\$ 1,590.83
44211	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	\$ 1,923.92
44212	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy	\$ 2,116.38
44213	Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	\$ 168.81
44227	Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis	\$ 1,704.18
44238	Unlisted Laparoscopy Procedure, Intestine (Except Rectum)	\$ 4,905.24
44300	Insertion Of Small Bowel Tube, Open Procedure	\$ 749.63
44310	Ileostomy Or Jejunostomy, Non-Tube	\$ 956.86
44312	Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$ 502.93
44314	Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Procedure)	\$ 840.06
44316	Continent Ileostomy (Kock Procedure) (Separate Procedure)	\$ 1,254.42
44320	Colostomy Or Skin Level Cecostomy;	\$ 994.07
44322	Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenital Megacolon) (Separate Procedure)	\$ 853.71
44340	Release Of Superficial Scar Tissue From Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) , Simple	\$ 530.52
44345	Reconstruction Of Large Bowel Opening, Complicated	\$ 941.19
44346	Revision Of Colostomy; With Repair Of Paracolostomy Hernia (Separate Procedure)	\$ 1,056.56
44360	Diagnostic Examination Of Small Bowel, Not Including Lower Small Intestine (Ileum), Using An Endoscope	\$ 135.30
44361	Biopsy Of Small Bowel Except The Ileum Using An Endoscope	\$ 149.00
44363	Removal Of Foreign Bodies From Small Bowel Not Including Lower Small Intestine (Ileum)	\$ 179.85
44364	Removal Of Small Bowel Polyps Or Growths Using An Endoscope, With An Electrical Cautery	\$ 186.69
44365	Removal Of Small Bowel Polyps Or Growths Using An Endoscope, With A Mechanical Snare	\$ 166.39
44366	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Control Of Bleeding (Eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	\$ 224.93
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	Insertion Of Tube Into Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope	\$ 217.50
44373	Convert Stomach Tube To Tube In Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope	\$ 174.50
44376	Diagnostic Examination Of Small Bowel Including Lower Small Intestine (Ileum) With Collection Of Specimens By Brushing Or Washing, Using An Endoscope	\$ 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
44380	Diagnostic Examination Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$ 194.47
44381	Balloon Dilation Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$ 965.96

Code	Description	Fee
44382	Biopsies Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$ 264.75
44384	Insertion Of Stent Into Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy)	\$ 140.34
44385	Diagnostic Examination Of Surgically Created Pouch Of Small Bowel Including Lower Small Intestine (Ileum) Using An Endoscope	\$ 191.29
44386	Biopsy Of Small Bowel Pouch Using An Endoscope	\$ 275.10
44388	Diagnostic Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 307.13
44389	Biopsies Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 402.21
44390	Removal Of Foreign Bodies From Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 393.71
44391	Control Of Bleeding Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 624.63
44392	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Hot Biopsy Forceps, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 372.39
44394	Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Snare, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 425.96
44401	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel, Using An Endoscope Inserted Through Surgically Created Opening 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
44403	Removal Of Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 277.59
44404	Injections Beneath Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 411.19
44405	Balloon Dilation Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 544.22
44406	Ultrasound Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 209.60
44407	Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 251.62
44408	Decompression Of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy)	\$ 211.35
44500	Dilation Of Stomach And/Or Bowels Using Long Gastrointestinal Tube	\$ 17.82
44602	Suture Of Small Bowel For Perforated Ulcer, Pouch, Wound, Injury Or Rupture	\$ 1,148.22
44603	Suture Of Multiple Small Bowel Ulcers, Defects, Wounds, Injuries, Or Rupture	\$ 1,433.04
44604	Suture Of Large Bowel 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 Strictureplasty (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 Enterenteric 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	\$ 330.61
44720	Reconstruction Of Donor Small Bowel For Transplantation Venous Connection	\$ 238.76
44721	Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection	\$ 334.25
44799	Small Bowel Procedure	Price by Report
44800	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
44899	Procedure For Congenital Bowel Defect	Price by Report
44900	Drainage Of Abscess Of Appendix, Open Procedure	\$ 700.29
44950	Appendectomy;	\$ 589.42
44955	Removal Of Appendix During Other Major Procedure	\$ 75.56
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
45108	Removal Of Muscle In The Anus And Rectum Area	\$ 338.39
45110	Removal Of Rectum With Creation Of Large Bowel Opening, Open Abdominal And Rectal Procedure	\$ 1,579.48
45111	Partial Removal Of Rectum, Open Abdominal Procedure	\$ 978.43
45112	Removal Of Rectum And Suturing Of Large Bowel To Anus, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach)	\$ 1,665.30
45113	Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Or Without Loop Ileostomy	\$ 1,698.91

Code	Description	Fee
45114	Partial Removal Of Rectum, Abdominal And Transsacral Approach	\$ 1,606.26
45116	Partial Removal Of Rectum, Abdominal Approach Only	\$ 1,403.93
45119	Removal Of Rectum With Creation Of Small Intestinal Reservoir For Feces, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach)	\$ 1,711.14
45120	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Approach; With Pull-Through Procedure And Anastomosis (Eg, 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	Repair Of Prolapsed Rectum, Perineal Approach	\$ 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	Dilation Of Rectum And/Or Lower Large Bowel Using A Rigid Endoscope	\$ 929.44
45305	Biopsies Of Rectum And/Or Lower Large Bowel Using A Rigid Endoscope	\$ 176.58
45307	Removal Of Foreign Bodies From Rectum And/Or Lower Large Bowel Using A Rigid Endoscope	\$ 205.14
45308	Removal Of Polyp Or Growth Of Rectum And Large Bowel Using An Endoscope With An Electrical Cautery	\$ 197.39
45309	Removal Of Polyp Or Growth Of Rectum And Large Bowel Using An Endoscope With A Mechanical Snare	\$ 203.30
45315	Removal Of Multiple Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel By Hot Biopsy Forceps, Electric Cautery, Or Snare, Using 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	Removal Of Foreign Bodies In Lower Portion Of The Large Bowel (Colon) Using An Endoscope (Colonoscopy)	\$ 249.59
45333	Removal Of Polyps Or Growths In Upper Large Bowel Using An Endoscope (Sigmoidoscopy) Using Electric Cautery	\$ 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
45338	Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And 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 (Sigmoidoscopy)	\$ 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	Balloon Dilation Of Large Bowel Using A Flexible Endoscope	\$ 670.46
45388	Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope	\$ 2,251.79
45389	Insertion Of Stent In Large Bowel Using A Flexible Endoscope	\$ 264.51
45390	Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy)	\$ 311.07
45391	Ultrasound Examination Of Large Bowel Using A Flexible Endoscope	\$ 241.54
45392	Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope	\$ 277.38
45393	Decompression Of Twisted Or Abnormally Dilated Large Bowel, Using A Flexible Endoscope	\$ 234.11
45395	Removal Of Rectum With Creation Of Large Bowel Opening Through Using An Endoscope, Abdominoperineal Approach	\$ 1,762.56
45397	Removal Of Rectum Using An Endoscope, Abdominoperineal Approach	\$ 2,218.58
45398	Banding Of Hemorrhoids Using A Flexible Endoscope (Colonoscopy)	\$ 722.93
45399	Large Bowel Procedure	\$ 914.86
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 By Perineal Approach	\$ 856.14
45550	Fixation Of Rectum To Sacrum With Removal Of Large Bowel, Open Abdominal Procedure	\$ 1,317.04
45560	Repair Of Bulging Of Rectum Into Vagina	\$ 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
45805	Closure Of Rectovesical Fistula; With Colostomy	\$ 1,312.71

Code	Description	Fee
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	Incision Of External Hemorrhoid With Blood Clot (Thrombosed Hemorrhoid)	\$ 182.84
46200	Removal Of Chronic Tear (Fissure) Of Anus	\$ 425.10
46220	Removal Of Single External Benign Growth (Papilla Or Tag) Of Anus	\$ 220.93
46221	Removal Of External Hemorrhoids By Rubber Banding	\$ 249.07
46230	Removal Of Multiple External Benign Growths (Papillas Or Tags) Of Anus	\$ 278.46
46250	Hemorrhoidectomy, External, 2 Or More Columns/Groups	\$ 416.52
46255	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 Dilator (Eg, Balloon, Guide Wire, Bougie)	\$ 635.75
46606	Anoscopy; With Biopsy, Single Or Multiple	\$ 275.29
46607	Biopsies Of Anus With Magnification And Chemical Agent Enhancement Using An Endoscope	\$ 200.80
46608	Anoscopy; With Removal Of Foreign Body	\$ 282.27
46610	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
46614	Anoscopy; With Control Of Bleeding (Eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	\$ 164.78
46615	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
46735	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
46742	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)	\$ 2,230.28
46744	Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach)	\$ 3,131.19
46746	Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum (Combined Abdominal And Sacroperineal Approach)	\$ 3,179.47
46748	Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum (Combined Abdominal And Sacroperineal Approach) With Lengthening Of Vagina	\$ 3,731.61
46750	Repair Of Anal Muscle For Incontinence Or Prolapse, Adult	\$ 687.19
46751	Repair Of Anal Muscle For Incontinence Or Prolapse, Child	\$ 608.55
46753	Graft (Thiersch Operation) For Rectal Incontinence And/Or Prolapse	\$ 561.96

Code	Description	Fee
46754	Removal Of Thiersch Wire Or Suture	\$ 330.91
46760	Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Transplant	\$ 1,014.92
46761	Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Tightening	\$ 834.82
46900	Chemical Destruction Of Tissue Abnormalities Of Anus	\$ 214.25
46910	Destruction Of Tissue Abnormalities Of Anus	\$ 232.85
46916	Electrical Destruction Of Tissue Abnormalities Of Anus	\$ 251.46
46917	Laser Destruction Of Tissue Abnormalities Of Anus	\$ 426.14
46922	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
46940	Repair Of Anal Tear With Dilatation Of Anal Muscle, Initial	\$ 254.57
46942	Repair Of Anal Tear With Dilatation Of Anal Muscle, Subsequent	\$ 243.21
46945	Tying Of Single Internal Hemorrhoid Group	\$ 319.45
46946	Tying Of Multiple Internal Hemorrhoid Groups	\$ 330.78
46947	Stapling Of Internal Hemorrhoid	\$ 353.72
46948	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
47015	Laparotomy, With Aspiration And/OR Injection Of Hepatic Parasitic (Eg, Amoebic Or Echinococcal) Cyst(S) Or Abscess(Es)	\$ 1,041.27
47100	Biopsy Of Liver, Wedge	\$ 707.40
47120	Hepatectomy, Resection Of Liver; Partial Lobectomy	\$ 1,915.38
47122	Hepatectomy, Resection Of Liver Trisegmentectomy	\$ 3,027.82
47125	Hepatectomy, Resection Of Liver; Total Left Lobectomy	\$ 2,711.06
47130	Hepatectomy, Resection Of Liver; Total Right Lobectomy	\$ 2,910.48
47133	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 Ii And Iii)	\$ 3,152.50
47141	Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Left Lobectomy (Segments Ii, Iii 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
47143	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
47144	Preparation Of Donor Liver For Transplantation, With Trisegment Split Of Liver Graft Into 2 Partial Grafts	\$ 1,341.94
47145	Preparation Of Donor Liver For Transplantation, With Lobe Split Of Liver Graft Into 2 Partial Grafts	\$ 2,600.89
47146	Preparation Of Donor Liver For Transplantation, Venous Connection	\$ 286.05
47147	Preparation Of Donor Liver For Transplantation, Arterial Connection	\$ 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	\$ 1,111.24
47371	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	\$ 1,118.07
47379	Unlisted Laparoscopic Procedure, Liver	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	Incision Or Creation Of Opening In Liver	\$ 1,904.47
47420	Incision Or Creation Of Opening In Gallbladder	\$ 1,186.27
47425	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of Calculus, With Or Without Cholecystotomy; With 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
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	\$ 477.43

Code	Description	Fee
47538	Placement Of Stent Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, Existing Access Site	\$ 3,649.88
47539	Placement Of Stent Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, New 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	\$ 378.09
47544	Removal Of Biliary Duct Or Gallbladder Stone, Accessed Through The Skin Using Imaging Guidance And Radiological Supervision And 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	Cholecystectomy With Exploration Of Common Duct;	\$ 1,025.17
47612	Cholecystectomy With Exploration Of Common Duct; With Choledochenterostomy	\$ 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
47720	Cholecystoenterostomy; Direct	\$ 1,033.50
47721	Cholecystoenterostomy; With Gastroenterostomy	\$ 1,207.91
47740	Cholecystoenterostomy; Roux-En-Y	\$ 1,171.64
47741	Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy	\$ 1,314.12
47760	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
47800	Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anastomosis	\$ 1,379.62
47801	Placement Of Choledochal Stent	\$ 998.55
47802	U-Tube Hepaticoenterostomy	\$ 1,358.56
47900	Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Procedure)	\$ 1,214.99
47999	Unlisted Procedure, Biliary Tract	Price by Report
48000	Insertion Of External Drains From Gallbladder, Bile Duct And Small Bowel For Acute Pancreatitis	\$ 1,665.68
48001	Insertion Of External Drains Around Pancreas For Acute Pancreatitis	\$ 2,035.55
48020	Removal Of Pancreatic Calculus	\$ 1,051.60
48100	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	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancreaticojejunostomy	\$ 1,359.94
48145	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreaticojejunostomy	\$ 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
48150	Partial Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel	\$ 2,830.03
48152	Partial Removal Of Pancreas, Bile Duct And Small Bowel Without Connection Of Pancreas To Small Bowel	\$ 2,558.17
48153	Near Total Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel	\$ 2,813.34
48154	Partial Removal Of Pancreas, Bile Duct, And Small Bowel	\$ 2,569.32
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
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues, Splenectomy, Duodenotomy, Ligation Of Bile Duct, Ligation Of Mesenteric Vessels, And Y-Gr	\$ 242.27

Code	Description	Fee
48552	Preparation Of Donor Pancreas For Transplantation, Each	\$ 205.32
48554	Transplantation Of Pancreatic Allograft	\$ 2,334.93
48556	Removal Of Transplanted Pancreatic Allograft	\$ 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
49203	Removal Or Destruction Of (5 Centimeters Or Less) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Procedure	\$ 1,239.54
49204	Removal Or Destruction Of (5.1 To 10.0 Centimeters) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Abdominal Procedure	\$ 1,356.72
49205	Removal Or Destruction Of (Greater Than 10.0 Centimeters) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Procedure	\$ 1,553.24
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
49320	Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without Collection Of Specimen(S) By Brushing Or Washing (Separate Procedure)	\$ 305.78
49321	Laparoscopy, Surgical; With Biopsy (Single Or Multiple)	\$ 320.76
49322	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Aspiration Of Cavity Or Cyst (Eg, Ovarian Cyst) (Single Or Multiple)	\$ 347.55
49323	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Drainage Of Lymphocele To Peritoneal Cavity	\$ 569.38
49324	Laparoscopy, Surgical; With Insertion Of Tunneled Intraoperative Catheter	\$ 354.42
49325	Laparoscopy Surgical; With Revision Of Previously Placed Intraoperative Catheter, With Removal Of Intraluminal Material Performed	\$ 368.12
49326	Laparoscopy, Surgical; With (Omental Tacking Procedure)(List Separately In Addition To Code For Primary Procedure)	\$ 167.77
49327	Laparoscopy, Surgical; With Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Intra-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
49418	Insertion Of Tunneled Intraoperative Catheter (Eg, Dialysis, Intraoperative Chemotherapy Instillation, Management Of Ascites), Complete Procedure, Including Imaging Guidance, Catheter Placement, Contrast Injection When Performed, And Radiological	\$ 1,073.06
49419	Insertion Of Tunneled Intraoperative Catheter, With Subcutaneous Port (Ie, Totally Implantable)	\$ 382.92
49421	Insertion Of Abdominal Cavity Catheter For Drainage Or Dialysis, Open Procedure	\$ 198.62
49422	Removal Of Tunneled Intraoperative Catheter	\$ 199.49
49423	Exchange Of Previously Placed Abscess Or Cyst Drainage Catheter Under Radiological Guidance (Separate Procedure)	\$ 570.59
49424	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
49440	Insertion Of Stomach Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$ 907.25
49441	Insertion Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$ 929.87
49442	Insertion Of Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$ 867.90
49446	Conversion Of Stomach Tube To Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$ 872.78
49450	Replacement Of Stomach Or Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$ 652.62
49451	Replacement Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$ 696.78
49452	Replacement Of Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast	\$ 844.64
49460	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
49491	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; 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
49495	Repair, Initial Inguinal Hernia, Full Term Infant Under Age 6 Months, Or Preterm Infant Over 50 Weeks Postconceptual Age And Under Age 6 Months At The Time Of Surgery, With Or Without Hydrocelectomy; Reducible	\$ 379.39
49496	Repair Initial Inguinal Hernia, Under Age 6 Months, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	\$ 554.26

Code	Description	Fee
49500	Repair Initial Inguinal Hernia, 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
49521	Repair Of Trapped Or Strangulated Groin Hernia (Inguinal)	\$ 601.02
49525	Repair Inguinal Hernia, Sliding, Any Age	\$ 514.86
49540	Repair Lumbar Hernia	\$ 607.03
49550	Repositioning Of Initial Femoral Groin Hernia, Not Trapped	\$ 517.47
49553	Repositioning Of Initial Femoral Groin Hernia, Trapped	\$ 567.40
49555	Repositioning Of Recurrent Femoral Groin Hernia, Not Trapped	\$ 542.29
49557	Repositioning Of Recurrent Femoral Groin Hernia, Trapped	\$ 647.28
49591	Initial Repair Of Sliding Hernia Of Abdomen, Less Than 3 Cm In Length	\$ 282.96
49592	Initial Repair Of Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length	\$ 392.43
49593	Initial Repair Of Sliding Hernia Of Abdomen, 3-10 Cm In Length	\$ 473.11
49594	Initial Repair Of Entrapped Hernia 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
49611	Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, Second Stage	\$ 549.48
49613	Repair Of Recurrent Sliding Hernia Of Abdomen, Less Than 3 Cm In Length	\$ 349.03
49614	Repair Of Recurrent Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length	\$ 471.90
49615	Repair Of Recurrent Sliding Hernia Of Abdomen, 3-10 Cm In Length	\$ 527.88
49616	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
49618	Repair Of Recurrent Entrapped Hernia Of Abdomen, More Than 10 Cm In Length	\$ 1,022.67
49621	Repair Of Sliding Hernia Next To Stoma	\$ 617.49
49622	Repair Of Entrapped Hernia Next To Stoma	\$ 761.98
49623	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
49900	Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence	\$ 693.87
49904	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	Nephrostomy, Nephrotomy With Drainage	\$ 841.79
50045	Incision Into Kidney With Exploration	\$ 848.23
50060	Nephrolithotomy; Removal Of Calculus	\$ 1,034.20
50065	Removal Of Kidney Stone With Secondary Operation For Calculus	\$ 1,095.97
50070	Nephrolithotomy; Complicated By Congenital Kidney Abnormality	\$ 1,074.92
50075	Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatomic Pyelolithotomy)	\$ 1,320.57
50080	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
50125	Incision Into Renal Pelvis Of A Kidney With Drainage	\$ 893.53
50130	Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus	\$ 938.36
50135	Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormality)	\$ 1,018.16
50200	Needle Biopsy Of Kidney, Accessed Through The Skin	\$ 450.93
50205	Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney	\$ 672.66
50220	Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure	\$ 950.64
50225	Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same Kidney	\$ 1,085.47
50230	Removal Of Kidney, Lymph Nodes, And/Or Blood Clot From Major Vein (Vena Cava) With Partial Removal Of Urinary Duct (Ureter), Open Procedure	\$ 1,156.46
50234	Removal Of Kidney And Urinary Duct (Ureter) With Partial Removal Of Bladder, Through Same Incision	\$ 1,180.34
50236	Removal Of Kidney And Urinary Duct (Ureter) With Partial Removal Of Bladder, Through Separate Incision	\$ 1,329.20
50240	Nephrectomy, Partial	\$ 1,252.08
50250	Destruction Of 1 Or More Growths In Kidney, Open Procedure	\$ 1,105.14
50280	Removal Or Unroofing Of Kidney Cysts	\$ 869.33
50290	Excision Of Perinephric Cyst	\$ 818.00
50320	Removal Of Donor Kidney, Open Procedure	\$ 1,358.83
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft Prior To Transplantation, Including Dissection And Removal Of Perinephric Fat, Diaphragmatic And Retroperitoneal Attachments, Excision Of Adrenal Gland, And Preparation Of Ureter(S), Re	\$ 265.84
50325	Preparation Of Donor Kidney For Transplantation, Open Or Endoscopic Procedure	\$ 531.77
50327	Preparation Of Donor Kidney For Transplantation, Venous Connection	\$ 193.75
50328	Preparation Of Donor Kidney For Transplantation, Arterial Connection	\$ 166.07
50329	Preparation Of Donor Kidney For Transplantation, Ureteral Connection	\$ 157.96
50340	Recipient Nephrectomy (Separate Procedure)	\$ 858.84
50360	Renal Allograft Transplantation, Implantation Of Graft; Without Recipient Nephrectomy	\$ 2,196.27

Code	Description	Fee
50365	Renal Homotransplantation, Implantation Of Graft With Recipient Nephrectomy	\$ 2,582.43
50370	Removal Of Transplanted Renal Allograft	\$ 1,086.97
50380	Renal Autotransplantation, Reimplantation Of Kidney	\$ 1,699.88
50382	Removal And Replacement Of Indwelling Stent In Urinary Duct (Ureter) Including Radiological Supervision And Interpretation, Accessed Through The Skin	\$ 969.13
50384	Removal Of Indwelling Stent In Urinary Duct (Ureter) Including Radiological Supervision And Interpretation, Accessed Through The Skin	\$ 830.35
50385	Removal (Via Snare/Capture) And Replacement Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy, Including Radiological Supervision And Interpretation	\$ 986.09
50386	Removal (Via Snare/Capture) Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy, Including Radiological Supervision And Interpretation	\$ 736.03
50387	Removal And Replacement Of Stent In Kidney And Urinary Duct (Ureter) Using Fluoroscopic Guidance Including Radiological Supervision And Interpretation	\$ 537.22
50389	Removal Of Nephrostomy Tube, Requiring Fluoroscopic Guidance (Eg, With Concurrent Indwelling Ureteral Stent)	\$ 363.87
50390	Aspiration And/Or Injection Kidney Cyst, Accessed Through The Skin	\$ 87.76
50391	Instillations Of Drug Into Kidney And/Or Urinary Duct (Ureter)	\$ 115.76
50396	Manometric Studies Through Nephrostomy Or Pyelostomy Tube, Or Indwelling Ureteral Catheter	\$ 106.69
50400	Pyeloplasty; (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With Or Without Plastic Operation On Ureter, Nephropexy, Nephrostomy, Pyelostomy, Or Ureteral Splinting	\$ 1,089.94
50405	Pyeloplasty; Complicated (Congenital Kidney Abnormality, Secondary Pyeloplasty, Solitary Kidney)	\$ 1,314.09
50430	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And Interpretation, New Access	\$ 617.10
50431	Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And Interpretation, Existing Access	\$ 283.28
50432	Placement Of Catheter Of Kidney, Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation	\$ 881.55
50433	Placement Of Catheter Of Kidney And Urinary Tube (Ureter), Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation	\$ 1,234.25
50434	Conversion Of Nephrostomy Catheter To Nephroureteral Catheter Accessed Through The Skin Using Imaging Guidance With Study Of Kidney And Ureter And Radiological Supervision And Interpretation	\$ 881.21
50435	Replacement Of Kidney Drainage Catheter Accessed Through The Skin With Imaging And Radiological Supervision And Interpretation	\$ 523.76
50436	Enlargement Of Existing Opening Into Urinary Tract Accessed Through Skin Using Imaging Guidance	\$ 136.82
50437	Enlargement Of Existing Opening Into Urinary Tract Accessed Through Skin And Creation Of New Access Into Urine Collecting System Of Kidney, Using Imaging Guidance	\$ 226.29
50500	Nephrorrhaphy, Suture Of Kidney Wound Or Injury	\$ 1,112.35
50520	Closure Of Nephrocutaneous Or Pyelocutaneous Fistula	\$ 1,031.61
50525	Closure Of Abnormal Drainage Tract From Kidney To Other Abdominal Organ, Abdominal Approach	\$ 1,305.53
50526	Closure Of Abnormal Drainage Tract From Kidney To Other Abdominal Organ, Thoracic Approach	\$ 1,396.87
50540	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 Cysts	\$ 832.01
50542	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed	\$ 1,058.78
50543	Laparoscopy, Surgical; Partial Nephrectomy	\$ 1,404.11
50544	Laparoscopy, Surgical; Pyeloplasty	\$ 1,166.68
50545	Removal Of Kidney And Lymph Nodes Using An Endoscope	\$ 1,254.54
50546	Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy	\$ 1,132.16
50547	Laparoscopy, Surgical; Donor 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	Price by Report
50551	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office	\$ 332.56
50553	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office	\$ 356.13
50555	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office	\$ 378.93
50557	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office	\$ 385.59
50561	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	\$ 436.65
50562	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor	\$ 521.21
50570	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	\$ 441.12
50572	Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Upper Kidney Area	\$ 477.25
50574	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	\$ 507.26
50575	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Endopyelotomy (Includes Cystoscopy, Ureteroscopy, Dilatation Of Ureter And Ureteral Pelvic Junction, In	\$ 640.85
50576	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy	\$ 505.95
50580	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus	\$ 545.02
50590	Lithotripsy, Extracorporeal Shock Wave	\$ 716.09
50592	Destruction Of 1 Or More Growths In One Kidney, Accessed Through The Skin	\$ 2,734.10
50593	Destruction Of Growths In One Kidney, Accessed Through The Skin	\$ 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

Code	Description	Fee
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	\$ 134.61
50688	Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit	\$ 70.91
50690	Injection Of Bladder And Urinary Duct (Ureter) For X-Ray Imaging	\$ 106.55
50693	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, With Existing Access Site	\$ 1,086.86
50694	Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, 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	Ureteroureterostomy	\$ 1,056.63
50770	Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter	\$ 1,046.20
50780	Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder	\$ 1,044.00
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
50830	Urinary Undiversion (Eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoidostomy Or Ureteroenterostomy With Ureteroureterostomy Or Ureteroneo- Cystostomy)	\$ 1,631.27
50840	Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intestine Anastomosis	\$ 1,118.32
50845	Cutaneous Appendico-Vesicostomy	\$ 1,187.79
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	Price by Report
50951	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office	\$ 348.81
50953	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office	\$ 368.68
50955	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office	\$ 392.57
50957	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office	\$ 396.17
50961	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office	\$ 358.21
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	Cystostomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material	\$ 431.45
51030	Cystostomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion	\$ 434.49
51040	Cystostomy, Cystostomy With Drainage	\$ 281.62
51045	Cystostomy, With Insertion Of Ureteral Catheter (Separate Procedure)	\$ 459.23
51050	Cystolithotomy, Cystostomy With Removal Of Calculus, Without Vesical Neck Resection	\$ 431.67
51060	Transvesical Ureterolithotomy	\$ 533.37

Code	Description	Fee
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
51101	Aspiration Of Bladder; By Trocar Or Intracatheter	\$ 151.11
51102	Aspiration Of Bladder; With Insertion Of Suprapubic Catheter	\$ 208.76
51500	Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	\$ 607.89
51520	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
51585	Complete Removal Of Bladder With Transplantation Of Urinary Ducts (Ureters) And Removal Of Lymph Nodes On Both Sides Of Pelvis	\$ 1,910.33
51590	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Intestine Anastomosis;	\$ 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
51596	Removal Of Bladder And Lymph Nodes On Both Sides Of Pelvis With Transplantation Of Urinary Ducts (Ureters) To Small And/Or Large Bowel With Creation Of Urinary Opening, Open Procedure	\$ 2,128.97
51597	Removal Of Bladder, Urinary Ducts (Ureters)	\$ 2,153.55
51600	Injection Procedure For Cystography Or Voiding Urethrocytography	\$ 233.47
51605	Injection Procedure For X-Ray Imaging Of The Bladder And Bladder Canal (Urethra)	\$ 35.03
51610	Injection Procedure For Retrograde Urethrocytography	\$ 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	Injection Of Implant Material Beneath Lining Of Bladder And/Or Bladder Canal (Urethra) Using Endoscope	\$ 323.10
51720	Instillation Of Anti-Cancer Drug Into Bladder	\$ 77.77
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
51729	Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Bladder Canal (Urethra) Pressure And Voiding Pressure Studies	\$ 343.13
51736	Simple Uroflowmetry (Ufr) (Eg, Stop-Watch Flow Rate, Mechanical Uroflowmeter)	\$ 13.24
51741	Electronic Assessment Of Bladder Emptying	\$ 13.70
51784	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
51800	Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesical Neck (Anterior Y-Plasty, Vesical Fundus Resection), Any 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	\$ 845.80
51880	Closure Of Cystostomy (Separate Procedure)	\$ 444.01
51900	Repair Of Abnormal Drainage Tract From Bladder Into The Vagina, Abdominal Approach	\$ 751.20
51920	Closure Of Vesicouterine Fistula;	\$ 696.42
51925	Closure Of Vesicouterine Fistula; With Hysterectomy	\$ 990.22
51940	Closure, Exstrophy Of Bladder	\$ 1,542.83
51960	Enterocystoplasty, Including Intestinal Anastomosis	\$ 1,257.03
51980	Cutaneous Vesicostomy	\$ 678.88
51990	Laparoscopy, Surgical; Urethral Suspension For Stress Incontinence	\$ 678.88
51992	Laparoscopy, Surgical; Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic)	\$ 758.51
51999	Unlisted Laparoscopy Procedure, Bladder	Price by Report
52000	Cystourethroscopy (Separate Procedure), Office;	\$ 235.43
52001	Cystourethroscopy With Irrigation And Evacuation Of Multiple Obstructing Clots	\$ 423.95
52005	Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Bladder Area	\$ 334.07
52007	Cystourethroscopy (Separate Procedure), Office; With Ureteral Catheterization And Brush Biopsy Of Ureter Or Renal Pelvis For Cytology	\$ 440.36
52010	Cystourethroscopy (Separate Procedure), Office; With Ejaculatory Duct Catheterization	\$ 371.23
52204	Cystourethroscopy, With Biopsy; Office	\$ 332.91
52214	Destruction Of Tissue In The Bladder, Bladder Canal (Urethra) Or Surrounding Glands Using An Endoscope	\$ 678.68
52224	Cystourethroscopy, With Fulguration (Including Cryosurgery) Or Treatment Of Minor (Less Than 0.5 Cm) Lesion(S), With Or Without Biopsy; Office	\$ 689.27

