# Physician Fee Schedule 2009

Note:

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Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 00100 | ANES FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY | | | | | | 5 | |
| 00102 | ANES FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP | | | | | | 6 | |
| 00103 | ANES FOR RECONSTRUCTIVE PROCEDURES OF EYELID | | | | | | 5 | |
| 00104 | ANES FOR ELECTROCONVULSIVE THERAPY | | | | | | 4 | |
| 00120 | ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR ,inc biopsy | | | | | | 5 | |
| 00124 | ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR,otoscopy | | | | | | 4 | |
| 00126 | ANES FOR PROC ON EXTERNAL, MIDDLE, AND INNER EAR, tympanotomy | | | | | | 4 | |
| 00140 | ANES FOR PROC ON EYE; NOT OTHERWISE SPECIFIED | | | | | | 5 | |
| 00142 | ANES FOR PROCEDURES ON EYE; LENS SURGERY | | | | | | 6 | |
| 00144 | ANES FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT | | | | | | 6 | |
| 00145 | ANES FOR PROCEDURES ON EYE; VITREORETINAL SURGERY | | | | | | 6 | |
| 00147 | ANES FOR PROCEDURES ON EYE; IRIDECTOMY | | | | | | 6 | |

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|---|---|---|---|---|---|---|---|---|
| 00148 | ANES FOR PROCEDURES ON EYE; OPHTHALMOSCOPY | | | | | | 4 | |
| 00160 | ANES FOR PROC ON NOSE AND ACCESS SINUSES; not otherise spec. | | | | | | 5 | |
| 00162 | ANES FOR PROC ON NOSE AND ACCESS SINUSES; radical surgery | | | | | | 7 | |
| 00164 | ANES FOR PROC ON NOSE AND ACCESS SINUSES; biopsy soft tissue | | | | | | 4 | |
| 00170 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; not otherise spec. | | | | | | 5 | |
| 00172 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; REPAIR OF CLEFT | | | | | | 6 | |
| 00174 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; Excision of tumor | | | | | | 6 | |
| 00176 | ANES FOR INTRAORAL PROC, INCLUDING BIOPSY; RADICAL SURGERY | | | | | | 7 | |
| 00190 | ANES FOR PROC ON FACIAL BONES OR SKULL; NOT OTHERWISE SPEC | | | | | | 5 | |
| 00192 | ANES FOR PROC ON FACIAL BONES OR SKULL; RADICAL SURGERY | | | | | | 7 | |

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|---|---|---|---|---|---|---|---|---|
| 00210 | ANES FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED | | | | | | 11 | |
| 00211 | ANESTH, CRAN SURG, HEMOTOMA | | | | | | 10 | |
| 00212 | ANES FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS | | | | | | 5 | |
| 00214 | ANES FOR INTRACRANIAL PROCEDURES; BURR HOLES | | | | | | 9 | |
| 00215 | ANES FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY | | | | | | 9 | |
| 00216 | ANES FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES | | | | | | 15 | |
| 00218 | ANES FOR INTRACRANIAL PROCEDURES; PROC IN SITTING POSITION | | | | | | 13 | |
| 00220 | ANES FOR INTRACRANIAL PROC; CEREBROSPINAL FLUID SHUNTING | | | | | | 10 | |
| 00222 | ANES FOR INTRACRANIAL PROC; ELECTROCOAGULATION OF I C NERVE | | | | | | 6 | |
| 00300 | ANES FOR ALL PROC ON THE INTEGUMENTARY SYSTEM, | | | | | | 5 | |
| 00320 | ANES FOR ALL PROC ON ESOPHAGUS, THYROID, LARYNX, ETC | | | | | | 6 | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 00322 | ANES FOR ALL PROC ON ESOPHAGUS, THYROID, and needle biopsy | | | | | | 3 | |
| 00326 | ANES FOR ALL PROC ON THE LARYNX , TRACHEA, less than 1 yr age | | | | | | 8 | |
| 00350 | ANES FOR PROC ON MAJOR VESSELS OF NECK; NOT SPEC | | | | | | 10 | |
| 00352 | ANES FOR PROC ON MAJOR VESSELS OF NECK; SIMPLE LIGATION | | | | | | 5 | |
| 00400 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM | | | | | | 3 | |
| 00402 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, reconstructive | | | | | | 5 | |
| 00404 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, radical breast | | | | | | 5 | |
| 00406 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM , and node dis. | | | | | | 13 | |
| 00410 | ANES FOR PROC ON THE INTEGUMENTARY SYSTEM, with conv. | | | | | | 4 | |
| 00450 | ANES FOR PROC ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPEC | | | | | | 5 | |

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|---|---|---|---|---|---|---|---|---|
| 00452 | ANES FOR PROC ON CLAVICLE AND SCAPULA; RADICAL SURGERY | | | | | | 6 | |
| 00454 | ANES FOR PROC ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE | | | | | | 3 | |
| 00470 | ANES FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED | | | | | | 6 | |
| 00472 | ANES FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE) | | | | | | 10 | |
| 00474 | ANES FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES | | | | | | 13 | |
| 00500 | ANES FOR ALL PROCEDURES ON ESOPHAGUS | | | | | | 15 | |
| 00520 | ANES FOR CLOSED CHEST PROC; (INCLUDING BRONCHOSCOPY) | | | | | | 6 | |
| 00522 | ANES FOR CLOSED CHEST PROC; NEEDLE BIOPSY OF PLEURA | | | | | | 4 | |
| 00524 | ANES FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS | | | | | | 4 | |
| 00528 | ANES FOR CLOSED CHEST PROC; MEDIASTINOSCOPY AND DIAG | | | | | | 8 | |

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|---|---|---|---|---|---|---|---|---|
| 00529 | ANES FOR CLOSED CHEST PROC; MEDIAS AND DIAG, lung vent | | | | | | 11 | |
| 00530 | ANES FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION | | | | | | 4 | |
| 00532 | ANES FOR ACCESS TO CENTRAL VENOUS CIRCULATION | | | | | | 4 | |
| 00534 | ANES FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING | | | | | | 7 | |
| 00537 | ANES FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES | | | | | | 10 | |
| 00539 | ANES FOR TRACHEOBRONCHIAL RECONSTRUCTION | | | | | | 18 | |
| 00540 | ANES FOR THORACOTOMY PROC INV LUNGS, PLEURA, etc | | | | | | 12 | |
| 00541 | ANES FOR THORACOTOMY PROC INV LUNGS, etc with vent | | | | | | 15 | |
| 00542 | ANES FOR THORACOTOMY PROC, decortication | | | | | | 15 | |
| 00546 | ANES FOR THORACOTOMY PROC, thoracoplasty | | | | | | 15 | |
| 00548 | ANES FOR THORACOTOMY PROC, intra-thoracic | | | | | | 17 | |
| 00550 | ANES FOR STERNAL DEBRIDEMENT | | | | | | 10 | |
| 00560 | ANES FOR PROC ON HEART, GREAT VESSELS; w/o oxygenator | | | | | | 15 | |

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|---|---|---|---|---|---|---|---|---|
| 00561 | ANES FOR PROC ON HEART, GREAT VESSELS; with oxyg, under age 1 | | | | | | 25 | |
| 00562 | ANES FOR PROC ON HEART, GREAT VESSELS; with oxyg, over age 1 | | | | | | 20 | |
| 00563 | ANES FOR PROC ON HEART, GREAT VESSELS; with HCA | | | | | | 25 | |
| 00566 | ANES FOR DIRECT COR ARTERY BYPASS GRAFTING WITHOUT PUMP | | | | | | 25 | |
| 00567 | ANESTH, CABG W/PUMP | | | | | | 18 | |
| 00580 | ANES FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT | | | | | | 20 | |
| 00600 | ANES FOR PROC ON CERVICAL SPINE AND CORD; NOT O/W SPEC | | | | | | 10 | |
| 00604 | ANES FOR PROC ON CERVICAL SPINE AND CORD;sit position | | | | | | 13 | |
| 00620 | ANES FOR PROC ON THORACIC SPINE AND CORD; NOT OTHERWISE | | | | | | 10 | |
| 00622 | ANES FOR PROC ON THORACIC SPINE AND CORD; THORACOLUMBAR | | | | | | 13 | |
| 00625 | ANES FOR PROC ON THORACIC SPINE AND CORD; NOT USING ONE LUNG VENTILATION | | | | | | 13 | |

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|---|---|---|---|---|---|---|---|---|
| 00626 | ANES FOR PROC ON THORACIC SPINE AND CORD; USING ONE LUNG VENTILATION | | | | | | 15 | |
| 00630 | ANES FOR PROC IN LUMBAR REGION; NOT OTHERWISE SPECIFIED | | | | | | 8 | |
| 00632 | ANES FOR PROC IN LUMBAR REGION; LUMBAR SYMPATHECTOMY | | | | | | 7 | |
| 00634 | ANES FOR PROC IN LUMBAR REGION; CHEMONUCLEOLYSIS | | | | | | 10 | |
| 00635 | ANES FOR PROC IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC | | | | | | 4 | |
| 00640 | ANES FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES | | | | | | 3 | |
| 00670 | ANES FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES | | | | | | 13 | |
| 00700 | ANES FOR PROC ON UPPER ANTERIOR ABDOMINAL WALL | | | | | | 4 | |
| 00702 | ANES FOR PROC ON UPPER ANTERIOR ABD WALL; PERC LIVER BIOPSY | | | | | | 4 | |
| 00730 | ANES FOR PROC ON UPPER POSTERIOR ABDOMINAL WALL | | | | | | 5 | |
| 00740 | ANES FOR UPPER GI ENDOSCOPIC PROC | | | | | | 5 | |

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|---|---|---|---|---|---|---|---|---|
| 00750 | ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS | | | | | | 4 | |
| 00752 | ANES FOR HERNIA REPAIRS IN UPPER ABD; LUMBAR AND VENTRAL | | | | | | 6 | |
| 00754 | ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE | | | | | | 7 | |
| 00756 | ANES FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABD REPAIR | | | | | | 7 | |
| 00770 | ANES FOR ALL PROC ON MAJOR ABD BLOOD VESSELS | | | | | | 15 | |
| 00790 | ANES FOR INTRAPERITONEAL PROC IN UPPER ABD INC LAP | | | | | | 7 | |
| 00792 | ANES FOR INTRAPERITONEAL PROC ; HEPATECTOMY | | | | | | 13 | |
| 00794 | ANES FOR INTRAPERITONEAL PROC IN UPPER ABD INC WHIPPLE | | | | | | 8 | |
| 00796 | ANES FOR INTRAPERITONEAL PROC IN UP ABD INC LIVER TRANS | | | | | | 30 | |
| 00797 | ANES FOR INTRAPERITONEAL PROC IN UP ABD INC GASTRIC BYPASS | | | | | | 11 | |
| 00800 | ANES FOR PROC ON LOW ANTE ABD WALL; NOS | | | | | | 4 | |
| 00802 | ANES FOR PROC ON LOW ANTE ABD WALL; PANNICULECTOMY | | | | | | 5 | |

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|---|---|---|---|---|---|---|---|---|
| 00810 | ANES FOR LOWER INTEST ENDO PROC, DISTAL TO DUODENUM | | | | | | 5 | |
| 00820 | ANES FOR PROC ON LOWER POSTERIOR ABDOMINAL WALL | | | | | | 5 | |
| 00830 | ANES FOR HERNIA REPAIRS IN LOWER ABD; NOS | | | | | | 4 | |
| 00832 | ANES FOR HERNIA REPAIRS IN LOWER ABD; VENTRAL AND INCISIONAL | | | | | | 6 | |
| 00834 | ANES FOR HERNIA REPAIRS IN THE LOWER ABD;NOS | | | | | | 5 | |
| 00836 | ANES FOR HERNIA REPAIRS IN THE LOWER ABD;NOS | | | | | | 6 | |
| 00840 | ANES FOR INTRAPERITONEAL PROC IN LOWER ABD INC LAP | | | | | | 6 | |
| 00842 | ANES FOR AMINOCENTESIS | | | | | | 4 | |
| 00844 | ANES FOR ABDOMINOPERINEAL RESECTION | | | | | | 7 | |
| 00846 | ANES FOR RADICAL HYSTERECTOMY | | | | | | 8 | |
| 00848 | ANES FOR PELVIC EXENTERATION | | | | | | 8 | |
| 00851 | ANES FOR TUBAL LIGATION/TRANSECTION | | | | | | 6 | |
| 00860 | ANES FOR EXTRAPERITONEAL PROCEDURES LOWER ABD | | | | | | 6 | |
| 00862 | ANES FOR RENAL PROCEDURES | | | | | | 7 | |
| 00864 | ANES FOR TOTAL CYSTECTOMY | | | | | | 8 | |

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|---|---|---|---|---|---|---|---|---|
| 00865 | ANES FOR RADICAL PROSTATECTOMY | | | | | | 7 | |
| 00866 | ANES FOR ADRENALECTOMY | | | | | | 10 | |
| 00868 | ANES FOR RENAL TRANSPLANT | | | | | | 10 | |
| 00870 | ANES FOR CYSTOLITHOTOMY | | | | | | 5 | |
| 00872 | ANES FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE | | | | | | 7 | |
| 00873 | ANES FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; W/O WATER | | | | | | 5 | |
| 00880 | ANES FOR PROC ON MAJOR LOWER ABD VESSELS; NOS | | | | | | 15 | |
| 00882 | ANES FOR PROC ON MAJOR LOW ABD VESSELS; INFERIOR VENA CAVA | | | | | | 10 | |
| 00902 | ANES FOR; ANORECTAL PROCEDURE | | | | | | 5 | |
| 00904 | ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE | | | | | | 7 | |
| 00906 | ANESTHESIA FOR; VULVECTOMY | | | | | | 4 | |
| 00908 | ANESTHESIA FOR; PERINEAL PROSTATECTOMY | | | | | | 6 | |
| 00910 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY NOS; | | | | | | 3 | |
| 00912 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; TUMOR | | | | | | 5 | |
| 00914 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; PROSTATE | | | | | | 5 | |

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|---|---|---|---|---|---|---|---|---|
| 00916 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY;BLEEDING | | | | | | 5 | |
| 00918 | ANES FOR TRANSU PROC INC URETHROCYSTOSCOPY; UR CAL | | | | | | 5 | |
| 00920 | ANES FOR PROC ON MALE GENITALIA INC OPEN URETHRAL NOS | | | | | | 3 | |
| 00921 | ANES FOR PROC ON MALE GENITALIA ; VASCETOMY | | | | | | 3 | |
| 00922 | ANES FOR PROC ON MALE GENITALIA; SEMINAL VESICLES | | | | | | 6 | |
| 00924 | ANES FOR PROC ON MALE GENITALIA INC UNDECENDED TESTIS | | | | | | 4 | |
| 00926 | ANES FOR PROC ON MALE GENITALIA ; ORCHIECTOMY, ING | | | | | | 4 | |
| 00928 | ANES FOR PROC ON MALE GENITALIA ; ORCHIECTOMY, ABD | | | | | | 6 | |
| 00930 | ANES FOR PROC ON MALE GENITALIA ; orchipexy | | | | | | 4 | |
| 00932 | ANES FOR PROC ON MALE GENITALIA ; AMPUTATION OF PENIS | | | | | | 4 | |
| 00934 | ANES FOR PROC ON MALE GENITALIA ; | | | | | | 6 | |
| 00936 | ANES FOR PROC ON MALE GENITALIA; AMP WITH LYMPHADECTOMY | | | | | | 8 | |

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|---|---|---|---|---|---|---|---|---|
| 00938 | ANES FOR PROC ON MALE GENITALIA ; PENIAL PROTHESIS | | | | | | 4 | |
| 00940 | ANES FOR VAG PROC INC BIOPSY OF LABIA, VAGINA, NOS | | | | | | 3 | |
| 00942 | ANES FOR VAGINAL PROC; COLPOTOMY ETC | | | | | | 4 | |
| 00944 | ANES FOR VAG HYSTERECTOMY | | | | | | 6 | |
| 00948 | ANES FOR VAG PROC CERVICAL CERLAGE | | | | | | 4 | |
| 00950 | ANES FOR VAG PROC INC; culdoscopy | | | | | | 5 | |
| 00952 | ANES FOR VAG PROC; HYSTEROSCOPY | | | | | | 4 | |
| 01112 | ANESFOR BONE MARROW ASPIRATION AND/OR BIOPSY | | | | | | 5 | |
| 01120 | ANESTHESIA FOR PROCEDURES ON BONY PELVIS | | | | | | 6 | |
| 01130 | ANESTHESIA FOR BODY CAST APPLICATION OR REVISION | | | | | | 3 | |
| 01140 | ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION | | | | | | 15 | |
| 01150 | ANES FOR RADICAL PROC FOR TUMOR OF PELVIS; EXCEPT HINDQUAR | | | | | | 10 | |
| 01160 | ANES FOR CLOSED PROC INVOLVING SYMPHYSIS PUBIS OR SACR JOINT | | | | | | 4 | |

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|---|---|---|---|---|---|---|---|---|
| 01170 | ANES FOR OPEN PROC INVOLVING SYMPHYSIS PUBIS OR SACR JOINT | | | | | | 8 | |
| 01173 | ANES FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS | | | | | | 12 | |
| 01180 | ANES FOR OBTURATOR NEURECTOMY; EXTRAPELVIC | | | | | | 3 | |
| 01190 | ANES FOR OBTURATOR NEURECTOMY; INTRAPELVIC | | | | | | 4 | |
| 01200 | ANES FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT | | | | | | 4 | |
| 01202 | ANES FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT | | | | | | 4 | |
| 01210 | ANES FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOS | | | | | | 6 | |
| 01212 | ANES FOR OPEN PROC INVOLVING HIP JOINT; HIP DISARTICULATION | | | | | | 10 | |
| 01214 | ANES FOR OPEN PROC INVOLVING HIP JOINT; TOTAL HIP ARTHROPLSTY | | | | | | 8 | |
| 01215 | ANES FOR OPEN PROC INVOLVING HIP JOINT; REVISION OF TOTAL | | | | | | 10 | |
| 01220 | ANES FOR ALL CLOSED PROC INVOLVING UPPER 2/3 OF FEMUR | | | | | | 4 | |

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|---|---|---|---|---|---|---|---|---|
| 01230 | ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; NOS | | | | | | 6 | |
| 01232 | ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION | | | | | | 5 | |
| 01234 | ANES FOR OPEN PROC INVOLVING UPPER 2/3 OF FEMUR; RADICAL | | | | | | 8 | |
| 01250 | ANES FOR ALL PROC ON NERVES, MUSCLES, TENDONS, FASCIA | | | | | | 4 | |
| 01260 | ANES FOR ALL PROC INVOLVING VEINS OF UPPER LEG, INC EXP | | | | | | 3 | |
| 01270 | ANES FOR PROC INVOLVING ARTERIES OF UPPER LEG, INC BYPASS | | | | | | 8 | |
| 01272 | ANES FOR PROC INVOLVING ARTERIES FEMORAL ARTERY LIG | | | | | | 4 | |
| 01274 | ANES FOR PROC INVOLVING ARTERIES OF UP LEG, INC EMB | | | | | | 6 | |
| 01320 | ANES FOR ALL PROC ON NERVES, MUSCLES, TENDONS, FASCIA | | | | | | 4 | |
| 01340 | ANES FOR ALL CLOSED PROC ON LOWER 1/3 OF FEMUR | | | | | | 4 | |
| 01360 | ANES FOR ALL OPEN PROC ON LOWER 1/3 OF FEMUR | | | | | | 5 | |
| 01380 | ANES FOR ALL CLOSED PROC ON KNEE JOINT | | | | | | 3 | |

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|---|---|---|---|---|---|---|---|---|
| 01382 | ANES FOR DIAGNOSTIC ARTHROSCOPIC PROC OF KNEE JOINT | | | | | | 3 | |
| 01390 | ANES FOR ALL CLOSED PROC ON UP ENDS OF TIBIA, FIBULA, PATELLA | | | | | | 3 | |
| 01392 | ANES FOR ALL OPEN PROC ON UPPER ENDS OF TIBIA, FIBULA, PATELLA | | | | | | 4 | |
| 01400 | ANES FOR OPEN OR SURGICAL ARTH PROC ON KNEE JOINT;NOS | | | | | | 4 | |
| 01402 | ANES FOR OPEN OR SURG ARTH PROC ON KNEE JOINT; TOT KNEE | | | | | | 7 | |
| 01404 | ANES FOR OPEN OR SURGICAL ARTH PROC ON KNEE JOINT; DISART | | | | | | 5 | |
| 01420 | ANES FOR ALL CAST APPLICATIONS, NOS | | | | | | 3 | |
| 01430 | ANES FOR PROC ON VEINS OF KNEE AND POPLITEAL AREA; NOS | | | | | | 3 | |
| 01432 | ANES FOR PROC ON VEINS OF KNEE AND POPLITEAL AREA; AVS | | | | | | 6 | |
| 01440 | ANES FOR PROC ON ARTERIES OF KNEE AND POPLITEAL AREA; NOS | | | | | | 8 | |
| 01442 | ANES FOR PROC ON ARTERIES OF KNEE AND POPL AREA; W/O GRAFT | | | | | | 8 | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 01444 | ANES FOR PROC ON ARTERIES OF KNEE AND POPL AREA; POPL | | | | | | 8 | |
| 01462 | ANES FOR ALL CLOSED PROC ON LOWER LEG, ANKLE, AND FOOT | | | | | | 3 | |
| 01464 | ANES FOR ARTHROSCOPIC PROC OF ANKLE AND/OR FOOT | | | | | | 3 | |
| 01470 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS, AND FASCIA; NOS | | | | | | 3 | |
| 01472 | ANES FOR PROC ON NERVES, MUSCLES, ETC; ACHILLIES TENDON | | | | | | 5 | |
| 01474 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS, AND FASCIA OF L | | | | | | 5 | |
| 01480 | ANES FOR OPEN PROC ON BONES OF LOWR LEG, ANKLE, AND FOOT; NOS | | | | | | 3 | |
| 01482 | ANES FOR OPEN PROC ON BONES OF LOW LEG, ANKLE, AND FOOT; | | | | | | 4 | |
| 01484 | ANES FOR OPEN PROC ON BONES OF LOW LEG, ANKLE, AND FOOT; | | | | | | 4 | |
| 01486 | ANES FOR OPEN PROC ON BONES; TOTAL ANKLE REPLACEMENT | | | | | | 7 | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 01490 | ANES FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR | | | | | | 3 | |
| 01500 | ANES FOR PROC ON ARTERIES OF LOWER LEG, INC BYPASS NOS | | | | | | 8 | |
| 01502 | ANES FOR PROC ON ARTERIES OF LOWER LEG, INC EMB | | | | | | 6 | |
| 01520 | ANES FOR PROC ON VEINS OF LOWER LEG; NOS | | | | | | 3 | |
| 01522 | ANES FOR PROC ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, | | | | | | 5 | |
| 01610 | ANES FOR ALL PROC ON NERVES, MUSCLES, ETC; SHOULDER | | | | | | 5 | |
| 01620 | ANES FOR ALL CLOSED PROC ON HUMERAL HEAD AND NECK, | | | | | | 4 | |
| 01622 | ANES FOR DIAG ARTHROSCOPIC PROC OF SHOULDER JOINT | | | | | | 4 | |
| 01630 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC ON HUMERAL HEAD | | | | | | 5 | |
| 01632 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;RESECTION | | | | | | 6 | |
| 01634 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;SHOULDER | | | | | | 9 | |
| 01636 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;AMP | | | | | | 15 | |

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|---|---|---|---|---|---|---|---|---|
| 01638 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC;REPLACE | | | | | | 10 | |
| 01650 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; NOS | | | | | | 6 | |
| 01652 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; | | | | | | 10 | |
| 01654 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; BYPASS | | | | | | 8 | |
| 01656 | ANES FOR PROC ON ARTERIES OF SHOULDER AND AXILLA; AX BYPASS | | | | | | 10 | |
| 01670 | ANES FOR ALL PROC ON VEINS OF SHOULDER AND AXILLA | | | | | | 4 | |
| 01680 | ANES FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOS | | | | | | 3 | |
| 01682 | ANES FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER | | | | | | 4 | |
| 01710 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS; ARM NOS | | | | | | 3 | |
| 01712 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS,;TENOTOMY | | | | | | 5 | |
| 01714 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS; TENOPLASTY | | | | | | 5 | |

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|---|---|---|---|---|---|---|---|---|
| 01716 | ANES FOR PROC ON NERVES, MUSCLES, TENDONS; TENODESIS | | | | | | 5 | |
| 01730 | ANES FOR ALL CLOSED PROC ON HUMERUS AND ELBOW | | | | | | 3 | |
| 01732 | ANES FOR DIAG ARTHROSCOPIC PROC OF ELBOW JOINT | | | | | | 3 | |
| 01740 | ANES FOR OPEN OR SURG ARTHROSCOPIC PROC OF THE ELBOW;NOS | | | | | | 4 | |
| 01742 | ANES FOR OPEN OR SURG ARTH PROC OF THE ELBOW; OSTEOTOMY | | | | | | 5 | |
| 01744 | ANES FOR OPEN OR SURG ARTHROSCOPIC PROC OF THE ELBOW; REPAIR | | | | | | 5 | |
| 01756 | ANES FOR OPEN OR SURG ARTH PROC OF THE ELBOW; | | | | | | 6 | |
| 01758 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC OF THE ELBOW; | | | | | | 5 | |
| 01760 | ANES FOR OPEN OR SURGICAL ARTHROSCOPIC PROC OF THE ELBOW; | | | | | | 7 | |
| 01770 | ANES FOR PROC ON ARTERIES OF UPPER ARM AND ELBOW; NOS | | | | | | 6 | |
| 01772 | ANES FOR PROC ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECT | | | | | | 6 | |

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|---|---|---|---|---|---|---|---|---|
| 01780 | ANES FOR PROC ON VEINS OF UPPER ARM AND ELBOW; NOS | | | | | | 3 | |
| 01782 | ANES FOR PROC ON VEINS OF UP ARM AND ELBOW; PHLEBORRHAPY | | | | | | 4 | |
| 01810 | ANES FOR ALL PROC ON NERVES, MUSCLES ETC; HAND | | | | | | 3 | |
| 01820 | ANES FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND B | | | | | | 3 | |
| 01829 | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST | | | | | | 3 | |
| 01830 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON | | | | | | 3 | |
| 01832 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON | | | | | | 6 | |
| 01840 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT | | | | | | 6 | |
| 01842 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; | | | | | | 6 | |
| 01844 | ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYS | | | | | | 6 | |

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|---|---|---|---|---|---|---|---|---|
| 01850 | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT | | | | | | 3 | |
| 01852 | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; | | | | | | 4 | |
| 01860 | ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR R | | | | | | 3 | |
| 01916 | ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY | | | | | | 5 | |
| 01920 | ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY | | | | | | 7 | |
| 01922 | ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY | | | | | | 7 | |
| 01924 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | | | | | 6 | |
| 01925 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | | | | | 8 | |
| 01926 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | | | | | 10 | |
| 01930 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | | | | | 5 | |

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|---|---|---|---|---|---|---|---|---|
| 01931 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | | | | | 7 | |
| 01932 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | | | | | 7 | |
| 01933 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLV | | | | | | 8 | |
| 01935 | ANESTH, PERC IMG DX SP PROC | | | | | | 5 | |
| 01936 | ANESTH, PERC IMG TX SP PROC | | | | | | 5 | |
| 01951 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI | | | | | | 3 | |
| 01952 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI | | | | | | 5 | |
| 01953 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WI | | | | | | 1 | |
| 01958 | ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE | | | | | | 5 | |
| 01960 | ANESTHESIA FOR VAGINAL DELIVERY ONLY | | $215.00 | $215.00 | | | 5 | |
| 01961 | ANESTHESIA FOR CESAREAN DELIVERY ONLY | | $335.00 | $335.00 | | | 7 | |

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|---|---|---|---|---|---|---|---|---|
| 01962 | ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY | | | | | | 8 | |
| 01963 | ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ | | | | | | 10 | |
| 01965 | ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES | | | | | | 4 | |
| 01966 | ANESTHESIA FOR INDUCED ABORTION PROCEDURES | | | | | | 4 | |
| 01967 | NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THI | | $350.00 | $350.00 | | | 5 | |
| 01968 | ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR | | $25.00 | $25.00 | | | 3 | |
| 01969 | ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR | | $25.00 | $25.00 | | | 5 | |
| 01990 | PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIE | | | | | | 7 | |
| 01991 | ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS ( | | | | | | 3 | |
| 01992 | ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS ( | | | | | | 5 | |