Code	Description	Fee
52234	Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Small Bladder Tumor(S) (0.5 Up To 2.0 Cm)	\$ 229.81
52235	Cystourethroscopy, With Fulguration (Including Cryosurgery) And/Or Resection Of; Medium Bladder Tumor(S) (2.0 To 5.0 Cm)	\$ 269.49
52240	Cystourethroscopy, With Fulguration (Including Cryosurgery) And/Or Resection Of; Large Bladder Tumor(S)	\$ 365.54
52250	Cystourethroscopy With Insertion Of Radioactive Substance, With Or Without Biopsy Or Fulguration	\$ 215.22
52260	Cystourethroscopy, With Dilatation Of Bladder For Interstitial Cystitis; General Or Conduction (Spinal) Anesthesia	\$ 196.76
52265	Cystourethroscopy, With Dilatation Of Bladder For Interstitial Cystitis; Local Anesthesia	\$ 327.23
52270	Incision Of The Bladder Canal (Urethra) Using An Endoscope, Female	\$ 410.06
52275	Incision Of The Bladder Canal (Urethra) Using An Endoscope, Male	\$ 525.02
52276	Cystourethroscopy With Direct Vision Internal Urethrotomy	\$ 246.97
52277	Cystourethroscopy, With Resection Of External Sphincter (Sphincterotomy)	\$ 290.51
52281	Cystourethroscopy, With Calibration And/Or Dilatation Of Urethral Stricture Or Stenosis, With Or Without Meatotomy, With Or Without Injection Procedure For Cystography, Male Or Female	\$ 318.89
52282	Cystourethroscopy, With Insertion Of Permanent Urethral Stent	\$ 301.97
52283	Cystourethroscopy, With Steroid Injection Into Stricture; Office	\$ 309.35
52284	Drug Delivery Using A Drug-Coated Balloon For Male Treatment Of Urethral Stricture Using An Endoscope	\$ 2,385.91
52285	Cystourethroscopy For Treatment Of The Female Urethral Syndrome With Any Or All Of The Following: Urethral Meatotomy, Urethral Dilatation, Internal Urethrotomy, Lysis Of Urethrovaginal Septal Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration Of Urethral	\$ 306.16
52287	Cystourethroscopy, With Injection(S) For Chemodenervation Of The Bladder	\$ 378.37
52290	Cystourethroscopy; With Ureteral Meatotomy, Unilateral Or Bilateral	\$ 219.25
52300	Removal Or Destruction Of Abnormal Pouches Of Urinary Duct (Ureter) At Bladder, Orthotopic Ureterocele(S), Using An Endoscope	\$ 251.65
52301	Removal Or Destruction Of Abnormal Pouches Of Urinary Duct (Ureter) At Bladder, Ectopic Ureterocele(S), Using An Endoscope	\$ 260.49
52305	Cystourethroscopy; With Incision Or Resection Of Orifice Of Bladder Diverticulum, Single Or Multiple	\$ 250.02
52310	Removal Of Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope	\$ 350.65
52315	Complicated Removal Of Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope	\$ 409.97
52317	Crushing, Fragmenting, And Removal Of (Less Than 2.5 Centimeters) Bladder Stone	\$ 776.82
52318	Crushing, Fragmenting, And Removal Of Bladder Stones, Complicated Or Larger Than 2.5 Centimeters	\$ 440.58
52320	Cystourethroscopy (Including Ureteral Catheterization); With Removal Of Ureteral Calculus	\$ 229.81
52325	Cystourethroscopy (Including Ureteral Catheterization); With Fragmentation Of Ureteral Calculus (Eg, Ultrasonic Or Electro-Hydraulic Technique)	\$ 298.35
52327	Cystourethroscopy (Including Ureteral Catheterization); With Subureteric Injection Of Implant Material	\$ 240.90
52330	Cystourethroscopy; With Manipulation, Without Removal Of Ureteral Calculus	\$ 586.96
52332	Cystourethroscopy, With Insertion Of Indwelling Ureteral Stent (Eg, Gibbons Or Double-J Type)	\$ 391.92
52334	Cystourethroscopy With Insertion Of Ureteral Guide Wire Through Kidney To Establish A Percutaneous Nephrostomy, Retrograde	\$ 164.46
52341	Endoscope Of The Bladder And Urethra Excluding The Ureter To Treat A Stricture Of Ureter	\$ 255.15
52342	Cystourethroscopy; With Treatment Of Ureteropelvic Junction Stricture (Eg, Balloon Dilatation, Laser, Electrocautery, And Incision)	\$ 277.75
52343	Endoscope Of The Bladder And Urethra Excluding The Ureter To Treat A Stricture Within The Kidney	\$ 309.28
52344	Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Of Ureter	\$ 332.09
52345	Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Of The Upper Attachment Of The Ureter To The Kidney	\$ 354.24
52346	Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Within The Kidney	\$ 401.16
52351	Diagnostic Examination Of The Bladder, Bladder Canal (Urethra), And Urinary Duct (Ureter) Or Kidney Using An Endoscope	\$ 282.65
52352	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Removal Or Manipulation Of Calculus (Ureteral Catheterization Is Included)	\$ 330.32
52353	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Lithotripsy (Ureteral Catheterization Is Included)	\$ 365.21
52354	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Biopsy And/Or Fulguration Of Ureteral Or Renal Pelvic Lesion	\$ 388.61
52355	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Resection Of Ureteral Or Renal Pelvic Tumor	\$ 419.51
52356	Crushing Of Stone In Urinary Duct (Ureter) With Stent Using An Endoscope	\$ 387.28
52400	Incision, Destruction, Or Removal Of Congenital Bladder And Bladder Canal (Urethra) Defects Using An Endoscope	\$ 433.34
52402	Incision Or Removal Of Ejaculatory Ducts Using An Endoscope, Male	\$ 238.90
52441	Insertion Of Implant In Bladder Canal (Urethra) Within Prostate Gland Using An Endoscope, Single Implant	\$ 1,245.40
52442	Insertion Of Implant In Bladder Canal (Urethra) Within Prostate Gland Using An Endoscope, Each Additional Implant	\$ 957.40
52450	Transurethral Incision Of Prostate	\$ 434.18
52500	Transurethral Resection Of Bladder Neck (Separate Procedure)	\$ 450.09
52601	Transurethral Electrosurgical Resection Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilatation, And Internal Urethrotomy Are Included)	\$ 690.22
52630	Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilatation, And Internal Urethrotomy Are Included)	\$ 389.86
52640	Transurethral Resection; Of Postoperative Bladder Neck Contracture	\$ 295.55
52647	Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilatation, And Internal Urethrotomy Are Included If Performed)	\$ 1,527.60
52648	Laser Vaporization Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilatation, Internal Urethrotomy And Transurethral Resection Of Prostate Are Included If Performed)	\$ 1,573.87
52649	Laser Enucleation Of The Prostate With Morcellation, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilatation, Internal Urethrotomy And Transurethral Resection Of Prostate Are In	\$ 753.04
52700	Transurethral Drainage Of Prostatic Abscess	\$ 404.28
53000	Urethrotomy Or Urethrostomy, External (Separate Procedure); Pendulous Urethra	\$ 136.16
53010	Urethrotomy Or Urethrostomy, External (Separate Procedure); Perineal Urethra, External	\$ 272.98
53020	Meatotomy, Cutting Of Meatus (Separate Procedure), Except Infant; Office	\$ 91.01
53025	Incision Of External Urinary Opening, Infant	\$ 61.86
53040	Drainage Of Deep Periurethral Abscess	\$ 359.31
53060	Drainage Of Abscess Or Cyst Of Skene'S Glands, Male	\$ 173.84
53080	Drainage Of Abnormal Urine Collection, Uncomplicated	\$ 385.61
53085	Drainage Of Abnormal Urine Collection, Complicated	\$ 593.61

Code	Description	Fee
53200	Biopsy Of Urethra	\$ 144.70
53210	Removal Of Bladder And Bladder Canal (Urethra), Female	\$ 707.46
53215	Removal Of Bladder And Bladder Canal (Urethra), Male	\$ 843.56
53220	Excision Or Fulguration Of Carcinoma Of Urethra	\$ 413.44
53230	Excision Of Urethral Diverticulum (Separate Procedure); Female	\$ 557.10
53235	Excision Of Urethral Diverticulum (Separate Procedure); Male	\$ 598.83
53240	Marsupialization Of Urethral Diverticulum, Male Or Female	\$ 389.45
53250	Removal Of Seminal Fluid Gland	\$ 363.24
53260	Excision Or Fulguration; Urethral Polyp(S), Distal Urethra	\$ 191.27
53265	Excision Or Fulguration; Urethral Caruncle	\$ 200.08
53270	Removal Or Destruction Of Bladder Canal (Urethra) Mucous Glands	\$ 195.85
53275	Excision Or Fulguration; Urethral Prolapse	\$ 239.99
53400	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
53410	Reconstruction Of Bladder Canal (Urethra), Male	\$ 891.57
53415	Urethroplasty, Transpubic, One Stage, For Reconstruction Or Repair Of Prostatic Or Membranous Urethra	\$ 1,026.56
53420	Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), First Stage	\$ 765.84
53425	Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), Second Stage	\$ 851.73
53430	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
53448	Removal And Replacement Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Through An Infected Field	\$ 1,159.04
53449	Repair Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff	\$ 560.54
53450	Urethral Meatoplasty, With Mucosal Advancement	\$ 353.31
53451	Insertion Of Adjustable Balloon Continence Device On Both Sides Of Urethra Using Imaging Guidance	Price by Report
53452	Insertion Of Adjustable Balloon Continence Device On One Side Of Urethra Using Imaging Guidance	Price by Report
53453	Removal Of Adjustable Balloon Continence Device From Beside Urethra	Price by Report
53454	Adjustment Of Fluid Volume In Adjustable Balloon Continence Device Beside Urethra	Price by Report
53460	Urethral Meatoplasty, With Partial Excision Of Distal Urethral Segment (Richardson Type Procedure)	\$ 419.13
53500	Urethrolisis, Transvaginal, Secondary, Open, Including Cystourethroscopy (Eg, Postsurgical Obstruction, Scarring)	\$ 680.60
53502	Suture Of Bladder Canal (Urethra) Wound Or Injury, Female	\$ 444.87
53505	Suture Of Bladder Canal (Urethra) Wound Or Injury, Penis	\$ 444.55
53510	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal	\$ 578.22
53515	Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate	\$ 724.91
53520	Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male	\$ 534.83
53600	Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial	\$ 82.36
53601	Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent	\$ 75.07
53605	Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male	\$ 57.51
53620	Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial	\$ 164.48
53621	Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent	\$ 145.23
53660	Dilation Of Bladder Canal (Urethra), Female, Initial	\$ 66.99
53661	Dilation Of Bladder Canal (Urethra), Female, Subsequent	\$ 69.70
53665	Dilation Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Female	\$ 34.49
53850	Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Microwave	\$ 1,390.49
53852	Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Radiofrequency	\$ 1,355.76
53854	Destruction Of Prostate Tissue Accessed Through Urethra Using Radiofrequency Generated Water Vapor Heat Therapy	\$ 1,843.92
53855	Insertion Of A Temporary Bladder Canal (Urethra) Stent, Male, Using An Endoscope	\$ 641.66
53860	Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra For Stress Urinary Incontinence	\$ 2,349.88
53899	Unlisted Procedure, Urinary System	Price by Report
54000	Slitting Of Prepuce, Dorsal Or Lateral, (Separate Procedure); Newborn	\$ 154.34
54001	Slitting Of Prepuce, Dorsal Or Lateral, (Separate Procedure); Except Newborn	\$ 186.63
54015	Incision And Drainage Of Penis, Deep	\$ 278.04
54050	Chemical Destruction Of Growths Of Penis	\$ 128.14
54055	Destruction Of Condylomata, Penis, Multiple; Electrodesiccation	\$ 128.57
54056	Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Cryosurgery	\$ 128.63
54057	Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Laser Surgery	\$ 133.71
54060	Destruction Of Condylomata, Penis, Multiple; Surgical Excision	\$ 184.88
54065	Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Extensive (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	\$ 201.33
54100	Biopsy Of Penis As A Separate Procedure	\$ 192.60
54105	Biopsy Of The Deep Structures Of The Penis	\$ 258.10
54110	Excision Of Penile Plaque (Peyronie Disease)	\$ 572.89
54111	Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In Length	\$ 727.63
54112	Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm In Length	\$ 852.81
54115	Removal Foreign Body From Deep Penile Tissue (Eg, Plastic Implant)	\$ 421.60
54120	Amputation Of Penis; Partial	\$ 577.58
54125	Amputation Of Penis; Complete	\$ 746.77
54130	Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy	\$ 1,084.07
54135	Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$ 1,369.46
54150	Circumcision, Using Clamp / Other	\$ 143.53

Code	Description	Fee
54160	Removal Of Foreskin, Neonate (28 Days Of Age Or Less)	\$ 215.32
54161	Removal Of Foreskin, Patient Older Than 28 Days Of Age	\$ 188.83
54162	Lysis Or Excision Of Penile Post-Circumcision Adhesions	\$ 249.42
54163	Repair Incomplete Circumcision	\$ 211.80
54164	Frenulotomy Of Penis	\$ 178.49
54200	Injection Procedure For Peyronie Disease;	\$ 108.63
54205	Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque	\$ 487.53
54220	Irrigation Of Corpora Cavernosa For Priapism	\$ 205.32
54230	Injection Procedure For Corpora Cavernosography	\$ 98.41
54231	Dynamic Cavernosometry, Including Intracavernosal Injection Of Vasocactive Drugs (Eg, Papaverine, Phentolamine)	\$ 131.58
54235	Injection Of Corpora Cavernosa With Pharmacologic Agent(S) (Eg, Papaverine, Phentolamine, Etc)	\$ 78.71
54240	Penile Plethysmography	\$ 97.86
54300	Plastic Operation Of Penis For Straightening Of Chordee (Eg, Hypospadias), With Or Without Mobilization Of Urethra;	\$ 614.93
54304	Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hypospadias Repair With Or Without Transplantation Of Prepuce And/Or Skin Flaps	\$ 710.32
54308	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Less Than 3 Cm	\$ 653.75
54312	Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm	\$ 746.06
54316	Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia	\$ 904.98
54318	Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair)	\$ 649.81
54322	Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1	\$ 741.29
54324	One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepuccial Flap)	\$ 916.65
54326	One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra	\$ 892.59
54328	Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap	\$ 852.48
54332	Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap	\$ 919.16
54336	Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap	\$ 1,080.23
54340	Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision	\$ 521.37
54344	Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap	\$ 859.91
54348	Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive	\$ 919.16
54352	Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery	\$ 1,283.67
54360	Plastic Operation On Penis To Correct Angulation	\$ 685.59
54380	Plastic Repair Of Urinary Outlet Of Penis Without Incontinence	\$ 729.04
54385	Plastic Repair Of Urinary Outlet Of Penis With Incontinence	\$ 848.55
54390	Plastic Operation On Penis For Epispadias Distal To External Sphincter; With Exstrophy Of Bladder	\$ 1,128.27
54400	Insertion Of Penile Prosthesis Non-Inflatable (Semi-Rigid)	\$ 487.21
54401	Insertion Of Penile Prosthesis Inflatable (Self Contained)	\$ 609.05
54406	Removal Of All Components Of A Multi-Component, Inflatable Penile Prosthesis Without Replacement Of Prosthesis	\$ 667.29
54408	Repair Of Component(S) Of A Multi-Component, Inflatable Penile Prosthesis	\$ 721.62
54410	Removal And Replacement Of All Component(S) Of A Multi-Component, Inflatable Penile Prosthesis At The Same Operative Session	\$ 787.43
54411	Removal And Replacement Of All Components Of A Multi-Component Inflatable Penile Prosthesis Through An Infected Field At The Same Operative Session, Including Irrigation And Debridement Of Infected Tissue	\$ 937.68
54415	Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis, Without Replacement Of Prosthesis	\$ 486.87
54416	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis At The Same Operative Session	\$ 655.37
54417	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis Through An Infected Field At The Same Operative Session, Including Irrigation And Debridement Of Infected Tissue	\$ 818.87
54420	Corpora Cavernosa-Saphenous Vein Shunt (Priapism Operation), Unilateral Or Bilateral	\$ 641.63
54430	Corpora Cavernosa-Corpus Spongiosum Shunt Or Corpora Cavernosa-Glans Penis Shunt (Priapism Operation), Unilateral Or Bilateral	\$ 584.01
54435	Corpora Cavernosa-Glans Penis Fistulization (Eg, Biopsy Needle, Winter Procedure, Rongeur, Or Punch) (Priapism Operation)	\$ 379.82
54437	Repair Of Penis	\$ 619.89
54438	Replantation Of Amputated Penis	\$ 1,214.37
54440	Plastic Operation Of Penis For Injury	\$ 769.17
54450	Foreskin Manipulation Including Lysis Of Preputial Adhesions And Stretching	\$ 66.03
54500	Biopsy Of Testis, Needle (Separate Procedure)	\$ 67.34
54505	Biopsy Of Testis, Incisional (Separate Procedure)	\$ 191.71
54512	Excision Of Extraparenchymal Lesion Of Testis	\$ 490.82
54520	Removal Of Testicle	\$ 314.40
54522	Orchiectomy, Partial	\$ 537.31
54530	Removal Of One Testis (Testicle) For Tumor, Groin Approach	\$ 487.08
54535	Removal Of One Testis (Testicle) For Tumor, Abdominal Approach	\$ 678.85
54550	Exploration For Undescended Testis (Inguinal Or Scrotal Area)	\$ 470.26
54560	Exploration For Undescended Testis With Abdominal Exploration	\$ 627.66
54600	Reduction Of Torsion Of Testis, Surgical, With Or Without Fixation Of Contralateral Testis	\$ 434.04
54620	Fixation Of Contralateral Testis (Separate Procedure)	\$ 284.30
54640	Repositioning And Fixation Of Misplaced Testicle	\$ 409.09
54650	Orchiopexy, Abdominal Approach, For Intra-Abdominal Testis (Eg, Fowler-Stephens)	\$ 679.09
54670	Suture Or Repair Of Testicular Injury	\$ 375.78
54680	Transplantation Of Testis(Es) To Thigh (Because Of Scrotal Destruction)	\$ 718.25
54690	Laparoscopy, Surgical; Orchiectomy	\$ 598.00
54692	Laparoscopy, Surgical; Orchiopexy For Intra-Abdominal Testis	\$ 715.95
54699	Unlisted Laparoscopy Procedure, Testis	Price by Report
54700	Incision And Drainage Of Sperm Reservoir, Testis, And/Or Scrotal Area	\$ 183.33
54800	Biopsy Of Epididymis, Needle	\$ 113.27
54830	Excision Of Local Lesion Of Epididymis	\$ 358.60

Code	Description	Fee
54840	Excision Of Spermatocele, With Or Without Epididymectomy	\$ 296.12
54860	Epididymectomy; Unilateral	\$ 384.30
54861	Epididymectomy; Bilateral	\$ 520.38
54865	Exploration Epididymis W/ Or W/O Biop.	\$ 330.50
55000	Puncture Aspiration Of Hydrocele, With Or Without Injection Of Medication	\$ 106.00
55040	Excision Of Hydrocele; Unilateral	\$ 325.47
55041	Excision Of Hydrocele; Bilateral	\$ 490.08
55060	Repair Of Hydrocele (Bottle Type)	\$ 365.17
55100	Drainage Of Scrotal Wall Abscess	\$ 203.35
55110	Scrotal Exploration	\$ 365.67
55120	Removal Of Foreign Body In Scrotum	\$ 326.13
55150	Resection Of Scrotum	\$ 453.09
55175	Scrotoplasty; Simple	\$ 350.94
55180	Scrotoplasty; Complicated	\$ 656.20
55200	Vasotomy, Cannulization With Or Without Incision Of Vas, Unilateral Or Bilateral (Separate Procedure)	\$ 363.03
55250	Vasectomy, Unilateral Or Bilateral (Separate Procedure), Including Postoperative Semen Examination(S)	\$ 294.88
55300	Vasotomy For Vasograms, Seminal Vesiculograms, Or Epididymograms, Unilateral Or Bilateral	\$ 168.17
55500	Excision Of Hydrocele Of Spermatic Cord, Unilateral (Separate Procedure)	\$ 374.20
55520	Excision Of Lesion Of Spermatic Cord (Separate Procedure)	\$ 413.65
55530	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; (Separate Procedure)	\$ 338.16
55535	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdominal Approach	\$ 394.78
55540	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; With Hernia Repair	\$ 498.56
55550	Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele	\$ 393.80
55559	Unlisted Laparoscopy Procedure, Spermatic Cord	Price by Report
55600	Vesiculotomy	\$ 387.03
55605	Vesiculotomy; Complicated	\$ 480.11
55650	Vesiculectomy, Any Approach	\$ 656.16
55680	Excision Of Mullerian Duct Cyst	\$ 318.94
55700	Biopsy, Prostate; Needle Or Punch, Single Or Multiple, Any Approach	\$ 210.86
55705	Biopsy, Prostate; Incisional, Any Approach	\$ 242.15
55706	Biopsies, Prostate, Needle, Transperineal, Stereotactic Template Guided Saturation Sampling, Including Imaging Guidance	\$ 344.47
55720	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Simple	\$ 432.50
55725	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Complicated	\$ 545.03
55801	Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included), Perineal, Subtotal	\$ 996.19
55810	Removal Of Prostate Gland, Glands For Sperm Movement (Semen), And Sperm Duct	\$ 1,186.02
55812	Prostatectomy, Perineal Radical; With Lymph Node Biopsy(S)	\$ 1,457.74
55815	Prostatectomy, Perineal Radical; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$ 1,595.58
55821	Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included); Suprapubic, Subtotal, One Or Two Stages	\$ 794.52
55831	Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included); Retropubic, Subtotal	\$ 814.33
55840	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing;	\$ 1,061.81
55842	Prostatectomy, Retropubic Radical; With Lymph Node Biopsy(S)	\$ 1,062.14
55845	Prostatectomy, Retropubic Radical; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$ 1,234.14
55860	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	\$ 796.28
55862	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S) (Limited Pelvic Lymphadenectomy)	\$ 995.34
55865	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	\$ 1,212.19
55866	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic Assistance, When Performed	\$ 1,407.93
55867	Simple Surgical Subtotal Removal Of Prostate Using Laparoscope	\$ 896.90
55873	Cryosurgical Ablation Of The Prostate (Includes Ultrasonic Guidance And Monitoring)	\$ 5,630.92
55874	Injection Of Biodegradable Material Next To Prostate	\$ 3,183.95
55875	Transperineal Place Needles/Cath. Prostate	\$ 746.31
55876	Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Prostate (Via Needle, Any Approach), Single Or Multiple	\$ 142.45
55880	High-Intensity Ultrasound Destruction Of Cancerous Tissue In Prostate Gland, Accessed Through Rectum Using Ultrasound Guidance	\$ 891.47
55899	Unlisted Procedure, Male Genital System	Price by Report
55920	Placement Of Needles Or Catheters Into Pelvic Organs And/ Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement Application	\$ 442.30
56405	Incision And Drainage Of Vulva Or Perineal Abscess	\$ 128.39
56420	Incision And Drainage Of Female Genital Gland Abscess	\$ 164.22
56440	Creation Of Drainage Tract For Female Genital Gland Or Cyst	\$ 172.87
56441	Lysis Of Labial Adhesions	\$ 160.65
56442	Hymenotomy, Simple Incision	\$ 42.78
56501	Destruction Of Lesion(S), Vulva; Simple (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	\$ 169.92
56515	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	Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy	\$ 1,318.87

Code	Description	Fee
56633	Vulvectomy, Radical, Complete;	\$ 1,126.52
56634	Vulvectomy, Radical, Complete; With Unilateral Inguinofemoral Lymphadenectomy	\$ 1,183.73
56637	Vulvectomy, 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	Colpotomy; With Exploration	\$ 186.85
57010	Colpotomy; With Drainage Of Pelvic Abscess	\$ 423.34
57020	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)	\$ 1,332.52
57109	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic 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
57130	Excision Of Vaginal Septum	\$ 217.56
57135	Excision Of Vaginal Cyst Or Tumor	\$ 222.81
57150	Irrigation Of Vagina And/Or Application Of Drug To Treat Infection	\$ 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	Posterior Colporrhaphy, Repair Of Rectocele With Or Without Perineorrhaphy	\$ 530.49
57260	Plastic Repair Of Vagina And Tissue Separating Vagina, Rectum, And Bladder	\$ 731.41
57265	Repair Of Herniation Of Rectum And Bladder Into Vaginal Wall	\$ 821.40
57267	Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Each Site (Anterior, Posterior Compartment), Vaginal Approach (List 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
57285	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Vaginal Approach	\$ 657.27
57287	Removal Or Revision Of Sling For Stress Incontinence (Eg, Fascia Or Synthetic)	\$ 711.41
57288	Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic)	\$ 708.25
57289	Pereyra Procedure, Including Anterior Colporrhaphy	\$ 731.08
57291	Construction Of Artificial Vagina; Without Graft	\$ 506.87
57292	Construction Of Artificial Vagina; With Graft	\$ 758.86
57295	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	Closure Of Abnormal Drainage Tract From Abdomen	\$ 901.43
57307	Closure Of Abnormal Drainage Tract From Rectum Into Vagina With Creation Of Large Bowel Opening, Open Abdominal Procedure	\$ 1,003.79
57308	Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or Without Levator Plication	\$ 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
57335	Vaginoplasty For Intersex State	\$ 1,078.15
57400	Dilation Of Vagina Under Anesthesia	\$ 118.76
57410	Pelvic Examination Under Anesthesia	\$ 100.22
57415	Removal Of Impacted Vaginal Foreign Body (Separate Procedure) Under Anesthesia (Other Than Local)	\$ 153.36
57420	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

Code	Description	Fee
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
57465	Computer-Aided Mapping Of Cervix During Examination Of Vagina And Cervix Using Endoscope	\$ 49.76
57500	Biopsy Of Cervix, Single Or Multiple, Or Local Excision Of Lesion, With Or Without Fulguration (Separate Procedure)	\$ 150.01
57505	Endocervical Curettage (Not Done As Part Of A Dilatation And Curettage)	\$ 136.80
57510	Cautery Of Cervix; Electro Or Thermal	\$ 159.19
57511	Cauterization Of Cervix; Cryocautery, Initial Or Repeat	\$ 174.84
57513	Cauterization Of Cervix; Laser Ablation	\$ 197.88
57520	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
57531	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling Biopsy, With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S)	\$ 1,591.91
57540	Removal Of Remaining Cervix Through The Abdomen	\$ 725.78
57545	Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair	\$ 763.99
57550	Removal Of Remaining Cervix Through The Vagina	\$ 399.98
57555	Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterior Repair	\$ 569.87
57556	Excision Of Cervical Stump, Vaginal Approach; With Repair Of Enterocele	\$ 541.59
57558	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
58100	Endometrial Sampling (Biopsy) With Or Without Endocervical Sampling (Biopsy), Without Cervical Dilatation, Any Method (Separate Procedure)	\$ 97.75
58110	Endometrial Sampling (Biopsy) Performed In Conjunction With Colposcopy (List Separately In Addition To Code For Primary Procedure)	\$ 47.59
58120	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
58146	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater 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
58152	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S); With Colpo-Urethrocytopexy (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
58200	Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aortic And Pelvic Lymph Node Sampling, With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S)	\$ 1,224.77
58210	Abdominal Removal Of Uterus, Cervix, And Lymph Nodes On Both Sides Of Pelvis And Aortic Lymph Node Biopsy	\$ 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)	\$ 793.75
58262	Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries	\$ 876.20
58263	Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries With Repair Of Herniated Bowel	\$ 908.31
58267	Vaginal Hysterectomy With Colpo-Urethrocytopexy (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
58292	Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Repair Of Herniated Bowel	\$ 1,194.82
58294	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Repair Of Enterocele	\$ 1,110.43
58300	Insertion Of Intrauterine Device (Iud)	\$ 133.43
58301	Removal Of Intrauterine Device (Iud)	\$ 106.53
58340	Catheterization And Introduction Of Saline Or Contrast Material For Saline Infusion Sonohysterography (Sis) Or Hysterosalpingography	\$ 214.91
58346	Insertion Of Heyman Capsules For Clinical Brachytherapy	\$ 464.19
58353	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	\$ 1,021.19
58356	Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Curettage, When Performed	\$ 1,638.08
58400	Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of Sacrouterine Ligaments; (Separate Procedure)	\$ 443.98
58410	Anatomic Repositioning Of Uterus, With Removal Of Nerve	\$ 747.61
58520	Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical)	\$ 732.66
58540	Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type)	\$ 839.54
58541	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250G Or Less	\$ 670.80
58542	Partial Removal Of Uterus (250 Grams Or Less), Tubes And/Or Ovaries With Retention Of Cervix Using An Endoscope	\$ 785.33
58543	Partial Removal Of Uterus (Greater Than 250 Grams) With Retention Of Cervix Using An Endoscope	\$ 771.53
58544	Partial Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope	\$ 854.44
58545	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With Total Weight Of 250 Grams Or Less And/Or Removal Of Surface Myomas	\$ 820.49
58546	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250 Grams	\$ 1,045.60