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|---|---|---|---|---|---|---|---|---|
| 01996 | HOSP MANAGE CONT DRUG ADMIN | | $0.00 | $0.00 | | | 3 | |
| 01999 | UNLISTED ANESTHESIA PROCEDURE(S) | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 10021 | FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE | | $65.38 | $65.38 | $12.88 | $52.50 | | |
| 10022 | FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE | | $67.20 | $67.12 | $17.01 | $50.19 | | |
| 10040 | ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MIL | | $44.34 | $48.63 | $0.00 | $0.00 | | |
| 10060 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI | | $39.74 | $45.64 | $0.00 | $0.00 | | |
| 10061 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI | | $82.81 | $91.40 | $0.00 | $0.00 | | |
| 10080 | INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE | | $55.46 | $62.16 | $0.00 | $0.00 | | |
| 10081 | INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED | | $89.20 | $104.08 | $0.00 | $0.00 | | |
| 10120 | INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE | | $42.30 | $48.47 | $0.00 | $0.00 | | |
| 10121 | INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATE | | $93.79 | $107.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 10140 | INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION | | $51.08 | $57.52 | $0.00 | $0.00 | | |
| 10160 | PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST | | $40.06 | $45.15 | $0.00 | $0.00 | | |
| 10180 | INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION | | $97.09 | $97.09 | $0.00 | $0.00 | | |
| 11000 | DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BOD | | $33.04 | $38.40 | $0.00 | $0.00 | | |
| 11001 | DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL | | $17.18 | $20.66 | $0.00 | $0.00 | | |
| 11004 | DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT | | $422.77 | $422.77 | $0.00 | $0.00 | | |
| 11005 | DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT | | $574.70 | $574.70 | $0.00 | $0.00 | | |
| 11006 | DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROT | | $531.05 | $531.05 | $0.00 | $0.00 | | |
| 11008 | REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING | | $215.69 | $215.69 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11010 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN | | $237.46 | $237.46 | $0.00 | $0.00 | | |
| 11011 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN | | $283.02 | $283.02 | $0.00 | $0.00 | | |
| 11012 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN | | $393.35 | $393.35 | $0.00 | $0.00 | | |
| 11040 | DEBRIDEMENT; SKIN, PARTIAL THICKNESS | | $21.01 | $26.37 | $0.00 | $0.00 | | |
| 11041 | DEBRIDEMENT; SKIN, FULL THICKNESS | | $33.03 | $40.54 | $0.00 | $0.00 | | |
| 11042 | DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE | | $48.18 | $48.18 | $0.00 | $0.00 | | |
| 11043 | DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE | | $110.51 | $110.51 | $0.00 | $0.00 | | |
| 11044 | DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE | | $154.45 | $154.45 | $0.00 | $0.00 | | |
| 11055 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS) | | $14.74 | $14.74 | $0.00 | $0.00 | | |
| 11056 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS) | | $20.76 | $20.76 | $0.00 | $0.00 | | |
| 11057 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS) | | $22.12 | $22.12 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11100 | BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING | | $31.58 | $38.42 | $0.00 | $0.00 | | |
| 11101 | BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING | | $16.41 | $20.30 | $0.00 | $0.00 | | |
| 11200 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AN | | $26.99 | $32.75 | $0.00 | $0.00 | | |
| 11201 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH | | $10.40 | $12.68 | $0.00 | $0.00 | | |
| 11300 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | $23.29 | $30.40 | $0.00 | $0.00 | | |
| 11301 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | $35.39 | $44.37 | $0.00 | $0.00 | | |
| 11302 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | $44.93 | $56.87 | $0.00 | $0.00 | | |
| 11303 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR L | | $58.76 | $76.99 | $0.00 | $0.00 | | |
| 11305 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | $27.85 | $34.82 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11306 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | $40.27 | $49.79 | $0.00 | $0.00 | | |
| 11307 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | $48.49 | $61.09 | $0.00 | $0.00 | | |
| 11308 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HAN | | $64.28 | $83.06 | $0.00 | $0.00 | | |
| 11310 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | $32.13 | $41.39 | $0.00 | $0.00 | | |
| 11311 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | $44.15 | $55.55 | $0.00 | $0.00 | | |
| 11312 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | $52.91 | $67.93 | $0.00 | $0.00 | | |
| 11313 | SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL | | $71.16 | $91.15 | $0.00 | $0.00 | | |
| 11400 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $33.56 | $40.67 | $0.00 | $0.00 | | |
| 11401 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $47.71 | $56.69 | $0.00 | $0.00 | | |
| 11402 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $59.90 | $71.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11403 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $73.72 | $89.41 | $0.00 | $0.00 | | |
| 11404 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $85.73 | $104.23 | $0.00 | $0.00 | | |
| 11406 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $137.96 | $137.96 | $0.00 | $0.00 | | |
| 11420 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $37.83 | $44.80 | $0.00 | $0.00 | | |
| 11421 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $54.65 | $64.17 | $0.00 | $0.00 | | |
| 11422 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $65.21 | $77.82 | $0.00 | $0.00 | | |
| 11423 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $83.42 | $100.99 | $0.00 | $0.00 | | |
| 11424 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $97.94 | $116.58 | $0.00 | $0.00 | | |
| 11426 | EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS | | $165.58 | $165.58 | $0.00 | $0.00 | | |
| 11440 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | $42.99 | $52.24 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 11441 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | $59.12 | $70.52 | $0.00 | $0.00 | | |
| 11442 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | $71.10 | $86.12 | $0.00 | $0.00 | | |
| 11443 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | $94.69 | $114.13 | $0.00 | $0.00 | | |
| 11444 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | $122.00 | $141.72 | $0.00 | $0.00 | | |
| 11446 | EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE | | $158.53 | $182.40 | $0.00 | $0.00 | | |
| 11450 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W | | $158.28 | $158.28 | $0.00 | $0.00 | | |
| 11451 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; W | | $200.47 | $200.47 | $0.00 | $0.00 | | |
| 11462 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W | | $142.64 | $142.64 | $0.00 | $0.00 | | |
| 11463 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; W | | $173.41 | $173.41 | $0.00 | $0.00 | | |
| 11470 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, | | $176.46 | $176.46 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11471 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, | | $202.65 | $202.65 | $0.00 | $0.00 | | |
| 11600 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | $57.49 | $72.65 | $0.00 | $0.00 | | |
| 11601 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | $76.72 | $95.36 | $0.00 | $0.00 | | |
| 11602 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | $88.16 | $112.56 | $0.00 | $0.00 | | |
| 11603 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | $102.77 | $132.94 | $0.00 | $0.00 | | |
| 11604 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | $115.29 | $150.03 | $0.00 | $0.00 | | |
| 11606 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EX | | $194.50 | $194.50 | $0.00 | $0.00 | | |
| 11620 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | $58.74 | $76.71 | $0.00 | $0.00 | | |
| 11621 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | $83.70 | $107.17 | $0.00 | $0.00 | | |
| 11622 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | $101.32 | $130.82 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 11623 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | $125.18 | $159.78 | $0.00 | $0.00 | | |
| 11624 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | $150.01 | $193.05 | $0.00 | $0.00 | | |
| 11626 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET | | $227.10 | $227.10 | $0.00 | $0.00 | | |
| 11640 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | $69.20 | $91.33 | $0.00 | $0.00 | | |
| 11641 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | $102.53 | $130.56 | $0.00 | $0.00 | | |
| 11642 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | $124.56 | $159.03 | $0.00 | $0.00 | | |
| 11643 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | $148.41 | $188.77 | $0.00 | $0.00 | | |
| 11644 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | $187.14 | $234.21 | $0.00 | $0.00 | | |
| 11646 | EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOS | | $302.11 | $302.11 | $0.00 | $0.00 | | |
| 11719 | TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER | | $9.61 | $9.61 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11720 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE | | $18.20 | $18.20 | $0.00 | $0.00 | | |
| 11721 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE | | $30.70 | $30.70 | $0.00 | $0.00 | | |
| 11730 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE | | $40.17 | $46.20 | $0.00 | $0.00 | | |
| 11732 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL N | | $14.99 | $18.34 | $0.00 | $0.00 | | |
| 11740 | EVACUATION OF SUBUNGUAL HEMATOMA | | $17.06 | $22.29 | $0.00 | $0.00 | | |
| 11750 | EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR | | $81.49 | $109.65 | $0.00 | $0.00 | | |
| 11752 | EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR | | $116.11 | $153.93 | $0.00 | $0.00 | | |
| 11755 | BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND | | $67.91 | $67.91 | $0.00 | $0.00 | | |
| 11760 | REPAIR OF NAIL BED | | $59.55 | $72.03 | $0.00 | $0.00 | | |
| 11762 | RECONSTRUCTION OF NAIL BED WITH GRAFT | | $123.63 | $158.10 | $0.00 | $0.00 | | |
| 11765 | WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL) | | $26.83 | $33.67 | $0.00 | $0.00 | | |
| 11770 | EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE | | $157.43 | $157.43 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11771 | EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE | | $294.71 | $294.71 | $0.00 | $0.00 | | |
| 11772 | EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED | | $340.45 | $340.45 | $0.00 | $0.00 | | |
| 11900 | INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS | | $19.10 | $22.45 | $0.00 | $0.00 | | |
| 11901 | INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS | | $29.70 | $35.20 | $0.00 | $0.00 | | |
| 11954 | SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 C | R | $88.88 | $88.88 | $0.00 | $0.00 | | |
| 11960 | INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSE | R | $420.53 | $420.53 | $0.00 | $0.00 | | |
| 11970 | REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS | R | $462.51 | $462.51 | $0.00 | $0.00 | | |
| 11971 | REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS | | $125.92 | $125.92 | $0.00 | $0.00 | | |
| 11975 | INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES | | $65.95 | $100.35 | $0.00 | $0.00 | | |
| 11976 | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES | | $93.85 | $93.85 | $0.00 | $0.00 | | |
| 11977 | REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES | | $147.48 | $184.89 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 11980 | SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AN | | $51.38 | $74.97 | $0.00 | $0.00 | | |
| 11981 | INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | | $61.32 | $86.88 | $0.00 | $0.00 | | |
| 11982 | REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | | $73.80 | $99.36 | $0.00 | $0.00 | | |
| 11983 | REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | | $136.79 | $162.35 | $0.00 | $0.00 | | |
| 12001 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | $64.92 | $64.92 | $0.00 | $0.00 | | |
| 12002 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | $76.00 | $76.00 | $0.00 | $0.00 | | |
| 12004 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | $97.27 | $97.27 | $0.00 | $0.00 | | |
| 12005 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | $125.29 | $125.29 | $0.00 | $0.00 | | |
| 12006 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | $158.58 | $158.58 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 12007 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL | | $172.32 | $172.32 | $0.00 | $0.00 | | |
| 12011 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | $71.48 | $71.48 | $0.00 | $0.00 | | |
| 12013 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | $86.50 | $86.50 | $0.00 | $0.00 | | |
| 12014 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | $105.07 | $105.07 | $0.00 | $0.00 | | |
| 12015 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | $138.99 | $138.99 | $0.00 | $0.00 | | |
| 12016 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | $179.09 | $179.09 | $0.00 | $0.00 | | |
| 12017 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | $234.40 | $234.40 | $0.00 | $0.00 | | |
| 12018 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS | | $310.60 | $310.60 | $0.00 | $0.00 | | |
| 12020 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE | | $111.70 | $111.70 | $0.00 | $0.00 | | |
| 12021 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING | | $63.51 | $71.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 12031 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | $72.98 | $82.63 | $0.00 | $0.00 | | |
| 12032 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | $87.52 | $101.60 | $0.00 | $0.00 | | |
| 12034 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | $127.29 | $127.29 | $0.00 | $0.00 | | |
| 12035 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | $156.27 | $156.27 | $0.00 | $0.00 | | |
| 12036 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | $188.59 | $188.59 | $0.00 | $0.00 | | |
| 12037 | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES | | $230.11 | $230.11 | $0.00 | $0.00 | | |
| 12041 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | $81.29 | $92.55 | $0.00 | $0.00 | | |
| 12042 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | $97.54 | $113.23 | $0.00 | $0.00 | | |
| 12044 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | $138.25 | $138.25 | $0.00 | $0.00 | | |
| 12045 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | $168.06 | $168.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 12046 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | $207.87 | $207.87 | $0.00 | $0.00 | | |
| 12047 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA | | $256.41 | $256.41 | $0.00 | $0.00 | | |
| 12051 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | $86.99 | $100.53 | $0.00 | $0.00 | | |
| 12052 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | $102.93 | $122.64 | $0.00 | $0.00 | | |
| 12053 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | $141.42 | $141.42 | $0.00 | $0.00 | | |
| 12054 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | $175.87 | $175.87 | $0.00 | $0.00 | | |
| 12055 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | $224.42 | $224.42 | $0.00 | $0.00 | | |
| 12056 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | $292.06 | $292.06 | $0.00 | $0.00 | | |
| 12057 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCO | | $334.48 | $334.48 | $0.00 | $0.00 | | |
| 13100 | REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM | | $108.53 | $123.82 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 13101 | REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM | | $146.56 | $174.45 | $0.00 | $0.00 | | |
| 13102 | REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY | | $56.01 | $56.01 | $0.00 | $0.00 | | |
| 13120 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM | | $117.60 | $135.71 | $0.00 | $0.00 | | |
| 13121 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM | | $169.15 | $204.69 | $0.00 | $0.00 | | |
| 13122 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LES | | $65.12 | $65.12 | $0.00 | $0.00 | | |
| 13131 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL | | $141.89 | $168.44 | $0.00 | $0.00 | | |
| 13132 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL | | $195.52 | $256.80 | $0.00 | $0.00 | | |
| 13133 | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITAL | | $96.50 | $96.50 | $0.00 | $0.00 | | |
| 13150 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS | | $163.13 | $163.13 | $0.00 | $0.00 | | |
| 13151 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM | | $170.47 | $203.33 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 13152 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM | | $269.60 | $338.40 | $0.00 | $0.00 | | |
| 13153 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM | | $106.06 | $106.06 | $0.00 | $0.00 | | |
| 13160 | SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLI | | $383.05 | $383.05 | $0.00 | $0.00 | | |
| 14000 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR L | | $214.30 | $260.03 | $0.00 | $0.00 | | |
| 14001 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO | | $374.16 | $374.16 | $0.00 | $0.00 | | |
| 14020 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE | | $321.74 | $321.74 | $0.00 | $0.00 | | |
| 14021 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DE | | $464.35 | $464.35 | $0.00 | $0.00 | | |
| 14040 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU | | $317.27 | $408.06 | $0.00 | $0.00 | | |
| 14041 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOU | | $445.61 | $551.29 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 14060 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR | | $469.36 | $469.36 | $0.00 | $0.00 | | |
| 14061 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR | | $506.64 | $647.32 | $0.00 | $0.00 | | |
| 14300 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL | R | $663.80 | $663.80 | $0.00 | $0.00 | | |
| 14350 | FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE | | $453.88 | $453.88 | $0.00 | $0.00 | | |
| 15002 | WOUND PREP, CH/INF, TRK/ARM/LEG FIRST 100 SQ CM | | $159.39 | $222.05 | $0.00 | $0.00 | | |
| 15003 | WOUND PREP, CH/INF, ADDITIONAL 100 CM | | $32.93 | $49.17 | $0.00 | $0.00 | | |
| 15004 | WOUND PREP, CH/INF, F/N/HF/G FIRST 100 SQ CM | | $197.59 | $268.62 | $0.00 | $0.00 | | |
| 15005 | WOUND PREP, F/N/HF/G, ADDITIONAL 100 CM | | $65.86 | $84.13 | $0.00 | $0.00 | | |
| 15040 | HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS | | $94.39 | $182.17 | $0.00 | $0.00 | | |
| 15050 | PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, O | | $169.74 | $169.74 | $0.00 | $0.00 | | |
| 15100 | SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, | | $379.61 | $379.61 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 15101 | SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ C | | $101.14 | $101.14 | $0.00 | $0.00 | | |
| 15110 | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ON | | $494.92 | $588.82 | $0.00 | $0.00 | | |
| 15111 | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR | | $81.78 | $94.54 | $0.00 | $0.00 | | |
| 15115 | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | $508.90 | $556.87 | $0.00 | $0.00 | | |
| 15116 | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | $111.30 | $123.04 | $0.00 | $0.00 | | |
| 15120 | SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR | | $453.31 | $453.31 | $0.00 | $0.00 | | |
| 15121 | SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR | | $169.28 | $169.28 | $0.00 | $0.00 | | |
| 15130 | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE | | $485.17 | $295.10 | $0.00 | $0.00 | | |
| 15131 | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC | | $66.27 | $77.25 | $0.00 | $0.00 | | |
| 15135 | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | $551.35 | $596.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15136 | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, | | $66.78 | $72.39 | $0.00 | $0.00 | | |
| 15150 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM | | $439.14 | $490.68 | $0.00 | $0.00 | | |
| 15151 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 S | | $88.28 | $100.02 | $0.00 | $0.00 | | |
| 15152 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONA | | $110.29 | $123.05 | $0.00 | $0.00 | | |
| 15155 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK | | $472.33 | $494.27 | $0.00 | $0.00 | | |
| 15156 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK | | $122.56 | $130.72 | $0.00 | $0.00 | | |
| 15157 | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK | | $133.56 | $144.53 | $0.00 | $0.00 | | |
| 15170 | ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LE | | $223.07 | $260.58 | $0.00 | $0.00 | | |
| 15171 | ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 S | | $66.73 | $68.26 | $0.00 | $0.00 | | |
| 15175 | ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, | | $331.25 | $367.74 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15176 | ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, | | $105.46 | $108.53 | $0.00 | $0.00 | | |
| 15200 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR | | $346.44 | $346.44 | $0.00 | $0.00 | | |
| 15201 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TR | | $95.94 | $95.94 | $0.00 | $0.00 | | |
| 15220 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC | | $368.20 | $368.20 | $0.00 | $0.00 | | |
| 15221 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SC | | $89.72 | $89.72 | $0.00 | $0.00 | | |
| 15240 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, | | $432.19 | $432.19 | $0.00 | $0.00 | | |
| 15241 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, | | $132.51 | $132.51 | $0.00 | $0.00 | | |
| 15260 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO | | $504.67 | $504.67 | $0.00 | $0.00 | | |
| 15261 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NO | | $156.46 | $156.46 | $0.00 | $0.00 | | |
| 15300 | ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 1 | | $188.23 | $212.98 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15320 | ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT | | $219.28 | $247.10 | $0.00 | $0.00 | | |
| 15321 | ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT | | $65.00 | $67.55 | $0.00 | $0.00 | | |
| 15330 | ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS | | $187.98 | $212.73 | $0.00 | $0.00 | | |
| 15331 | ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ | | $43.50 | $45.03 | $0.00 | $0.00 | | |
| 15335 | ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, | | $210.28 | $236.56 | $0.00 | $0.00 | | |
| 15336 | ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, | | $62.15 | $65.21 | $0.00 | $0.00 | | |
| 15340 | TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS | | $191.42 | $223.31 | $0.00 | $0.00 | | |
| 15341 | TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM | | $21.49 | $31.95 | $0.00 | $0.00 | | |
| 15361 | TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; EACH ADDITIONAL 100 SQ C | | $49.48 | $52.55 | $0.00 | $0.00 | | |
| 15365 | TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MO | | $216.70 | $251.40 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15366 | TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MO | | $62.22 | $65.29 | $0.00 | $0.00 | | |
| 15400 | XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNK, ARMS, LE | | $176.64 | $176.64 | $0.00 | $0.00 | | |
| 15401 | XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH ADDITIONAL | | $45.64 | $45.64 | $0.00 | $0.00 | | |
| 15420 | XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYE | | $243.95 | $269.21 | $0.00 | $0.00 | | |
| 15421 | XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYE | | $65.76 | $83.63 | $0.00 | $0.00 | | |
| 15430 | ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT O | | $356.87 | $364.27 | $0.00 | $0.00 | | |
| 15431 | ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITI | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 15570 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK | | $308.10 | $308.10 | $0.00 | $0.00 | | |
| 15572 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, | | $301.00 | $301.00 | $0.00 | $0.00 | | |
| 15574 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHE | | $298.15 | $298.15 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15576 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELID | | $223.56 | $223.56 | $0.00 | $0.00 | | |
| 15600 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK | | $138.59 | $138.59 | $0.00 | $0.00 | | |
| 15610 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, AR | | $159.93 | $159.93 | $0.00 | $0.00 | | |
| 15620 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, | | $192.10 | $192.10 | $0.00 | $0.00 | | |
| 15630 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, | | $214.02 | $214.02 | $0.00 | $0.00 | | |
| 15650 | TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WAL | | $252.45 | $252.45 | $0.00 | $0.00 | | |
| 15731 | FOREHEAD FLAP W/VASC PEDICLE | | $681.51 | $746.71 | $0.00 | $0.00 | | |
| 15732 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, | | $898.44 | $898.44 | $0.00 | $0.00 | | |
| 15734 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK | | $1,073.37 | $1,073.37 | $0.00 | $0.00 | | |
| 15736 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY | | $955.95 | $955.95 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15738 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY | | $721.17 | $721.17 | $0.00 | $0.00 | | |
| 15740 | FLAP; ISLAND PEDICLE | | $595.34 | $595.34 | $0.00 | $0.00 | | |
| 15750 | FLAP; NEUROVASCULAR PEDICLE | | $681.45 | $681.45 | $0.00 | $0.00 | | |
| 15756 | FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS | | $1,862.68 | $1,862.68 | $0.00 | $0.00 | | |
| 15757 | FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS | | $1,862.68 | $1,862.68 | $0.00 | $0.00 | | |
| 15758 | FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS | | $1,862.68 | $1,862.68 | $0.00 | $0.00 | | |
| 15760 | GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), | | $465.47 | $465.47 | $0.00 | $0.00 | | |
| 15770 | GRAFT; DERMA-FAT-FASCIA | | $424.18 | $424.18 | $0.00 | $0.00 | | |
| 15780 | DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTI | R | $221.16 | $241.68 | $0.00 | $0.00 | | |
| 15781 | DERMABRASION; SEGMENTAL, FACE | R | $197.07 | $247.63 | $0.00 | $0.00 | | |
| 15782 | DERMABRASION; REGIONAL, OTHER THAN FACE | R | $142.07 | $158.03 | $0.00 | $0.00 | | |
| 15783 | DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL) | R | $151.50 | $176.31 | $0.00 | $0.00 | | |
| 15786 | ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR) | | $67.87 | $76.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15787 | ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADD | | $13.50 | $16.58 | $0.00 | $0.00 | | |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL | | $100.13 | $100.13 | $0.00 | $0.00 | | |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL | | $180.23 | $180.23 | $0.00 | $0.00 | | |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERMAL | | $65.39 | $65.39 | $0.00 | $0.00 | | |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL | | $117.62 | $117.62 | $0.00 | $0.00 | | |
| 15819 | CERVICOPLASTY | | $496.26 | $496.26 | $0.00 | $0.00 | | |
| 15820 | BLEPHAROPLASTY, LOWER EYELID; | R | $321.09 | $321.09 | $0.00 | $0.00 | | |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD | R | $358.36 | $358.36 | $0.00 | $0.00 | | |
| 15822 | BLEPHAROPLASTY, UPPER EYELID; | R | $285.62 | $285.62 | $0.00 | $0.00 | | |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID | R | $416.75 | $416.75 | $0.00 | $0.00 | | |
| 15824 | RHYTIDECTOMY; FOREHEAD | R | $504.16 | $504.16 | $0.00 | $0.00 | | |
| 15825 | RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP) | R | $735.05 | $735.05 | $0.00 | $0.00 | | |
| 15826 | RHYTIDECTOMY; GLABELLAR FROWN LINES | R | $448.87 | $448.87 | $0.00 | $0.00 | | |
| 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND NECK | R | $821.68 | $821.68 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP | R | $895.01 | $895.01 | $0.00 | $0.00 | | |
| 15830 | EXCISE EXCESS SKIN, ADBOMEN | R | $818.54 | $818.54 | $0.00 | $0.00 | | |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $576.57 | $576.57 | $0.00 | $0.00 | | |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $488.07 | $488.07 | $0.00 | $0.00 | | |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $520.36 | $520.36 | $0.00 | $0.00 | | |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $539.59 | $539.59 | $0.00 | $0.00 | | |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $441.40 | $441.40 | $0.00 | $0.00 | | |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $417.88 | $417.88 | $0.00 | $0.00 | | |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $374.40 | $374.40 | $0.00 | $0.00 | | |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY) | R | $338.37 | $338.37 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15840 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINI | | $831.97 | $831.97 | $0.00 | $0.00 | | |
| 15841 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINI | | $1,151.32 | $1,151.32 | $0.00 | $0.00 | | |
| 15842 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL | | $1,898.74 | $1,898.74 | $0.00 | $0.00 | | |
| 15845 | GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER | | $812.98 | $812.98 | $0.00 | $0.00 | | |
| 15850 | REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON | | $33.52 | $33.52 | $0.00 | $0.00 | | |
| 15851 | REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON | | $29.99 | $34.01 | $0.00 | $0.00 | | |
| 15852 | DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LO | | $32.84 | $38.74 | $0.00 | $0.00 | | |
| 15860 | INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW | | $99.50 | $99.50 | $0.00 | $0.00 | | |
| 15876 | SUCTION ASSISTED LIPECTOMY; HEAD AND NECK | R | $144.85 | $144.85 | $0.00 | $0.00 | | |
| 15877 | SUCTION ASSISTED LIPECTOMY; TRUNK | R | $144.85 | $144.85 | $0.00 | $0.00 | | |
| 15878 | SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY | R | $144.85 | $144.85 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 15879 | SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY | R | $144.85 | $144.85 | $0.00 | $0.00 | | |
| 15920 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SU | | $310.70 | $310.70 | $0.00 | $0.00 | | |
| 15922 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSU | | $458.39 | $458.39 | $0.00 | $0.00 | | |
| 15931 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; | | $330.52 | $330.52 | $0.00 | $0.00 | | |
| 15933 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | | $503.23 | $503.23 | $0.00 | $0.00 | | |
| 15934 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | | $571.06 | $571.06 | $0.00 | $0.00 | | |
| 15935 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOM | | $739.57 | $739.57 | $0.00 | $0.00 | | |
| 15936 | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN | | $657.15 | $657.15 | $0.00 | $0.00 | | |
| 15937 | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTAN | | $807.05 | $807.05 | $0.00 | $0.00 | | |
| 15940 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; | | $353.28 | $353.28 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15941 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | | $520.71 | $520.71 | $0.00 | $0.00 | | |
| 15944 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | | $591.31 | $591.31 | $0.00 | $0.00 | | |
| 15945 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTO | | $681.75 | $681.75 | $0.00 | $0.00 | | |
| 15946 | EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR M | | $1,105.54 | $1,105.54 | $0.00 | $0.00 | | |
| 15950 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; | | $294.07 | $294.07 | $0.00 | $0.00 | | |
| 15951 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTEC | | $524.40 | $524.40 | $0.00 | $0.00 | | |
| 15952 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | | $523.25 | $523.25 | $0.00 | $0.00 | | |
| 15953 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH | | $623.21 | $623.21 | $0.00 | $0.00 | | |
| 15956 | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR | | $951.66 | $951.66 | $0.00 | $0.00 | | |
| 15958 | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR | | $975.57 | $975.57 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 15999 | UNLISTED PROCEDURE, EXCISION PRESSURE ULCER | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 16000 | INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMEN | | $31.54 | $36.23 | $0.00 | $0.00 | | |
| 16020 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR | | $28.76 | $33.32 | $0.00 | $0.00 | | |
| 16025 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR | | $61.54 | $67.57 | $0.00 | $0.00 | | |
| 16030 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR | | $76.93 | $76.93 | $0.00 | $0.00 | | |
| 16035 | ESCHAROTOMY; INITIAL INCISION | | $191.61 | $191.61 | $0.00 | $0.00 | | |
| 16036 | ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO | | $64.19 | $64.19 | $0.00 | $0.00 | | |
| 17000 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | $43.54 | $43.54 | $0.00 | $0.00 | | |
| 17003 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | $7.92 | $7.92 | $0.00 | $0.00 | | |
| 17004 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | $143.35 | $143.35 | $0.00 | $0.00 | | |
| 17106 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER | | $163.48 | $189.36 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 17107 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER | | $324.95 | $374.57 | $0.00 | $0.00 | | |
| 17108 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER | | $651.15 | $651.15 | $0.00 | $0.00 | | |
| 17110 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | $22.23 | $27.60 | $0.00 | $0.00 | | |
| 17111 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG | | $43.22 | $43.22 | $0.00 | $0.00 | | |
| 17250 | CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR | | $20.20 | $24.76 | $0.00 | $0.00 | | |
| 17260 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $42.82 | $57.97 | $0.00 | $0.00 | | |
| 17261 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $54.42 | $73.06 | $0.00 | $0.00 | | |
| 17262 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $73.19 | $97.60 | $0.00 | $0.00 | | |
| 17263 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $86.34 | $116.51 | $0.00 | $0.00 | | |
| 17264 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $96.51 | $131.25 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 17266 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $120.81 | $162.52 | $0.00 | $0.00 | | |
| 17270 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $58.15 | $76.12 | $0.00 | $0.00 | | |
| 17271 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $69.61 | $93.08 | $0.00 | $0.00 | | |
| 17272 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $84.59 | $114.10 | $0.00 | $0.00 | | |
| 17273 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $99.36 | $133.96 | $0.00 | $0.00 | | |
| 17274 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $125.36 | $168.41 | $0.00 | $0.00 | | |
| 17276 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $150.56 | $196.29 | $0.00 | $0.00 | | |
| 17280 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $58.64 | $80.77 | $0.00 | $0.00 | | |
| 17281 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $81.41 | $109.44 | $0.00 | $0.00 | | |
| 17282 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $98.45 | $132.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 17283 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $123.17 | $163.54 | $0.00 | $0.00 | | |
| 17284 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $147.82 | $194.89 | $0.00 | $0.00 | | |
| 17286 | DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, | | $201.33 | $259.27 | $0.00 | $0.00 | | |
| 17311 | MOHS, 1 STAGE, H//HF/G | | $264.71 | $458.27 | $0.00 | $0.00 | | |
| 17312 | MOHS, ADDITIONAL STAGE | | $140.90 | $273.83 | $0.00 | $0.00 | | |
| 17313 | MOHS, 1 STAGE, T/A/L | | $237.41 | $418.03 | $0.00 | $0.00 | | |
| 17314 | MOHS, ADDITIONAL STAGE, T/A/L | | $130.45 | $253.73 | $0.00 | $0.00 | | |
| 17315 | MOHS SURG, ADDITIONAL BLOCK | | $36.96 | $54.98 | $0.00 | $0.00 | | |
| 17340 | CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE | | $25.66 | $29.42 | $0.00 | $0.00 | | |
| 17360 | CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID) | | $45.19 | $48.81 | $0.00 | $0.00 | | |
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 19000 | PUNCTURE ASPIRATION OF CYST OF BREAST; | | $31.45 | $36.54 | $0.00 | $0.00 | | |
| 19001 | PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST | | $16.76 | $19.98 | $0.00 | $0.00 | | |
| 19020 | MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP | | $143.24 | $143.24 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 19030 | INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM | | $59.01 | $59.01 | $0.00 | $0.00 | | |
| 19100 | BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANC | | $49.01 | $57.59 | $0.00 | $0.00 | | |
| 19101 | BIOPSY OF BREAST; OPEN, INCISIONAL | | $165.54 | $165.54 | $0.00 | $0.00 | | |
| 19102 | BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE | | $78.40 | $177.78 | $0.00 | $0.00 | | |
| 19103 | BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING | | $92.41 | $349.76 | $0.00 | $0.00 | | |
| 19105 | ABLATION, CRYOSURGERY OF FIBROADENOMA | | $139.21 | $1,278.99 | $0.00 | $0.00 | | |
| 19110 | NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS | | $200.15 | $200.15 | $0.00 | $0.00 | | |
| 19112 | EXCISION OF LACTIFEROUS DUCT FISTULA | | $174.56 | $174.56 | $0.00 | $0.00 | | |
| 19120 | EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, | | $263.73 | $263.73 | $0.00 | $0.00 | | |
| 19125 | EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF | | $264.02 | $264.02 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 19126 | EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF | | $132.40 | $132.40 | $0.00 | $0.00 | | |
| 19240 | MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE | | $744.01 | $744.01 | | | | |
| 19260 | EXCISION OF CHEST WALL TUMOR INCLUDING RIBS | | $568.89 | $568.89 | $0.00 | $0.00 | | |
| 19271 | EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI | | $942.37 | $942.37 | $0.00 | $0.00 | | |
| 19272 | EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTI | | $971.48 | $971.48 | $0.00 | $0.00 | | |
| 19290 | PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; | | $50.77 | $50.77 | $0.00 | $0.00 | | |
| 19291 | PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDIT | | $26.16 | $26.16 | $0.00 | $0.00 | | |
| 19295 | IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURI | | $24.51 | $67.62 | $0.00 | $0.00 | | |
| 19296 | PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAS | | $156.07 | $1,316.50 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 19297 | PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAS | | $71.77 | $71.77 | $0.00 | $0.00 | | |
| 19298 | PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIP | | $250.65 | $1,264.92 | $0.00 | $0.00 | | |
| 19300 | MASTECTOMY FOR GYNECOMASTIA | | $256.03 | $353.44 | $0.00 | $0.00 | | |
| 19301 | MASTECTOMY, PARTIAL | | $281.70 | $281.70 | $0.00 | $0.00 | | |
| 19302 | MASTECTOMY WITH AXILLARY LYMPHADENECTOMY | | $604.90 | $604.90 | $0.00 | $0.00 | | |
| 19303 | MASTECTOMY, SIMPLE, COMPLETE | | $621.09 | $621.09 | $0.00 | $0.00 | | |
| 19304 | MASTECTOMY, SUBCUTANEOUS | | $373.04 | $373.04 | $0.00 | $0.00 | | |
| 19305 | MASTECTOMY, RADICAL, W/PEC NUSCLES, AXILLARY LYMPH NODES | | $748.26 | $748.26 | $0.00 | $0.00 | | |
| 19306 | MASTECTOMY, RADICAL, W/PEC MUSCLES, AXILLARY AND INTERNAL MAMM LYMPH NODES | | $778.05 | $778.05 | $0.00 | $0.00 | | |
| 19307 | MASTECTOMY, MODIFIED RADICAL | | $782.45 | $782.45 | $0.00 | $0.00 | | |
| 19316 | MASTOPEXY | | $698.93 | $698.93 | $0.00 | $0.00 | | |
| 19318 | REDUCTION MAMMAPLASTY | | $829.81 | $829.81 | $0.00 | $0.00 | | |
| 19324 | MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT | R | $267.38 | $267.38 | $0.00 | $0.00 | | |
| 19325 | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT | R | $421.12 | $421.12 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 19328 | REMOVAL OF INTACT MAMMARY IMPLANT | R | $274.70 | $274.70 | $0.00 | $0.00 | | |
| 19330 | REMOVAL OF MAMMARY IMPLANT MATERIAL | | $332.98 | $332.98 | $0.00 | $0.00 | | |
| 19340 | IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTO | R | $453.06 | $453.06 | $0.00 | $0.00 | | |
| 19342 | DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY | R | $651.49 | $651.49 | $0.00 | $0.00 | | |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION | | $464.34 | $464.34 | $0.00 | $0.00 | | |
| 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, | R | $874.10 | $874.10 | $0.00 | $0.00 | | |
| 19361 | BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT | R | $1,157.11 | $1,157.11 | $0.00 | $0.00 | | |
| 19364 | BREAST RECONSTRUCTION WITH FREE FLAP | R | $1,344.26 | $1,344.26 | $0.00 | $0.00 | | |
| 19366 | BREAST RECONSTRUCTION WITH OTHER TECHNIQUE | R | $1,099.33 | $1,099.33 | $0.00 | $0.00 | | |
| 19367 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL | R | $1,359.87 | $1,359.87 | $0.00 | $0.00 | | |
| 19368 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL | R | $1,548.26 | $1,548.26 | $0.00 | $0.00 | | |