Code	Description	Fee
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	Vaginal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope	\$ 1,051.51
58554	Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Assistance Of Endoscope	\$ 1,186.51
58555	Hysteroscopy, Diagnostic (Separate Procedure)	\$ 316.60
58558	Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or Without D & C	\$ 1,171.72
58559	Hysteroscopy, Surgical; With Lysis Of Intrauterine Adhesions (Any Method)	\$ 256.34
58560	Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (Any Method)	\$ 291.08
58561	Hysteroscopy, Surgical; With Removal Of Leiomyomata	\$ 332.93
58562	Hysteroscopy, Surgical; With Removal Of Impacted Foreign Body	\$ 375.68
58563	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
58571	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(S) And/Or Ovary(S)	\$ 860.82
58572	Abdominal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope	\$ 955.96
58573	Abdominal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope	\$ 1,149.70
58575	Removal Of Uterus For Tumor Debulking Using A Laparoscope	\$ 1,823.90
58578	Unlisted Laparoscopy Of Uterus Procedure	\$ 1,847.25
58579	Unlisted Hysteroscopy Of Uterus Procedure	Price by Report
58580	Destruction Of Uterine Fibroid(S) Using Heat With Ultrasound Guidance And Monitoring	\$ 2,729.86
58600	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral	\$ 353.04
58605	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure)	\$ 321.35
58611	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)	\$ 69.96
58615	Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach	\$ 234.33
58660	Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure)	\$ 641.10
58661	Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy)	\$ 614.60
58662	Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method	\$ 673.02
58670	Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection)	\$ 353.71
58671	Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring)	\$ 353.71
58674	Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring	\$ 742.41
58679	Unlisted Laparoscopy Procedure, Oviduct, Ovary	\$ 3,034.76
58700	Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	\$ 679.78
58720	Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	\$ 648.05
58740	Lysis Of Adhesions (Salpingolysis, Ovariolysis)	\$ 820.51
58770	Salpingostomy (Salpingoneostomy)	\$ 789.54
58800	Drainage Of Cysts Of Ovaries By Vaginal Approach	\$ 341.21
58805	Drainage Of Cysts Of Ovaries By Abdominal Approach	\$ 409.44
58820	Drainage Of Cysts Of Ovaries By Vaginal Approach, Open Procedure	\$ 315.82
58822	Drainage Of Ovarian Abscess; Abdominal Approach	\$ 617.78
58900	Biopsy Of Ovaries	\$ 404.58
58925	Ovarian Cystectomy, Unilateral Or Bilateral	\$ 650.71
58940	Removal Of Ovaries, Partial Or Total	\$ 527.14
58943	Removal Of Ovaries, Partial Or Total, For Ovarian Cancer	\$ 1,066.67
58950	Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy;	\$ 1,056.12
58951	Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes	\$ 1,313.50
58952	Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy; With Radical Dissection For Debulking (Ie, Radical Excision Or Destruction, Intra-Abdominal Or Retroperitoneal Tumors)	\$ 1,500.68
58953	Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes With Tumor Reduction	\$ 1,818.51
58954	Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes With Tumor Reduction	\$ 1,966.55
58956	Removal Of Abdominal Lining, Uterus, And Both Ovaries And Fallopian Tubes	\$ 1,236.22
58957	Removal Of Tubes, Ovaries, Uterus, And Lymph Nodes For Uterine Malignancy	\$ 1,502.33
58958	Removal Of Tubes, Ovaries, Uterus, And Lymph Nodes For Uterine Malignancy, With Lymph Node Dissection	\$ 1,511.04
58960	Laparotomy, For Staging Or Restaging Of Ovarian, Tubal Or Primary Peritoneal Malignancy (Second Look), With Or Without Omentectomy, Peritoneal Washing, Biopsy Of Abdominal And Pelvic Peritoneum, Diaphragmatic Assessment With Pelvic And Limited Para-Aortic Lymph	\$ 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	Chorionic Villus Sampling, Any Method	\$ 140.87
59020	Fetal Contraction Stress Test	\$ 84.58
59025	Fetal Non-Stress Test	\$ 52.19
59030	Fetal Scalp Blood Sampling	\$ 124.38
59050	Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report; Supervision And Interpretation	\$ 49.78
59051	Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report (Separate Procedure); Interpretation 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

Code	Description	Fee
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	Curretage, 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	\$ 1,202.08
59525	Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In Addition To Code For Primary Procedure)	\$ 426.77
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
59614	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care	\$ 1,041.07
59618	Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care, Following Attempted Vaginal Delivery After 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	\$ 413.02
59855	Induced Abortion, By One Or More Vaginal Suppositories (Eg, Prostaglandin) With Or Without Cervical Dilation (Eg, Laminaria), Including 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	Price by Report
59899	Unlisted Procedure, Maternity Care And Delivery	Price by Report
60000	Incision And Drainage Of Thyroglossal Duct Cyst, Infected	\$ 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
60212	Partial Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy	\$ 915.80
60220	Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	\$ 665.33
60225	Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy	\$ 852.69
60240	Removal Of Thyroid, Complete	\$ 855.66
60252	Removal Of Thyroid And Surrounding Lymph Nodes, With Limited Neck Dissection	\$ 1,229.82
60254	Removal Of Thyroid And Surrounding Lymph Nodes, With Radical Neck Dissection	\$ 1,501.85
60260	Thyroidectomy, Removal Of All Remaining Thyroid Tissue Following Previous Removal Of A Portion Of Thyroid	\$ 983.17
60270	Removal Of Thyroid, Sternal Or Transthoracic Approach	\$ 1,223.82
60271	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
60512	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
60540	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure)	\$ 998.32
60545	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor	\$ 1,110.55
60600	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
60650	Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal	\$ 1,059.96
60659	Unlisted Laparoscopy Procedure, Endocrine System	Price by Report
60699	Unlisted Procedure, Endocrine System	Price by Report
61000	Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial	\$ 91.13

Code	Description	Fee
61001	Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent	\$ 96.30
61020	Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain	\$ 96.33
61026	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
61154	Burr Hole(S), With Aspiration Of Blood Accumulation In Brain, Extradural Or Subdural	\$ 1,156.43
61156	Burr Hole(S) , With Aspiration Of Blood Accumulation Or Cyst In Brain	\$ 1,066.26
61210	Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device	\$ 317.79
61215	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
61316	Incision And Subcutaneous Placement Of Cranial Bone Graft (List Separately In Addition To Code For Primary Procedure)	\$ 75.82
61320	Removal Of Bone From Skull For Drainage Of Upper Brain Abscess	\$ 1,686.44
61321	Removal Of Bone From Skull For Drainage Of Lower Brain Abscess	\$ 1,814.79
61322	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of Associated Intraparenchymal Hematoma; Without Lobectomy	\$ 2,121.81
61323	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of 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
61343	Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Medulla And Spinal Cord, With Or Without Dural Graft (Eg, Arnold-Chiari Malformation)	\$ 1,953.75
61345	Other Cranial Decompression, Posterior Fossa	\$ 1,746.22
61450	Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion	\$ 1,638.69
61458	Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves	\$ 1,793.31
61460	Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves	\$ 1,799.81
61500	Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull	\$ 1,193.13
61501	Craniectomy; For Osteomyelitis	\$ 1,002.58
61510	Removal Of Bone From Skull For Removal Of Upper Brain Tumor	\$ 1,970.81
61512	Removal Of Bone From Skull For Removal Of Upper Membrane Tumor	\$ 2,267.13
61514	Removal Of Bone From Skull For Removal Of Upper Brain Abscess	\$ 1,640.01
61516	Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst	\$ 1,674.94
61517	Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure)	\$ 72.84
61518	Removal Of Bone From Skull For Removal Of Lower Brain Tumor	\$ 2,465.09
61519	Removal Of Bone From Skull For Removal Of Lower Membrane Tumor	\$ 2,500.90
61520	Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor	\$ 3,205.91
61521	Removal Of Bone From Skull For Removal Of Skull Base Tumor	\$ 2,808.66
61522	Removal Of Bone From Skull For Removal Of Brain Abscess	\$ 1,868.28
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	Subdural Implantation Of Strip Electrodes Through One Or More Burr Or Trephine Hole(S) For Long Term Seizure Monitoring	\$ 1,059.54
61533	Removal Of Bone From Skull For Implantation Of Brain Electrode For Seizure Monitoring	\$ 1,310.27
61534	Removal Of Bone From Skull For Excision Of Brain Tissue To Halt Seizure Activity, Without Monitoring	\$ 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	Removal Of Bone From Skull For Excision Of Lobe Of Brain (Other Than Temporal) Without Monitoring	\$ 1,857.78
61541	Removal Of Bone From Skull For Incision Of Brain Tissue	\$ 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 Craniostomy; Single Cranial Suture	\$ 1,038.70
61552	Craniectomy For Craniostomy; Multiple Cranial Sutures	\$ 1,281.64
61556	Craniotomy For Craniostomy; Frontal Or Parietal Bone Flap	\$ 1,465.51
61557	Craniotomy For Craniostomy; Bifrontal Bone Flap	\$ 1,450.66
61558	Extensive Craniectomy For Multiple Cranial Suture Craniostomy (Eg, Cloverleaf Skull); Not Requiring Bone Grafts	\$ 1,613.73

Code	Description	Fee
61559	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Cloverleaf Skull); Recontouring With Multiple Osteotomies And Bone 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	Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections, With Electrocochography During Surgery	\$ 2,176.18
61570	Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain	\$ 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	\$ 2,559.96
61584	Removal Of Facial Bone To Approach Brain Lesion, Without Removal Of The Eyeball	\$ 2,435.40
61585	Removal Of Facial Bone To Approach Brain Lesion, With Removal Of The Eyeball	\$ 2,867.49
61586	Removal Of Facial Bone To Approach Brain Lesion, Without Bone Graft	\$ 2,273.63
61590	Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngeal Space, Infratemporal And Midline Skull Base, Nasopharynx), 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
61592	Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus And Carotid Artery, Clivus, Basilar Artery Or Petrous Apex) Including Osteotomy Of Zygoma, Craniotomy, Extra- Or Intradural Elevation Of Temporal Lobe	\$ 2,770.72
61595	Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Temporal Lobe	\$ 2,165.01
61596	Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Ear	\$ 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	\$ 2,660.52
61598	Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus	\$ 2,497.89
61600	Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain	\$ 1,947.05
61601	Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain	\$ 1,986.08
61605	Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural	\$ 2,001.47
61606	Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural	\$ 2,561.50
61607	Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural	\$ 2,444.62
61608	Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural	\$ 2,832.83
61611	Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure)	\$ 390.77
61613	Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus	\$ 2,842.30
61615	Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural	\$ 2,467.13
61616	Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural	\$ 3,012.99
61618	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, Pericranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts)	\$ 1,126.63
61619	Secondary Repair Of Dura For Csf Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Local Or Regionalized Vascularized Pedicle Flap Or Myocutaneous Flap (Including Galea, Temporalis, Frontalis Or Occipitalis Mus	\$ 1,259.25
61623	Endovascular Temporary Balloon Arterial Occlusion, Head Or Neck (Extracranial/Intracranial) Including Selective Catheterization Of Vessel To Be Occluded, Positioning And Inflation Of Occlusion Balloon, Concomitant Neurological Monitoring, And	\$ 495.38
61624	Occlusion Of Abnormal Artery, Accessed Through The Skin	\$ 1,028.01
61626	Occlusion Of Head Or Neck Artery, Accessed Through The Skin	\$ 813.58
61630	Balloon Dilatation Of Blood Vessel In Head, Accessed Through The Skin	\$ 1,184.22
61635	Transcatheter Placement Of Intravascular Stent(S), Intracranial (Eg, Atherosclerotic Stenosis), Including Balloon Angioplasty, If Performed	\$ 1,331.92
61640	Balloon Dilatation Of Blood Vessel Spasm In Head, Accessed Through The Skin	\$ 544.66
61641	Balloon Dilatation Of Additional Blood Vessel Spasm In Head In Same Blood Vessel Family, Accessed Through The Skin	\$ 236.14
61642	Balloon Dilatation 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
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
61705	Surgery For Abnormal Blood Vessel In Brain By Clamping Of Carotid Artery Via Incision Of Neck And Tying Of Abnormal Blood Vessel Via 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

Code	Description	Fee
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
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, 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
61860	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
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	\$ 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
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes	\$ 515.50
61885	Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode	\$ 441.08
61886	Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes	\$ 807.32
61888	Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver	\$ 347.73
62000	Elevation Of Depressed Skull Fracture, Simple	\$ 847.65
62005	Elevation Of Depressed Skull Fractures, Compound Or Comminuted	\$ 1,095.40
62010	Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain	\$ 1,380.01
62100	Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea	\$ 1,428.14
62115	Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty	\$ 1,454.41
62117	Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts)	\$ 1,679.03
62120	Repair Of Encephalocele, Skull Vault, Including Cranioplasty	\$ 1,834.92
62121	Craniotomy With Repair Of Encephalocele, Skull Base	\$ 1,405.29
62140	Repair Of Skull Bone Defect, 5 Cm Or Less	\$ 932.81
62141	Repair Of Skull Bone Defect, More Than 5.0 Cm	\$ 1,036.40
62142	Removal Of Skull Bone Flap Or Skull Plate	\$ 814.17
62143	Replacement Of Skull Bone Flap Or Skull Plate	\$ 908.05
62145	Cranioplasty For Skull Defect With Reparative Brain Surgery	\$ 1,210.85
62146	Repair Of Skull Bone With Graft, 5.0 Cm Or Less	\$ 1,076.81
62147	Repair Of Skull Bone With Graft, More Than 5.0 Cm	\$ 1,278.03
62148	Removal Of Skull Bone Graft, Accessed Beneath The Skin	\$ 108.96
62160	Neuroendoscopy, Intracranial, For Placement Or Replacement Of Ventricular Catheter And Attachment To Shunt System Or External Drainage (List Separately In Addition To Code For Primary Procedure)	\$ 158.05
62161	Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of Septum Pellucidum Or Intraventricular Cysts (Including 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	Replacement Or Irrigation, Subdural Catheter	\$ 435.06
62200	Creation Of An Opening For Brain Fluid Drainage, Third Ventricle	\$ 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
62225	Replacement Or Irrigation, Ventricular Catheter	\$ 447.48
62230	Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or Distal Catheter In Shunt System	\$ 764.40
62252	Reprogramming Of Programmable Cerebrospinal Shunt	\$ 80.45
62256	Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement	\$ 532.55
62258	Removal Of Complete Shunt System; With Replacement By Similar Or Other Shunt At Same Operation	\$ 1,007.08
62263	Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions Over 2 Or More Days	\$ 610.68
62264	Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions In 1 Day	\$ 424.90

Code	Description	Fee
62267	Diagnostic Aspiration Of Spinal Disc Or Tissue, Accessed Through The Skin	\$ 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
62280	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid	\$ 316.14
62281	Injection Of Spinal Canal To Destroy Nerve In The Upper Spine Area	\$ 227.18
62282	Injection Of Spinal Canal To Destroy Nerve In The Lower 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	Injection Procedure, Arterial, For Occlusion Of Arteriovenous Malformation, Spinal	\$ 822.17
62302	X-Ray Of Upper Spinal Canal With Radiological Supervision And Interpretation	\$ 248.13
62303	X-Ray Of Middle Spinal Canal With Radiological Supervision And Interpretation	\$ 252.66
62304	X-Ray Of Lower Spinal Canal With Radiological Supervision And Interpretation	\$ 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	\$ 131.65
62323	Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance	\$ 254.61
62324	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back	\$ 150.21
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
62327	Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Lower Back Lower Back Using Imaging Guidance	\$ 241.66
62328	Diagnostic Spinal Tap Of Lower Spine Using Imaging Guidance	\$ 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	\$ 381.63
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	\$ 361.64
62365	Removal Of Spinal Canal Drug Infusion Pump Or Device, Accessed Beneath The Skin	\$ 280.81
62367	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); Without Reprogramming Or Refill	\$ 30.33
62368	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming	\$ 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
62370	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 (Requiring Skill Of A Physician Or Other Qualified	\$ 90.15
62380	Decompression Of Spinal Cord And/Or Nerve Root In Lower Back Using Endoscope	Price by Report
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy, (Eg, Spinal Stenosis), One Or Two Vertebral Segments; Cervical	\$ 1,114.42
63003	Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Upper Back	\$ 1,072.48
63005	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 Discectomy, (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
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary	\$ 186.71
63040	Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Single Interspace	\$ 1,213.15
63042	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Single Interspace	\$ 1,192.05
63043	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
63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve 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
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve 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

Code	Description	Fee
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
63053	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
63066	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	\$ 2,096.70
63088	Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord Or Nerves, Combined Thoracolumbar Approach, Each Additional Segment	\$ 221.18
63090	Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach, Single Segment	\$ 1,722.98
63091	Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach, Each Additional Segment	\$ 154.17
63101	Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$ 2,096.13
63102	Removal Of Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$ 2,072.51
63103	Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach	\$ 251.17
63170	Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracic Or Thoracolumbar	\$ 1,369.81
63172	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space	\$ 1,213.72
63173	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or Pleural Space	\$ 1,480.38
63185	Removal Of Spine Bone With Severing Of Nerve Roots, 1 Or 2 Segments	\$ 1,009.65
63190	Removal Of Spine Bone With Severing Of Nerve Roots, More Than 2 Segments	\$ 1,163.39
63191	Laminectomy With Section Of Spinal Accessory Nerve	\$ 1,190.90
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 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
63252	Removal Of Middle And Lower Spine Bone And Arteriovenous Malformation	\$ 2,574.39
63265	Removal Of Upper Spine Bone And Growth Other Than A Tumor Extradural	\$ 1,443.12
63266	Removal Of Middle Spine Bone And Growth Other Than A Tumor, Extradural	\$ 1,487.83
63267	Removal Of Lower Spine Bone And Growth Other Than A Tumor, Extradural	\$ 1,250.15
63268	Removal Of Sacral Spine Bone And Growth Other Than A Tumor, Extradural	\$ 1,237.10
63270	Removal Of Upper Spine Bone And Growth Other Than A Tumor, Intradural	\$ 1,776.74
63271	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
63275	Removal Or Biopsy Of Upper Spine Bone Tumor, Extradural	\$ 1,556.75
63276	Removal Or Biopsy Of Middle Spine Bone Tumor, Extradural	\$ 1,608.31
63277	Removal Or Biopsy Of Lower Spine Bone Tumor, Extradural	\$ 1,357.24
63278	Removal Or Biopsy Of Sacral Spine Bone Tumor, Extradural	\$ 1,372.09
63280	Removal Or Biopsy Of Upper Spine Bone Tumor, Intradural	\$ 1,815.56
63281	Removal Or Biopsy Of Middle Spine Bone Tumor, Intradural	\$ 1,797.93
63282	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
63286	Removal Or Biopsy Of Middle Spine Bone Tumor, Intramedullary, Intradural	\$ 2,288.26
63287	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
63295	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinous Procedure (List Separately In Addition To Code For Primary Procedure)	\$ 285.68
63300	Removal Of Upper Spine Bone Growth, Extradural	\$ 1,577.19
63301	Removal Of Middle Spine Bone Growth, Transthoracic Approach, Extradural	\$ 1,886.04
63302	Removal Of Middle Spine Bone Growth, Thoracolumbar Approach, Extradural	\$ 1,863.96
63303	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
63306	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
63308	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinous Lesion, Single Segment; Each Additional Segment (List Separately In Addition To Codes For Single Segment)	\$ 271.85
63600	Creation Of Stereotactic Spinal Cord Lesion, Accessed Through The Skin	\$ 941.06
63610	Stereotactic Stimulation Of Spinal Cord, Percutaneous, Separate Procedure Not Followed By Other Surgery	\$ 488.33
63620	Stereotactic Treatment Of One Spine Growth	\$ 966.32

Code	Description	Fee
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
63662	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed	\$ 755.90
63663	Revision And Replacement Of Spinal Neurostimulator Electrodes, On The Skin	\$ 864.29
63664	Revision And Replacement Of Spinal Neurostimulator Electrodes, Implanted	\$ 776.23
63685	Insertion Or Replacement Of Spinal Neurostimulator Generator Or Receiver	\$ 359.28
63688	Removal Or Revision Of Spinal Neurostimulator Generator Or Receiver	\$ 352.26
63700	Repair Of Meningocele; Less Than 5 Cm Diameter	\$ 1,136.69
63702	Repair Of Meningocele; Larger Than 5 Cm Diameter	\$ 1,239.17
63704	Repair Of (Less Than 5 Centimeter Diameter) Spinal Cord Defect (Spina Bifida)	\$ 1,441.46
63706	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
63710	Dural Graft, Spinal	\$ 960.93
63740	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Including Laminectomy	\$ 858.76
63741	Creation Of Spinal Fluid Shunt, Accessed Through The Skin	\$ 626.95
63744	Replacement, Irrigation, Or Revision Of Lower Spinal Canal Shunt	\$ 604.38
63746	Removal Of Entire Lumbosubarachnoid Shunt System Without Replacement	\$ 508.94
64400	Injection Of Anesthetic Agent And/Or Steroid Into Trigeminal Nerve Of Face	\$ 109.52
64405	Injection Of Anesthetic Agent And/Or Steroid Into Greater Occipital Nerve Of Upper Neck And Back Of Head	\$ 71.04
64408	Injection Of Anesthetic Agent And/Or Steroid Into Vagus Nerve	\$ 77.45
64415	Injection Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm	\$ 118.03
64416	Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm	\$ 65.53
64417	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
64425	Injection Of Anesthetic Agent And/Or Steroid Into Ilioinguinal And Iliohypogastric Nerves Of Lower Abdomen And Groin	\$ 97.61
64430	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
64445	Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg	\$ 140.01
64446	Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg	\$ 64.04
64447	Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh	\$ 102.22
64448	Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh	\$ 61.71
64449	Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach	\$ 60.03
64450	Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch	\$ 73.38
64451	Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance	\$ 221.14
64454	Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance	\$ 218.81
64455	Injections Of Anesthetic And/Or Steroid Drug Into Nerve Of Foot	\$ 48.70
64461	Injection Of Anesthetic Agent, Thoracic Vertebra Through A Single Incision	\$ 129.14
64462	Injection Of Anesthetic Agent, Thoracic Vertebra Through Additional Incisions	\$ 68.72
64463	Injection Of Anesthetic Agent, Thoracic Vertebra Through A Inserted Catheter	\$ 224.06
64479	Injections Of Anesthetic And/Or Steroid Drug Into Upper Or Middle Spine Nerve Root Using Imaging Guidance, Single Level	\$ 235.18
64480	Injections Of Anesthetic And/Or Steroid Drug Into Upper Or Middle Spine Nerve Root Using Imaging Guidance, Each Additional Level	\$ 119.00
64483	Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging Guidance, Single Level	\$ 242.62
64484	Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging Guidance, Each Additional Level	\$ 109.12
64486	Injections Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On One Side	\$ 108.92
64487	Continuous Infusions Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On One Side	\$ 210.24
64488	Injections Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On Both Sides	\$ 134.47
64489	Continuous Infusions Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On Both Sides	\$ 341.77
64490	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Single Level	\$ 189.03
64491	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Second Level	\$ 94.73
64492	Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Third And Any Additional Level(S)	\$ 95.06
64493	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Single Level	\$ 174.34
64494	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Second Level	\$ 88.82
64495	Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Third And Any Additional Level(S)	\$ 88.82
64505	Injection Of Anesthetic Agent, Trigeminal Nerve Bundle	\$ 124.07
64510	Injection Of Anesthetic Agent, Sympathetic Nerve Bundle	\$ 144.00
64517	Injection Of Anesthetic Agent, Sacral Nerve Bundle	\$ 184.10
64520	Injection Of Anesthetic Agent, Middle Or Lower Spine Sympathetic Nerves	\$ 227.68
64530	Injection Of Anesthetic Agent, Abdominal Sympathetic Nerve Bundle	\$ 202.74
64553	Implantation Of Cranial Nerve Neurostimulator Electrodes, Accessed Through The Skin	\$ 3,429.50
64555	Implantation Of Peripheral Nerve Neurostimulator Electrodes, Accessed Through The Skin	\$ 2,106.33
64561	Insertion Of Sacral Nerve Neurostimulator Electrodes, Accessed Through The Skin	\$ 717.10
64566	Implantation Of Lower Leg Neurostimulator Electrode, Accessed Through The Skin	\$ 114.86
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	\$ 567.33
64569	Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection To Existing Pulse Generator	\$ 674.77
64570	Removal Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	\$ 674.54
64575	Incision For Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)	\$ 292.43
64580	Incision For Implantation Of Neurostimulator Electrode Array; Neuromuscular	\$ 284.98
64581	Incision For Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement)	\$ 618.54
64582	Insertion Of Hypoglossal Nerve Neurostimulator Electrode And Generator And Breathing Sensor Electrode	\$ 733.16

Code	Description	Fee
64583	Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Electrode And Breathing Sensor Electrode With Connection To Existing Generator	\$ 747.62
64584	Removal Of Hypoglossal Nerve Neurostimulator Electrode And Generator And Breathing Sensor Electrode	\$ 631.48
64585	Revision Of Peripheral Neurostimulator Electrodes	\$ 215.49
64590	Revision Of Peripheral Neurostimulator Electrodes	\$ 384.04
64595	Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Generator Or Receiver	\$ 317.39
64596	Removal Or Revision Of A Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver	Price by Report
64597	Insertion Or Replacement Of A Peripheral Integrated Neurostimulator Each Additional Electrode Array	Price by Report
64598	Revision Or Removal Of A Electrode Array With An Integrated Neurostimulator	Price by Report
64600	Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch	\$ 441.24
64605	Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch	\$ 774.55
64610	Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring	\$ 727.33
64611	Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral	\$ 125.25
64612	Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm)	\$ 132.30
64615	Chemodenervation Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine)	\$ 141.49
64616	Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin	\$ 115.90
64617	Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin	\$ 152.94
64620	Destruction By Neurolytic Agent Intercostal Nerve	\$ 183.04
64624	Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance	\$ 383.40
64625	Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance	\$ 465.77
64628	Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones	\$ 384.27
64629	Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back	\$ 176.27
64630	Destruction By Neurolytic Agent; Pudendal Nerve	\$ 242.25
64632	Destruction By Neurolytic Agent; Plantar Common Digital Nerve	\$ 84.85
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	\$ 431.15
64634	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)	\$ 235.43
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	\$ 489.16
64636	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
64640	Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch	\$ 219.60
64642	Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles	\$ 131.00
64643	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles, Each Additional Extremity	\$ 79.74
64644	Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles	\$ 153.17
64645	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity	\$ 102.64
64646	Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles	\$ 136.83
64647	Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles	\$ 164.42
64650	Chemodenervation Of Eccrine Glands; Both Axillae	\$ 77.77
64653	Chemodenervation Of Eccrine Glands; Other Area(S) (Eg, Scalp, Face, Neck), Per Day	\$ 90.55
64680	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Celiac Plexus	\$ 312.44
64681	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Superior Hypogastric Plexus	\$ 443.85
64702	Neurolysis; Digital, One Or Both, Same Digit	\$ 448.34
64704	Neurolysis; Nerve Of Hand Or Foot	\$ 301.33
64708	Release Of Nerve Of Arm Or Leg, Open Procedure	\$ 493.77
64712	Release Of Sciatic Nerve, Open Procedure	\$ 565.99
64713	Release Of Major Nerve Of Arm Or Leg, Open Procedure	\$ 713.08
64714	Release Of Nerve Of Upper Leg, Open Procedure	\$ 685.61
64716	Neurolysis And/Or Transposition; Cranial Nerve (Specify)	\$ 472.84
64718	Neurolysis And/Or Transposition; Ulnar Nerve At Elbow	\$ 557.92
64719	Neurolysis And/Or Transposition; Ulnar Nerve At Wrist	\$ 394.81
64721	Neurolysis And/Or Transposition; Median Nerve At Carpal Tunnel	\$ 431.93
64722	Decompression; Unspecified Nerve(S) (Specify)	\$ 354.34
64726	Decompression; Plantar Digital Nerve	\$ 250.79
64727	Internal Neurolysis By Dissection, With Or Without Microdissection (List Separately In Addition To Code For Primary Neuroplasty)	\$ 161.79
64732	Transection Or Avulsion Of; Supraorbital Nerve	\$ 402.10
64734	Transection Or Avulsion Of; Infraorbital Nerve	\$ 453.67
64736	Transection Or Avulsion Of; Mental Nerve	\$ 307.83
64738	Transection Or Avulsion Of; Inferior Alveolar Nerve By Osteotomy	\$ 421.16
64740	Transection Or Avulsion Of; Lingual Nerve	\$ 431.95
64742	Transection Or Avulsion Of; Facial Nerve, Differential Or Complete	\$ 459.06
64744	Transection Or Avulsion Of; Greater Occipital Nerve	\$ 445.96
64746	Transection Or Avulsion Of; Phrenic Nerve	\$ 386.81
64755	Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selective Proximal Vagotomy, Proximal Gastric Vagotomy, Parietal 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

Code	Description	Fee
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
64795	Biopsy Of Nerve	\$ 177.17
64802	Sympathectomy, Cervical	\$ 739.66
64804	Sympathectomy, Cervicothoracic	\$ 1,031.78
64809	Sympathectomy, Thoracolumbar	\$ 941.52
64818	Sympathectomy, Lumbar	\$ 705.68
64820	Sympathectomy; Digital Arteries, Each Digit	\$ 667.39
64821	Sympathectomy; Radial Artery	\$ 633.77
64822	Sympathectomy; Ulnar Artery	\$ 638.14
64823	Sympathectomy; Superficial Palmar Arch	\$ 721.12
64831	Suture Of One Hand Or Foot Digital Nerve	\$ 598.97
64832	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
64836	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
64840	Suture Of Posterior Tibial Nerve	\$ 871.73
64856	Suture Of Peripheral Nerve, Arm Or Leg, With Relocation To New Site	\$ 895.52
64857	Suture Of Peripheral Nerve, Arm Or Leg	\$ 974.45
64858	Suture Of Sciatic Nerve	\$ 1,059.80
64859	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
64862	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
64874	Suture Of Nerve; Requiring Extensive Proximal Mobilization, Or Transposition Of Nerve (List Separately In Addition To Code For Nerve Suture)	\$ 153.76
64876	Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately In Addition To Code For Nerve Suture)	\$ 173.74
64885	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	\$ 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
64893	Graft Of Arm Or Leg Nerve, More Than 4.0 Cm	\$ 1,010.45
64895	Graft Of Multiple Hand Or Foot Nerves, 4.0 Cm Or Less	\$ 1,192.82
64896	Graft Of Multiple Hand Or Foot Nerves, More Than 4.0 Cm	\$ 1,285.06
64897	Graft Of Multiple Arm Or Leg Nerves, 4.0 Cm Or Less	\$ 1,182.97
64898	Graft Of Multiple Arm Or Leg Nerves, More Than 4.0 Cm	\$ 1,233.74
64901	Placement Of Nerve For Grafting, Single Strand	\$ 526.59
64902	Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separately In Addition To Code For Primary Procedure)	\$ 609.80
64905	Transfer Of Nerve To Injured Nerve, First Stage	\$ 913.24
64907	Transfer Of Nerve To Injured Nerve, Second Stage	\$ 1,169.88
64910	Nerve Repair; With Synthetic Conduit Or Vein Allograft (Eg, Nerve Tube), Each Nerve	\$ 721.07
64911	Nerve Repair; With Autogenous Vein Graft (Includes Harvest Of Vein Graft), Each Nerve	\$ 931.15
64912	Repair Of Nerve Using Nerve Graft, First Strand	\$ 800.95
64913	Repair Of Nerve Using Nerve Graft, Each Additional Strand	\$ 157.01
64999	Unlisted Procedure, Nervous System	Price by Report
65091	Removal Of Eye Contents, Without Bone	\$ 712.74
65093	Evisceration Ocular Contents; With Implant	\$ 661.82
65101	Enucleation Eye; Without Implant	\$ 812.74
65103	Enucleation Eye; With Implant, Muscles Not Attached To Implant	\$ 797.59
65105	Enucleation Eye; With Implant, Muscles Attached To Implant	\$ 909.05
65110	Removal Of Eye Contents, With Bone	\$ 1,246.51
65112	Exenteration Orbit(Does Not Include Skin Graft), Removal Orbital Contents; With Therapeutic Removal Of Bone	\$ 1,424.51
65114	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Contents; With Muscle Or Myocutaneous Flap	\$ 1,486.15
65125	Modification Of Ocular Implant With Placement Or Replacement Of Pegs (Eg, Drilling Receptacle For Prosthesis Appendage) (Separate Procedure)	\$ 436.15
65130	Insertion Of Permanent Ocular Prosthesis Into Orbit, After Evisceration, In Scleral Shell	\$ 815.14
65135	Insertion Of Permanent Ocular Prosthesis Into Orbit, After Nucleation, Muscles Not Attached To Implant	\$ 824.62
65140	Insertion Ocular Implant Secondary; After Enucleation, Muscles Attached To Implant	\$ 884.72
65150	Reinsertion Of Ocular Implant With Or Without Graft From The Outer Eye	\$ 674.12
65155	Reinsertion Of Ocular Implant With Foreign Material	\$ 918.53
65175	Removal Ocular Implant	\$ 746.21
65205	Removal Of Foreign Body In External Eye, Conjunctiva	\$ 27.68
65210	Removal Of Foreign Body In External Eye, Conjunctiva Or Sclera	\$ 37.33
65220	Removal Of Foreign Body, External Eye, Cornea	\$ 52.86
65222	Removal Of Foreign Body, External Eye, Cornea With Slit Lamp Examination	\$ 66.55
65235	Removal Of Foreign Body, Intraocular; From Anterior Chamber Of Eye Or Lens	\$ 679.98

Code	Description	Fee
65260	Removal Of Foreign Body From Inside Eye With A Magnet	\$ 914.15
65265	Removal Of Foreign Body From Inside Eye Without A Magnet	\$ 962.44
65270	Repair Laceration; Conjunctiva, With Or Without Nonperforating Laceration Sclera, Direct Closure	\$ 251.87
65272	Repair Laceration; Conjunctiva, By Mobilization And Rearrangement, Without Hospitalization	\$ 503.35
65273	Repair Of Lacerated Conjunctiva Using Flap Or Graft, Requiring Hospitalization	\$ 351.84
65275	Repair Laceration; Cornea, Nonperforating, With Or Without Removal Foreign Body	\$ 554.43
65280	Repair Of Perforating Laceration Of Cornea And/Or Sclera Not Involving Uveal Tissue	\$ 620.47
65285	Repair Of Perforating Laceration Of Cornea And/Or Sclera Involving Uveal Tissue	\$ 992.75
65286	Repair Of Laceration Application Of Tissue Glue, Wounds Of Cornea And/Or Sclera	\$ 663.12
65290	Repair Of Injured Eye Muscle Or Tendon	\$ 453.71
65400	Excision Lesion Cornea (Keratotomy, Lamellar, Partial), Except Pterygium	\$ 609.22
65410	Biopsy Cornea	\$ 134.35
65420	Removal Or Relocation Of Corneal Conjunctiva, Without Graft	\$ 514.03
65426	Removal Or Relocation Of Corneal Conjunctiva, With Graft	\$ 656.08
65430	Scraping Cornea, Diagnostic, For Smear And/Or Culture	\$ 100.72
65435	Removal Of Outer Layer Of Cornea, Chemical Cauterization	\$ 72.41
65436	Removal Of Outer Layer Of Cornea, Chelating Agent	\$ 360.00
65450	Destruction Of Lesion Of Cornea By Cryotherapy, Photocoagulation Or Thermocauterization	\$ 306.33
65600	Multiple Punctures Of Anterior Cornea (Eg, For Corneal Erosion, Tattoo)	\$ 414.06
65710	Transplantation Of Tissue From One Cornea To Other Cornea, Anterior Lamellar	\$ 1,062.89
65730	Transplantation Of Tissue From One Cornea To Other Cornea, Penetrating (Except In Aphakia Or Pseudophakia)	\$ 1,211.63
65750	Transplantation Of Tissue From One Cornea To Other Cornea, Penetrating (In Aphakia)	\$ 1,172.65
65755	Transplantation Of Tissue From One Cornea To Other Cornea, Penetrating (In Pseudophakia)	\$ 1,167.09
65756	Keratoplasty (Corneal Transplant); Endothelial	\$ 1,086.32
65757	Backbench Preparation Of Corneal Endothelial Allograft Prior To Transplantation (List Separately In Addition To Code For Primary Procedure)	\$ 218.95
65772	Corneal Relaxing Incision For Correction Of Surgically Induced Astigmatism	\$ 427.28
65775	Corneal Wedge Resection For Correction Of Surgically Induced Astigmatism	\$ 534.93
65778	Insertion Of Amniotic Membrane To Eye Surface	\$ 1,357.10
65779	Insertion Of Amniotic Membrane To Eye Surface With Sutures	\$ 1,151.20
65780	Ocular Surface Reconstruction; Amniotic Membrane Transplantation, Multiple Layers	\$ 575.08
65781	Ocular Surface Reconstruction; limbal Stem Cell Allograft (Eg, Cadaveric Or Living Donor)	\$ 1,225.25
65782	Ocular Surface Reconstruction; Limbal Conjunctival Autograft (Includes Obtaining Graft)	\$ 1,058.57
65785	Implantation Of Corneal Ring Segments	\$ 2,106.78
65800	Aspiration Of Eye Fluid, Simple	\$ 116.03
65810	Aspiration Of Eye Fluid, Complex	\$ 429.69
65815	Paracentesis Anterior Chamber Eye (Separate Procedure); With Removal Of Blood, With Or Without Irrigation And/Or Air Injection	\$ 573.37
65820	Goniotomy	\$ 722.23
65850	Trabeculotomy Ab Externo	\$ 782.22
65855	Laser Repair To Improve Eye Fluid Flow, 1 Or More Sessions	\$ 238.39
65860	Severing Adhesions Of Anterior Segment, Laser Technique (Separate Procedure)	\$ 287.58
65865	Removal Of Scar Tissue In Eye, Goniosynechiae	\$ 445.05
65870	Removal Of Scar Tissue In Eye, Anterior Synechiae, Except Goniosynechiae	\$ 552.93
65875	Removal Of Scar Tissue In Eye, Posterior Synechiae	\$ 554.63
65880	Severing Adhesions Anterior Segment Eye (With Or Without Injection Air Or Liquid) (Separate Procedure); Corneovitreous Adhesions	\$ 619.25
65900	Removal Of Epithelial Downgrowth, Anterior Chamber Of Eye	\$ 923.96
65920	Removal Of Implanted Material, Anterior Segment Of Eye	\$ 735.07
65930	Removal Of Blood Clot, Anterior Segment Of Eye	\$ 596.03
66020	Injection, Anterior Chamber Of Eye (Separate Procedure); Air Or Liquid	\$ 181.02
66030	Injection, Anterior Chamber (Separate Procedure); Medication	\$ 169.55
66130	Excision Lesion Sclera	\$ 666.10
66150	Treatment For Glaucoma By Creating A Hole For Drainage And Excision Of Part Of The Iris	\$ 814.76
66155	Treatment For Glaucoma With Cautery And Excision Of Part Of The Iris	\$ 814.44
66160	Fistulization Sclera For Glaucoma; Sclerectomy With Punch Or Scissors, With Iridectomy	\$ 914.69
66170	Treatment For Glaucoma With Creation Of Eye Fluid Drainage, Primary	\$ 1,012.85
66172	Treatment For Glaucoma With Creation Of Eye Fluid Drainage, Secondary	\$ 1,106.09
66174	Transluminal Dilatation Of Aqueous Outflow Canal; Without Retention Of Device Or Stent	\$ 757.51
66175	Transluminal Dilatation Of Aqueous Outflow Canal; With Retention Of Device Or Stent	\$ 702.46
66179	Creation Of Shunt To Improve Eye Fluid Flow	\$ 1,000.74
66180	Creation Of Shunt To Improve Eye Fluid Flow With Graft	\$ 1,101.97
66183	Insertion Of Eye Fluid Drainage Device, External Approach	\$ 953.31
66184	Revision Of Shunt To Improve Eye Fluid Flow	\$ 734.29
66185	Revision Of Eye Fluid Drainage Shunt With Graft	\$ 742.89
66225	Repair Of Protrusion Of Inner Tissue Through Eyeball With Graft	\$ 865.97
66250	Follow-Up Surgery Of Eyeball	\$ 670.98
66500	Iridotomy By Stab Incision (Separate Procedure); Except Transfixion	\$ 373.49
66505	Iridotomy By Stab Incision (Separate Procedure); With Transfixion As For Iris Bombe	\$ 405.66
66600	Iridectomy, With Corneoscleral Or Corneal Section; For Removal Of Lesion	\$ 853.45
66605	Removal Of Iris And Eyelid Border To Improve Eye Fluid Flow, With Removal Of Part Of The Ciliary Muscle Or Body	\$ 1,015.70
66625	Removal Of Iris To Improve Eye Fluid Flow, Margin Of The Iris	\$ 416.65
66630	Removal Of Iris To Improve Eye Fluid Flow, Section Of The Iris	\$ 524.37
66635	Removal Of Iris And Eyelid Border To Improve Eye Fluid Flow, With Removal Of Part Of The Iris	\$ 529.39
66680	Repair Of Iris And Lens Tissue Without Suture Of The Iris	\$ 484.77
66682	Repair Of Iris And Lens Tissue With Suture Of The Iris	\$ 625.77
66700	Cyclophotocoagulation; Initial	\$ 422.48
66710	Ciliary Body Destruction; Cyclophotocoagulation, Transscleral	\$ 431.50

Code	Description	Fee
66711	Destruction Of Tissue Encircling Lens Using Endoscope	\$ 469.80
66720	Cyclocryotherapy; Initial	\$ 436.85
66740	Cycloablation; Initial	\$ 410.38
66761	Creation Of Eye Fluid Drainage Tracts In Iris Using Laser, Per Session	\$ 281.89
66762	Creation Of Openings In Iris For Eye Fluid Drainage Using Laser, 1 Or More Sessions	\$ 446.15
66770	Destruction Of Cyst Or Lesion Iris Or Ciliary Body (Nonexcisional Procedure)	\$ 494.34
66820	Removal Of Recurring Cataract In Lens Capsule With A Stab Incision	\$ 449.59
66821	Dissection Of Secondary Membranous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid; Laser Surgery (Eg, Yag Laser) (One Or More Stages)	\$ 327.07
66825	Repositioning Of Intraocular Lens Prosthesis, Requiring An Incision (Separate Procedure)	\$ 786.60
66830	Removal Of Recurring Cataract In Lens Capsule With A Sectioning Of The Cornea And Scleral Areas	\$ 656.12
66840	Removal Of Lens Material; Aspiration Technique, One Or More Stages	\$ 640.65
66850	Fragmenting, Aspiration, And Removal Of Lens Material	\$ 762.06
66852	Removal Of Lens Material; Pars Plana Approach, With Or Without Vitrectomy	\$ 810.01
66920	Removal Of Lens Material; Intracapsular	\$ 691.57
66930	Extraction Lens With Or Without Iridectomy; Intracapsular, For Dislocated Lens	\$ 792.47
66940	Removal Of Lens Material; Extracapsular (Other Than 66840, 66850, 66852)	\$ 725.81
66982	Removal Of Cataract With Insertion Of Lens, Complex	\$ 719.74
66983	Removal Of Cataract With Insertion Of Lens, 1 Stage	\$ 827.03
66984	Removal Of Cataract With Insertion Of Lens, Simple	\$ 525.95
66985	Insertion Of Intraocular Lens Prosthesis (Secondary Implant) Not Associated With Concurrent Cataract Removal	\$ 744.78
66986	Exchange Of Intraocular Lens	\$ 834.57
66987	Complex Removal Of Cataract With Insertion Of Lens And Laser Treatment To Decrease Fluid Production In Eye	Price by Report
66988	Removal Of Cataract With Insertion Of Lens And Laser Treatment To Decrease Fluid Production In Eye	Price by Report
66989	Complex Extracapsular Removal Of Cataract With Insertion Of Artificial Lens And Insertion Of Drainage Device In Front Chamber Of Eye	\$ 747.86
66990	Use Of Ophthalmic Endoscope (List Separately In Addition To Code For Primary Procedure)	\$ 81.04
66991	Extracapsular Removal Of Cataract With Insertion Of Artificial Lens And Insertion Of Drainage Device In Front Chamber Of Eye	\$ 598.81
66999	Unlisted Procedure, Anterior Segment Of Eye	Price by Report
67005	Partial Removal Of Eye Fluid Between The Lens And Retina With Mechanical Vitrectomy	\$ 463.76
67010	Partial Removal Of Eye Fluid Between The Lens And Retina, Subtotal Removal With Mechanical Vitrectomy	\$ 502.34
67015	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	Dissection Of Vitreous Strands (Without Removal), Pars Plana Approach	\$ 521.49
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	\$ 925.10
67040	Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, All Of The Retina	\$ 997.40
67041	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 Laser	\$ 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
67314	Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); One Vertical Muscle (Excluding Superior Oblique)	\$ 551.98
67316	Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); Two Or More Vertical Muscles (Excluding Superior Oblique)	\$ 686.91
67318	Strabismus Surgery, Any Procedure, Superior Oblique Muscle	\$ 635.09
67320	Transposition Procedure (Eg, For Paretic Extraocular Muscle), Any Extraocular Muscle (Specify) (List Separately In Addition To Code For Primary Procedure)	\$ 208.11

Code	Description	Fee
67331	Strabismus Surgery On Patient With Previous Eye Surgery Or Injury That Did Not Involve The Extraocular Muscles (List Separately In Addition To Code For Primary Procedure)	\$ 187.70
67332	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (Eg, Prior Ocular Injury, Strabismus Or Retinal Detachment Surgery) Or Restrictive Myopathy (Eg, Dysthyroid Ophthalmopathy) (List Separately In Addition To Code For Primary Procedure)	\$ 242.30
67334	Strabismus Surgery By Posterior Fixation Suture Technique, With Or Without Muscle Recession (List Separately In Addition To Code For Primary Procedure)	\$ 184.79
67335	Placement Of Adjustable Suture(S) During Strabismus Surgery, Including Postoperative Adjustment(S) Of Suture(S) (List Separately In Addition To Code For Specific Strabismus Surgery)	\$ 178.14
67340	Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocular Muscle(S) (List Separately In Addition To Code For Primary Procedure)	\$ 268.66
67343	Release Of Extensive Scar Tissue Without Detaching Extraocular Muscle (Separate Procedure)	\$ 620.78
67345	Chemodenevation Of Extraocular Muscle	\$ 223.64
67346	Biopsy Of Extraocular Muscle	\$ 175.16
67399	Eye Muscle Procedure	Price by Report
67400	Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach	\$ 910.08
67405	Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only	\$ 858.07
67412	Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion	\$ 964.96
67413	Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body	\$ 916.95
67414	Removal Of Bone From Cavity Behind Eye, Without Bone Flap	\$ 1,377.05
67415	Fine Needle Aspiration Of Orbital Contents	\$ 94.24
67420	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion	\$ 1,543.58
67430	Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body	\$ 1,314.97
67440	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage	\$ 1,276.47
67445	Removal Of Bone From Cavity Behind Eye, With Bone Flap	\$ 1,439.74
67450	Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach	\$ 1,240.97
67500	Retrolbulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication)	\$ 70.68
67505	Retrolbulbar Injection; Alcohol	\$ 80.82
67515	Injection Of Medication Or Substance Into Membrane Covering Eyeball	\$ 48.11
67516	Injection Of Drug Into The Space Between The Cornea And Retina In The Eye	\$ 103.32
67550	Orbital Implant (Implant Outside Muscle Cone); Insertion	\$ 1,028.40
67560	Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision	\$ 1,050.64
67570	Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath)	\$ 1,239.60
67599	Unlisted Procedure, Orbit	Price by Report
67700	Blepharotomy, Drainage Abscess Eyelid	\$ 252.02
67710	Severing Tarsorrhaphy	\$ 237.46
67715	Canthotomy (Separate Procedure)	\$ 256.35
67800	Removal Of Eyelid Growth, Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid)	\$ 121.10
67801	Excision Chalazion; Multiple, Same Lid	\$ 152.36
67805	Excision Chalazion; Multiple, Different Lids	\$ 179.42
67808	Excision Chalazion; Under General Anesthesia And/Or Requiring Hospitalization, Single Or Multiple	\$ 321.31
67810	Incisional Biopsy Of Eyelid Skin Including Lid Margin	\$ 162.74
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
67961	Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle Flap With Adjacent Tissue Transfer Or Rearrangement; Up To One-Fourth Of Lid Margin	\$ 575.99
67966	Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle Flap With Adjacent Tissue Transfer Or Rearrangement; Over One-Fourth Of Lid Margin	\$ 730.70

Code	Description	Fee
67971	Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival Flap From Opposing Eyelid; Up To Two-Thirds Of Eyelid, One Stage Or First Stage	\$ 662.94
67973	Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival Flap From Opposing Eyelid; Total Eyelid, Lower, One Stage Or First Stage	\$ 851.73
67974	Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival Flap From Opposing Eyelid; Total Eyelid, Upper, One Stage Or First Stage	\$ 849.99
67975	Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival 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
68110	Excision Lesion Conjunctiva; Up To 1 Cm	\$ 212.61
68115	Excision Lesion Conjunctiva; Over 1 Cm	\$ 293.98
68130	Removal Of Growth Of Sclera And Conjunctive	\$ 525.05
68135	Destruction Lesion Conjunctiva	\$ 146.56
68200	Subconjunctival Injection	\$ 40.45
68320	Repair Of Conjunctiva With Graft From External Eye	\$ 705.97
68325	Repair Of Conjunctiva With Graft From Cheek Tissue	\$ 605.30
68326	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
68340	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
68371	Harvesting Conjunctival Allograft, Living Donor	\$ 382.14
68399	Unlisted Procedure, Conjunctiva	Price by Report
68400	Incision, Drainage Lacrimal Gland	\$ 287.52
68420	Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy)	\$ 320.80
68440	Snip Incision Lacrimal Punctum	\$ 97.49
68500	Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total	\$ 996.90
68505	Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial	\$ 992.53
68510	Biopsy Lacrimal Gland	\$ 430.00
68520	Excision Of Lacrimal Sac (Dacryocystectomy)	\$ 691.98
68525	Biopsy Of Lacrimal Sac	\$ 236.62
68530	Removal Of Foreign Body Or Dacryolith, Lacrimal Passages	\$ 415.57
68540	Excision Of Lacrimal Gland Tumor; Frontal Approach	\$ 920.58
68550	Excision Of Lacrimal Gland Tumor; Involving Osteotomy	\$ 1,147.41
68700	Plastic Repair Canaliculi	\$ 527.88
68705	Correction Everted Punctum, Cautery	\$ 251.90
68720	Dacryocystorhinostomy (Fistulization Of Lacrimal Sac To Nasal Cavity)	\$ 780.85
68745	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Without Tube	\$ 763.41
68750	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With Insertion Of Tube Or Stent	\$ 836.13
68760	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
68815	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 Dilaton	\$ 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	Injection Contrast Medium For Dacryocystography	\$ 55.52
68899	Unlisted Procedure, Lacrimal System	Price by Report
69000	Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Simple	\$ 164.11
69005	Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Complicated	\$ 192.52
69020	Drainage External Auditory Canal, Abscess	\$ 212.27
69100	Biopsy External Ear	\$ 84.31
69105	Biopsy External Auditory Canal	\$ 128.10
69110	Excision External Ear; Partial, Simple Repair	\$ 423.79
69120	Excision External Ear; Complete Amputation	\$ 369.81
69140	Excision Exostosis(Es), External Auditory Canal	\$ 810.50
69145	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
69200	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
69209	Removal Of Impacted Ear Wax By Washing	\$ 14.19
69210	Removal Of Impact Ear Wax, One Ear	\$ 46.29
69220	Removal Of Skin Debris And Drainage Of Mastoid Cavity, Simple	\$ 68.48
69222	Removal Of Skin Debris And Drainage Of Mastoid Cavity, Complex	\$ 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

Code	Description	Fee
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	\$ 1,196.71
69530	Petrous Apicectomy Including Radical Mastoidectomy	\$ 1,480.55
69535	Resection Temporal Bone, External Approach	\$ 2,493.34
69540	Excision Aural Polyp	\$ 204.58
69550	Excision Aural Glomus Tumor; Transcanal	\$ 1,013.85
69552	Excision Aural Glomus Tumor; Transmastoid	\$ 1,497.74
69554	Excision Aural Glomus Tumor; Extended (Extratemporal)	\$ 2,362.12
69601	Revision Mastoidectomy; Resulting In Complete Mastoidectomy	\$ 956.22
69602	Revision Of Previous Mastoid Surgery, Modified Radical Procedure	\$ 1,052.15
69603	Revision Of Previous Mastoid Surgery, Radical Procedure	\$ 1,221.37
69604	Revision Mastoidectomy; Resulting In Tympanoplasty	\$ 1,047.40
69610	Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch	\$ 371.89
69620	Myringoplasty (Surgery Confined To Drumhead And Donor Area)	\$ 727.00
69631	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction	\$ 864.45
69632	Repair Of Eardrum, Ear Canal, And Bones	\$ 1,025.21
69633	Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy	\$ 1,019.07
69635	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction	\$ 1,202.26
69636	Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone	\$ 1,340.38
69637	Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid	\$ 1,359.19
69641	Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Complex	\$ 1,007.76
69642	Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple	\$ 1,291.80
69643	Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Simple	\$ 1,180.49
69644	Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, With Intact Canal Wall	\$ 1,429.24
69645	Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Extensive Or Radical	\$ 1,429.43
69646	Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical	\$ 1,486.44
69650	Stapes Mobilization	\$ 758.57
69660	Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material	\$ 869.14
69661	Stapedectomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material; With Footplate Drill Out	\$ 1,129.68
69662	Revision Of Stapedectomy Or Stapedotomy	\$ 1,084.15
69666	Repair Oval Window Fistula	\$ 762.83
69667	Repair Round Window Fistula	\$ 763.14
69670	Mastoid Obliteration (Separate Procedure)	\$ 891.81
69676	Tympanic Neurectomy	\$ 789.74
69700	Closure Postauricular Fistula, Mastoid (Separate Procedure)	\$ 626.58
69705	Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On One Side Of Body, Using Endoscope Inserted Through Nose	\$ 2,672.46
69706	Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On Both Sides Of Body, Using Endoscope Inserted Through Nose	\$ 3,101.74
69710	Implantation Or Replacement Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	\$ 536.37
69711	Removal Or Repair Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	\$ 789.46
69714	Temporal Bone Implantation Of Cochlear Stimulating System, Accessed Through The Skin	\$ 595.78
69716	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
69719	Revision Or Replacement Of Cochlear Stimulating System Into Skull With Magnetic Attachment To External Speech Processor	\$ 563.13
69720	Release Of Facial Nerve, Lateral	\$ 1,116.57
69725	Release Of Facial Nerve, Medial	\$ 1,736.31
69726	Removal Of Cochlear Stimulating System From Skull With Attachment Through Skin To External Speech Processor	\$ 419.39
69727	Removal Of Cochlear Stimulating System From Skull With Magnetic Attachment To External Speech Processor	\$ 466.80
69728	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
69730	Replacement Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor	\$ 600.39
69740	Repair Of Facial Nerve, External To The Genuiculate Ganglion	\$ 1,083.82
69745	Repair Of Facial Nerve, Internal To The Genuiculate Ganglion	\$ 1,157.11
69799	Unlisted Procedure, Middle Ear	Price by Report
69801	Incision Of Fluid Canals Of Inner Ear With Infusion Of Drugs, Transcanal Approach	\$ 222.51
69805	Endolymphatic Sac Operation; Without Shunt	\$ 958.25
69806	Endolymphatic Sac Operation; With Shunt	\$ 862.85
69905	Labyrinthectomy; Transcanal	\$ 866.80
69910	Labyrinthectomy; With Mastoidectomy	\$ 925.72
69915	Vestibular Nerve Section, Translabyrinthine Approach	\$ 1,394.48
69930	Cochlear Device Implantation, With Or Without Mastoidectomy	\$ 1,163.50
69949	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