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| 19369 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL | R | $1,475.78 | $1,475.78 | $0.00 | $0.00 | | |
| 19370 | OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST | R | $417.12 | $417.12 | $0.00 | $0.00 | | |
| 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST | R | $508.98 | $508.98 | $0.00 | $0.00 | | |
| 19380 | REVISION OF RECONSTRUCTED BREAST | | $508.91 | $508.91 | $0.00 | $0.00 | | |
| 19396 | PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT | R | $113.32 | $113.32 | $0.00 | $0.00 | | |
| 19499 | UNLISTED PROCEDURE, BREAST | R | $250.00 | $325.00 | $0.00 | $0.00 | | |
| 20000 | INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); | | $67.63 | $79.03 | $0.00 | $0.00 | | |
| 20005 | INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP | | $144.51 | $144.51 | $0.00 | $0.00 | | |
| 20100 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK | | $440.26 | $440.26 | $0.00 | $0.00 | | |
| 20101 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST | | $139.13 | $139.13 | $0.00 | $0.00 | | |
| 20102 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/B | | $170.42 | $170.42 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 20103 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY | | $229.30 | $229.30 | $0.00 | $0.00 | | |
| 20150 | EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRA | | $743.56 | $743.56 | $0.00 | $0.00 | | |
| 20200 | BIOPSY, MUSCLE; SUPERFICIAL | | $77.26 | $77.26 | $0.00 | $0.00 | | |
| 20205 | BIOPSY, MUSCLE; DEEP | | $127.40 | $127.40 | $0.00 | $0.00 | | |
| 20206 | BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE | | $58.20 | $58.20 | $0.00 | $0.00 | | |
| 20220 | BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPIN | | $74.59 | $74.59 | $0.00 | $0.00 | | |
| 20225 | BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) | | $125.78 | $125.78 | $0.00 | $0.00 | | |
| 20240 | BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, | | $144.88 | $144.88 | $0.00 | $0.00 | | |
| 20245 | BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR) | | $214.70 | $214.70 | $0.00 | $0.00 | | |
| 20250 | BIOPSY, VERTEBRAL BODY, OPEN; THORACIC | | $290.31 | $290.31 | $0.00 | $0.00 | | |
| 20251 | BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL | | $330.41 | $330.41 | $0.00 | $0.00 | | |
| 20500 | INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) | | $40.43 | $45.25 | $0.00 | $0.00 | | |
| 20501 | INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) | | $30.83 | $30.83 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 20520 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE | | $64.28 | $73.81 | $0.00 | $0.00 | | |
| 20525 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATE | | $162.61 | $162.61 | $0.00 | $0.00 | | |
| 20526 | INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL | | $36.32 | $46.38 | $0.00 | $0.00 | | |
| 20550 | INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLAN | | $31.93 | $53.93 | $0.00 | $0.00 | | |
| 20551 | INJECTION(S); SINGLE TENDON ORIGIN/INSERTION | | $36.32 | $46.38 | $0.00 | $0.00 | | |
| 20552 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S | | $36.32 | $46.38 | $0.00 | $0.00 | | |
| 20553 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCL | | $36.32 | $46.38 | $0.00 | $0.00 | | |
| 20555 | PLACE NDL MUSC/TIS FOR RT | | $255.46 | $255.46 | $0.00 | $0.00 | | |
| 20600 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, | | $26.88 | $33.19 | $0.00 | $0.00 | | |
| 20605 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BUR | | $27.20 | $33.24 | $0.00 | $0.00 | | |
| 20610 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, | | $50.81 | $50.81 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 20612 | ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION | | $28.90 | $41.49 | $0.00 | $0.00 | | |
| 20615 | ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST | | $73.47 | $80.04 | $0.00 | $0.00 | | |
| 20650 | INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUD | | $93.11 | $93.11 | $0.00 | $0.00 | | |
| 20660 | APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDIN | | $120.60 | $120.60 | $0.00 | $0.00 | | |
| 20661 | APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL | | $243.55 | $243.55 | $0.00 | $0.00 | | |
| 20662 | APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC | | $362.42 | $362.42 | $0.00 | $0.00 | | |
| 20663 | APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL | | $286.12 | $286.12 | $0.00 | $0.00 | | |
| 20664 | APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED | | $346.60 | $346.60 | $0.00 | $0.00 | | |
| 20665 | REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN | | $52.08 | $52.08 | $0.00 | $0.00 | | |
| 20670 | REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARA | | $62.19 | $72.11 | $0.00 | $0.00 | | |
| 20680 | REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAI | | $197.08 | $197.08 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 20690 | APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, | | $215.55 | $215.55 | $0.00 | $0.00 | | |
| 20692 | APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), | | $357.51 | $357.51 | $0.00 | $0.00 | | |
| 20693 | ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESI | | $236.03 | $236.03 | $0.00 | $0.00 | | |
| 20694 | REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM | | $191.50 | $191.50 | $0.00 | $0.00 | | |
| 20696 | APPLICATION OF MULTIPLANE (PINS OR WIRES) | | $834.91 | $834.91 | | | | |
| 20697 | EXCHANGE (IE, REMOVAL & REPLACEMENT ) OF STRUT | | $981.78 | $981.78 | | | | |
| 20802 | REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOI | | $2,322.48 | $2,322.48 | $0.00 | $0.00 | | |
| 20805 | REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT | | $2,842.59 | $2,842.59 | $0.00 | $0.00 | | |
| 20808 | REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS), | | $3,534.17 | $3,534.17 | $0.00 | $0.00 | | |
| 20816 | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOI | | $1,742.19 | $1,742.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 20822 | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS | | $1,440.23 | $1,440.23 | $0.00 | $0.00 | | |
| 20824 | REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT), COMP | | $1,742.19 | $1,742.19 | $0.00 | $0.00 | | |
| 20827 | REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTA | | $1,480.85 | $1,480.85 | $0.00 | $0.00 | | |
| 20838 | REPLANTATION, FOOT, COMPLETE AMPUTATION | | $2,322.48 | $2,322.48 | $0.00 | $0.00 | | |
| 20900 | BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON) | | $233.63 | $233.63 | $0.00 | $0.00 | | |
| 20902 | BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE | | $349.98 | $349.98 | $0.00 | $0.00 | | |
| 20910 | CARTILAGE GRAFT; COSTOCHONDRAL | | $170.97 | $170.97 | $0.00 | $0.00 | | |
| 20912 | CARTILAGE GRAFT; NASAL SEPTUM | | $316.70 | $316.70 | $0.00 | $0.00 | | |
| 20920 | FASCIA LATA GRAFT; BY STRIPPER | | $260.46 | $260.46 | $0.00 | $0.00 | | |
| 20922 | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET | | $312.24 | $312.24 | $0.00 | $0.00 | | |
| 20924 | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS) | | $344.07 | $344.07 | $0.00 | $0.00 | | |
| 20926 | TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS) | | $226.54 | $226.54 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED | | $230.58 | $230.58 | $0.00 | $0.00 | | |
| 20931 | ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL | | $106.32 | $106.32 | $0.00 | $0.00 | | |
| 20936 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCA | | $351.05 | $351.05 | $0.00 | $0.00 | | |
| 20937 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); | | $163.91 | $163.91 | $0.00 | $0.00 | | |
| 20938 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); | | $177.29 | $177.29 | $0.00 | $0.00 | | |
| 20950 | MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVIC | | $70.34 | $70.34 | $0.00 | $0.00 | | |
| 20955 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA | | $2,206.66 | $2,206.66 | $0.00 | $0.00 | | |
| 20956 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST | | $1,887.34 | $1,887.34 | $0.00 | $0.00 | | |
| 20957 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL | | $1,955.28 | $1,955.28 | $0.00 | $0.00 | | |
| 20962 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CR | | $2,163.55 | $2,163.55 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 20969 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN IL | | $2,470.78 | $2,470.78 | $0.00 | $0.00 | | |
| 20970 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST | | $2,420.39 | $2,420.39 | $0.00 | $0.00 | | |
| 20972 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL | | $2,439.05 | $2,439.05 | $0.00 | $0.00 | | |
| 20973 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WIT | | $2,601.34 | $2,601.34 | $0.00 | $0.00 | | |
| 20974 | ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE) | | $76.94 | $122.80 | $0.00 | $0.00 | | |
| 20975 | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE) | | $179.22 | $179.22 | $0.00 | $0.00 | | |
| 20979 | LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE | | $11.61 | $11.61 | $0.00 | $0.00 | | |
| 20982 | ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOMA, METASTASIS) RADIOFREQUEN | | $303.62 | $2,957.32 | $0.00 | $0.00 | | |
| 20985 | CPTR-ASST DIR MS PX | | $117.79 | $117.79 | $0.00 | $0.00 | | |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT | | $563.11 | $563.11 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21015 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FA | | $341.93 | $341.93 | $0.00 | $0.00 | | |
| 21025 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE | | $212.35 | $267.87 | $0.00 | $0.00 | | |
| 21026 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE( | | $181.84 | $223.95 | $0.00 | $0.00 | | |
| 21029 | REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS | | $354.30 | $478.09 | $0.00 | $0.00 | | |
| 21030 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION A | | $310.90 | $310.90 | $0.00 | $0.00 | | |
| 21031 | EXCISION OF TORUS MANDIBULARIS | | $116.11 | $165.46 | $0.00 | $0.00 | | |
| 21032 | EXCISION OF MAXILLARY TORUS PALATINUS | | $185.84 | $237.87 | $0.00 | $0.00 | | |
| 21034 | EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA | | $652.22 | $652.22 | $0.00 | $0.00 | | |
| 21040 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR | | $101.83 | $138.84 | $0.00 | $0.00 | | |
| 21044 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE; | | $608.25 | $608.25 | $0.00 | $0.00 | | |
| 21045 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION | | $852.72 | $852.72 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21046 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL | | $668.15 | $668.15 | $0.00 | $0.00 | | |
| 21047 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL | | $833.04 | $833.04 | $0.00 | $0.00 | | |
| 21048 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTE | | $687.94 | $687.94 | $0.00 | $0.00 | | |
| 21049 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTE | | $789.70 | $789.70 | $0.00 | $0.00 | | |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE) | | $652.45 | $652.45 | $0.00 | $0.00 | | |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE | | $616.66 | $616.66 | $0.00 | $0.00 | | |
| 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE) | | $427.35 | $427.35 | $0.00 | $0.00 | | |
| 21073 | MNPJ OF TMJ W/ANESTH | | $180.10 | $274.74 | | | | |
| 21079 | IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS | | $1,041.93 | $1,416.50 | $0.00 | $0.00 | | |
| 21080 | IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS | | $1,170.47 | $1,591.30 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21081 | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS | | $1,066.67 | $1,450.09 | $0.00 | $0.00 | | |
| 21082 | IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS | | $972.98 | $1,322.74 | $0.00 | $0.00 | | |
| 21083 | IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS | | $900.10 | $1,223.71 | $0.00 | $0.00 | | |
| 21085 | IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT | | $419.52 | $570.39 | $0.00 | $0.00 | | |
| 21086 | IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS | | $1,162.15 | $1,579.90 | $0.00 | $0.00 | | |
| 21087 | IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS | | $1,162.15 | $1,579.90 | $0.00 | $0.00 | | |
| 21088 | IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS | R | $1,162.15 | $1,579.90 | $0.00 | $0.00 | | |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 21100 | APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDE | | $149.65 | $149.65 | $0.00 | $0.00 | | |
| 21110 | APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN | | $232.94 | $307.10 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21116 | INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY | | $44.81 | $44.81 | $0.00 | $0.00 | | |
| 21120 | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) | | $245.88 | $245.88 | $0.00 | $0.00 | | |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE | | $386.48 | $386.48 | $0.00 | $0.00 | | |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE | | $425.75 | $425.75 | $0.00 | $0.00 | | |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS | | $556.56 | $556.56 | $0.00 | $0.00 | | |
| 21125 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL | | $322.24 | $322.24 | $0.00 | $0.00 | | |
| 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR | | $540.57 | $540.57 | $0.00 | $0.00 | | |
| 21137 | REDUCTION FOREHEAD; CONTOURING ONLY | R | $523.00 | $523.00 | $0.00 | $0.00 | | |
| 21138 | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL | R | $650.09 | $650.09 | $0.00 | $0.00 | | |
| 21139 | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS W | R | $746.42 | $746.42 | $0.00 | $0.00 | | |