Code	Description	Fee
69960	Decompression Internal Auditory Canal	\$ 1,741.88
69970	Removal Of Tumor	\$ 1,970.87
69979	Unlisted Procedure, Temporal Bone, Middle Fossa Approach	Price by Report
69990	Microsurgical Techniques, Requiring Use Of Operating Microscope (List Separately In Addition To Code For Primary Procedure)	\$ 188.23
70010	Myelography, Posterior Fossa, Radiological Supervision And Interpretation	\$ 54.11
70015	Cisternography, Positive Contrast, Radiological Supervision And Interpretation	\$ 164.33
70030	Radiologic Examination, Eye, For Detection Of Foreign Body	\$ 28.99
70100	X-Ray Of Mandible, Less Than 4 Views	\$ 34.68
70110	X-Ray Of Mandible, Minimum Of 4 Views	\$ 41.76
70120	X-Ray Of Mastoid, Less Than 3 Views Per Side	\$ 34.99
70130	X-Ray Of Mastoid, Minimum Of 3 Views Per Side	\$ 60.84
70134	Radiologic Examination, Internal Auditory Meati, Complete	\$ 59.75
70140	X-Ray Of Bones Of Face, Less Than 3 Views	\$ 31.54
70150	X-Ray Of Bones Of Face, Minimum Of 3 Views	\$ 46.86
70160	X-Ray Of Bones Of Nose, Minimum Of 3 Views	\$ 33.48
70170	Dacryocystography, Nasolacrimal Duct, Radiological Supervision And Interpretation	\$ 43.44
70190	Radiologic Examination Optic Foramina	\$ 36.86
70200	X-Ray Of Eye Bones, Minimum Of 4 Views	\$ 47.52
70210	X-Ray Of Paranasal Sinus, Less Than 3 Views	\$ 31.88
70220	X-Ray Of Paranasal Sinus, Complete, Minimum Of 3 Views	\$ 37.20
70240	Radiologic Examination, Sella Turcica	\$ 31.95
70250	X-Ray Of Skull, Less Than 4 Views	\$ 35.54
70260	X-Ray Of Skull, Complete, Minimum Of 4 Views	\$ 44.19
70300	X-Ray Of Teeth, Single View	\$ 12.00
70310	X-Ray Of Teeth, Less Than Full Mouth	\$ 36.86
70320	X-Ray Of Teeth, Full Mouth	\$ 52.85
70328	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Unilateral	\$ 31.33
70330	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Bilateral	\$ 48.11
70332	Temporomandibular Joint Arthrography, Radiological Supervision And Interpretation	\$ 81.73
70336	Magnetic Resonance (Eg, Proton) Imaging, Temporomandibular Joint(S)	\$ 302.90
70350	Cephalogram, Orthodontic	\$ 15.27
70355	Orthopantogram (Eg, Panoramic X-Ray)	\$ 17.90
70360	Radiologic Examination Neck, Soft Tissue	\$ 28.02
70370	X-Ray Of Voice Box Or Throat	\$ 92.02
70371	Imaging Of Voice Box With Speech Evaluation	\$ 101.29
70380	Radiologic Examination, Salivary Gland For Calculus	\$ 36.53
70390	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	\$ 175.90
70480	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material	\$ 160.92
70481	Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; With Contrast Material(S)	\$ 183.43
70482	Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material, Followed By 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
70496	Computed Tomographic Angiography, Head, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 321.46
70498	Computed Tomographic Angiography, Neck, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 321.46
70540	Mri Scan Bones Of The Eye, Face, And/Or Neck	\$ 230.50
70542	Mri Scan Bones Of The Eye, Face, And/Or Neck With Contrast	\$ 273.36
70543	Mri Scan Bones Of The Eye, Face, And/Or Neck Before And After Contrast	\$ 344.97
70544	Magnetic Resonance Angiography, Head; Without Contrast Material(S)	\$ 219.51
70545	Magnetic Resonance Angiography, Head; With Contrast Material(S)	\$ 231.49
70546	Magnetic Resonance Angiography, Head; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$ 336.40
70547	Magnetic Resonance Angiography, Neck; Without Contrast Material(S)	\$ 219.84
70548	Magnetic Resonance Angiography, Neck; With Contrast Material(S)	\$ 250.39
70549	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
70552	Magnetic Resonance (Eg, Proton) Imaging;	\$ 275.15
70553	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material, Followed By Contrast Material(S) And Further Sequences	\$ 323.80
70554	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation, Not Requiring Physician Or Psychologist Administration	\$ 387.17
70555	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation, Requiring Physician Or Psychologist Administration Of Entire Neurofunctional Testing	\$ 256.59
70557	Mri Scan Of Brain, During Open Brain Procedure	\$ 331.02
70558	Mri Scan Of Brain With Contrast, During Open Brain Procedure	\$ 365.02
70559	Mri Scan Of Brain, During Open Brain Procedure Before And After Contrast	\$ 336.98
71045	X-Ray Of Chest, 1 View	\$ 25.22
71046	X-Ray Of Chest, 2 Views	\$ 33.21

Code	Description	Fee
71047	X-Ray Of Chest, 3 Views	\$ 41.38
71048	X-Ray Of Chest, Minimum Of 4 Views	\$ 45.19
71100	X-Ray Of Ribs Of One Side Of Body, 2 Views	\$ 36.20
71101	X-Ray Of Ribs On One Side Of Body Including The Chest, Minimum Of 3 Views	\$ 41.86
71110	X-Ray Of Both Sides Of The Ribs, 3 Views	\$ 43.53
71111	X-Ray Of Both Sides Of The Ribs Including The Chest, Minimum Of 4 Views	\$ 50.22
71120	X-Ray Of Breast Bone, Minimum Of 2 Views	\$ 33.21
71130	X-Ray Of Junction Of Breast And Collar Bones, Minimum Of 2 Views	\$ 37.40
71250	Diagnostic Ct Scan Of Chest	\$ 134.71
71260	Diagnostic Ct Scan Of Chest With Contrast	\$ 169.45
71270	Diagnostic Ct Scan Of Chest Before And After Contrast	\$ 199.41
71271	Low Dose Ct Scan Of Chest For Lung Cancer Screening	\$ 139.16
71275	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 325.38
71550	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S)	\$ 379.15
71551	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S)	\$ 381.34
71552	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	\$ 593.40
71555	Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S)	\$ 340.19
72020	X-Ray Of Spine, 1 View	\$ 23.89
72040	X-Ray Of Spine Of Neck, 2 Or 3 Views	\$ 39.11
72050	X-Ray Of Upper Spine, 4 Or 5 Views	\$ 53.18
72052	X-Ray Of Upper Spine, 6 Or More Views	\$ 69.71
72070	X-Ray Of Middle Spine, 2 Views	\$ 32.54
72072	X-Ray Of Middle Spine, 3 Views	\$ 39.20
72074	X-Ray Of Middle Spine, Minimum Of 4 Views	\$ 44.19
72080	X-Ray Of Middle And Lower Spine, 2 Views	\$ 34.21
72081	X-Ray Of Spine, Entire Middle And Lower Spine, 1 View	\$ 42.11
72082	X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views	\$ 69.62
72083	X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views	\$ 73.91
72084	X-Ray Of Spine, Minimum Of 6 Views	\$ 88.04
72100	X-Ray Of Lower And Sacral Spine, 2 Or 3 Views	\$ 39.53
72110	X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views	\$ 57.96
72114	Radiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views, Minimum Of 6 Views	\$ 60.63
72120	Radiologic Examination, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views	\$ 40.20
72125	Computed Tomography, Cervical Spine; Without Contrast Material	\$ 131.92
72126	Computerized Axial Tomography, Cervical Spine; With Contrast Material	\$ 171.12
72127	Computerized Axial Tomography, Cervical Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$ 200.54
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
72131	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
72141	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical Without Contrast Material	\$ 193.67
72142	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical With Contrast Material(S)	\$ 280.27
72146	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic Without Contrast Material	\$ 193.34
72147	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic With Contrast Material(S)	\$ 277.81
72148	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
72159	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
72191	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	\$ 134.71
72193	Computerized Axial Tomography, Pelvis; With Contrast Material(S)	\$ 288.38
72194	Computerized Axial Tomography, Pelvis; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$ 291.29
72195	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
72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$ 342.98
72198	Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S)	\$ 343.55
72200	X-Ray Of Sacroiliac Joints, Less Than 3 Views	\$ 29.59
72202	X-Ray Of Sacroiliac Joints, 3 Or More Views	\$ 34.98
72220	X-Ray Of Pelvis, Minimum Of 2 Views	\$ 32.21
72240	Myelography, Cervical, Radiological Supervision And Interpretation	\$ 110.41
72255	Myelography, Thoracic, Radiological Supervision And Interpretation	\$ 106.28

Code	Description	Fee
72265	Myelography, Lumbosacral, Radiological Supervision And Interpretation	\$ 106.20
72270	Radiological Supervision And Interpretation X-Ray Of Spinal Canal, 2 Or More Spinal Regions	\$ 150.61
72285	Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Upper Or Middle Spine	\$ 122.66
72295	Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Lower Spine	\$ 110.15
73000	Radiologic Examination Clavicle, Complete	\$ 31.65
73010	Radiologic Examination Scapula, Complete	\$ 23.56
73020	X-Ray Of Shoulder, 1 View	\$ 21.23
73030	X-Ray Of Shoulder, Minimum Of 2 Views	\$ 34.54
73040	Radiologic Examination, Shoulder, Arthrography, Radiological Supervision And Interpretation	\$ 117.59
73050	Radiologic Examination Acromioclavicular Joints, Bilateral, With Or Without Weighted Distraction	\$ 28.55
73060	X-Ray Of Upper Arm, Minimum Of 2 Views	\$ 31.54
73070	X-Ray Of Elbow, 2 Views	\$ 28.88
73080	X-Ray Of Elbow, Minimum Of 3 Views	\$ 32.54
73085	Radiologic Examination, Elbow, Arthrography, Radiological Supervision And Interpretation	\$ 99.04
73090	X-Ray Of Forearm, 2 Views	\$ 28.88
73092	Radiologic Examination Upper Extremity, Infant, Minimum Of Two Views	\$ 30.43
73100	X-Ray Of Wrist, 2 Views	\$ 31.14
73110	X-Ray Of Wrist, Minimum Of 3 Views	\$ 36.78
73115	Radiologic Examination, Wrist, Arthrography, Radiological Supervision And Interpretation	\$ 123.46
73120	X-Ray Of Hand, 2 Views	\$ 30.43
73130	X-Ray Of Hand, Minimum Of 3 Views	\$ 33.18
73140	X-Ray Of Fingers, Minimum Of 2 Views	\$ 34.08
73200	Computed Tomography, Upper Extremity; Without Contrast Material	\$ 189.86
73201	Computerized Axial Tomography, Upper Extremity; With Contrast Material(S)	\$ 204.07
73202	Computerized Axial Tomography, Upper Extremity; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	\$ 291.29
73206	Computed Tomographic Angiography, Upper Extremity, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 323.55
73218	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S)	\$ 373.58
73219	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S)	\$ 338.27
73220	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$ 470.49
73221	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S)	\$ 206.53
73222	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With Contrast Material(S)	\$ 359.58
73223	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$ 444.27
73225	Magnetic Resonance Angiography, Upper Extremity, With Or Without Contrast Material(S)	\$ 348.84
73501	X-Ray Of Hip With Pelvis, 1 View	\$ 32.51
73502	X-Ray Of Hip With Pelvis, 2-3 Views	\$ 45.09
73503	X-Ray Of Hip With Pelvis, Minimum Of 4 Views	\$ 56.25
73521	X-Ray Of Both Hips With Pelvis, 2 Views	\$ 40.87
73522	X-Ray Of Both Hips With Pelvis, 3-4 Views	\$ 53.10
73523	X-Ray Of Both Hips With Pelvis, Minimum Of 5 Views	\$ 61.30
73525	Radiologic Examination, Hip, Arthrography, Radiological Supervision And Interpretation	\$ 114.83
73551	X-Ray Of Femur, 1 View	\$ 28.88
73552	X-Ray Of Femur, Minimum 2 Views	\$ 35.21
73560	X-Ray Of Knee, 1 Or 2 Views	\$ 32.82
73562	X-Ray Of Knee, 3 Views	\$ 36.48
73564	X-Ray Of Knee, 4 Or More Views	\$ 42.17
73565	X-Ray Of Both Knees, Standing, Front To Back View	\$ 35.58
73580	Radiologic Examination, Knee, Arthrography, Radiological Supervision And Interpretation	\$ 136.34
73590	X-Ray Of Lower Leg, 2 Views	\$ 31.21
73592	Radiologic Examination Lower Extremity, Infant, Minimum Of Two Views	\$ 30.83
73600	X-Ray Of Ankle, 2 Views	\$ 30.43
73610	X-Ray Of Ankle, Minimum Of 3 Views	\$ 32.94
73615	Radiologic Examination, Ankle, Arthrography, Radiological Supervision And Interpretation	\$ 117.97
73620	X-Ray Of Foot, 2 Views	\$ 28.22
73630	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
73706	Computed Tomographic Angiography, Lower Extremity, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 329.11
73718	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
73721	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material	\$ 206.20
73722	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; With Contrast Material(S)	\$ 359.96
73723	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$ 442.40
73725	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

Code	Description	Fee
74150	Computed Tomography, Abdomen; Without Contrast Material	\$ 138.37
74160	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
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 386.51
74175	Computed Tomographic Angiography, Abdomen, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 324.80
74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material	\$ 185.15
74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material	\$ 301.19
74178	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	\$ 346.18
74181	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S)	\$ 199.00
74182	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S)	\$ 308.10
74183	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences	\$ 344.31
74185	Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S)	\$ 343.18
74190	Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation	\$ 59.12
74210	X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast	\$ 93.71
74220	X-Ray Of Esophagus With Single Contrast	\$ 86.74
74221	X-Ray Of Esophagus With Double Contrast	\$ 108.49
74230	Imaging For Evaluation Of Swallowing Function	\$ 111.30
74235	Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation	\$ 152.89
74240	X-Ray Of Upper Digestive Tract With Single Contrast	\$ 109.32
74246	X-Ray Of Upper Digestive Tract With Double Contrast	\$ 123.81
74248	Follow-Through X-Ray Of Upper Digestive Tract With Multiple Serial Films	\$ 81.19
74250	X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films	\$ 108.42
74251	X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films	\$ 208.12
74261	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material	\$ 269.61
74262	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images, If Performed	\$ 364.64
74263	Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing	Price by Report
74270	X-Ray Of Large Bowel With Contrast	\$ 136.70
74280	X-Ray Of Large Bowel With Air Contrast	\$ 195.76
74283	Imaging Of Colon Using Enema	\$ 226.85
74290	Imaging Of Gallbladder With Contrast	\$ 84.27
74300	Cholangiography And/Or Pancreatography; Intraoperative, Radiological Supervision And Interpretation	\$ 28.28
74301	Cholangiography And/Or Pancreatography; Additional Set Intraoperative, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	\$ 21.26
74328	Endoscopic Catheterization Of The Biliary Ductal System, Radiological Supervision And Interpretation	\$ 69.44
74329	Endoscopic Catheterization Of The Pancreatic Ductal System, Radiological Supervision And Interpretation	\$ 70.50
74330	Combined Endoscopic Catheterization Of The Biliary And Pancreatic Ductal Systems, Radiological Supervision And Interpretation	\$ 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 Dilatation Of Strictures And/Or Obstructions (Eg, Esophagus), Radiological Supervision And Interpretation	\$ 80.00
74363	Percutaneous Transhepatic Dilatation 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	\$ 40.66
74440	Vasography, Vesiculography, Or Epididymography, Radiological Supervision And Interpretation	\$ 96.37
74445	Corpora Cavemosography, Radiological Supervision And Interpretation	\$ 116.48
74450	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 Dilatation 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	Perineogram (Eg, Vaginogram, For Sex Determination Or Extent Of Anomalies)	\$ 79.71
75557	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material;	\$ 283.14
75559	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material; With Stress Imaging	\$ 381.87
75561	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences;	\$ 416.55
75563	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S), Followed By Contrast Material(S) And 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	\$ 91.04
75572	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology (Including 3D Image 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

Code	Description	Fee
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
75635	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	\$ 356.64
75705	Angiography, Spinal, Selective, Radiological Supervision And Interpretation	\$ 228.67
75710	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	\$ 140.67
75741	Angiography, Pulmonary, Unilateral, Selective, Radiological Supervision And Interpretation	\$ 127.23
75743	Angiography, Pulmonary, Bilateral, Selective, Radiological Supervision And Interpretation	\$ 144.25
75746	Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein	\$ 128.35
75756	Angiography, Internal Mammary, Radiological Supervision And Interpretation	\$ 161.89
75774	Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	\$ 94.35
75801	Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation	\$ 122.72
75803	Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs	\$ 167.78
75805	Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen	\$ 116.00
75807	Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation	\$ 156.09
75809	Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation	\$ 72.66
75810	Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver	\$ 141.28
75820	Venography, Extremity, Unilateral, Radiological Supervision And Interpretation	\$ 95.10
75822	Radiological Supervision And Interpretation Of Imaging Of Veins Of Both Arms Or Legs	\$ 130.27
75825	Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation	\$ 110.76
75827	Venography, Caval, Superior, With Serialography, Radiological Supervision And Interpretation	\$ 115.62
75831	Venography, Renal, Unilateral, Selective, Radiological Supervision And Interpretation	\$ 116.91
75833	Venography, Renal, Bilateral, Selective, Radiological Supervision And Interpretation	\$ 139.94
75840	Venography, Adrenal, Unilateral, Selective, Radiological Supervision And Interpretation	\$ 126.51
75842	Venography, Adrenal, Bilateral, Selective, Radiological Supervision And Interpretation	\$ 152.22
75860	Venography, Venous Sinus (Eg, Petrosal And Inferior Sagittal) Or Jugular, Catheter, Radiological Supervision And Interpretation	\$ 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
75885	Radiological Supervision And Interpretation Of Imaging Of Liver Vein With Assessment Of Blood Flow, Injection Of Contrast (Accessed Through 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
75893	Venous Sampling Through Catheter, With Or Without Angiography (Eg, For Parathyroid Hormone, Renin), Radiological Supervision And Interpretation	\$ 103.42
75894	Transcatheter Therapy, Embolization, Any Method, Radiological Supervision And Interpretation	\$ 202.13
75898	Imaging Of Blood Vessel	\$ 184.82
75901	Radiologic Supervision And Interpretation	\$ 225.99
75902	Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen, Radiologic Supervision And Interpretation	\$ 86.72
75956	Radiological Supervision And Interpretation Of Repair Of Chest Aorta With Graft, Involving Coverage Of Artery Origin	\$ 669.08
75957	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, 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
75984	Change Of Percutaneous Tube Or Drainage Catheter With Contrast Monitoring (Eg, Genitourinary System, Abscess), Radiological Supervision And Interpretation	\$ 93.76
75989	Radiological Guidance (Ie, Fluoroscopy, Ultrasound, Or Computed Tomography), For Percutaneous Drainage (Eg, Abscess, Specimen Collection), With Placement Of Catheter, Radiological Supervision And Interpretation	\$ 109.33
76000	Imaging Guidance For Procedure, Up To 1 Hour	\$ 41.79
76010	Imaging From Nose To Rectum, Single View, Child	\$ 32.49
76080	Radiologic Examination, Abscess, Fistula Or Sinus Tract Study, Radiological Supervision And Interpretation	\$ 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

Code	Description	Fee
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 Workstation	\$ 24.23
76377	3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic 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	Magnetic Resonance Spectroscopy	\$ 445.59
76391	Magnetic Resonance (Eg, Vibration) Elastography	\$ 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
76510	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	\$ 58.76
76776	Ultrasound Transplated Kidney	\$ 143.01
76800	Ultrasound, Spinal Canal And Contents	\$ 147.29
76801	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (14 Weeks 0 Days), Transabdominal Approach; Single Or First Gestation	\$ 145.18
76802	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (14 Weeks 0 Days), 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
76811	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Single Or First Gestation	\$ 219.56
76812	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, 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
76828	Doppler Echocardiography, Fetal, Cardiovascular System, Pulsed Wave And/Or Continuous Wave With Spectral Display; Follow-Up Or Repeat 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	Ultrasound Of Prostate Through Rectum For Radiation Therapy Planning	\$ 173.78
76881	Complete Ultrasound Of Arm Or Leg	\$ 59.13
76882	Partial Ultrasound Of Joint Or Other Non-Blood Vessel Structure Of Arm Or Leg	\$ 56.00
76883	Comprehensive Ultrasound Scan Of Entire Length Of Nerves In Extremity	\$ 64.22
76885	Ultrasound Of Hips With Manipulation, Infant	\$ 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
76937	Ultrasound Guidance For Vascular Access Requiring Ultrasound Evaluation Of Potential Access Sites, Documentation Of Selected Vessel 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

Code	Description	Fee
76941	Ultrasonic Guidance For Intrauterine Fetal Transfusion Or Cordocentesis, Imaging Supervision And Interpretation	\$ 140.18
76942	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	\$ 92.97
76975	Gastrointestinal Endoscopic Ultrasound, Supervision And Interpretation	\$ 98.33
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
76987	Ultrasound Of Heart During Surgery To Evaluate For Congenital Heart Disease, Including Placement And Manipulation Of Transducer, Image 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
77012	Ct Needle Placement	\$ 136.75
77013	Ct Tissue Ablation	\$ 390.62
77014	Ct Radiation Therapy Fields	\$ 118.47
77021	Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle	\$ 418.09
77022	Mri Guidance For Destruction Of Tissue	\$ 428.72
77046	Mri Of One Breast	\$ 216.51
77047	Mri Of Both Breasts	\$ 222.63
77048	Mri Of One Breast With And Without Contrast	\$ 341.98
77049	Mri Of Both Breasts With And Without Contrast	\$ 348.76
77053	Mammary Ductogram Single Duct	\$ 53.31
77054	Mammary Ductogram Multiple Ducts	\$ 66.39
77061	Digital Tomography Of One Breast	Price by Report
77062	Digital Tomography Of Both Breasts	Price by Report
77063	Screening Digital Tomography Of Both Breasts	\$ 51.31
77065	Diagnostic Mammography Of One Breast	\$ 111.72
77066	Diagnostic Mammography Of Both Breasts	\$ 141.31
77067	Screening Mammography Of Both Breasts	\$ 114.12
77071	Contralateral Joint If Indicated	\$ 48.13
77072	Bone Age Studies	\$ 25.55
77073	Bone Length Studies	\$ 50.23
77074	Radiologic Exam Osseous Survey Limited	\$ 64.63
77075	X-Ray Survey Of Forearm Or Wrist Bone Density	\$ 94.35
77076	X-Ray Survey Of Bones, Infant	\$ 95.36
77077	Imaging Of 2 Or More Joints, Single View	\$ 46.32
77078	Ct Scan Bone Mineral Density Study 1 Or More Sites	\$ 123.90
77080	Bone Density Measurement Of The Core Or Central Skeleton (E.G., Hips, Pelvis, Spine)	\$ 38.53
77081	Bone Density Measurement Of The Core Or Extremities (E.G., Radius, Wrist, Heel)	\$ 29.66
77084	Mri Bone Marrow Blood Supply	\$ 387.46
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
77092	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
77263	Management Of Radiation Therapy, Complex	\$ 161.83
77280	Management Of Radiation Therapy Simulation, Simple	\$ 241.33
77285	Management Of Radiation Therapy, Simulation, Intermediate	\$ 429.08
77290	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
77301	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
77316	Radiation Therapy Plan Simple For Insertion Of Radioactive Implant	\$ 230.60

Code	Description	Fee
77317	Radiation Therapy Plan Intermediate For Insertion Of Radioactive Implant	\$ 290.07
77318	Radiation Therapy Plan, Complex For Insertion Of Radioactive Implant	\$ 431.66
77321	Special Teletherapy Port Plan, Particles, Hemi-Body, Total Body	\$ 93.18
77331	Special Dosimetry (Eg, Tld, Microdosimetry) (Specify), Only When Prescribed By The Treating Physician	\$ 60.74
77332	Radiation Treatment Devices, Design And Construction, Simple	\$ 38.66
77333	Radiation Treatment Devices, Design And Construction, Intermediate	\$ 124.69
77334	Radiation Treatment Devices, Design And Construction, Complex	\$ 124.26
77336	Of Patient Treatment Documentation In Support Of The Radiation Oncologist, Reported Per Week Of Therapy	\$ 78.51
77338	Multi-Leaf Collimator (Mlc) Device(S) For Intensity Modulated Radiation Therapy (Imrt), Design And Construction Per Imrt Plan	\$ 462.47
77370	Special Medical Radiation Physics Consultation	\$ 127.24
77371	Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using Multi-Source Radiotherapy	\$ 1,304.85
77372	Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using A Linear Accelerator	\$ 947.49
77373	Stereotactic Body Radiation Therapy 1 Or More Lesions Using Imaging Guidance	\$ 978.23
77385	Intensity Modulated Radiation Therapy Delivery, Simple	\$ 322.48
77386	Intensity Modulated Radiation Therapy Delivery, Complex	\$ 322.48
77387	Guidance For Localization Of Target Delivery Of Radiation Treatment	\$ 121.39
77399	Management Of Radiation Therapy, Medical Radiation Physics	Price by Report
77401	Radiation Treatment Delivery, Superficial	\$ 39.68
77402	Radiation Treatment Delivery, Simple	\$ 65.71
77407	Radiation Treatment Delivery, Intermediate	\$ 77.24
77412	Radiation Treatment Delivery, Complex	\$ 86.24
77417	Therapeutic Radiology Port Films	\$ 13.29
77423	Radiation Treatment Delivery, High Energy	\$ 255.87
77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session	Price by Report
77425	Delivery Of Single Session Of Intraoperative Radiation Treatment With Electron Beam	Price by Report
77427	Radiation Treatment Management, 5 Treatments	\$ 184.39
77431	Radiation Treatment Management, 1 Or 2 Treatments	\$ 93.69
77432	Stereotactic Radiation Treatment Management Of Brain Lesions, Complete Course Of Treatment Consisting Of 1 Session	\$ 408.79
77435	Stereotactic Radiation Treatment Management Of 1 Or More Lesions Using Imaging Guidance, Per Treatment Course	\$ 618.25
77469	Intraoperative Radiation Treatment Management	\$ 295.18
77470	Special Treatment Procedure (Eg, Total Body Irradiation, Hemibody Radiation, Per Oral Or Endocavitary Irradiation)	\$ 139.54
77499	Unlisted Management Of Radiation Therapy	Price by Report
77520	Proton Treatment Delivery, Simple	\$ 336.20
77522	Proton Treatment Delivery, Simple With Compensation	Price by Report
77523	Proton Treatment Delivery, Intermediate	\$ 342.67
77525	Proton Treatment Delivery, Complex	Price by Report
77600	Hyperthermia, Externally Generated Superficial (Ie, Heating To A Depth Of 4 Cm Or Less)	\$ 491.36
77605	Hyperthermia, Externally Generated Deep (Ie, Heating To Depths Greater Than 4 Cm)	\$ 935.27
77610	Hyperthermia Treatment, 5 Or Fewer Probe Applications	\$ 673.08
77615	Hyperthermia Treatment, 5 Or More Probe Applications	\$ 1,048.32
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
77770	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
77799	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	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, Whole Body	\$ 253.76
78020	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure)	\$ 77.07
78070	Parathyroid Planar Imaging (Including Subtraction, When Performed);	\$ 240.40
78071	Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect)	\$ 357.33
78072	Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect), And Concurrently Acquired Computed Tomography (Ct) For Anatomical Localization	\$ 354.70
78075	Adrenal Imaging, Cortex And/Or Medulla	\$ 402.85
78099	Unlisted Endocrine Procedure, Diagnostic Nuclear Medicine	Price by Report
78102	Bone Marrow Imaging; Limited Area	\$ 147.06
78103	Bone Marrow Imaging; Multiple Areas	\$ 169.74
78104	Bone Marrow Imaging; Whole Body	\$ 204.94
78110	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
78122	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

Code	Description	Fee
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	Liver And Spleen Imaging;	\$ 180.52
78216	Liver And Spleen Imaging; With Vascular Flow	\$ 123.00
78226	Hepatobiliary System Imaging, Including Gallbladder When Present;	\$ 331.21
78227	Hepatobiliary System Imaging, Including Gallbladder When Present; With Pharmacologic Intervention, Including Quantitative Measurement(S) 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
78258	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 (Eg, 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
78306	Bone And/Or Joint Imaging, Whole Body	\$ 240.59
78315	Bone And/Or Joint Imaging, 3 Phase Study	\$ 282.57
78350	Bone Density (Bone Mineral Content) Study Single Photon Absorptiometry	\$ 41.29
78351	Bone Density (Bone Mineral Content) Study	\$ 83.67
78399	Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine	Price by Report
78414	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	\$ 45.97
78428	Cardiac Shunt Detection	\$ 171.99
78429	Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation And Concurrently Acquired Ct Transmission Scan	\$ 170.98
78430	Single Nuclear Medicine Study Of Blood Flow In Heart Muscle With Concurrently Acquired Ct Transmission Scan	\$ 163.22
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
78433	Combined Nuclear Medicine Study Of Blood Flow In Heart Muscle With Metabolic Evaluation And Concurrently Acquired Ct Transmission Scan	\$ 222.48
78434	Nuclear Medicine Absolute Quantification Of Blood Flow In Heart Muscle	\$ 62.73
78445	Non-Cardiac Vascular Flow Imaging (Ie, Angiography, Venography)	\$ 186.56
78451	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	\$ 279.46
78452	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	\$ 413.24
78453	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, 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	Acute Venous Thrombosis Imaging, Peptide	\$ 286.09
78457	Venography For Blood Clot In Vein, One Leg Or Arm	\$ 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	\$ 265.57
78481	Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass 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	\$ 182.97
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative 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	Pulmonary Perfusion Imaging (Eg, Particulate)	\$ 193.25

Code	Description	Fee
78582	Pulmonary Ventilation (Eg, Aerosol Or Gas) And Perfusion Imaging	\$ 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	Imaging Of Brain With Blood Flow, Less Than 4 Static Views	\$ 178.94
78605	Imaging Of Brain With Blood Flow, Minimum Of 4 Static Views Without Vascular Flow Measurement	\$ 184.30
78606	Imaging Of Brain With Blood Flow, Minimum Of 4 Static Views With 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
78630	Cerebrospinal Fluid Flow, Imaging; Cisternography (Not Including Introduction Of Material)	\$ 305.39
78635	Cerebrospinal Fluid Flow, Imaging; Ventriculography (Not Including Introduction Of Material)	\$ 306.39
78645	Cerebrospinal Fluid Flow, Imaging; Shunt Evaluation	\$ 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	Kidney Imaging; With Vascular Flow	\$ 203.77
78707	Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, Without Drugs, Single Study	\$ 239.69
78708	Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, With Drugs, Single Study	\$ 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	Testicular Imaging	\$ 195.08
78799	Unlisted Genitourinary Procedure, Diagnostic Nuclear Medicine	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	\$ 229.96
78801	Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single Area 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	\$ 310.32
78804	Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Whole Body, 2 Or More Days 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
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh	\$ 193.57
78813	Positron Emission Tomography (Pet) Imaging; Whole Body	\$ 198.05
78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (Eg, Chest, Head/Neck)	\$ 219.31
78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$ 339.31
78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body	\$ 343.09
78830	Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Single Area, With Concurrently Acquired Ct Transmission Scan, 1 Day Of Imaging	\$ 485.92
78831	Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single Area With Imaging Over Multiple Days	\$ 646.07
78832	Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single 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	Radiopharmaceutical Therapy, By Oral Administration	\$ 131.63
79101	Radioactive Material Therapy Into Vein, Not Radiolabeled	\$ 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
90460	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Or Only Component Of Each Vaccine Or Toxoid Administered	\$ 20.30
90461	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; Each Additional Vaccine Or Toxoid Component Administered (List Separately In Addition To Co	\$ 10.56
90471	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Or Intramuscular Injections); One Vaccine (Single Or Combination Vaccine/Toxoid)	\$ 18.39
90472	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular And Jet Injections And/Or Intranasal Or Oral 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	Immunization Administration By Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sarscov-2) (Coronavirus Disease [Covid-19]) Vaccine, Single Dose	\$ 40.40
90589	Chikungunya Virus Vaccine	Price by Report
90623	Meningococcal Conjugate Vaccine Serogroups A, C, W, Y, B-Fhbp, Pentavalent, Tetanus Toxoid Carrier	Price by Report

Code	Description	Fee
90679	Respiratory Syncytial Virus Vaccine, Pref, Recombinant, Subunit, Adjuvanted, For Intramuscular Use	Price by Report
90683	Respiratory Syncytial Virus Vaccine Mrna Lipid Nanoparticles	Price by Report
90791	Psychiatric Diagnostic Evaluation	\$ 153.04
90792	Psychiatric Diagnostic Evaluation With Medical Services	\$ 171.22
90832	Psychotherapy, 30 Minutes	\$ 69.48
90833	Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes	\$ 63.41
90834	Psychotherapy, 45 Minutes	\$ 91.76
90836	Psychotherapy With Evaluation And Management Visit, 45 Minutes	\$ 80.31
90837	Psychotherapy, 60 Minutes	\$ 135.24
90838	Psychotherapy With Evaluation And Management Visit, 60 Minutes	\$ 106.42
90839	Psychotherapy For Crisis, First 60 Minutes	\$ 129.97
90840	Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	\$ 63.83
90845	Psychoanalysis	\$ 89.97
90846	Family Psychotherapy, 50 Minutes	\$ 86.48
90847	Family Psychotherapy Including Patient, 50 Minutes	\$ 90.68
90849	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.	\$ 33.48
90853	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.	\$ 24.50
90863	Pharmacologic Management, Including Prescription And Review Of Medication, When Performed With Psychotherapy Services (List Separately In Addition To The Code For Primary Procedure)	\$ 59.25
90865	Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg, Sodium Amobarbital (Amytal) Interview)	\$ 156.92
90867	Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Initial Delivery And Management	\$ 184.17
90868	Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Delivery And Management, Per Session	\$ 121.92
90869	Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Threshold Re-Determination With Delivery And Management	\$ 264.98
90870	Electroconvulsive Therapy (Includes Necessary Monitoring)	\$ 153.33
90882	Environmental Intervention For Management Of Medical Conditions	\$ 16.53
90887	Explanation Of Psychiatric, Medical Examinations, Procedures, And Data To Responsible Person	\$ 0.01
90899	Unlisted Psychiatric Service Or Procedure. For 655-657 Diagnostic Assessment With Significant Others With Below Svc. Limits. Also Used For School Districts Rate X 15 Min Units--No Service Limit.	\$ 33.69
90935	Hemodialysis Procedure With Single Evaluation By A Physician Or Other Qualified Health Care Professional	\$ 68.05
90937	Hemodialysis Procedure Requiring Repeated Evaluation(S) With Or Without Substantial Revision Of Dialysis Prescription	\$ 97.85
90940	Hemodialysis Access Flow Study To Determine Blood Flow In Grafts And Arteriovenous Fistulae By An Indicator Method	Price by Report
90945	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis, Hemofiltration, Or Other Continuous Renal Replacement Therapies), With Single Evaluation By A Physician Or Other Qualified Health Care Professional	\$ 82.49
90947	Dialysis Procedure Requiring Repeat Evaluation	\$ 116.80
90951	Dialysis Services (4 Or More Physician Visits Per Month), Patient Younger Than 2 Years Of Age	\$ 1,101.61
90952	Dialysis Services (2-3 Physician Visits Per Month), Patient Younger Than 2 Years Of Age	\$ 605.91
90953	Dialysis Services (1 Physician Visit Per Month), Patient Younger Than 2 Years Of Age	\$ 346.85
90954	Dialysis Services (4 Or More Physician Visits Per Month), Patient 2-11 Years Of Age	\$ 946.82
90955	Dialysis Services (2-3 Physician Visits Per Month), Patient 2-11 Years Of Age	\$ 490.60
90956	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
90960	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
91035	Esophagus, Gastroesophageal Reflux Test; With Mucosal Attached Telemetry Ph Electrode Placement, Recording, Analysis And Interpretation	\$ 451.16
91037	Esophageal Function Test, Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance Electrode(S) Placement, Recording, Analysis And Interpretation;	\$ 150.48
91038	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

Code	Description	Fee
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	\$ 80.46
92014	Established Patient Complete Exam Of Visual System	\$ 117.24
92015	Assessment For Prescription Eye Wear Using A Range Of Lens Powers	\$ 13.82
92018	Complete Exam Of Visual System Under General Anesthesia	\$ 134.75
92019	Limited Exam Of Visual System Under General Anesthesia	\$ 69.16
92020	Exam Of The Internal Drainage System Of Eye	\$ 27.09
92025	Ct Scan Of Cornea	\$ 35.29
92060	Exam To Measure Eye Deviation And Range Of Motion	\$ 56.85
92065	Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation	\$ 44.34
92066	Eye Training Exercise Under Supervision Of Health Care Professional	\$ 23.48
92071	Fitting Of Contact Lens For Treatment Of Ocular Surface Disease	\$ 32.62
92072	Fitting Of Contact Lens For Management Of Corneal Condition	\$ 111.38
92081	Exam Of Visual Field With Limited Testing	\$ 32.88
92082	Exam Of Visual Field With Intermediate Testing	\$ 46.52
92083	Exam Of Visual Field With Extended Testing	\$ 62.83
92100	Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period	\$ 81.32
92132	Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral	\$ 30.88
92133	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve	\$ 35.87
92134	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina	\$ 39.87
92136	Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation	\$ 52.34
92145	Corneal Hysteresis Determination	\$ 12.57
92201	Extended Examination Of Eye With Drawing Of Retina	\$ 24.22
92202	Extended Examination Of Eye With Drawing Of Optic Nerve And Surrounding Area (Macula)	\$ 15.11
92227	Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff	\$ 15.70
92228	Imaging Of Retina For Disease Detection, With Review And Report By Remote Healthcare Professional	\$ 29.00
92229	Imaging Of Retina For Disease Detection, With Automated Review And Report At Point Of Care	\$ 40.74
92230	Exam Of Retinal Blood Vessels Using An Endoscope After Injection Of A Dye	\$ 122.57
92235	Exam Of Retinal Blood Vessels Using A Special Camera After Injection Of A Dye	\$ 145.53
92240	Exam Of Blood Vessels Between The White Part Of Eye And Retina Using A Special Camera After Injection Of A Dye	\$ 186.10
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
92250	Photography Of The Retina	\$ 36.54
92260	Measurement Of Eye Artery Pressure	\$ 18.76
92265	Measurement Of Eye Muscle Electrical Activity And Their Nerve Cells With Needle Electrode	\$ 82.31
92270	Measurement Of Eye Movement	\$ 104.90
92273	Full Field Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report	\$ 125.21
92274	Multifocal Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report	\$ 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
92286	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	Contact Lens Services Both Eyes	\$ 32.19
92311	Contact Lens Services 1 Eye Where Natural Lens Is Absent	\$ 101.93
92312	Contact Lens Services Both Eyes Where Natural Lens Is Absent	\$ 110.18
92313	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
92316	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
92326	Replacement Of Contact Lens	\$ 39.07
92370	Repair And Refitting Of Spectacles	\$ 32.39
92499	Unlisted Ophthalmological Service Or Procedure	Price by Report
92502	Examination Of Head, Neck, Including Ears, Nose And Throat Under General Anesthesia	\$ 92.81
92504	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	Nasopharyngoscopy With Endoscope (Separate Procedure)	\$ 116.35
92512	Nasal Function Studies, Eg, Rhinomanometry	\$ 57.08
92516	Facial Nerve Function Studies (Eg, Electroneurography)	\$ 66.19
92520	Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing)	\$ 78.61
92521	Evaluation Of Speech Fluency	\$ 118.42
92522	Evaluation Of Speech Sound Production	\$ 98.77
92523	Evaluation Of Speech Sound Production With Evaluation Of Language Comprehension And Expression	\$ 203.07
92524	Behavioral And Qualitative Analysis Of Voice And Resonance	\$ 97.27
92526	Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding	\$ 82.89

Code	Description	Fee
92531	Spontaneous Nystagmus, Including Gaze	\$ 0.01
92532	Positional Nystagmus Test	\$ 0.01
92533	Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes Four Tests)	\$ 21.90
92534	Optokinetic Nystagmus Test	\$ 0.01
92537	Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears	\$ 39.20
92538	Assessment And Recording Of Balance System During Irrigation Of Both Ears	\$ 21.48
92540	Observation, Testing, And Recording Of Abnormal Eye Movement	\$ 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	Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording	\$ 16.91
92545	Oscillating Tracking Test, With Recording	\$ 16.23
92546	Sinusoidal Vertical Axis Rotational Testing	\$ 120.36
92547	Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure)	\$ 10.14
92548	Computerized Dynamic Assessment Of Balance And Postural Instability	\$ 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	Speech Audiometry Threshold; With Speech Recognition	\$ 40.26
92557	Comprehensive Audiometry Threshold Evaluation And Speech Recognition (92553 And 92556 Combined)	\$ 35.87
92558	Evoked Otoacoustic Emissions, Screening (Qualitative Measurement Of Distortion Product Or Transient Evoked Otoacoustic Emissions), 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
92567	Tympanometry (Impedance Testing)	\$ 16.11
92568	Acoustic Reflex Testing; Threshold	\$ 14.77
92570	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing	\$ 31.54
92571	Filtered Speech Test	\$ 27.68
92572	Assessment Of Hearing Using (Ssw) Word Test	\$ 47.75
92575	Sensorineural Acuity Level Test	\$ 67.63
92576	Synthetic Sentence Identification Test	\$ 38.16
92577	Stenger Test, Speech	\$ 19.75
92579	Visual Reinforcement Audiometry (Vra)	\$ 39.18
92582	Conditioning Play Audiometry	\$ 77.71
92583	Select Picture Audiometry	\$ 51.05
92584	Electrocochleography	\$ 109.69
92587	Distortion Product Evoked Otoacoustic Emissions; Limited Evaluation (To Confirm The Presence Or Absence Of Hearing Disorder, 3-6 Frequencies) Or Transient Evoked Otoacoustic Emissions, With Interpretation And Report	\$ 20.89
92588	Distortion Product Evoked Otoacoustic Emissions; Comprehensive Diagnostic Evaluation (Quantitative Analysis Of Outer Hair Cell Function By 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
92605	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	\$ 0.01
92606	Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification	\$ 0.01
92607	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	\$ 117.99
92608	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	\$ 46.57
92609	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
92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	\$ 86.71
92612	Evaluation And Recording Of Swallowing Using An Endoscope	\$ 177.44
92613	Evaluation, Recording, And Interpretation Of Swallowing Using An Endoscope	\$ 35.13
92614	Evaluation And Recording Of Voice Box Sensory Function Using An Endoscope	\$ 139.57
92615	Evaluation, Recording, And Interpretation Of Voice Box Sensory Function Using An Endoscope	\$ 30.54
92616	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	\$ 38.18
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	\$ 0.01
92620	Evaluation Of Central Auditory Function, With Report; Initial 60 Minutes	\$ 78.17
92621	Evaluation Of Central Auditory Function, With Report; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure)	\$ 21.43

Code	Description	Fee
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
92626	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour	\$ 85.06
92627	Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes	\$ 19.73
92630	Auditory Rehabilitation; Pre-Lingual Hearing Loss	Price by Report
92633	Auditory Rehabilitation; Post-Lingual Hearing Loss	Price by Report
92640	Analysis With Programming Of Auditory Brainstem Implant, Per Hour	\$ 105.78
92650	Screening Evaluation Of Brain Response To Sound With Automated Analysis	\$ 30.99
92651	Evaluation Of Brain Response To Sound For Determination Of Hearing Status With Interpretation And Report	\$ 81.52
92652	Evaluation Of Brain Response To Sound For Determination Of Hearing Threshold With Interpretation And Report	\$ 110.20
92653	Evaluation Of Brain Response To Sound For Diagnosis Of Nervous System Disorders With Interpretation And Report	\$ 81.65
92700	Ear, Nose, Or Throat Procedure	\$ 16.89
92920	Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch	\$ 468.42
92921	Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch	\$ 0.01
92924	Removal Of Plaque Of Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch	\$ 558.56
92928	Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Each Additional Artery Or Branch	\$ 521.19
92929	Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch	\$ 0.01
92933	Removal Of Plaque And Insertion Of Stent In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch	\$ 584.39
92937	Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Single Vessel, Including Distal Protection When Performed	\$ 520.99
92938	Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Each Additional Branch	\$ 0.01
92941	Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel During Heart Attack, Accessed Through The Skin	\$ 585.26
92943	Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Single Vessel	\$ 585.05
92944	Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Each Additional Artery, Branch Or Graft	\$ 0.01
92950	Cardiopulmonary Resuscitation (Eg, In Cardiac Arrest)	\$ 354.36
92953	Temporary Transcutaneous Pacing	\$ 0.79
92960	Cardioversion, Elective, Electrical Conversion Of Arrhythmia, External	\$ 149.70
92961	Cardioversion, Elective, Electrical Conversion Of Arrhythmia; Internal (Separate Procedure)	\$ 215.29
92970	Cardioassist-Method Of Circulatory Assist; Internal	\$ 164.10
92971	Cardioassist-Method Of Circulatory Assist; External	\$ 87.07
92972	Shockwave Destruction Of Calcified Plaque In Coronary Artery Accessed Through Skin Using Catheter	\$ 121.58
92973	Removal Of Blood Clot In Heart Artery, Accessed Through The Skin	\$ 156.21
92974	Transcatheter Placement Of Radiation Delivery Device For Subsequent Coronary Intravascular Brachytherapy (List Separately In Addition To Code For Primary Procedure)	\$ 140.16
92975	Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography	\$ 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	\$ 282.83
93000	Electrocardiogram, Routine Ecg With At Least 12 Leads; With Interpretation And Report	\$ 13.90
93005	Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	\$ 6.12
93010	Electrocardiogram, Routine Ecg With At Least 12 Leads; Interpretation And Report Only	\$ 7.78
93015	Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With Ekg Monitoring, Physician Supervision, Interpretation, And Report	\$ 71.08
93016	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or 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
93018	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	Evaluation And Programming Of Implanted Phrenic Nerve Stimulator System	\$ 75.83
93152	Evaluation And Programming Of Implanted Phrenic Nerve Stimulator System During Sleep Study	\$ 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
93225	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Recording (Includes Connection, 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
93228	Heart Rhythm Tracing, Computer Analysis, And Interpretation Of Patient-Triggered Events Greater Than 24-Hour EKG Up To 30 Days	\$ 24.02
93229	Heart Rhythm Tracing, Computer Analysis, Physician Prescribed Transmission Of Patient-Triggered Events Greater Than 24-Hour EKG Up To 30 Days	\$ 912.41

Code	Description	Fee
93241	Heart Rhythm Recording, Analysis, Report, Review, And Interpretation Of Continuous External Ekg Over More Than 48 Hours Up To 7 Days	\$ 239.86
93242	Heart Rhythm Recording Continuous External EKG Over More Than 48 Hours Up To 7 Days	\$ 13.25
93243	Heart Rhythm Analysis And Report Of Continuous External EKG Over More Than 48 Hours Up To 7 Days	\$ 208.41
93244	Heart Rhythm Review, And Interpretation Of Continuous External EKG Over More Than 48 Hours Up To 7 Days	\$ 22.16
93245	Heart Rhythm Recording, Analysis, Interpretation And Report Of Continuous External EKG Over More Than 1 Week Up To 1 Weeks	\$ 252.67
93246	Heart Rhythm Recording Of Continuous External EKG Over 8-15 Days	\$ 13.25
93247	Heart Rhythm Analysis And Report Of Continuous External EKG Over 8-15 Days	\$ 219.09
93248	Heart Rhythm Review And Interpretation Of Continuous External EKG Over 8-15 Days	\$ 24.35
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
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
93270	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; Recording (Includes Connection, Record	\$ 8.12
93271	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; Transmission Download And Analysis	\$ 160.43
93272	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; Review And Interpretation By A Physicia	\$ 23.22
93278	Signal-Averaged Electrocardiography (Saecg), With Or Without Ecg	\$ 28.09
93279	Evaluation, Testing, And Programming Adjustment Of Permanent Single Lead Pacemaker System In One Chamber Of Heart With Qualified Health Care Professional Analysis, Review, And Report	\$ 59.66
93280	Evaluation, Testing, And Programming Adjustment Of Permanent Dual Lead Pacemaker System With Physician Analysis, Review, And Report	\$ 70.09
93281	Evaluation, Testing, And Programming Adjustment Of Permanent Multiple Lead Pacemaker System With Physician Analysis, Review, And Report	\$ 81.59
93282	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Single Lead Defibrillator System	\$ 74.99
93283	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Dual Lead Defibrillator System	\$ 95.84
93284	Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Multiple Lead Defibrillator System	\$ 103.49
93285	Evaluation, Testing, And Programming Adjustment Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And Report	\$ 53.07
93286	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
93287	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
93289	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
93293	Telephonic Evaluation Of Single, Dual, Or Multiple Lead Pacemaker Heart Rhythm Strips Up To 90 Days	\$ 48.97
93294	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
93295	Remote Evaluations Of Defibrillator Up To 90 Days With Analysis, Review And Report	\$ 34.92
93296	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
93297	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
93298	Remote Evaluations Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And Report, Up To 30 Days	\$ 90.63
93303	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Complete	\$ 217.59
93304	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow-Up Or Limited Study	\$ 138.68
93306	Ultrasound Examination Of Heart Including Color-Depicted Blood Flow Rate, Direction, And Valve Function	\$ 194.42
93307	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, Without Spectral Or Color Doppler Echocardiography	\$ 135.12
93308	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Follow-Up Or Limited Study	\$ 97.71
93312	Echocardiography, Transesophageal, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording); Including Probe Placement, Image Acquisition, Interpretation And Report	\$ 232.75
93313	Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Placement Of Transesophageal Probe Only	\$ 10.57
93314	Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Image Acquisition, Interpretation And Report Only	\$ 200.17
93315	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Including Probe Placement, Image Acquisition, Interpretation And Report	\$ 272.21
93316	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Placement Of Transesophageal Probe Only	\$ 24.27
93317	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Image Acquisition, Interpretation And Report Only	\$ 186.93

Code	Description	Fee
93318	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
93319	3D Ultrasound Imaging Of Heart For Evaluation Of Heart Structure Performed During Ultrasound Imaging Of Congenital Heart Defects	\$ 49.55
93320	Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers	\$ 50.19
93321	Follow-Up Or Limited Heart Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers	\$ 24.76
93325	Doppler Ultrasound Study Of Color-Directed Heart Blood Flow, Rate, And Valve Function	\$ 23.30
93350	Ultrasound Examination Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With Interpretation And Report	\$ 183.64
93351	Ultrasound Examination And Continuous Monitoring Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With Interpretation And Report	\$ 229.62
93352	Use Of Echocardiographic Contrast Agent During Stress Echocardiography (List Separately In Addition To Code For Primary Procedure)	\$ 34.21
93355	Insertion Of Probe In Esophagus For Heart Ultrasound Examination During Procedure On Heart Or Great Blood Vessel Via Catheter	\$ 212.24
93356	Heart Muscle Strain Imaging	\$ 41.11
93451	Insertion Of Catheter For Diagnostic Evaluation Of Right Heart Structures	\$ 944.29
93452	Insertion Of Catheter Into Left Heart Including Imaging Interpretation And Supervision And Injection	\$ 972.30
93453	Insertion Of Catheter Into Right And Left Heart For Diagnosis	\$ 1,239.72
93454	Insertion Of Catheter For Imaging Of Heart Including Imaging Interpretation And Supervision And Injection	\$ 980.31
93455	Insertion Of Catheter For Imaging Of Heart Blood Vessels And/Or Grafts Including Imaging Interpretation And Supervision And Injection	\$ 1,091.06
93456	Insertion Of Catheter In Right Heart For X-Ray Imaging Of Blood Vessels Or Grafts	\$ 1,218.60
93457	Insertion Of Catheter In Right Heart For Imaging Of Blood Vessels Or Grafts	\$ 1,180.06
93458	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And Left Lower Heart Including Imaging Interpretation And Supervision And Injection	\$ 1,125.99
93459	Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And/Or Grafts And Left Lower Heart Including Imaging Interpretation And Supervision And Injection	\$ 1,209.78
93460	Insertion Of Catheter In Right And Left Heart And Left Lower Heart Including Imaging Interpretation And Supervision And Injection	\$ 1,342.33
93461	Insertion Of Catheter In Right And Left Heart And Left Lower Heart For Imaging Of Blood Vessels And/Or Grafts Including Imaging Interpretation And Supervision And Injection	\$ 1,316.05
93462	Insertion Of Catheter Into Left Heart Through The Septum Or Apical Area Of The Heart	\$ 184.24
93463	Pharmacologic Agent Administration (Eg, Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent) Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administ	\$ 91.91
93464	Physiologic Exercise Study (Eg, Bicycle Or Arm Ergometry) Including Assessing Hemodynamic Measurements Before And After (List Separately In Addition To Code For Primary Procedure)	\$ 214.90
93503	Insertion And Placement Of Flow Directed Catheter (Eg, Swan-Ganz) For Monitoring Purposes	\$ 81.85
93505	Endomyocardial Biopsy	\$ 558.19
93563	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Coronary Angiography During Congenital Heart Catheterization (List Separately In Addition To Code For Primary Procedure)	\$ 52.84
93564	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Opacification Of Aortocoronary Venous Or Arterial Bypass Graft(S) (Eg, Aortocoronary Saphenous Vein, Free Radial Artery, Or	\$ 48.99
93565	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Left Ventricular Or Left Atrial Angiography (List Separately In Addition To Code For Primary Procedure)	\$ 29.79
93566	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Right Ventricular Or Right Atrial Angiography (List Separately In Addition To Code For Primary Procedure)	\$ 29.31
93567	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Supravalvular Aortography (List Separately In Addition To Code For Primary Procedure)	\$ 41.65
93568	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Pulmonary Angiography (List 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	Catheter Based Closure Of Congenital Interatrial Defect With Implant, Accessed Through The Skin	\$ 866.25
93581	Catheter Based Closure Of Congenital Heart Defect With Implant, Accessed Through The Skin	\$ 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
93594	Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel 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
93596	Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance	\$ 697.30
93597	Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance	\$ 909.59
93598	Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects	\$ 143.73

Code	Description	Fee
93600	Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His)	\$ 260.70
93602	Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial)	\$ 231.08
93603	Right Ventricular Recording	\$ 231.08
93609	Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin 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
93615	Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S)	\$ 77.72
93616	Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing	\$ 125.48
93618	Induction Of Arrhythmia By Electrical Pacing	\$ 483.73
93619	Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle 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
93631	Intra-Operative Epicardial And Endocardial Pacing And Mapping To Localize The Site Of Tachycardia Or Zone Of Slow Conduction For Surgical Correction	\$ 789.28
93640	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	\$ 494.44
93641	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	\$ 689.90
93642	Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming	\$ 303.12
93644	Evaluation Implantable Defibrillator	\$ 184.71
93650	Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement	\$ 518.16
93653	Evaluation And Insertion Of Catheters For Creation Of Complete Heart Block	\$ 742.53
93654	Evaluation And Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Heart Rhythm	\$ 1,006.38
93655	Insertion Of Catheters And Destruction Of Tissue To Treat Abnormal Heart Rhythm	\$ 272.21
93656	Evaluation And Insertion Of Catheters For Recording, Pacing, And Treatment Of Abnormal Heart Rhythm	\$ 1,052.65
93657	Additional Linear Or Focal Intracardiac Catheter Ablation Of The Left Or Right Atrium For Treatment Of Atrial Fibrillation Remaining After Completion Of Pulmonary Vein Isolation (List Separately In Addition To Code For Primary Procedure)	\$ 272.54
93660	Evaluation Of Cardiovascular Function With Tilt Table Evaluation, With Continuous Ecg Monitoring And Intermittent Blood Pressure Monitoring, With Or Without Pharmacological Intervention	\$ 159.93
93662	Intracardiac Echocardiography During Therapeutic/Diagnostic Intervention, Including Imaging Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	\$ 153.46
93668	Peripheral Arterial Disease (Pad) Rehabilitation Per Session	\$ 13.19
93701	Bioimpedance-Derived Physiologic Cardiovascular Analysis	\$ 26.28
93724	Electronic Analysis Of Antitachycardia Pacemaker System (Includes Electrocardiographic Recording, Programming Of Device, Induction And Termination Of Tachycardia Via Implanted Pacemaker, And Interpretation Of Recordings)	\$ 272.33
93740	Temperature Gradient Studies	\$ 0.01
93745	Initial Set-Up And Programming By A Physician Or Other Qualified Health Care Professional Of Wearable Cardioverter-Defibrillator Includes Initial Programming Of System, Establishing Baseline Electronic Ecg, Transmission Of Data To Data Repository, Pat	Price by Report
93750	Interrogation Of Ventricular Assist Device (Vad), In Person, With Physician Or Other Qualified Health Care Professional Analysis Of Device Parameters (Eg, Drivelines, Alarms, Power Surges), Review Of Device Function (Eg, Flow And Volume Status, Septum Status)	\$ 48.13
93770	Determination Of Venous Pressure	\$ 0.01
93784	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Recording, Scanning Analysis, Interpretation, And Report	\$ 45.32
93786	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Recording Only	\$ 22.43
93788	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Scanning Analysis And Report	\$ 5.21
93790	Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, Review With Interpretation And Report	\$ 17.44
93797	Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; Without Continuous Ecg Monitoring (Per Session)	\$ 15.60
93798	Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; With Continuous Ecg Monitoring (Per Session)	\$ 24.43
93799	Unlisted Cardiovascular Service Or Procedure	Price by Report
93880	Duplex Scan Of Extracranial Arteries; Complete Bilateral Study	\$ 187.68
93882	Duplex Scan Of Extracranial Arteries; Unilateral Or Limited Study	\$ 122.85
93886	Transcranial Doppler Study Of The Intracranial Arteries; Complete Study	\$ 245.08
93888	Transcranial Doppler Study Of The Intracranial Arteries; Limited Study	\$ 162.24
93890	Transcranial Doppler Study Of The Intracranial Arteries; Vasoreactivity Study	\$ 268.09
93892	Transcranial Doppler Study Of The Intracranial Arteries; Emboli Detection Without Intravenous Microbubble Injection	\$ 162.79
93893	Transcranial Doppler Study Of The Intracranial Arteries; Emboli Detection With Intravenous Microbubble Injection	\$ 163.25
93922	Ultrasound Study Of Arteries Of Both Arms And Legs, Limited	\$ 81.19
93923	Ultrasound Study Of Arteries Of Both Arms And Legs, Complete	\$ 128.30
93924	Noninvasive Physiologic Studies Of Lower Extremity Arteries, At Rest And Following Treadmill Stress Testing, (Ie, Bidirectional Doppler Waveform Or Volume Plethysmography Recording And Analysis At Rest With Ankle/Brachial Indices Immediately After An	\$ 142.14
93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	\$ 213.97
93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	\$ 143.45
93930	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	\$ 175.91
93931	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	\$ 122.06
93970	Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study	\$ 177.72
93971	Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study	\$ 117.81
93975	Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow	\$ 235.17
93976	Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow	\$ 128.12
93978	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study	\$ 177.41