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| 21141 | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN | R | $921.94 | $921.94 | $0.00 | $0.00 | | |
| 21142 | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY | R | $956.18 | $956.18 | $0.00 | $0.00 | | |
| 21143 | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME | R | $994.02 | $994.02 | $0.00 | $0.00 | | |
| 21145 | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN AN | R | $980.63 | $980.63 | $0.00 | $0.00 | | |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY | R | $1,014.86 | $1,014.86 | $0.00 | $0.00 | | |
| 21147 | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEME | R | $1,052.71 | $1,052.71 | $0.00 | $0.00 | | |
| 21150 | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-CO | R | $1,264.14 | $1,264.14 | $0.00 | $0.00 | | |
| 21151 | RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFT | R | $1,415.73 | $1,415.73 | $0.00 | $0.00 | | |
| 21154 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING | R | $1,516.22 | $1,516.22 | $0.00 | $0.00 | | |
| 21155 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING | R | $1,718.85 | $1,718.85 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 21159 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH | R | $2,123.01 | $2,123.01 | $0.00 | $0.00 | | |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREH | R | $2,325.11 | $2,325.11 | $0.00 | $0.00 | | |
| 21172 | RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANC | | $1,389.65 | $1,389.65 | $0.00 | $0.00 | | |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER | | $1,668.06 | $1,668.06 | $0.00 | $0.00 | | |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM | | $1,111.76 | $1,111.76 | $0.00 | $0.00 | | |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIM | | $1,264.14 | $1,264.14 | $0.00 | $0.00 | | |
| 21181 | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIB | | $528.05 | $528.05 | $0.00 | $0.00 | | |
| 21182 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX | | $1,590.04 | $1,590.04 | $0.00 | $0.00 | | |
| 21183 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX | | $1,725.08 | $1,725.80 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21184 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX | | $1,920.97 | $1,920.97 | $0.00 | $0.00 | | |
| 21188 | RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE | | $1,111.76 | $1,111.76 | $0.00 | $0.00 | | |
| 21193 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO | R | $841.41 | $841.41 | $0.00 | $0.00 | | |
| 21194 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEO | R | $975.01 | $975.01 | $0.00 | $0.00 | | |
| 21195 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT | R | $843.39 | $843.39 | $0.00 | $0.00 | | |
| 21196 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH | R | $929.86 | $929.86 | $0.00 | $0.00 | | |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL; | R | $831.81 | $831.81 | $0.00 | $0.00 | | |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT | | $757.27 | $757.27 | $0.00 | $0.00 | | |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD) | R | $692.92 | $692.92 | $0.00 | $0.00 | | |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR | R | $608.54 | $608.54 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21209 | OSTEOPLASTY, FACIAL BONES; REDUCTION | R | $325.86 | $325.86 | $0.00 | $0.00 | | |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT | | $476.02 | $640.17 | $0.00 | $0.00 | | |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT) | | $502.86 | $675.73 | $0.00 | $0.00 | | |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES | | $614.70 | $614.70 | $0.00 | $0.00 | | |
| 21235 | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING G | | $426.41 | $426.41 | $0.00 | $0.00 | | |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCL | | $884.99 | $884.99 | $0.00 | $0.00 | | |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT | | $826.81 | $826.81 | $0.00 | $0.00 | | |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEME | | $984.00 | $984.00 | $0.00 | $0.00 | | |
| 21244 | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG | | $752.36 | $752.36 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 21245 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL | | $664.60 | $664.60 | $0.00 | $0.00 | | |
| 21246 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE | | $603.96 | $603.96 | $0.00 | $0.00 | | |
| 21247 | RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFT | | $1,402.11 | $1,402.11 | $0.00 | $0.00 | | |
| 21248 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, | | $557.82 | $747.98 | $0.00 | $0.00 | | |
| 21249 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, | | $892.10 | $1,201.89 | $0.00 | $0.00 | | |
| 21255 | RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTI | | $1,035.90 | $1,035.90 | $0.00 | $0.00 | | |
| 21256 | RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE | | $1,002.85 | $1,002.85 | $0.00 | $0.00 | | |
| 21260 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; | | $1,023.40 | $1,023.40 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 21261 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; | | $1,380.57 | $1,380.57 | $0.00 | $0.00 | | |
| 21263 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; W | | $1,760.80 | $1,760.80 | $0.00 | $0.00 | | |
| 21267 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE | | $961.83 | $961.83 | $0.00 | $0.00 | | |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE | | $1,159.15 | $1,159.15 | $0.00 | $0.00 | | |
| 21270 | MALAR AUGMENTATION, PROSTHETIC MATERIAL | | $646.81 | $646.81 | $0.00 | $0.00 | | |
| 21275 | SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION | | $578.78 | $578.78 | $0.00 | $0.00 | | |
| 21280 | MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) | | $373.17 | $373.17 | $0.00 | $0.00 | | |
| 21282 | LATERAL CANTHOPEXY | | $236.09 | $236.09 | $0.00 | $0.00 | | |
| 21295 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN | | $70.87 | $70.87 | $0.00 | $0.00 | | |
| 21296 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN | | $218.93 | $218.93 | $0.00 | $0.00 | | |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21310 | CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION | | $39.32 | $39.32 | $0.00 | $0.00 | | |
| 21315 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION | | $95.02 | $95.02 | $0.00 | $0.00 | | |
| 21320 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION | | $124.16 | $124.16 | $0.00 | $0.00 | | |
| 21325 | OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED | | $225.63 | $225.63 | $0.00 | $0.00 | | |
| 21330 | OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR | | $341.50 | $341.50 | $0.00 | $0.00 | | |
| 21335 | OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF | | $550.66 | $550.66 | $0.00 | $0.00 | | |
| 21336 | OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION | | $279.32 | $279.32 | $0.00 | $0.00 | | |
| 21337 | CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATI | | $158.82 | $158.82 | $0.00 | $0.00 | | |
| 21338 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION | | $327.65 | $327.65 | $0.00 | $0.00 | | |
| 21339 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION | | $429.01 | $429.01 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21340 | PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, W | | $559.74 | $559.74 | $0.00 | $0.00 | | |
| 21343 | OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE | | $627.26 | $627.26 | $0.00 | $0.00 | | |
| 21344 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR W | | $813.00 | $813.00 | $0.00 | $0.00 | | |
| 21345 | CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), W | | $455.47 | $455.47 | $0.00 | $0.00 | | |
| 21346 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WIT | | $568.48 | $568.48 | $0.00 | $0.00 | | |
| 21347 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); | | $658.94 | $658.94 | $0.00 | $0.00 | | |
| 21348 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WIT | | $815.86 | $815.86 | $0.00 | $0.00 | | |
| 21355 | PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC | | $149.26 | $149.26 | $0.00 | $0.00 | | |
| 21356 | OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPRO | | $268.52 | $268.52 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21360 | OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH A | | $394.12 | $394.12 | $0.00 | $0.00 | | |
| 21365 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER | | $780.79 | $780.79 | $0.00 | $0.00 | | |
| 21366 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NER | | $868.75 | $868.75 | $0.00 | $0.00 | | |
| 21385 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH | | $535.86 | $535.86 | $0.00 | $0.00 | | |
| 21386 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH | | $524.83 | $524.83 | $0.00 | $0.00 | | |
| 21387 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH | | $489.30 | $489.30 | $0.00 | $0.00 | | |
| 21390 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH | | $630.08 | $630.08 | $0.00 | $0.00 | | |
| 21395 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH | | $639.31 | $639.31 | $0.00 | $0.00 | | |
| 21400 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPUL | | $87.36 | $87.36 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21401 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATI | | $166.47 | $166.47 | $0.00 | $0.00 | | |
| 21406 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT | | $349.92 | $349.92 | $0.00 | $0.00 | | |
| 21407 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT | | $445.34 | $445.34 | $0.00 | $0.00 | | |
| 21408 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE GRAFTIN | | $591.28 | $591.28 | $0.00 | $0.00 | | |
| 21421 | CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WIT | | $320.60 | $320.60 | $0.00 | $0.00 | | |
| 21422 | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); | | $520.06 | $520.06 | $0.00 | $0.00 | | |
| 21423 | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); | | $576.99 | $576.99 | $0.00 | $0.00 | | |
| 21431 | CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING | | $372.09 | $372.09 | $0.00 | $0.00 | | |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRI | | $437.94 | $437.94 | $0.00 | $0.00 | | |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT | | $1,227.90 | $1,227.90 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21435 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT | | $874.09 | $874.09 | $0.00 | $0.00 | | |
| 21436 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICAT | | $1,212.58 | $1,212.58 | $0.00 | $0.00 | | |
| 21440 | CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE | | $163.09 | $163.09 | $0.00 | $0.00 | | |
| 21445 | OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEP | | $325.09 | $325.09 | $0.00 | $0.00 | | |
| 21450 | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION | | $164.07 | $164.07 | $0.00 | $0.00 | | |
| 21451 | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION | | $307.87 | $307.87 | $0.00 | $0.00 | | |
| 21452 | PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION | | $95.70 | $95.70 | $0.00 | $0.00 | | |
| 21453 | CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION | | $343.46 | $343.46 | $0.00 | $0.00 | | |
| 21454 | OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION | | $431.41 | $431.41 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21461 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION | | $512.79 | $512.79 | $0.00 | $0.00 | | |
| 21462 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION | | $615.14 | $615.14 | $0.00 | $0.00 | | |
| 21465 | OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE | | $577.03 | $577.03 | $0.00 | $0.00 | | |
| 21470 | OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL | | $918.12 | $918.12 | $0.00 | $0.00 | | |
| 21480 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUE | | $41.01 | $41.01 | $0.00 | $0.00 | | |
| 21485 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, | | $143.68 | $173.05 | $0.00 | $0.00 | | |
| 21490 | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION | | $507.01 | $507.01 | $0.00 | $0.00 | | |
| 21495 | OPEN TREATMENT OF HYOID FRACTURE | | $297.78 | $297.78 | $0.00 | $0.00 | | |
| 21497 | INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE | | $221.65 | $221.65 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 21499 | UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD | R | $132.50 | $172.25 | $0.00 | $0.00 | | |
| 21501 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK | | $158.42 | $158.42 | $0.00 | $0.00 | | |
| 21502 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK | | $320.39 | $320.39 | $0.00 | $0.00 | | |
| 21510 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR | | $262.21 | $262.21 | $0.00 | $0.00 | | |
| 21550 | BIOPSY, SOFT TISSUE OF NECK OR THORAX | | $73.30 | $84.70 | $0.00 | $0.00 | | |
| 21555 | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS | | $169.01 | $169.01 | $0.00 | $0.00 | | |
| 21556 | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, | | $272.41 | $272.41 | $0.00 | $0.00 | | |
| 21557 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NE | | $513.43 | $513.43 | $0.00 | $0.00 | | |
| 21600 | EXCISION OF RIB, PARTIAL | | $326.07 | $326.07 | $0.00 | $0.00 | | |
| 21610 | COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE) | | $407.73 | $407.73 | $0.00 | $0.00 | | |
| 21615 | EXCISION FIRST AND/OR CERVICAL RIB; | | $584.30 | $584.30 | $0.00 | $0.00 | | |
| 21616 | EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY | | $557.18 | $557.18 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

Note:

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 21620 | OSTECTOMY OF STERNUM, PARTIAL | | $390.85 | $390.85 | $0.00 | $0.00 | | |
| 21627 | STERNAL DEBRIDEMENT | | $334.61 | $334.61 | $0.00 | $0.00 | | |
| 21627 | STERNAL DEBRIDEMENT | | $334.61 | $334.61 | $0.00 | $0.00 | | |
| 21630 | RADICAL RESECTION OF STERNUM; | | $866.80 | $866.80 | $0.00 | $0.00 | | |
| 21632 | RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY | | $851.16 | $851.16 | $0.00 | $0.00 | | |
| 21685 | HYOID MYOTOMY AND SUSPENSION | | $673.66 | $673.66 | $0.00 | $0.00 | | |
| 21700 | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB | | $295.09 | $295.09 | $0.00 | $0.00 | | |
| 21705 | DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB | | $418.39 | $418.39 | $0.00 | $0.00 | | |
| 21720 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHO | | $275.26 | $275.26 | $0.00 | $0.00 | | |
| 21725 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH | | $340.00 | $340.00 | $0.00 | $0.00 | | |
| 21740 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN | | $733.46 | $733.46 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 21742 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA | | $653.30 | $653.30 | $0.00 | $0.00 | | |
| 21743 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVA | | $0.00 | $859.84 | $0.00 | $0.00 | | |
| 21750 | CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT | | $526.84 | $526.84 | $0.00 | $0.00 | | |
| 21800 | CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH | | $49.06 | $49.06 | $0.00 | $0.00 | | |
| 21805 | OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH | | $117.22 | $117.22 | $0.00 | $0.00 | | |
| 21810 | TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION (FLAIL CHEST) | | $407.44 | $407.44 | $0.00 | $0.00 | | |
| 21820 | CLOSED TREATMENT OF STERNUM FRACTURE | | $75.82 | $75.82 | $0.00 | $0.00 | | |
| 21825 | OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION | | $412.41 | $412.41 | $0.00 | $0.00 | | |
| 21899 | UNLISTED PROCEDURE, NECK OR THORAX | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 21920 | BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL | | $72.25 | $82.84 | $0.00 | $0.00 | | |
| 21925 | BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP | | $184.20 | $184.20 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 21930 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK | | $277.06 | $277.06 | $0.00 | $0.00 | | |
| 21935 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BA | | $710.71 | $710.71 | $0.00 | $0.00 | | |
| 22015 | INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR S | | $594.70 | $594.70 | $0.00 | $0.00 | | |
| 22100 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | $496.96 | $496.96 | $0.00 | $0.00 | | |
| 22101 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | $512.47 | $512.47 | $0.00 | $0.00 | | |
| 22102 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | $401.07 | $401.07 | $0.00 | $0.00 | | |
| 22103 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS | | $137.47 | $137.47 | $0.00 | $0.00 | | |
| 22110 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | $640.65 | $640.65 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 22112 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | $645.24 | $645.24 | $0.00 | $0.00 | | |
| 22114 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | $562.98 | $562.98 | $0.00 | $0.00 | | |
| 22116 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT | | $136.10 | $136.10 | $0.00 | $0.00 | | |
| 22206 | OSTEOTOMY OF SPINE THREE COLUMNS THOR | | $1,808.68 | $1,808.86 | | | | |
| 22207 | OSTEOTOMY OF SPINE THREE COLUMNS LUM | | $1,785.54 | $1,785.54 | | | | |
| 22208 | OSTEOTOMY OF SPINE THREE COL ONE VERT SEG | | $458.70 | $458.70 | | | | |
| 22210 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | $1,090.52 | $1,090.52 | $0.00 | $0.00 | | |
| 22212 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | $1,064.81 | $1,064.81 | $0.00 | $0.00 | | |
| 22214 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | $1,002.69 | $1,002.69 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 22216 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRA | | $334.85 | $334.85 | $0.00 | $0.00 | | |
| 22220 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | $1,101.50 | $1,101.50 | $0.00 | $0.00 | | |
| 22222 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | $994.71 | $994.71 | $0.00 | $0.00 | | |
| 22224 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | $1,049.65 | $1,049.65 | $0.00 | $0.00 | | |
| 22226 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE | | $334.85 | $334.85 | $0.00 | $0.00 | | |
| 22305 | CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S) | | $127.41 | $127.41 | $0.00 | $0.00 | | |
| 22310 | CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, | | $138.94 | $138.94 | $0.00 | $0.00 | | |
| 22315 | CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIR | | $414.00 | $414.00 | $0.00 | $0.00 | | |
| 22318 | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR | | $1,087.92 | $1,087.92 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 22319 | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR | | $1,228.21 | $1,228.21 | $0.00 | $0.00 | | |
| 22325 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | $760.14 | $760.14 | $0.00 | $0.00 | | |
| 22326 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | $1,034.65 | $1,034.65 | $0.00 | $0.00 | | |
| 22327 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | $1,000.18 | $1,000.18 | $0.00 | $0.00 | | |
| 22328 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR | | $270.79 | $270.79 | $0.00 | $0.00 | | |
| 22505 | MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION | | $91.21 | $91.21 | $0.00 | $0.00 | | |
| 22520 | PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATER | | $380.62 | $380.62 | $0.00 | $0.00 | | |
| 22521 | PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATER | | $357.03 | $357.03 | $0.00 | $0.00 | | |
| 22522 | PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATER | | $124.81 | $124.81 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 22523 | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTU | | $453.35 | $453.35 | $0.00 | $0.00 | | |
| 22524 | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTU | | $434.31 | $434.31 | $0.00 | $0.00 | | |
| 22525 | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTU | | $209.45 | $209.45 | $0.00 | $0.00 | | |
| 22526 | PERCUTANEOUS INTRADISCAL ELECTROTHERM ANNULOPLASTY, SINGLE LEVEL | | $257.02 | $1,384.12 | $0.00 | $0.00 | | |
| 22527 | PERCUTANEOUS INTRADISCAL ELECTROTHERM ANNULOPLASTY, ADDITIONAL LEVELS | | $119.74 | $1,113.91 | $0.00 | $0.00 | | |
| 22532 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC | | $1,187.65 | $1,187.65 | $0.00 | $0.00 | | |
| 22533 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC | | $1,110.00 | $1,110.00 | $0.00 | $0.00 | | |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKEC | | $281.33 | $281.33 | $0.00 | $0.00 | | |
| 22548 | ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 | | $1,409.34 | $1,409.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 22554 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | $1,122.76 | $1,122.76 | $0.00 | $0.00 | | |
| 22556 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | $1,321.97 | $1,321.97 | $0.00 | $0.00 | | |
| 22558 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | $1,245.80 | $1,245.80 | $0.00 | $0.00 | | |
| 22585 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOM | | $329.71 | $329.71 | $0.00 | $0.00 | | |
| 22590 | ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2) | | $1,234.34 | $1,234.34 | $0.00 | $0.00 | | |
| 22595 | ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2) | | $1,230.22 | $1,230.22 | $0.00 | $0.00 | | |
| 22600 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERV | | $1,032.47 | $1,032.47 | $0.00 | $0.00 | | |
| 22610 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THOR | | $975.13 | $975.13 | $0.00 | $0.00 | | |
| 22612 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMB | | $1,225.89 | $1,225.89 | $0.00 | $0.00 | | |
| 22614 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH | | $362.87 | $362.87 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 22630 | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/ | | $1,158.89 | $1,158.89 | $0.00 | $0.00 | | |
| 22632 | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/ | | $307.23 | $307.23 | $0.00 | $0.00 | | |
| 22768 | CLTX POST ANKLE FX W/MNP | | $299.37 | $299.37 | $0.00 | $0.00 | | |
| 22769 | OPTX POST ANKLE FX | | $520.12 | $520.12 | $0.00 | $0.00 | | |
| 22800 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP | | $1,164.44 | $1,164.44 | $0.00 | $0.00 | | |
| 22802 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 | | $1,744.29 | $1,744.29 | $0.00 | $0.00 | | |
| 22804 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 | | $1,898.64 | $1,898.64 | $0.00 | $0.00 | | |
| 22808 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 T | | $1,303.92 | $1,303.92 | $0.00 | $0.00 | | |
| 22810 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 T | | $1,421.30 | $1,421.30 | $0.00 | $0.00 | | |
| 22812 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 O | | $1,708.17 | $1,708.17 | $0.00 | $0.00 | | |
| 22818 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR | | $1,764.05 | $1,764.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 22819 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBR | | $1,896.86 | $1,896.66 | $0.00 | $0.00 | | |
| 22830 | EXPLORATION OF SPINAL FUSION | | $703.42 | $703.42 | $0.00 | $0.00 | | |
| 22840 | POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, | | $368.19 | $368.19 | $0.00 | $0.00 | | |
| 22841 | INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES | | $218.05 | $218.05 | $0.00 | $0.00 | | |
| 22842 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W | | $422.19 | $422.19 | $0.00 | $0.00 | | |
| 22843 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W | | $526.56 | $526.56 | $0.00 | $0.00 | | |
| 22844 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS W | | $643.45 | $643.45 | $0.00 | $0.00 | | |
| 22845 | ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS | | $350.96 | $350.96 | $0.00 | $0.00 | | |
| 22846 | ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS | | $486.20 | $486.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 22847 | ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS | | $540.18 | $540.18 | $0.00 | $0.00 | | |
| 22848 | PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC | | $352.32 | $352.32 | $0.00 | $0.00 | | |
| 22849 | REINSERTION OF SPINAL FIXATION DEVICE | | $740.65 | $740.65 | $0.00 | $0.00 | | |
| 22850 | REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD) | | $545.91 | $545.91 | $0.00 | $0.00 | | |
| 22851 | APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC | | $394.07 | $394.07 | $0.00 | $0.00 | | |
| 22852 | REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION | | $547.49 | $547.49 | $0.00 | $0.00 | | |
| 22855 | REMOVAL OF ANTERIOR INSTRUMENTATION | | $497.49 | $497.49 | $0.00 | $0.00 | | |
| 22856 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) | | $1,280.26 | $1,280.26 | | | | |
| 22857 | TOTAL LUMBAR DISC ARTHROPLASTY, ANTERIOR APPROACH | | $1,089.01 | $1,089.01 | $0.00 | $0.00 | | |
| 22861 | REV INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY | | $1,549.96 | $1,549.96 | | | | |
| 22862 | REVISE LUMBAR DISC ARTHROPLASTY | | $1,325.39 | $1,325.39 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 22864 | REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICAL DISC) | | $1,439.29 | $1,439.29 | | | | |
| 22865 | REMOVAL TOTAL LUMBAR DISC ARTHROPLASTY | | $1,290.41 | $1,290.41 | $0.00 | $0.00 | | |
| 22899 | UNLISTED PROCEDURE, SPINE | R | $500.00 | $650.00 | $0.00 | $0.00 | | |
| 22900 | EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID) | | $288.34 | $288.34 | $0.00 | $0.00 | | |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM | R | $800.00 | $1,040.00 | $0.00 | $0.00 | | |
| 23000 | REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN | | $219.22 | $219.22 | $0.00 | $0.00 | | |
| 23020 | CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE) | | $463.57 | $463.57 | $0.00 | $0.00 | | |
| 23031 | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA | | $86.85 | $93.56 | $0.00 | $0.00 | | |
| 23035 | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AR | | $420.98 | $420.98 | $0.00 | $0.00 | | |
| 23040 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR RE | | $530.55 | $530.55 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23044 | ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING | | $401.81 | $401.81 | $0.00 | $0.00 | | |
| 23065 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL | | $85.62 | $85.62 | $0.00 | $0.00 | | |
| 23066 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP | | $151.75 | $151.75 | $0.00 | $0.00 | | |
| 23075 | EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS | | $120.77 | $120.77 | $0.00 | $0.00 | | |
| 23076 | EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR | | $319.67 | $319.67 | $0.00 | $0.00 | | |
| 23077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF | | $661.36 | $661.36 | $0.00 | $0.00 | | |
| 23100 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY | | $388.45 | $388.45 | $0.00 | $0.00 | | |
| 23101 | ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDI | | $361.45 | $361.45 | $0.00 | $0.00 | | |
| 23105 | ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOP | | $534.96 | $534.96 | $0.00 | $0.00 | | |
| 23106 | ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT | | $309.99 | $309.99 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 23107 | ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOU | | $534.66 | $534.66 | $0.00 | $0.00 | | |
| 23120 | CLAVICULECTOMY; PARTIAL | | $336.76 | $336.76 | $0.00 | $0.00 | | |
| 23125 | CLAVICULECTOMY; TOTAL | | $519.74 | $519.74 | $0.00 | $0.00 | | |
| 23130 | ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMI | | $425.13 | $425.13 | $0.00 | $0.00 | | |
| 23140 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP | | $318.00 | $318.00 | $0.00 | $0.00 | | |
| 23145 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP | | $500.97 | $500.97 | $0.00 | $0.00 | | |
| 23146 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAP | | $380.20 | $380.20 | $0.00 | $0.00 | | |
| 23150 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS | | $431.52 | $431.52 | $0.00 | $0.00 | | |
| 23155 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS | | $550.43 | $550.43 | $0.00 | $0.00 | | |
| 23156 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS | | $470.04 | $470.04 | $0.00 | $0.00 | | |
| 23170 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE | | $331.95 | $331.95 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23172 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA | | $339.24 | $339.24 | $0.00 | $0.00 | | |
| 23174 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD T | | $514.31 | $514.31 | $0.00 | $0.00 | | |
| 23180 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $361.08 | $361.08 | $0.00 | $0.00 | | |
| 23182 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $421.99 | $421.99 | $0.00 | $0.00 | | |
| 23184 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $525.45 | $525.45 | $0.00 | $0.00 | | |
| 23190 | OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) | | $385.57 | $385.57 | $0.00 | $0.00 | | |
| 23195 | RESECTION, HUMERAL HEAD | | $538.31 | $538.31 | $0.00 | $0.00 | | |
| 23200 | RADICAL RESECTION FOR TUMOR; CLAVICLE | | $600.82 | $600.82 | $0.00 | $0.00 | | |
| 23210 | RADICAL RESECTION FOR TUMOR; SCAPULA | | $610.15 | $610.15 | $0.00 | $0.00 | | |
| 23220 | RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; | | $763.09 | $763.09 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23221 | RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INC | | $1,002.88 | $1,002.88 | $0.00 | $0.00 | | |
| 23222 | RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC | | $947.03 | $947.03 | $0.00 | $0.00 | | |
| 23330 | REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS | | $61.90 | $69.27 | $0.00 | $0.00 | | |
| 23331 | REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REM | | $272.03 | $272.03 | $0.00 | $0.00 | | |
| 23332 | REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) | | $609.61 | $609.61 | $0.00 | $0.00 | | |
| 23350 | INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOUL | | $44.51 | $44.51 | $0.00 | $0.00 | | |
| 23395 | MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE | | $707.68 | $707.68 | $0.00 | $0.00 | | |
| 23397 | MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE | | $878.46 | $878.46 | $0.00 | $0.00 | | |
| 23400 | SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS) | | $685.04 | $685.04 | $0.00 | $0.00 | | |
| 23405 | TENOTOMY, SHOULDER AREA; SINGLE TENDON | | $458.82 | $458.82 | $0.00 | $0.00 | | |
| 23406 | TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION | | $593.91 | $593.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23410 | REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUT | | $685.14 | $685.14 | $0.00 | $0.00 | | |
| 23412 | REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRO | | $783.46 | $783.46 | $0.00 | $0.00 | | |
| 23415 | CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY | | $438.16 | $438.16 | $0.00 | $0.00 | | |
| 23420 | RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC | | $820.33 | $820.33 | $0.00 | $0.00 | | |
| 23430 | TENODESIS OF LONG TENDON OF BICEPS | | $506.31 | $506.31 | $0.00 | $0.00 | | |
| 23440 | RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS | | $516.53 | $516.53 | $0.00 | $0.00 | | |
| 23450 | CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERA | | $768.61 | $768.61 | $0.00 | $0.00 | | |
| 23455 | CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE) | | $883.62 | $883.62 | $0.00 | $0.00 | | |
| 23460 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK | | $861.99 | $861.99 | $0.00 | $0.00 | | |
| 23462 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER | | $895.08 | $895.08 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23465 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BL | | $878.95 | $878.95 | $0.00 | $0.00 | | |
| 23466 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABI | | $908.78 | $908.78 | $0.00 | $0.00 | | |
| 23470 | ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY | | $986.94 | $986.94 | $0.00 | $0.00 | | |
| 23472 | ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL | | $1,143.49 | $1,143.49 | $0.00 | $0.00 | | |
| 23480 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; | | $511.41 | $511.41 | $0.00 | $0.00 | | |
| 23485 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAF | | $721.94 | $721.94 | $0.00 | $0.00 | | |
| 23490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $619.00 | $619.00 | $0.00 | $0.00 | | |
| 23491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $791.86 | $791.86 | $0.00 | $0.00 | | |
| 23500 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION | | $106.58 | $106.58 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23505 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION | | $182.04 | $182.04 | $0.00 | $0.00 | | |
| 23515 | OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXT | | $418.79 | $418.79 | $0.00 | $0.00 | | |
| 23520 | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION | | $101.20 | $101.20 | $0.00 | $0.00 | | |
| 23525 | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION | | $159.44 | $159.44 | $0.00 | $0.00 | | |
| 23530 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | | $404.59 | $404.59 | $0.00 | $0.00 | | |
| 23532 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH | | $445.56 | $445.56 | $0.00 | $0.00 | | |
| 23540 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATIO | | $107.81 | $107.81 | $0.00 | $0.00 | | |
| 23545 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION | | $150.24 | $150.24 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 23550 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | | $458.87 | $458.87 | $0.00 | $0.00 | | |
| 23552 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WIT | | $453.72 | $453.72 | $0.00 | $0.00 | | |
| 23570 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION | | $113.29 | $113.29 | $0.00 | $0.00 | | |
| 23575 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITH | | $198.06 | $198.06 | $0.00 | $0.00 | | |
| 23585 | OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH O | | $484.65 | $484.65 | $0.00 | $0.00 | | |
| 23600 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) | | $168.93 | $168.93 | $0.00 | $0.00 | | |
| 23605 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) | | $279.95 | $279.95 | $0.00 | $0.00 | | |
| 23615 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT | | $576.68 | $576.68 | $0.00 | $0.00 | | |
| 23616 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACT | | $1,268.03 | $1,268.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23620 | CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT | | $115.82 | $154.45 | $0.00 | $0.00 | | |
| 23625 | CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULA | | $223.85 | $223.85 | $0.00 | $0.00 | | |
| 23630 | OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT | | $472.76 | $472.76 | $0.00 | $0.00 | | |
| 23650 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT | | $157.23 | $157.23 | $0.00 | $0.00 | | |
| 23655 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING | | $214.28 | $214.28 | $0.00 | $0.00 | | |
| 23660 | OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION | | $485.34 | $485.34 | $0.00 | $0.00 | | |
| 23665 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUM | | $224.31 | $224.31 | $0.00 | $0.00 | | |
| 23670 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMER | | $518.61 | $518.61 | $0.00 | $0.00 | | |
| 23675 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL | | $284.56 | $284.56 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 23680 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NE | | $653.04 | $653.04 | $0.00 | $0.00 | | |
| 23700 | MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION O | | $136.80 | $136.80 | $0.00 | $0.00 | | |
| 23800 | ARTHRODESIS, GLENOHUMERAL JOINT; | | $893.30 | $893.30 | $0.00 | $0.00 | | |
| 23802 | ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAI | | $862.28 | $862.28 | $0.00 | $0.00 | | |
| 23900 | INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER) | | $935.39 | $935.39 | $0.00 | $0.00 | | |
| 23920 | DISARTICULATION OF SHOULDER; | | $832.27 | $832.27 | $0.00 | $0.00 | | |
| 23921 | DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION | | $280.11 | $280.11 | $0.00 | $0.00 | | |
| 23929 | UNLISTED PROCEDURE, SHOULDER | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 23930 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATO | | $130.59 | $130.59 | $0.00 | $0.00 | | |
| 23931 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA | | $60.56 | $70.62 | $0.00 | $0.00 | | |
| 23935 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR | | $307.90 | $307.90 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24000 | ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FORE | | $373.76 | $373.76 | $0.00 | $0.00 | | |
| 24006 | ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE | | $475.23 | $475.23 | $0.00 | $0.00 | | |
| 24065 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL | | $72.59 | $83.19 | $0.00 | $0.00 | | |
| 24066 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR | | $227.90 | $227.90 | $0.00 | $0.00 | | |
| 24075 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS | | $172.82 | $172.82 | $0.00 | $0.00 | | |
| 24076 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASC | | $291.34 | $291.34 | $0.00 | $0.00 | | |
| 24077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UP | | $636.09 | $636.09 | $0.00 | $0.00 | | |
| 24100 | ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY | | $267.26 | $267.26 | $0.00 | $0.00 | | |
| 24101 | ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WIT | | $405.99 | $405.99 | $0.00 | $0.00 | | |
| 24102 | ARTHROTOMY, ELBOW; WITH SYNOVECTOMY | | $525.75 | $525.75 | $0.00 | $0.00 | | |
| 24105 | EXCISION, OLECRANON BURSA | | $217.08 | $217.08 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24110 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; | | $443.66 | $443.66 | $0.00 | $0.00 | | |
| 24115 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTO | | $498.88 | $498.88 | $0.00 | $0.00 | | |
| 24116 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLO | | $623.02 | $623.02 | $0.00 | $0.00 | | |
| 24120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF | | $371.91 | $371.91 | $0.00 | $0.00 | | |
| 24125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF | | $387.26 | $387.26 | $0.00 | $0.00 | | |
| 24126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF | | $455.59 | $455.59 | $0.00 | $0.00 | | |
| 24130 | EXCISION, RADIAL HEAD | | $381.37 | $381.37 | $0.00 | $0.00 | | |
| 24134 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTA | | $526.72 | $526.72 | $0.00 | $0.00 | | |
| 24136 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR | | $472.94 | $472.94 | $0.00 | $0.00 | | |
| 24138 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROC | | $413.12 | $413.12 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24140 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $521.64 | $521.64 | $0.00 | $0.00 | | |
| 24145 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $405.08 | $405.08 | $0.00 | $0.00 | | |
| 24147 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $408.94 | $408.94 | $0.00 | $0.00 | | |
| 24149 | RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW | | $757.93 | $757.93 | $0.00 | $0.00 | | |
| 24150 | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; | | $796.82 | $796.82 | $0.00 | $0.00 | | |
| 24151 | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT | | $852.10 | $852.10 | $0.00 | $0.00 | | |
| 24152 | RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; | | $489.63 | $489.63 | $0.00 | $0.00 | | |
| 24153 | RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; WITH AUTOGRAFT (INCL | | $643.18 | $643.18 | $0.00 | $0.00 | | |
| 24155 | RESECTION OF ELBOW JOINT (ARTHRECTOMY) | | $656.14 | $656.14 | $0.00 | $0.00 | | |
| 24160 | IMPLANT REMOVAL; ELBOW JOINT | | $367.28 | $367.28 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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|---|---|---|---|---|---|---|---|---|
| 24164 | IMPLANT REMOVAL; RADIAL HEAD | | $340.09 | $340.09 | $0.00 | $0.00 | | |
| 24200 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS | | $59.15 | $66.66 | $0.00 | $0.00 | | |
| 24201 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR | | $220.16 | $220.16 | $0.00 | $0.00 | | |