Code	Description	Fee
93979	Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Graphs, Or One Side Of The Groin Or Limited Scan	\$ 116.19
93980	Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study	\$ 111.10
93981	Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study	\$ 67.05
93985	Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access	\$ 274.53
93986	Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access	\$ 127.43
93990	Duplex Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow)	\$ 118.55
93998	Unlisted Noninvasive Vascular Diagnostic Study	Price by Report
94002	Ventilation Assistance And Management, Hospital Inpatient Or Observation, Initial Day	\$ 86.58
94003	Ventilation Assistance And Management, Hospital Inpatient Or Observation, Each Subsequent Day	\$ 60.98
94005	Evaluation Of Home Ventilator Management Care Plan, 30 Minutes Or More	\$ 83.94
94010	Spirometry, Including Graphic Record, Total And Timed Vital Capacity, Expiratory Flow Rate Measurement(S), With Or Without Maximal Voluntary Ventilation	\$ 26.88
94011	Measurement And Graphic Recording Of Total And Timed Exhaled Air Capacity, Infant Or Child Through 2 Years Of Age	\$ 79.74
94012	Measurement And Graphic Recording Of Total And Timed Exhaled Air Capacity Before And After Medication Administration, Infant Or Child Through 2 Years Of Age	\$ 130.14
94013	Measurement Of Remaining Air Or Lung Capacity After Exhalation, Infant Or Child Through 2 Years Of Age	\$ 17.69
94014	Measurement And Graphic Recording Of Amount And Speed Of Breathed Air Including Transmission Of Tracing, Analysis, Recalibration Of Device, Physician Review And Interpretation Over 30 Days	\$ 52.33
94015	Patient Initiated Spirometric Recording Per 30 Day Period Of Time; Recording (Includes Hook-Up, Reinforced Education, Data Transmission, Data Capture, Trend Analysis, And Periodic Recalibration)	\$ 29.22
94016	Patient-Initiated Spirometric Recording Per 30-Day Period Of Time; Review And Interpretation Only By A Physician Or Other Qualified Health Care Professional	\$ 23.11
94060	Measurement And Graphic Recording Of The Amount And Speed Of Breathed Air, Before And Following Medication Administration	\$ 38.53
94070	Multiple Measurements And Graphic Recordings Of The Amount And Speed Of Breathed Air, Before And Following Medication Administration	\$ 62.09
94150	Vital Capacity, Total (Separate Procedure)	\$ 0.01
94200	Maximum Breathing Capacity, Maximal Voluntary Ventilation	\$ 14.29
94375	Respiratory Diagnostic Testing (Flow Volume Loop)	\$ 37.16
94450	Breathing Response To Hypoxia (Hypoxia Response Curve)	\$ 73.94
94452	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional;	\$ 47.00
94453	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; With 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	\$ 88.05
94618	Test For Exercise-Induced Lung Stress	\$ 33.34
94619	Exercise Test For Spasm Of Lung Airways	\$ 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 (Ippb) 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)	\$ 25.09
94772	Measurement And Recording Of Breathing Pattern Over 12-24 Hours, Infant	\$ 77.32
94774	Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, 30-Day Time Period, With Physician 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	Price by Report
94776	Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, Receipt Of Transmissions And Computer 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 Determination	\$ 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	\$ 19.77

Code	Description	Fee
95024	Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify 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	\$ 121.93
95079	Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Each Additional 60 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	\$ 12.11
95144	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Single Dose Vial(S) (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
95147	Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Three Single Stinging Insect Venoms	\$ 58.65
95148	Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Four Single Stinging Insect Venoms	\$ 87.10
95149	Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Five Single Stinging Insect Venoms	\$ 115.45
95165	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Single Or Multiple Antigens (Specify Number Of Doses)	\$ 13.00
95170	Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy; Whole Body Extract Of Biting Insect Or 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
95249	Continuous Monitoring Of Glucose In Tissue Fluid Using Sensor Under Skin	\$ 57.98
95250	Ambulatory Continuous Glucose (Sugar) Monitoring For A Minimum Of 72 Hours	\$ 140.40
95251	Ambulatory Continuous Glucose (Sugar) Including Interpretation And Report For A Minimum Of 72 Hours	\$ 33.46
95700	Measurement Of Brain Wave Activity (Eeg), Continuous	\$ 256.87
95705	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, Unmonitored	\$ 231.13
95706	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Intermittent Monitoring And Maintenance	\$ 375.89
95707	Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$ 393.07
95708	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, Unmonitored	\$ 289.00
95709	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Intermittent Monitoring And Maintenance	\$ 722.72
95710	Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Continuous, Real-Time Monitoring And Maintenance	\$ 917.51
95711	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
95713	Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours With Continuous, Real-Time Monitoring And Maintenance	\$ 524.21
95714	Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, Unmonitored	\$ 289.00
95715	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
95717	Continuous Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 102.56
95718	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 130.16
95719	Continuous Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 155.51
95720	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 200.47
95721	Continuous Measurement Of Brain Wave Activity (Eeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 200.67
95722	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 242.96
95723	Continuous Measurement Of Brain Wave Activity (Eeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 238.02
95724	Continuous Measurement Of Brain Wave Activity With Video (Veeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 306.31
95725	Continuous Measurement Of Brain Wave Activity With (Eeg), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 273.59
95726	Continuous Measurement Of Brain Wave Activity With Video (Veeg), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And Report	\$ 392.77
95782	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$ 970.99
95783	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist	\$ 1,029.09
95805	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing, Recording, Analysis And Interpretation Of Physiological Measurements Of 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
95807	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, Ecg Or Heart Rate, And Oxygen Saturation, Attended By A Technologist	\$ 365.53

Code	Description	Fee
95808	Polysomnography; Any Age, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist	\$ 634.65
95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$ 618.20
95811	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist	\$ 646.09
95812	Measurement Of Brain Wave (Eeg) Activity, 41-60 Minutes	\$ 313.50
95813	Measurement Of Brain Wave Activity (Eeg) Extended Monitoring, 61-119 Minutes	\$ 396.23
95816	Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Drowsy	\$ 353.16
95819	Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Asleep	\$ 406.90
95822	Measurement And Recording Of Brain Wave (Eeg) Activity, In Coma Or Asleep	\$ 369.64
95824	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
95836	Recording Of Brain Cortex Electrical Responses To Implanted Stimulation Device With Interpretation And Report	\$ 98.30
95851	Range Of Motion Testing Of Arm, Leg Or Each Spine Section	\$ 19.73
95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	\$ 16.46
95857	Cholinesterase Inhibitor Challenge Test For Myasthenia Gravis	\$ 60.30
95860	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
95863	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 3 Extremities	\$ 204.86
95864	Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 4 Extremities	\$ 228.75
95865	Needle Electromyography; Larynx	\$ 147.02
95866	Needle Electromyography; Hemidiaphragm	\$ 114.32
95867	Needle Electromyography; Cranial Nerve Supplied Muscle(S), Unilateral	\$ 104.57
95868	Needle Electromyography, Cranial Nerve Supplied Muscles, Bilateral	\$ 131.63
95869	Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12)	\$ 94.25
95870	Needle Measurement And Recording Of Electrical Activity Of Muscles In Arm Or Leg Or Muscles In Trunk Or Head, Limited Study	\$ 74.04
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	Needle Electromyography For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure)	\$ 68.12
95875	Ischemic Limb Exercise Test With Serial Specimen(S) Acquisition For Muscle(S) Metabolite(S)	\$ 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
95887	Needle Electromyography, Non-Extremity (Cranial Nerve Supplied Or Axial) Muscle(S) Done With Nerve Conduction, Amplitude And Latency/Velocity Study (List Separately In Addition To Code For Primary Procedure)	\$ 81.94
95905	Needle Measurement And Recording Of Movement And/OR Feeling Of Arm Or Leg With Interpretation And Report	\$ 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	Nerve Transmission Studies, 7-8 Studies	\$ 172.91
95911	Nerve Transmission Studies, 9-10 Studies	\$ 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	Nervous System; In The Trunk Or Head	\$ 162.77
95928	Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Upper Limbs	\$ 228.42
95929	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 Nonintra Cranial Surgery (Eg, Carotid Surgery)	\$ 174.39
95957	Digital Analysis Of Electroencephalogram (Eeg) (Eg, For Epileptic Spike Analysis)	\$ 261.41
95958	Wada Activation Test For Hemispheric Function, Including Electroencephalographic (Eeg) Monitoring	\$ 624.25
95961	Mapping Of Electrical Brain Wave Activity (Eeg) Using Electrodes On Brain Surface To Provoke Seizure Activity Or Assess Brain Function, First Hour	\$ 308.31

Code	Description	Fee
95962	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of Depth Electrodes, To 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	Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Single Method	\$ 423.86
95967	Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Each Additional Method	\$ 367.11
95970	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device	\$ 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
95984	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, Additional 15 Minutes Face-To-Face Time With Qualified Health Care Professional	\$ 37.79
95990	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular), Includes Electronic Analysis Of Pump, When Performed;	\$ 87.12
95991	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular), 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
96003	Dynamic Fine Wire Electromyography, During Walking Or Other Functional Activities, 1 Muscle	\$ 15.81
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
96105	Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, P	\$ 92.38
96110	Developmental Screening	\$ 14.18
96112	Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	\$ 135.83
96113	Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, Additional 30 Minutes	\$ 58.48
96116	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	\$ 81.21
96121	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes	\$ 66.66
96125	Standardized Thought Processing Testing, Interpretation, And Report Per Hour	\$ 100.96
96127	Brief Emotional Or Behavioral Assessment	\$ 5.56
96130	Psychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes	\$ 105.63
96131	Psychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$ 76.07
96132	Neuropsychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes	\$ 113.68
96133	Neuropsychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$ 86.55
96136	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, First 30 Minutes	\$ 37.08
96137	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, Additional 30 Minutes	\$ 33.67
96160	Administration And Interpretation Of Patient-Focused Health Risk Assessment	Price by Report
96161	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment	\$ 3.75
96361	Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour	\$ 12.11
96361	Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	\$ 12.11
96365	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour	\$ 69.48
96366	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis	\$ 20.10
96367	Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure)	\$ 31.60
96368	Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion	\$ 19.43
96369	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)	\$ 139.22
96370	Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin	\$ 14.51
96371	Infusion For Therapy Or Prevention, Beneath The Skin	\$ 56.57
96372	Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention	\$ 12.70
96373	Injection Into Artery For Therapy, Diagnosis, Or Prevention	\$ 17.13
96374	Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	\$ 40.73
96375	Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention	\$ 15.11

Code	Description	Fee
96376	Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility	Price by Report
96377	Application Of On-Body Injector For Injection Under Skin	\$ 18.10
96379	Injection Or Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis	Price by Report
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	\$ 19.85
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	\$ 17.21
96401	Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic	\$ 70.75
96402	Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	\$ 34.87
96405	Chemotherapy Into A Lesion, Up To And Including 7 Lesions	\$ 74.04
96406	Chemotherapy Into A Lesion, More Than 7 Lesions	\$ 115.43
96409	Chemotherapy Administration; Intravenous, Push Technique, Single Or Initial Substance/Drug	\$ 110.96
96411	Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/ Drug (List Separately In Addition To Code For Primary Procedure)	\$ 60.35
96413	Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour, Single Or Initial Substance/Drug	\$ 143.69
96415	Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Hour, 1 To 8 Hours (List Separately In Addition To Code For Primary Procedure)	\$ 30.62
96416	Chemotherapy Administration, Intravenous Infusion Technique; Initiation Of Prolonged Chemotherapy Infusion (More Than 8 Hours), Requiring Use Of A Portable Or Implantable Pump	\$ 141.44
96417	Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Sequential Infusion (Different Substance/ Drug), Up To 1 Hour (List Separately In Addition To Code For Primary Procedure)	\$ 70.61
96420	Chemotherapy Administration, Intra-Arterial Push Technique	\$ 100.63
96422	Chemotherapy Administration, Intra-Arterial; Infusion Technique, Up To One Hour	\$ 153.93
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
96450	Chemotherapy Administration, Into Cns (Eg, Intrathecal), Requiring And Including Spinal Puncture	\$ 178.38
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	Price by Report
96548	Intraoperative Heated Intraperitoneal Chemotherapy, Each Additional 30 Minutes	Price by Report
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
96570	Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); First 30 Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal Tract)	\$ 47.46
96571	Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); Each 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
96902	Microscopic Examination Of Hairs Plucked Or Clipped By The Examiner (Excluding Hair Collected By The Patient) To Determine Telogen And Anagen Counts, Or Structural Hair Shaft Abnormality	\$ 0.01
96904	Whole Body Integumentary Photography, For Monitoring Of High Risk Patients With Dysplastic Nevus Syndrome Or A History Of Dysplastic Nevi, Or Patients With A Personal Or Familial History Of Melanoma	\$ 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, More Than 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	\$ 10.30
97018	Physical Medicine Treatment To One Area Paraffin Bath	\$ 6.81
97022	Physical Medicine Treatment To One Area Whirlpool	\$ 15.09
97024	Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave)	\$ 8.90
97026	Physical Medicine Treatment To One Area Infrared	\$ 8.06
97028	Physical Medicine Treatment To One Area Ultraviolet	\$ 10.15
97032	Application Of Electrical Stimulation With Therapist Present, Each 15 Minutes	\$ 14.11
97033	Application Of Medication Using Electrical Current, Each 15 Minutes	\$ 17.19
97034	Application Of Hot And Cold Baths, Each 15 Minutes	\$ 17.23
97035	Application Of Ultrasound, Each 15 Minutes	\$ 15.50
97036	Application Of Water Therapy Using A Special Tank, Each 15 Minutes	\$ 32.82
97039	Unlisted Modality (Specify Type And Time If Constant Attendance)	\$ 23.74
97110	Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes	\$ 26.18
97112	Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes	\$ 30.07

Code	Description	Fee
97113	Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes	\$ 32.77
97116	Walking Training To 1 Or More Areas, Each 15 Minutes	\$ 26.18
97139	Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify)	\$ 33.03
97140	Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes	\$ 24.08
97150	Therapeutic Procedure(S), Group (2 Or More Individuals)	\$ 15.99
97161	Evaluation Of Physical Therapy, Typically 20 Minutes	\$ 89.43
97162	Evaluation Of Physical Therapy, Typically 30 Minutes	\$ 89.43
97163	Evaluation Of Physical Therapy, Typically 45 Minutes	\$ 89.43
97164	Re-Evaluation Of Physical Therapy, Typically 20 Minutes	\$ 62.06
97165	Evaluation Of Occupational Therapy, Typically 30 Minutes	\$ 90.33
97166	Evaluation Of Occupational Therapy, Typically 45 Minutes	\$ 90.33
97167	Evaluation Of Occupational Therapy Established Plan Of Care, Typically 60 Minutes	\$ 90.33
97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care, Typically 30 Minutes	\$ 62.36
97530	Therapeutic Activities To Improve Function, With One-On-One Contact Between Patient And Provider, Each 15 Minutes	\$ 32.77
97533	Sensory Technique To Enhance Processing And Adaptation To Environmental Demands, Each 15 Minutes	\$ 55.84
97535	Training For Self-Care Or Home Management, Each 15 Minutes	\$ 29.18
97542	Wheelchair Management, Each 15 Minutes	\$ 28.28
97597	Removal Of Tissue From Wound, 20.0 Sq Cm Or Less	\$ 89.67
97598	Removal Of Tissue From Wound, Each Additional 20.0 Sq Cm	\$ 43.70
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	Therapy Procedure Using A Special Bandage, Vacuum Pump And Disposable Medical Equipment, Surface Area More Than 50.0 Sq Cm	\$ 322.19
97610	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
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 Assessment And Management Service, 5-10 Minutes Of Medical Discussion	\$ 49.71
98967	Telephone Assessment And Management Service, 11-20 Minutes Of Medical Discussion	\$ 79.82
98968	Telephone Assessment And Management Service, 21-30 Minutes Of Medical Discussion	\$ 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)	\$ 0.01
99080	Special Reports Such As Insurance Forms, More Than The Information Conveyed In The Usual Medical Communications Or Standard Reporting Form	\$ 0.01
99091	Collection And Interpretation Of Physical Parameters Stored In Computers And/Or Transmitted By The Patient And/Or Caregiver To Qualified Health Care Professional, Requiring 30 Minutes Or More, Per 30 Days	\$ 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	Moderate Sedation Services By Physician Also Performing A Procedure, Patient 5 Years Of Age Or Older, First 15 Minutes	\$ 49.65
99153	Moderate Sedation Services By Physician Also Performing A Procedure, Additional 15 Minutes	\$ 11.24
99155	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 5 Years Of Age Or Older, First 15 Minutes	\$ 70.40
99157	Moderate Sedation Services By Physician Not Performing A Procedure, Each 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
99173	Screening Test Of Visual Acuity, Quantitative, Bilateral (The Screening Test Used Must Employ Graduated Visual Acuity Stimuli That Allow A Quantitative Estimate Of Visual Acuity (Eg, Snellen Chart). Other Identifiable Services Unrelated To This Screening	\$ 15.71
99175	Ipecac 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
99183	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	Application Of Topical Fluoride	\$ 32.62
99190	Assembly And Operation Of Heart-Lung Machine, Each Hour	\$ 128.84
99191	Assembly And Operation Of Heart-Lung Machine, 45 Minutes	\$ 73.09
99192	Assembly And Operation Of Heart-Lung Machine, 30 Minutes	\$ 53.98
99195	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
99212	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
99214	Established Patient Office Or Other Outpatient Visit With Moderate Level Of Decision Making, If Using Time, 30 Minutes Or More	\$ 112.75

Code	Description	Fee
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 Care, Typically 50 Minutes Per Day	\$ 121.57
99223	Initial Hospital Inpatient Care, Typically 70 Minutes Per Day	\$ 157.06
99231	Subsequent Hospital Inpatient Care, Typically 15 Minutes Per Day	\$ 42.37
99232	Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day	\$ 67.88
99233	Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day	\$ 102.12
99234	Hospital Observation Or Inpatient Care Low Severity, 40 Minutes Per Day	\$ 116.30
99235	Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day	\$ 152.51
99236	Hospital Observation Or Inpatient Care High Severity, 55 Minutes Per Day	\$ 199.13
99238	Hospital Discharge Day Management, 30 Minutes Or Less	\$ 70.48
99239	Hospital Discharge Day Management, More Than 30 Minutes	\$ 99.08
99242	Patient Office Consultation, Typically 30 Minutes	\$ 93.71
99243	Patient Office Consultation, Typically 40 Minutes	\$ 123.85
99244	Patient Office Consultation, Typically 60 Minutes	\$ 176.06
99245	Patient Office Consultation, Typically 80 Minutes	\$ 227.92
99252	Inpatient Hospital Consultation, Typically 40 Minutes	\$ 99.06
99253	Inpatient Hospital Consultation, Typically 55 Minutes	\$ 129.38
99254	Inpatient Hospital Consultation, Typically 80 Minutes	\$ 175.83
99255	Inpatient Hospital Consultation, Typically 110 Minutes	\$ 217.39
99281	Emergency Department Visit, Self Limited Or Minor Problem	\$ 13.38
99282	Emergency Department Visit, Low To Moderately Severe Problem	\$ 38.62
99283	Emergency Department Visit, Moderately Severe Problem	\$ 66.74
99284	Emergency Department Visit, Problem Of High Severity	\$ 113.54
99285	Emergency Department Visit, Problem With Significant Threat To Life Or Function	\$ 164.45
99288	Physician Or Other Qualified Health Care Professional Direction Of Emergency Medical Systems (Ems) Emergency Care, Advanced Life Support	\$ 0.01
99291	Critical Care Delivery Critically Ill Or Injured Patient, First 30-74 Minutes	\$ 243.14
99292	Attendance Of The Physician; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	\$ 109.02
99304	Initial Nursing Facility Visit, Typically 25 Minutes Per Day	\$ 69.76
99305	Initial Nursing Facility Visit, Typically 35 Minutes Per Day	\$ 115.79
99306	Initial Nursing Facility Care With High Level Of Medical Decision Making, Per Day, If Using Time, 50 Minutes Or More	\$ 158.12
99307	Subsequent Nursing Facility Visit, Typically 10 Minutes Per Day	\$ 38.92
99308	Subsequent Nursing Facility Care With Straightforward Level Of Medical Decision Making, Per Day, If Using Time, 20 Minutes Or More	\$ 64.85
99309	Subsequent Nursing Facility Visit, Typically 25 Minutes Per Day	\$ 93.76
99310	Subsequent Nursing Facility Visit, Typically 35 Minutes Per Day	\$ 133.51
99315	Nursing Facility Discharge Day Management, 30 Minutes Or Less	\$ 70.95
99316	Nursing Facility Discharge Management, More Than 30 Minutes	\$ 113.69
99341	New Patient Home Visit, Typically 20 Minutes	\$ 53.89
99342	New Patient Home Visit, Typically 30 Minutes	\$ 70.90
99344	New Patient Home Visit, Typically 60 Minutes	\$ 154.70
99345	New Patient Home Visit, Typically 75 Minutes	\$ 194.91
99347	Established Patient Home Visit, Typically 15 Minutes	\$ 42.91
99348	Established Patient Home Visit, Typically 25 Minutes	\$ 66.83
99349	Established Patient Home Visit, Typically 40 Minutes	\$ 110.58
99350	Established Patient Home Visit, Typically 60 Minutes	\$ 178.81
99358	Prolonged Evaluation And Management Service Before And/ Or After Direct Patient Care; First Hour	\$ 117.48
99359	Prolonged Evaluation And Management Service Before And/ Or After Direct Patient Care; Each Additional 30 Minutes (List Separately In Addition To Code For Prolonged Service)	\$ 56.73
99360	Prolonged Physician Standby Service, Each 30 Minutes	\$ 94.35
99366	Medical Team Conference With Patient And/Or Family, And Nonphysician Health Care Professionals, 30 Minutes Or More	\$ 0.01
99380	Supervision Of Nursing Facility Patient Services, 30 Minutes Or More Per Month	\$ 0.01
99381	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag	\$ 107.00
99382	Initial New Patient Preventive Medicine Evaluation, Age 1 Through 4 Years	\$ 111.79
99383	Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 Years	\$ 116.11
99384	Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 Years	\$ 130.02
99385	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag	\$ 126.35
99386	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag	\$ 145.58
99387	Initial New Patient Preventive Medicine Evaluation, Age 65 Years And Older	\$ 158.03
99391	Established Patient Periodic Preventive Medicine Examination Infant Younger Than 1 Year	\$ 96.22
99392	Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years	\$ 102.34
99393	Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years	\$ 102.01
99394	Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years	\$ 111.45
99395	Established Patient Periodic Preventive Medicine Examination Age 18-39 Years	\$ 113.91
99396	Established Patient Periodic Preventive Medicine Examination Age 40-64 Years	\$ 121.03
99397	Established Patient Periodic Preventive Medicine Examination, Age 65 Years And Older	\$ 130.35
99401	Preventive Medicine Counseling, Typically 15 Minutes	\$ 6.82
99402	Preventive Medicine Counseling, Typically 30 Minutes	\$ 6.02
99403	Preventive Medicine Counseling, Typically 45 Minutes	\$ 6.02
99406	Preventive Medicine Counseling, Typically 1 Hour	\$ 14.24
99407	Smoking And Tobacco Use Intensive Counseling, Greater Than 10 Minutes	\$ 29.78
99415	Extended Office Or Other Outpatient Service By Clinical Staff, First Hour	\$ 18.21
99416	Extended Office Or Other Outpatient Service By Clinical Staff, Each Additional 30 Minutes	\$ 8.51

Code	Description	Fee
99417	Prolonged Office Or Other Outpatient Service By Clinical Staff, Each 15 Minutes Of Total Time	Price by Report
99418	Prolonged Inpatient Or Observation Service, Each 15 Minutes Of Total Time Beyond Required Time Of Primary Service	Price by Report
99453	Remote Monitoring Of Physiologic Parameters, Initial Set-Up And Patient Education On Use Of Equipment	\$ 17.39
99454	Remote Monitoring Of Physiologic Parameters, Initial Supply Of Devices With Daily Recordings Or Programmed Alerts Transmission, Each 30 Days	\$ 45.14
99457	Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; First 20 Minutes	\$ 43.92
99458	Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute	\$ 35.69
99459	Pelvic exam	\$ 20.04
99460	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant	\$ 88.87
99461	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
99463	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date	\$ 103.77
99464	Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn	\$ 78.20
99465	Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/OR Chest Compressions In The Presence Of Acute Inadequate Ventilation And/OR Cardiac Output	\$ 153.03
99466	Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes	\$ 249.64
99467	Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger	\$ 125.26
99468	Initial Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day	\$ 962.47
99469	Subsequent Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day	\$ 462.54
99471	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
99475	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
99478	Subsequent Intensive Care Of Recovering Very Low Birth Weight Infant, Per Day	\$ 159.48
99479	Subsequent Intensive Care Of Recovering Low Birth Weight Infant, Per Day (1500-2500 Grams)	\$ 145.00
99480	Subsequent Intensive Care Of Recovering Low Birth Weight Infant, Per Day (2501-5000 Grams)	\$ 139.18
99485	Supervision Of Interfacility Transport Care Of The Critical Patient, 24 Months Of Age Or Younger, First 30 Minutes	\$ 0.01
99486	Supervision Of Interfacility Transport Care Of The Critical Patient, 24 Months Of Age Or Younger	\$ 0.01
99497	Advance Care Planning, First 30 Minutes	\$ 76.93
99498	Advance Care Planning, Each Additional 30 Minutes	\$ 66.65
99499	Child Advocacy Program Forensic Interview	\$ 321.78
99500	Home Visit For Assessment And Monitoring Of Pregnancy, Fetal Heart Rate, And Diabetes Status	\$ 81.72
99502	Home Visit For Newborn Care And Assessment	\$ 81.72
99600	Other Home Visit Service Or Procedure	\$ 28.96
99601	Home Infusion Or Specialty Drug Administration, Per Visit, 2 Hours Or Less	Price by Report
99602	Home Infusion Or Specialty Drug Administration, Per Visit, Each Additional Hour	Price by Report
0500F	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 Ylmp) (Prenatal)	\$ 10.92
3074F	Most Recent Systolic Blood Pressure Less Than 130 Mm Hg (Dm), (Htn, Ckd Cad)	\$ 0.01
3075F	Most Recent Systolic Blood Pressure 130 - 139 Mm Hg (Dm)	\$ 0.01
3077F	Most Recent Systolic Blood Pressure Greater Than Or Equal To 140 Mm Hg (Htn, Ckd, Cad) (Dm)	\$ 0.01
3078F	Most Recent Diastolic Blood Pressure Less Than 80 Mm Hg (Htn, Ckd, Cad) (Dm)	\$ 0.01
3079F	Most Recent Diastolic Blood Pressure 80-89 Mm Hg (Htn, Ckd, Cad) (Dm)	\$ 0.01
3080F	Most Recent Diastolic Blood Pressure Greater Than Or Equal To 90 Mm Hg (Htn, Ckd, Cad) (Dm)	\$ 0.01
0234T	Catheter Removal Of Plaque From Kidney Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And Interpretation	Price by Report
0235T	Catheter Removal Of Plaque From Organ Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And Interpretation	Price by Report
0236T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Abdominal Aorta	Price by Report
0237T	Catheter Removal Of Plaque From Upper Arm Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And Interpretation	\$ 9,728.88
0238T	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	Price by Report
0263T	Guidance, If Performed; Complete Procedure Including Unilateral Or Bilateral Bone Marrow Harvest	Price by Report
0264T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed; Complete Procedure Excluding Bone Marrow Harvest	Price by Report
0265T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed; Unilateral Or Bilateral Bone Marrow Harvest Only For Intramuscular Autologous Bon	Price by Report
0266T	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)	\$ 134.02
0268T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	\$ 135.23
0269T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	Price by Report
0270T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Lead Only, Unilateral (Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	Price by Report
0271T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	Price by Report
0272T	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation System, Including Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And Programmed Therapy Values, With Interpretation And Repo	\$ 26.60

Code	Description	Fee
0273T	Interrogation Device Evaluation (In Person) Carotid Sinus Baroreflex Activation System, With Programming	\$ 63.23
0274T	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	Price by Report
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes)	Price by Report
0394T	High Dose Rate Electronic Brachytherapy, External	\$ 150.40
0395T	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
0537T	Blood Drv T Lymphcyt Cat-T Cell	Price by Report
0538T	Blood Drv T Lymphcyt Prep Trns	\$ 0.01
0539T	Receipt&Prep Car-T Cell Admn	\$ 0.01
0540T	Car-T Cell Admn Autologous	\$ 148.08
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
0544T	Reconstruction Of Junction Between Upper Left And Lower Left Chambers Of Heart (Annulus Of Mitral Valve) With Implantation Of Adjustable Reconstruction Device, Via Catheter, Accessed Through Skin	Price by Report
0545T	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	\$ 2,088.97
0546T	Radiofrequency Spectroscopy Evaluation Of Surgical Margins During Partial Mastectomy, With Report	Price by Report
0547T	Bone Material Quality Testing By Microindentations Of Shin Bone	Price by Report
0553T	Insertion Of Implant Connecting Groin Artery And Groin Vein, With Radiological Supervision And Interpretation And Imaging Guidance, Via Catheter, Accessed Through Skin	Price by Report
0564T	Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells	Price by Report
0565T	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
0568T	Introduction Of Saline And Air Into Fallopiian Tubes To Test For Blockage	Price by Report
0569T	Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter, Accessed Through Skin; Initial Prosthesis	\$ 760.01
0570T	Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter, 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
0573T	Removal Of Implantable Defibrillator Electrode From Under Breastbone	Price by Report
0574T	Repositioning Of Previously Implanted Defibrillator Electrode Under Breastbone	Price by Report
0575T	In-Person Programming Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And Report	\$ 70.61
0576T	In-Person Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And Report	Price by Report
0577T	Electrophysiological Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And Report	Price by Report
0578T	Remote Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Lead Under Breastbone, With Analysis, Review And Report By Healthcare Professional	\$ 32.17
0579T	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	Removal Of Implantable Defibrillator Pulse Generator From Under Breastbone	Price by Report
0581T	Freezing Destruction Of Malignant Breast Tumors In One Breast, Accessed Through Skin	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	Transplantation Of Insulin-Producing Cells, Open Procedure	Price by Report
0587T	Implantation Or Replacement Of Posterior Tibial Nerve Stimulating System For Bladder Dysfunction, Accessed Through Skin	Price by Report
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
0596T	Initial Insertion Of Temporary Valve-Pump In Female Urethra	\$ 130.16
0597T	Replacement Of Temporary Valve-Pump In Female Urethra	\$ 37.23
0598T	Fluorescence Wound Imaging For Bacteria, First Anatomic Site	\$ 6.86
0599T	Fluorescence Wound Imaging For Bacteria, Each Additional Anatomic Site	\$ 6.86
0600T	Irreversible Electroporation Destruction Of Growths Of Internal Organ, Accessed Through Skin	Price by Report
0601T	Irreversible Electroporation Destruction Of Growths Of Internal Organ, Open Procedure	Price by Report
0602T	Measurement Of Kidney Filtration Rate Using Skin Sensor And Single Dose Of Fluorescent Agent	Price by Report
0603T	Monitoring Of Kidney Filtration Rate Using Skin Sensor And Multiple Doses Of Fluorescent Agent	Price by Report
0604T	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	Price by Report
0608T	Data Analysis And Report Transmission To Health Care Professional For Remote Monitoring Of Lung Fluid Monitoring System	Price by Report
0609T	Acquisition Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain	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

Code	Description	Fee
0614T	Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator	Price by Report
0615T	Eye-Movement Analysis With Interpretation And Report	Price by Report
0616T	Insertion Of Iris Prosthesis Into Eye	\$ 318.62
0617T	Insertion Of Iris Prosthesis Into Eye With Removal Of Lens And Insertion Of Artificial Lens	\$ 482.50
0618T	Insertion Of Iris Prosthesis Into Eye With Insertion Or Replacement Of Artificial Lens	\$ 514.40
0619T	Examination Of Urethra And Bladder With Incision Of Opening Of Prostate Gland And Drug Delivery Using Endoscope	Price by Report
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
0624T	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
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
0631T	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	Price by Report
0647T	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
0654T	Inspection Of Esophagus, Stomach, And Upper Small Intestine With Insertion Of Tube Or Catheter Using A Flexible Endoscope Through Nose	\$ 123.57
0655T	Destruction Of Prostate Cancer Tissue By Laser Using Ultrasound Guidance	Price by Report
0656T	Tethering Of 7 Or Fewer Lower Spine Bones	Price by Report
0657T	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	Price by Report
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
0671T	Insertion Of Drainage Device Into Drainage Tissue Within Eye (Trabecular Meshwork)	\$ 584.90
0714T	Transperineal Laser Destruction Of Benign Prostatic Enlargement Using Imaging Guidance	Price by Report
0716T	Acoustic Waveform Recording Of Heart With Automated Analysis And Generation Of Coronary Artery Disease Risk Score	Price by Report
0717T	Harvesting Of Patient'S Own Fatty Tissue And Preparation Of Cells For Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear	Price by Report
0718T	Injection Of Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy Into Supraspinatus Tendon Of One Shoulder Using Ultrasound Guidance, For Partial Thickness Rotator Cuff Tear	Price by Report
0719T	Replacement Of Posterior Joint In Single Segment Of Spine In Lower Back (Lumbar) Using Imaging Guidance	Price by Report
0720T	Electrical Nerve Field Stimulation Of Cranial Nerves Through Skin	Price by Report
0721T	Quantitative Computed Tomography (Ct Scan) Tissue Characterization With Interpretation And Report	Price by Report
0722T	Quantitative Computed Tomography (Ct Scan) Tissue Characterization With Interpretation And Report And Concurrent Ct Examination Of Any Structure Contained In The Concurrently Acquired Diagnostic Imaging Dataset	Price by Report
0723T	Quantitative Magnetic Resonance (Mr Scan) Imaging Of Gallbladder, Bile Ducts, Pancreas And Pancreatic Duct Cholangiopancreatography (Qmrcp), With Data Preparation And Transmission, Interpretation And Report	Price by Report
0724T	Quantitative Magnetic Resonance (Mr Scan) Imaging Of Gallbladder, Bile Ducts, Pancreas And Pancreatic Duct Cholangiopancreatography (Qmrcp), With Data Preparation And Transmission, Interpretation And Report And With Diagnostic Magnetic Resonance Imaging	Price by Report
0742T	Spect Measurement Of Blood Flow To Heart Muscle	Price by Report
0744T	Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein)	Price by Report
0780T	Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract	Price by Report
0781T	Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope	Price by Report
0782T	Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope	Price by Report
0784T	Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin	Price by Report
0785T	Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array	Price by Report
0786T	Insertion Or Replacement Of Sacral Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin	Price by Report
0787T	Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array	Price by Report
0788T	Electronic Analysis With Simple Programming Of Spinal Or Sacral Integrated Nerve Stimulating System	Price by Report
0789T	Electronic Analysis With Complex Programming Of Spinal Or Sacral Integrated Nerve Stimulating System	Price by Report
0790T	Revision, Replacement, Or Removal Of Lower Spine Tethering	Price by Report

Code	Description	Fee
0791T	Semi-Immersive Virtual Reality-Facilitated, Motor-Cognitive Training For Walking, Each 15 Minutes	Price by Report
0792T	Appl slvr diamn fluoride 38%	Price by Report
0793T	Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance	Price by Report
0794T	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	Price by Report
0795T	Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Atrial And Right Ventricular Pacemaker Components	Price by Report
0796T	Transcatheter Insertion Of Permanent Dual-Chamber Pacemaker Using Fluoroscopy And Device Interrogation Of Right Atrial Pacemaker Component	Price by Report
0797T	Transcatheter Insertion Of A Permanent Dual Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Ventricular Pacemaker Component	Price by Report
0798T	Transcatheter Removal Of The Right Atrial And Right Ventricular Components Of A Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy	Price by Report
0799T	Transcatheter Removal Of The Right Atrial Component Of A Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy	Price by Report
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
0802T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Atrial Component	Price by Report
0803T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Ventricular Component	Price by Report
0804T	In-Person Programming Device Evaluation Of Dual-Chamber Leadless Pacemaker With Adjustment Of The Device To Test Function And To Select Optimal Permanent Values, With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional	Price by Report
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
0808T	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	Price by Report
0810T	Subretinal Injection Of A Drug, Including Vitrectomy And Retinotomy	Price by Report
0811T	Set-Up And Education On Use Of Equipment For Remoted Electronic Assessment Of Bladder Emptying	Price by Report
0812T	Device Supply And Report Generation For Remote Electronic Assessment Of Bladder Emptying For Up To 10 Days	Price by Report
0813T	Volume Adjustment Of Intragastric Bariatric Balloon Using A Flexible Endoscope Through The Mouth	Price by Report
0814T	Injection Through The Skin Of Calcium-Based Osteoconductive Material To Repair Upper Thigh Bone	Price by Report
0815T	Ultrasound-Based Radiofrequency Echographic Multi-Spectrometry Scan For Measuring Bone Loss In Hips, Pelvis, Or Spine	Price by Report
0816T	Insertion Or Replacement Of Integrated Posterior Tibial Nerve Stimulating System Under The Skin, For Bladder Dysfunction	Price by Report
0817T	Insertion Or Replacement Of Integrated Posterior Tibial Nerve Stimulating System Under Muscle, For Bladder Dysfunction	Price by Report
0818T	Revision Or Removal Of Integrated Posterior Nerve Stimulating System Under Skin, For Bladder Dysfunction	Price by Report
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
0821T	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	Price by Report
0822T	Continuous In-Person Monitoring And Intervention During Psychedelic Medication Therapy Clinical Staff Working With The First Physician Or 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	Price by Report
0824T	Removal Of Permanent Single-Chamber Leadless Pacemaker For Pacing The Right Upper Chamber Of The Heart Using Imaging Guidance	Price by Report
0825T	Removal And Replacement Of Single-Chamber Permanent Leadless Pacemaker For Pacing The Right Upper Chamber Of The Heart Using Imaging Guidance	Price by Report
0826T	In-Person Device Evaluation Of Single-Chamber Leadless Pacemaker System	Price by Report
0827T	Digitization Of Glass Microscope Slides For Cytopathology Of Fluids, Washings, Or Brushings, Smears	Price by Report
0828T	Digitization Of Glass Microscope Slides For Cytopathology Of Fluids, Washings, Or Brushings, Simple Filter Method	Price by Report
0829T	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 And Report On Slides Prepared Elsewhere	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
0834T	Digitization Of Glass Microscope Slides For Cytopathology, Smears Requiring Extended Study Of Over 5 Slides And/Or Multiple Stains	Price by Report
0835T	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate, First Evaluation	Price by Report
0836T	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate, Each Additional Evaluation	Price by Report
0837T	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate	Price by Report
0838T	Digitization Of Glass Microscope Slides For Consultation And Report On Slides Prepared Elsewhere	Price by Report
0839T	Digitization Of Glass Microscope Slides For Consultation And Report Requiring Preparation Of Slides Using Referred Material	Price by Report
0840T	Digitization Of Glass Microscope Slides For Consultation, Comprehensive Review	Price by Report
0841T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, First Tissue Block	Price by Report
0842T	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
0845T	Digitization Of Glass Microscope Slides For Immunofluorescence, Initial Single Antibody Stain Procedure	Price by Report
0846T	Digitization Of Glass Microscope Slides For Immunofluorescence, Each Additional Antibody Stain Procedure	Price by Report
0847T	Digitization Of Glass Microscope Slides For Examination And Selection Of Retrieved Archival Tissue(S) For Molecular Analysis	Price by Report

Code	Description	Fee
0848T	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
0851T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Initial Manual Single Probe Stain Procedure	Price by Report
0852T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Each Additional Manual Single Probe Stain Procedure	Price by Report
0853T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Each Manual Multiplex Probe Stain Procedure	Price by Report
0854T	Digitization Of Glass Microscope Slides For Peripheral Blood Smear	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
0859T	Noncontact Near-Infrared Spectroscopy With Image Acquisition, Interpretation And Report, Each Additional Anatomic Site	Price by Report
0860T	Noncontact Near-Infrared Spectroscopy With Provocative Maneuvers, Image Acquisition, Interpretation And Report For Screening For Peripheral Arterial Disease	Price by Report
0861T	Removal Of Battery And Transmitter Of Wireless Cardiac Stimulator For Pacing Of Left Lower Chamber Of Heart	Price by Report
0862T	Relocation Of Battery Of Wireless Cardiac Stimulator For Pacing Of Left Lower Chamber Of Heart	Price by Report
0863T	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	Price by Report
A2001	Innovamatrix Ac, Per Square Centimeter	Price by Report
A2002	Mirragen Advanced Wound Matrix, Per Square Centimeter	Price by Report
A2004	Xcellistem, 1 Mg	Price by Report
A2005	Microlyte Matrix, Per Square Centimeter	Price by Report
A2006	Novosorb Synpath Dermal Matrix, Per Square Centimeter	Price by Report
A2007	Restrata, Per Square Centimeter	Price by Report
A2008	Theragenesis, Per Square Centimeter	Price by Report
A2009	Symphony, Per Square Centimeter	Price by Report
A2010	Apis, Per Square Centimeter	Price by Report
A2011	Supra Sdrm, Per Square Centimeter	Price by Report
A2012	Suprathel, Per Square Centimeter	Price by Report
A2013	Innovamatrix Fs, Per Square Centimeter	Price by Report
A2014	Omeza Collagen Matrix, Per 100 Mg	Price by Report
A2015	Phoenix Wound Matrix, Per Square Centimeter	Price by Report
A2016	Permeaderm B, Per Square Centimeter	Price by Report
A2017	Permeaderm Glove, Each	Price by Report
A2018	Permeaderm C, Per Square Centimeter	Price by Report
A2019	Kerecis Omega3 Marigen Shield, Per Square Centimeter	Price by Report
A2020	Ac5 Advanced Wound System (Ac5)	Price by Report
A2021	Neomatrix, Per Square Centimeter	Price by Report
A2022	Innovaburn Or Innovamatrix Xi, Per Square Centimeter	Price by Report
A2023	Innovamatrix Pd, 1 Mg	Price by Report
A2024	Resolve Matrix, Per Square Centimeter	Price by Report
A2025	Miro3D, Per Cubic Centimeter	Price by Report
A2026	Restrata Minimatrix, 5 Mg	Price by Report
A4100	Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified	Price by Report
A4261	Cervical Cap For Contraceptive Use	\$ 52.28
A4266	Diaphragm For Contraceptive Use	\$ 46.91
A4267	Contraceptive Supply, Condom, Male, Each	\$ 2.03
A4268	Contraceptive Supply, Condom, Female, Each	\$ 3.87
A4269	Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each	\$ 14.09
A9156	Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml	Price by Report
A9292	Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment	Price by Report
A9601	Flortaucipir F 18 Injection, Diagnostic, 1 Millicurie	Price by Report
A9603	Injection, Pafolacianine, 0.1 Mg	Price by Report
A9609	Fludeoxyglucose F18 Up To 15 Millicuries	Price by Report
A9697	Injection, Carboxydextran-Coated Superparamagnetic Iron Oxide, Per Study Dose	Price by Report
A9699	Radiopharmaceutical, Therapeutic, Not Otherwise Classified	\$ 31.67
A9700	Supply Of Injectable Contrast Material For Use In Echocardiography, Per Study	\$ 286.66
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$ 264.90
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$ 203.54
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$ 194.24
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$ 145.97
G0101	Cervical Or Vaginal Cancer Screening; Pelvic And Clinical Breast Examination	\$ 42.57
G0102	Prostate Cancer Screening; Digital Rectal Examination	\$ 22.03
G0104	Colorectal Cancer Screening; Flexible Sigmoidoscopy	\$ 178.74
G0105	Colorectal Cancer Screening; Colonoscopy On Individual At High Risk	\$ 413.20
G0106	Colorectal Cancer Screening; Alternative To G0104, Screening Sigmoidoscopy, Barium Enema	\$ 271.58
G0117	Glaucoma Screening For High Risk Patients Furnished By An Optometrist Or Ophthalmologist	\$ 60.07
G0118	Glaucoma Screening For High Risk Patient Furnished Under The Direct Supervision Of An Optometrist Or Ophthalmologist	\$ 40.34
G0120	Colorectal Cancer Screening; Alternative To G0105, Screening Colonoscopy, Barium Enema.	\$ 217.26
G0121	Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk	\$ 330.69
G0128	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)	Price by Report

Code	Description	Fee
G0130	Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel)	\$ 34.57
G0151	Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 29.67
G0152	Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 29.67
G0153	Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 23.52
G0155	Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes	\$ 32.57
G0156	Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes	\$ 10.88
G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 25.68
G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 25.68
G0159	Services Performed By A Qualified Physical Therapist, In The Home Health Setting, In Establishment/Delivery Of Safe P.E. Maintenance Program, Each 15 Min	Price by Report
G0160	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
G0166	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
G0256	Prostate Brachytherapy Using Permanently Implanted Palladium Seeds, Including Transperitoneal Placement Of Needles Or Catheters Into The Prostate, Cystoscopy And Application Of Permanent Interstitial Radiation Source	Price by Report
G0257	Unscheduled Or Emergency Dialysis Treatment For An Esrd Patient In A Hospital Outpatient Department That Is Not Certified As An Esrd Facility	Price by Report
G0259	Injection Procedure For Sacroiliac Joint; Arthrography	Price by Report
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent And Arthrography	Price by Report
G0268	Removal Of Impacted Cerumen (One Or Both Ears) By Physician On Same Date Of Service As Audiologic Function Testing	\$ 50.41
G0269	Placement Of Occlusive Device Into Either A Venous Or Arterial Access Site, Post Surgical Or Interventional Procedure (E.G. Angioseal Plug, Vascular Plug)	Price by Report
G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval	\$ 170.28
G0278	Iliac Artery Angiography Performed At The Same Time Of Cardiac Catheterization, Includes Catheter Placement, Injection Of Dye, Radiologic Supervision And Interpretation And Production Of Images (List Separately In Addition To Primary Procedure)	\$ 11.92
G0279	Diagnostic Digital Breast Tomosynthesis, Unilateral Or Bilateral (List Separately In Addition To 77065 Or 77066)	\$ 46.65
G0288	Reconstruction, Computed Tomographic Angiography Of Aorta For Surgical Planning For Vascular Surgery	\$ 37.58
G0293	Noncovered Surgical Procedure(S) Using Conscious Sedation, Regional, General Or Spinal Anesthesia In A Medicare Qualifying Clinical Trial, Per Day	Price by Report
G0294	Noncovered Procedure(S) Using Either No Anesthesia Or Local Anesthesia Only, In A Medicare Qualifying Clinical Trial, Per Day	Price by Report
G0298	Insertion Of Dual Chamber Pacing Cardioverter Defibrillator Pulse Generator	Price by Report
G0299	Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 22.60
G0300	Direct Skilled Nursing Services Of A Licensed Practical Nurse (Lpn) In The Home Health Or Hospice Setting, Each 15 Minutes	\$ 18.83
G0302	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, Complete Course Of Services, To Include A Minimum Of 16 Days Of Services	Price by Report
G0303	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 10 To 15 Days Of Services	Price by Report
G0304	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 1 To 9 Days Of Services	Price by Report
G0305	Post-Discharge Pulmonary Surgery Services After Lvrs, Minimum Of 6 Days Of Services	Price by Report
G0312	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, 5 To 15 Mins Time (This Code Is Used For Medicaid Billing Purposes)	\$ 6.02
G0313	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
G0314	Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 16-30 Mins Time (This Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt))	\$ 12.03
G0315	Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 5-15 Mins Time (This Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt))	\$ 5.73
G0317	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 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
G0340	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	Laparoscopy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	\$ 672.51
G0343	Laparotomy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	\$ 1,102.92
G0378	Hospital Observation Service, Per Hour	Price by Report
G0379	Direct Admission Of Patient For Hospital Observation Care	Price by Report
G0398	Respiratory Effort And Oxygen Saturation	\$ 152.07

Code	Description	Fee
G0400	Home Sleep Test (Hst) With Type Iv Portable Monitor, Unattended; Minimum Of 3 Channels	\$ 81.17
G0404	Electrocardiogram, Routine Ecg With 12 Leads; Tracing Only, Without Interpretation And Report, Performed As A Screening For The Initial Preventive Physical Examination	\$ 5.67
G0405	Electrocardiogram, Routine Ecg With 12 Leads; Interpretation And Report Only, Performed As A Screening For The Initial Preventive Physical Examination	\$ 7.63
G0410	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	Price by Report
G0412	Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fracture(S), Unilateral Or Bilateral For Pelvic Bone Fracture Patterns Which Do Not Disrupt The Pelvic Ring Includes Internal Fixation, When Performed	\$ 658.41
G0413	Unilateral Or Bilateral, (Includes Ilium, Sacroiliac Joint And/Or Sacrum)	\$ 1,002.95
G0414	Bilateral, Includes Internal Fixation When Performed (Includes Pubic Symphysis And/Or Superior/Inferior Rami)	\$ 947.23
G0415	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
G0429	Derma Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A Result Of Highly Active Antiretroviral Therapy)	\$ 91.18
G0445	And Guidance On How To Change Sexual Behavior; Performed Semi-Annually, 30 Minutes	\$ 25.31
G0449	Annual Face-To-Face Obesity Screening, 15 Minutes	Price by Report
G0471	Collection Of Venous Blood By Venipuncture Or Urine Sample By Catheterization From An Individual In A Skilled Nursing Facility (Snf) Or By A Laboratory On Behalf Of A Home Health Agency (Hha)	\$ 10.83
G0498	Pump/Supplies, With Continuation Of The Infusion In The Community Setting (E.G., Home, Domiciliary, Rest Home Or Assisted Living)	\$ 154.75
G2168	Services Performed By A Physical Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes	Price by Report
G2169	Services Performed By An Occupational Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes	Price by Report
G6001	Ultrasonic Guidance For Placement Of Radiation Therapy Fields	\$ 161.23
G6002	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	\$ 142.04
G6004	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 6-10 Mev	\$ 125.95
G6005	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 11-19 Mev	\$ 126.29
G6006	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	\$ 173.35
G6010	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 20 Mev Or Greater	\$ 172.02
G6011	Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, 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
G6014	Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 20 Mev Or Greater	\$ 228.27
G6015	Intensity Modulated Treatment Delivery, Single Or Multiple Fields/Arcs, Via Narrow Spatially And Temporally Modulated Beams, Binary, Dynamic Mlc, Per Treatment Session	\$ 353.43
G6016	Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned Treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator, Convergent Beam Modulated Fields, Per Treatment Session	\$ 352.98
G6017	Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg, 3D Positional Tracking, Gating, 3D Surface Tracking), Each Fraction Of Treatment	\$ 95.86
G8431	Screening For Depression Is Documented As Being Positive And A Follow-Up Plan Is Documented	\$ 0.01
G8510	Screening For Depression Is Documented As Negative, A Follow-Up Plan Is Not Required	\$ 0.01
G8664	Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Price by Report
G9151	MAPCP Demonstration - State Provided Services	\$ 200.00
G9152	MAPCP Demonstration - Community Health Teams	\$ 100.00
K1034	Provision Of Covid-19 Test, Nonprescription Self-Administered And Self-Collected Use, Fda Approved, Authorized Or Cleared, One Test Count	Price by Report
M0201	Administration Of Pneumococcal, Influenza, Hepatitis B, And/Or Covid-19 Vaccine Inside A Patient'S Home; Reported Only Once Per Individual Home Per Date Of Service When Such Vaccine Administration(S) Are Performed At The Patient'S Home	\$ 35.86
M0799	Childrens Care Rehab Development Only (Lifescape)	\$ 43.53
Q0035	Cardiokymography	\$ 16.25
Q0083	Chemotherapy Administration By Other Than Infusion Technique Only (Eg Subcutaneous, Intramuscular, Push), Per Visit	Price by Report
Q0084	Chemotherapy Administration By Infusion Technique Only, Per Visit	Price by Report
Q0085	Chemotherapy Administration By Both Infusion Technique And Other Techique(S) (Eg Subcutaneous, Intramuscular, Push), Per Visit	Price by Report
Q0091	Screening Papanicolaou Smear; Obtaining, Preparing And Conveyance Of Cervical Or Vaginal Smear To Laboratory	\$ 39.47
Q0488	Power Pack Base For Use With Electric Ventricular Assist Device, Replacement Only	Price by Report
Q0507	Miscellaneous Supply Or Accessory For Use With An External Ventricular Assist Device	Price by Report
Q0508	Miscellaneous Supply Or Accessory For Use With An Implanted Ventricular Assist Device	Price by Report
Q0509	Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A	Price by Report
Q1004	New Technology Intraocular Lens Category 4 As Defined In Federal Register Notice	Price by Report
Q1005	New Technology Intraocular Lens Category 5 As Defined In Federal Register Notice	Price by Report

Code	Description	Fee
Q2004	Irrigation Solution For Treatment Of Bladder Calculi, For Example Renacidin Per 500Ml	Price by Report
Q2052	Services, Supplies And Accessories Used In The Home For The Administration Of Intravenous Immune Globulin (Ivlg)	Price by Report
Q3001	Radioelements For Brachytherapy, Any Type	Price by Report
Q3014	Telehealth Originating Site Facility Fee	\$ 31.71
Q3031	Collagen Skin Test	\$ 0.01
Q4001	Castng Supplies, Body Cast Adult, With Or Without Head, Plaster	\$ 53.74
Q4002	Cast Supplies, Body Cast Adult, With Or Without Head, Fiberglass	\$ 203.05
Q4003	Cast Supplies, Shoulder Cast, Adult (11 Yrs+), Plaster	\$ 38.58
Q4004	Cast Supplies, Shoulder, Adult (11 Years+), Fiberglass	\$ 133.59
Q4005	Cast Supplies, Long Arm Cast, Adult (11 Years+), Plaster	\$ 14.23
Q4006	Cast Supplies, Long Arm Cast, Adult (11 Years +), Fiberglass.	\$ 32.68
Q4007	Cast Supplies, Long Arm Cast, Pediatric (0-10 Years), Plaster	\$ 7.11
Q4008	Cast Supplies, Long Arm Cast, Pediatric (0 - 10 Years), Fiberglass	\$ 22.25
Q4009	Cast Supplies, Short Arm Cast, Adult (11 Years +), Plaster	\$ 9.50
Q4010	Cast Supplies, Short Arm Cast, Adult (11 Years +), Fiberglass	\$ 22.16
Q4011	Cast Supplies, Short Arm Cast, Pediatric (0-10 Years), Plaster	\$ 4.73
Q4012	Cast Supplies, Short Arm Cast, Pediatric (0 - 10 Years), Fiberglass	\$ 14.88
Q4013	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Adult (11 Years +), Plaster	\$ 17.30
Q4014	Cast Supplies, Gauntlet Cast (Inculdes Lower Forearm And Hand), Adult (11 Years +), Fiberglass	\$ 29.16
Q4015	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (0 -10 Years), Plaster	\$ 8.66
Q4016	Cast Supplies, Gauntlet Cast (Incudes Lower Forearm And Hand), Pediatric (0-10 Years), Fiberglass	\$ 14.57
Q4017	Cast Supplies, Long Arm Splint, Adult (11 Years+), Plaster	\$ 9.99
Q4018	Cast Supplies, Long Arm Splint, Adult (11 Years+), Fiberglass	\$ 15.93
Q4019	Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Plaster	\$ 5.00
Q4020	Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Fiberglass	\$ 8.00
Q4021	Cast Supplies, Short Arm Splint, Adult (11 Years+), Plaster	\$ 7.40
Q4022	Cast Supplies, Short Arm Splint, Adult (11 Years+), Fiberglass	\$ 13.36
Q4023	Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster	\$ 3.72
Q4024	Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass	\$ 6.69
Q4025	Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster	\$ 41.46
Q4026	Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass	\$ 129.53
Q4027	Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster	\$ 20.75
Q4028	Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass	\$ 64.80
Q4029	Cast Supplies, Long Leg Cast, Adult (11 Years+), Plaster	\$ 31.73
Q4030	Cast Supplies, Long Leg Cast, Adult (11 Years+), Fiberglass	\$ 83.51
Q4031	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Plaster	\$ 15.85
Q4032	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years) Fiberglass	\$ 41.76
Q4033	Cast Supplies, Long Leg Cylinder Cast, Adult (11 Years+), Plaster	\$ 29.60
Q4034	Cast Supplies, Lond Leg Cylinder Cast, Adult (11 Years+), Fiberglass	\$ 73.58
Q4035	Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Plaster	\$ 14.80
Q4036	Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Fiberglass	\$ 38.52
Q4037	Cast Supplies Short Leg Cast, Adult (11 Years+), Plaster	\$ 18.03
Q4038	Cast Supplies, Short Leg Cast, Adult (11 Years+), Fiberglass	\$ 45.22
Q4039	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Plaster	\$ 9.05
Q4040	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiberglass	\$ 22.61
Q4041	Cast Supplies, Long Leg Splint, Adult (11 Years+), Plaster	\$ 21.95
Q4042	Cast Supplies, Long Leg Splint, Adult (11 Years+), Fiberglass	\$ 37.48
Q4043	Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Plaster	\$ 10.98
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
Q4046	Cast Supplies, Short Leg Splint, Adult (11 Years+), Fiberglass	\$ 20.49
Q4047	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster	\$ 6.35
Q4048	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass)	\$ 10.26
Q4049	Finger Splint, Static	\$ 2.31
Q4051	Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fasteners, Padding And Other Supplies)	Price by Report
Q4260	Signature Apatch, Per Square Centimeter	Price by Report
Q4261	Tag, Per Square Centimeter	Price by Report
Q4305	American Amnion Ac Tri-Layer, Per Square Centimeter	Price by Report
Q4306	American Amnion Ac, Per Square Centimeter	Price by Report
Q4307	American Amnion, Per Square Centimeter	Price by Report
Q4308	Sanopellis, Per Square Centimeter	Price by Report
Q4309	Via Matrix, Per Square Centimeter	Price by Report
Q4310	Procenta, Per 100 Mg	\$ 3,409.60
S0280	Medical Home Program, Comprehensive Care Coordination And Planning, Initial Plan	\$ 100.00
S0281	Medical Home Program, Comprehensive Care Coordination And Planning, Maintenance Of Plan	\$ 50.00
S2083	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline	Price by Report
S2402	Repair, Congenital Cystic Adenomatoid Malformation In The Fetus, Procedure Performed In Utero	Price by Report
S5160	Emergency Response System, Installation And Testing	\$ 37.75
S5170	Home Delivered Meals, Including Preparation Per Meal	\$ 10.78
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

Code	Description	Fee
S9364	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); Administrative Services, Professional Pharmacy Services, Care Coordination, And All 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
S9503	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$ 560.16
S9504	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 4 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe	\$ 525.96
T1001	Nursing Evaluation Or Assessment	\$ 10.40
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
T1503	Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Agency/Professional, Per Visit	Price by Report
T2003	Nonemergency Transportation; Encounter/Trip	\$ 546.00
T2023	Targeted Case Management; Per Month	Price by Report
V2020	Frames, Complete	\$ 77.50
V2199	Not Otherwise Classified, Single Vision Lens	\$ 41.45
V2221	Lenticular Lens, Per Lens, Bifocal	\$ 96.11
V2299	Specialty Bifocal (By Report)	\$ 62.20
V2399	Specialty Trifocal (By Report)	\$ 84.06
V2410	Variable Asphericity Lens, Single Vision, Full Field, Glass Or Plastic, Per Lens	\$ 128.30
V2430	Variable Asphericity Lens, Bifocal, Full Field, Glass Or Plastic, Per Lens	\$ 132.00
V2510	Contact Lens, Gas Permeable, Spherical, Per Lens	\$ 130.67
V2520	Contact Lens Hydrophilic, Spherical, Per Lens	\$ 110.01
V2521	Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per Lens	\$ 213.03
V2524	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens	\$ 127.31
V2530	Contact Lens, Scleral, Per Lens (For Contact Lens Modification, See 92325)	\$ 256.05
V2531	Contact Lens, Scleral, Gas Permeable, Per Lens (For Contact Lens Modification, See 92325)	\$ 578.97
V2599	Contact Lens, Other Type	\$ 26.89
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
V5000	Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction, 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