| 24220 | INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY | | $53.33 | $53.33 | $0.00 | $0.00 | | |
| 24300 | MANIPULATION, ELBOW, UNDER ANESTHESIA | | $261.85 | $261.85 | $0.00 | $0.00 | | |
| 24301 | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLU | | $528.76 | $528.76 | $0.00 | $0.00 | | |
| 24305 | TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON | | $299.76 | $299.76 | $0.00 | $0.00 | | |
| 24310 | TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON | | $258.63 | $258.63 | $0.00 | $0.00 | | |
| 24320 | TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO | | $571.84 | $571.84 | $0.00 | $0.00 | | |
| 24330 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); | | $538.54 | $538.54 | $0.00 | $0.00 | | |
| 24331 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR | | $592.55 | $592.55 | $0.00 | $0.00 | | |
| 24332 | TENOLYSIS, TRICEPS | | $368.65 | $368.65 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24340 | TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE) | | $437.64 | $437.64 | $0.00 | $0.00 | | |
| 24341 | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, | | $419.10 | $419.10 | $0.00 | $0.00 | | |
| 24342 | REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITH | | $618.43 | $618.43 | $0.00 | $0.00 | | |
| 24343 | REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE | | $483.35 | $483.35 | $0.00 | $0.00 | | |
| 24344 | RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT | | $732.22 | $732.22 | $0.00 | $0.00 | | |
| 24345 | REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE | | $483.35 | $483.35 | $0.00 | $0.00 | | |
| 24346 | RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT | | $732.22 | $732.22 | $0.00 | $0.00 | | |
| 24357 | REPAIR ELBOW, PERC | | $323.70 | $323.70 | | | | |
| 24358 | REPAIR ELBOW W/DEB, OPEN | | $382.45 | $382.45 | | | | |
| 24359 | REPAIR ELBOW DEB/ATTCH OPEN | | $488.66 | $488.66 | | | | |
| 24360 | ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL) | | $808.77 | $808.77 | $0.00 | $0.00 | | |
| 24361 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT | | $796.91 | $796.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24362 | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCT | | $618.50 | $794.72 | $0.00 | $0.00 | | |
| 24363 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC | | $1,225.00 | $1,225.00 | $0.00 | $0.00 | | |
| 24365 | ARTHROPLASTY, RADIAL HEAD; | | $463.31 | $463.31 | $0.00 | $0.00 | | |
| 24366 | ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT | | $594.53 | $594.53 | $0.00 | $0.00 | | |
| 24400 | OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION | | $568.97 | $568.97 | $0.00 | $0.00 | | |
| 24410 | MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL S | | $845.66 | $845.66 | $0.00 | $0.00 | | |
| 24420 | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876) | | $757.28 | $757.28 | $0.00 | $0.00 | | |
| 24430 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSIO | | $809.82 | $809.82 | $0.00 | $0.00 | | |
| 24435 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT | | $845.40 | $845.40 | $0.00 | $0.00 | | |
| 24470 | HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS) | | $488.16 | $488.16 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24495 | DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION | | $403.67 | $403.67 | $0.00 | $0.00 | | |
| 24498 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR | | $649.09 | $649.09 | $0.00 | $0.00 | | |
| 24500 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION | | $165.20 | $165.20 | $0.00 | $0.00 | | |
| 24505 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR | | $279.68 | $279.68 | $0.00 | $0.00 | | |
| 24515 | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WI | | $616.68 | $616.68 | $0.00 | $0.00 | | |
| 24516 | TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY | | $616.68 | $616.68 | $0.00 | $0.00 | | |
| 24530 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W | | $180.26 | $180.26 | $0.00 | $0.00 | | |
| 24535 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W | | $340.07 | $340.07 | $0.00 | $0.00 | | |
| 24538 | PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMER | | $504.35 | $504.35 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24545 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT | | $589.21 | $589.21 | $0.00 | $0.00 | | |
| 24546 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT | | $736.23 | $736.23 | $0.00 | $0.00 | | |
| 24560 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; | | $142.11 | $142.11 | $0.00 | $0.00 | | |
| 24565 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; W | | $258.83 | $258.83 | $0.00 | $0.00 | | |
| 24566 | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL | | $396.26 | $396.26 | $0.00 | $0.00 | | |
| 24575 | OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WIT | | $529.87 | $529.87 | $0.00 | $0.00 | | |
| 24576 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH | | $144.01 | $144.01 | $0.00 | $0.00 | | |
| 24577 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH | | $282.03 | $282.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24579 | OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH O | | $575.68 | $575.68 | $0.00 | $0.00 | | |
| 24582 | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR | | $433.08 | $433.08 | $0.00 | $0.00 | | |
| 24586 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB | | $873.83 | $873.83 | $0.00 | $0.00 | | |
| 24587 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELB | | $839.16 | $839.16 | $0.00 | $0.00 | | |
| 24600 | TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA | | $178.34 | $178.34 | $0.00 | $0.00 | | |
| 24605 | TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA | | $219.48 | $219.48 | $0.00 | $0.00 | | |
| 24615 | OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION | | $542.19 | $542.19 | $0.00 | $0.00 | | |
| 24620 | CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW | | $309.49 | $309.49 | $0.00 | $0.00 | | |
| 24635 | OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRA | | $704.35 | $704.35 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24640 | CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, | | $62.78 | $62.78 | $0.00 | $0.00 | | |
| 24650 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION | | $97.17 | $127.35 | $0.00 | $0.00 | | |
| 24655 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION | | $214.03 | $214.03 | $0.00 | $0.00 | | |
| 24665 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN | | $444.59 | $444.59 | $0.00 | $0.00 | | |
| 24666 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERN | | $574.62 | $574.62 | $0.00 | $0.00 | | |
| 24670 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); | | $128.99 | $128.99 | $0.00 | $0.00 | | |
| 24675 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); | | $239.90 | $239.90 | $0.00 | $0.00 | | |
| 24685 | OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WIT | | $502.59 | $502.59 | $0.00 | $0.00 | | |
| 24800 | ARTHRODESIS, ELBOW JOINT; LOCAL | | $637.15 | $637.15 | $0.00 | $0.00 | | |
| 24802 | ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GR | | $750.35 | $750.35 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 24900 | AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE | | $496.82 | $496.82 | $0.00 | $0.00 | | |
| 24920 | AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE) | | $465.76 | $465.76 | $0.00 | $0.00 | | |
| 24925 | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION | | $380.36 | $380.36 | $0.00 | $0.00 | | |
| 24930 | AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION | | $523.13 | $523.13 | $0.00 | $0.00 | | |
| 24931 | AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT | | $687.92 | $687.92 | $0.00 | $0.00 | | |
| 24935 | STUMP ELONGATION, UPPER EXTREMITY | | $843.56 | $843.56 | $0.00 | $0.00 | | |
| 24940 | CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE | | $1,079.77 | $1,079.77 | $0.00 | $0.00 | | |
| 24999 | UNLISTED PROCEDURE, HUMERUS OR ELBOW | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 25000 | INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE) | | $214.64 | $214.64 | $0.00 | $0.00 | | |
| 25001 | INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS) | | $219.51 | $219.51 | $0.00 | $0.00 | | |
| 25020 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR | | $298.24 | $298.24 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25023 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR | | $515.01 | $515.01 | $0.00 | $0.00 | | |
| 25024 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR | | $514.28 | $514.28 | $0.00 | $0.00 | | |
| 25025 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR | | $834.78 | $834.78 | $0.00 | $0.00 | | |
| 25028 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA | | $207.20 | $207.20 | $0.00 | $0.00 | | |
| 25031 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA | | $134.33 | $134.33 | $0.00 | $0.00 | | |
| 25035 | INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS O | | $393.94 | $393.94 | $0.00 | $0.00 | | |
| 25040 | ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE | | $368.45 | $368.45 | $0.00 | $0.00 | | |
| 25065 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL | | $82.38 | $92.43 | $0.00 | $0.00 | | |
| 25066 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR | | $160.21 | $160.21 | $0.00 | $0.00 | | |
| 25075 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOU | | $173.66 | $173.66 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25076 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; DEEP (SUBFA | | $257.37 | $257.37 | $0.00 | $0.00 | | |
| 25077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FO | | $539.46 | $539.46 | $0.00 | $0.00 | | |
| 25085 | CAPSULOTOMY, WRIST (EG, CONTRACTURE) | | $291.70 | $291.70 | $0.00 | $0.00 | | |
| 25100 | ARTHROTOMY, WRIST JOINT; WITH BIOPSY | | $252.39 | $252.39 | $0.00 | $0.00 | | |
| 25101 | ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPS | | $304.28 | $304.28 | $0.00 | $0.00 | | |
| 25105 | ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY | | $382.77 | $382.77 | $0.00 | $0.00 | | |
| 25107 | ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR | | $336.08 | $336.08 | $0.00 | $0.00 | | |
| 25109 | EXCISE TENDON, FOREARM/WRIST | | $355.42 | $355.42 | $0.00 | $0.00 | | |
| 25110 | EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST | | $197.49 | $197.49 | $0.00 | $0.00 | | |
| 25111 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY | | $194.80 | $194.80 | $0.00 | $0.00 | | |
| 25112 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT | | $244.34 | $244.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25115 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS | | $405.09 | $405.09 | $0.00 | $0.00 | | |
| 25116 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS | | $441.64 | $441.64 | $0.00 | $0.00 | | |
| 25118 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; | | $286.47 | $286.47 | $0.00 | $0.00 | | |
| 25119 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH | | $391.23 | $391.23 | $0.00 | $0.00 | | |
| 25120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA | | $370.11 | $370.11 | $0.00 | $0.00 | | |
| 25125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA | | $415.90 | $415.90 | $0.00 | $0.00 | | |
| 25126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA | | $418.82 | $418.82 | $0.00 | $0.00 | | |
| 25130 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; | | $278.27 | $278.27 | $0.00 | $0.00 | | |
| 25135 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WI | | $363.10 | $363.10 | $0.00 | $0.00 | | |
| 25136 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WI | | $314.46 | $314.46 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 25145 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR | | $353.00 | $353.00 | $0.00 | $0.00 | | |
| 25150 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B | | $398.61 | $398.61 | $0.00 | $0.00 | | |
| 25151 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF B | | $380.31 | $380.31 | $0.00 | $0.00 | | |
| 25170 | RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA | | $605.92 | $605.92 | $0.00 | $0.00 | | |
| 25210 | CARPECTOMY; ONE BONE | | $313.19 | $313.19 | $0.00 | $0.00 | | |
| 25215 | CARPECTOMY; ALL BONES OF PROXIMAL ROW | | $484.46 | $484.46 | $0.00 | $0.00 | | |
| 25230 | RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE) | | $312.66 | $312.66 | $0.00 | $0.00 | | |
| 25240 | EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED | | $307.13 | $307.13 | $0.00 | $0.00 | | |
| 25246 | INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY | | $57.17 | $57.17 | $0.00 | $0.00 | | |
| 25248 | EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST | | $213.01 | $213.01 | $0.00 | $0.00 | | |
| 25250 | REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE) | | $358.28 | $358.28 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25251 | REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST | | $521.50 | $521.50 | $0.00 | $0.00 | | |
| 25259 | MANIPULATION, WRIST, UNDER ANESTHESIA | | $259.01 | $259.01 | $0.00 | $0.00 | | |
| 25260 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGL | | $357.69 | $357.69 | $0.00 | $0.00 | | |
| 25263 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SIN | | $396.05 | $396.05 | $0.00 | $0.00 | | |
| 25265 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WIT | | $526.90 | $526.90 | $0.00 | $0.00 | | |
| 25270 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SIN | | $271.04 | $271.04 | $0.00 | $0.00 | | |
| 25272 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, | | $303.46 | $303.46 | $0.00 | $0.00 | | |
| 25274 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, W | | $452.68 | $452.68 | $0.00 | $0.00 | | |
| 25275 | REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT | | $466.73 | $466.73 | $0.00 | $0.00 | | |
| 25280 | LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR | | $330.08 | $330.08 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25290 | TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGL | | $223.81 | $223.81 | $0.00 | $0.00 | | |
| 25295 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EA | | $278.13 | $278.13 | $0.00 | $0.00 | | |
| 25300 | TENODESIS AT WRIST; FLEXORS OF FINGERS | | $474.57 | $474.57 | $0.00 | $0.00 | | |
| 25301 | TENODESIS AT WRIST; EXTENSORS OF FINGERS | | $447.65 | $447.65 | $0.00 | $0.00 | | |
| 25310 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR | | $445.30 | $445.30 | $0.00 | $0.00 | | |
| 25312 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR | | $502.92 | $502.92 | $0.00 | $0.00 | | |
| 25315 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO | | $526.04 | $526.04 | $0.00 | $0.00 | | |
| 25316 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FO | | $664.19 | $664.19 | $0.00 | $0.00 | | |
| 25320 | CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAM | | $556.11 | $556.11 | $0.00 | $0.00 | | |
| 25332 | ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT | | $624.59 | $624.59 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25335 | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND) | | $699.29 | $699.29 | $0.00 | $0.00 | | |
| 25337 | RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL | | $544.67 | $544.67 | $0.00 | $0.00 | | |
| 25350 | OSTEOTOMY, RADIUS; DISTAL THIRD | | $476.23 | $476.23 | $0.00 | $0.00 | | |
| 25355 | OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD | | $561.05 | $561.05 | $0.00 | $0.00 | | |
| 25360 | OSTEOTOMY; ULNA | | $427.21 | $427.21 | $0.00 | $0.00 | | |
| 25365 | OSTEOTOMY; RADIUS AND ULNA | | $655.95 | $655.95 | $0.00 | $0.00 | | |
| 25370 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD | | $724.18 | $724.18 | $0.00 | $0.00 | | |
| 25375 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD | | $740.06 | $740.06 | $0.00 | $0.00 | | |
| 25390 | OSTEOPLASTY, RADIUS OR ULNA; SHORTENING | | $562.05 | $562.05 | $0.00 | $0.00 | | |
| 25391 | OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT | | $722.77 | $722.77 | $0.00 | $0.00 | | |
| 25392 | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876) | | $766.17 | $766.17 | $0.00 | $0.00 | | |
| 25393 | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT | | $874.73 | $874.73 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25394 | OSTEOPLASTY, CARPAL BONE, SHORTENING | | $545.64 | $545.64 | $0.00 | $0.00 | | |
| 25400 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, | | $633.90 | $633.90 | $0.00 | $0.00 | | |
| 25405 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUD | | $777.76 | $777.76 | $0.00 | $0.00 | | |
| 25415 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, | | $723.86 | $723.86 | $0.00 | $0.00 | | |
| 25420 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLU | | $899.81 | $899.81 | $0.00 | $0.00 | | |
| 25425 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA | | $732.87 | $732.87 | $0.00 | $0.00 | | |
| 25426 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA | | $803.92 | $803.92 | $0.00 | $0.00 | | |
| 25430 | INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE) | | $482.06 | $482.06 | $0.00 | $0.00 | | |
| 25431 | REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULA | | $480.17 | $480.17 | $0.00 | $0.00 | | |
| 25440 | REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT | | $571.15 | $571.15 | $0.00 | $0.00 | | |
| 25441 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS | | $710.37 | $710.37 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25442 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA | | $522.42 | $522.42 | $0.00 | $0.00 | | |
| 25443 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR) | | $578.44 | $578.44 | $0.00 | $0.00 | | |
| 25444 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE | | $624.53 | $624.53 | $0.00 | $0.00 | | |
| 25445 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM | | $591.68 | $591.68 | $0.00 | $0.00 | | |
| 25446 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR | | $1,072.90 | $1,072.90 | $0.00 | $0.00 | | |
| 25447 | ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS | | $586.06 | $586.06 | $0.00 | $0.00 | | |
| 25449 | REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT | | $642.82 | $642.82 | $0.00 | $0.00 | | |
| 25450 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA | | $450.05 | $450.05 | $0.00 | $0.00 | | |
| 25455 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULN | | $536.62 | $536.62 | $0.00 | $0.00 | | |
| 25490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $535.20 | $535.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $560.22 | $560.22 | $0.00 | $0.00 | | |
| 25492 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $689.90 | $689.90 | $0.00 | $0.00 | | |
| 25500 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION | | $105.78 | $137.03 | $0.00 | $0.00 | | |
| 25505 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION | | $253.69 | $253.69 | $0.00 | $0.00 | | |
| 25515 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR | | $487.53 | $487.53 | $0.00 | $0.00 | | |
| 25520 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF | | $353.15 | $353.15 | $0.00 | $0.00 | | |
| 25525 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNA | | $686.56 | $686.56 | $0.00 | $0.00 | | |
| 25526 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNA | | $729.72 | $729.72 | $0.00 | $0.00 | | |
| 25530 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION | | $98.15 | $130.88 | $0.00 | $0.00 | | |
| 25535 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION | | $252.95 | $252.95 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25545 | OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR | | $477.49 | $477.49 | $0.00 | $0.00 | | |
| 25560 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULA | | $134.64 | $134.64 | $0.00 | $0.00 | | |
| 25565 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATIO | | $297.23 | $297.23 | $0.00 | $0.00 | | |
| 25574 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR | | $426.04 | $426.04 | $0.00 | $0.00 | | |
| 25575 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR | | $606.91 | $606.91 | $0.00 | $0.00 | | |
| 25600 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) | | $194.55 | $194.55 | $0.00 | $0.00 | | |
| 25605 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) | | $385.15 | $385.15 | $0.00 | $0.00 | | |
| 25606 | TREAT FX, DISTAL RADIAL | | $478.57 | $478.57 | $0.00 | $0.00 | | |
| 25607 | TREAT FX, RADIAL EXTRA-ARTICULAR | | $487.92 | $487.92 | $0.00 | $0.00 | | |
| 25608 | TREAT FX, RADIAL INTRA-ARTICULAR | | $559.34 | $559.34 | $0.00 | $0.00 | | |
| 25609 | TREAT FX, RADIAL W/INTERNAL FIXATION 3 OR MORE FRAGMENTS | | $714.87 | $714.87 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25622 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT | | $109.90 | $140.48 | $0.00 | $0.00 | | |
| 25624 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPUL | | $188.66 | $237.88 | $0.00 | $0.00 | | |
| 25628 | OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOU | | $448.60 | $448.60 | $0.00 | $0.00 | | |
| 25630 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID | | $116.77 | $146.14 | $0.00 | $0.00 | | |
| 25635 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID | | $179.28 | $224.34 | $0.00 | $0.00 | | |
| 25645 | OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID | | $403.26 | $403.26 | $0.00 | $0.00 | | |
| 25650 | CLOSED TREATMENT OF ULNAR STYLOID FRACTURE | | $128.64 | $164.31 | $0.00 | $0.00 | | |
| 25651 | PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE | | $285.82 | $285.82 | $0.00 | $0.00 | | |
| 25652 | OPEN TREATMENT OF ULNAR STYLOID FRACTURE | | $421.07 | $421.07 | $0.00 | $0.00 | | |
| 25660 | CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MOR | | $188.06 | $188.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25670 | OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE | | $437.78 | $437.78 | $0.00 | $0.00 | | |
| 25671 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION | | $346.81 | $346.81 | $0.00 | $0.00 | | |
| 25675 | CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION | | $199.70 | $199.70 | $0.00 | $0.00 | | |
| 25676 | OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC | | $444.85 | $444.85 | $0.00 | $0.00 | | |
| 25680 | CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION | | $239.40 | $239.40 | $0.00 | $0.00 | | |
| 25685 | OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION | | $541.60 | $541.60 | $0.00 | $0.00 | | |
| 25690 | CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION | | $300.31 | $300.31 | $0.00 | $0.00 | | |
| 25695 | OPEN TREATMENT OF LUNATE DISLOCATION | | $450.24 | $450.24 | $0.00 | $0.00 | | |
| 25800 | ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL | | $607.42 | $607.42 | $0.00 | $0.00 | | |
| 25805 | ARTHRODESIS, WRIST; WITH SLIDING GRAFT | | $705.61 | $705.61 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25810 | ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING | | $673.41 | $673.41 | $0.00 | $0.00 | | |
| 25820 | ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR | | $484.46 | $484.46 | $0.00 | $0.00 | | |
| 25825 | ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | | $596.29 | $596.29 | $0.00 | $0.00 | | |
| 25830 | ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, | | $544.67 | $544.67 | $0.00 | $0.00 | | |
| 25900 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; | | $460.88 | $460.88 | $0.00 | $0.00 | | |
| 25905 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTI | | $465.13 | $465.13 | $0.00 | $0.00 | | |
| 25907 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCA | | $391.58 | $391.58 | $0.00 | $0.00 | | |
| 25909 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION | | $420.22 | $420.22 | $0.00 | $0.00 | | |
| 25915 | KRUKENBERG PROCEDURE | | $974.92 | $974.92 | $0.00 | $0.00 | | |
| 25920 | DISARTICULATION THROUGH WRIST; | | $454.30 | $454.30 | $0.00 | $0.00 | | |
| 25922 | DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION | | $377.88 | $377.88 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 25924 | DISARTICULATION THROUGH WRIST; RE-AMPUTATION | | $461.74 | $461.74 | $0.00 | $0.00 | | |
| 25927 | TRANSMETACARPAL AMPUTATION; | | $441.03 | $441.03 | $0.00 | $0.00 | | |
| 25929 | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION | | $359.68 | $359.68 | $0.00 | $0.00 | | |
| 25931 | TRANSMETACARPAL AMPUTATION; RE-AMPUTATION | | $359.32 | $359.32 | $0.00 | $0.00 | | |
| 25999 | UNLISTED PROCEDURE, FOREARM OR WRIST | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 26010 | DRAINAGE OF FINGER ABSCESS; SIMPLE | | $51.37 | $57.81 | $0.00 | $0.00 | | |
| 26011 | DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) | | $109.93 | $109.93 | $0.00 | $0.00 | | |
| 26020 | DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH | | $232.75 | $232.75 | $0.00 | $0.00 | | |
| 26025 | DRAINAGE OF PALMAR BURSA; SINGLE, BURSA | | $266.20 | $266.20 | $0.00 | $0.00 | | |
| 26030 | DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA | | $334.78 | $334.78 | $0.00 | $0.00 | | |
| 26034 | INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCE | | $294.74 | $294.74 | $0.00 | $0.00 | | |
| 26035 | DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN) | | $405.47 | $405.47 | $0.00 | $0.00 | | |
| 26037 | DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) | | $392.38 | $392.38 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 26040 | FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS | | $179.29 | $179.29 | $0.00 | $0.00 | | |
| 26045 | FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL | | $303.87 | $303.87 | $0.00 | $0.00 | | |
| 26055 | TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER) | | $176.70 | $176.70 | $0.00 | $0.00 | | |
| 26060 | TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT | | $113.96 | $113.96 | $0.00 | $0.00 | | |
| 26070 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN | | $145.23 | $182.24 | $0.00 | $0.00 | | |
| 26075 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN | | $217.39 | $217.39 | $0.00 | $0.00 | | |
| 26080 | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN | | $207.53 | $207.53 | $0.00 | $0.00 | | |
| 26100 | ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH | | $195.01 | $195.01 | $0.00 | $0.00 | | |
| 26105 | ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH | | $233.18 | $233.18 | $0.00 | $0.00 | | |
| 26110 | ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH | | $190.51 | $190.51 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 26115 | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGE | | $170.16 | $170.16 | $0.00 | $0.00 | | |
| 26116 | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGE | | $266.87 | $266.87 | $0.00 | $0.00 | | |
| 26117 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HA | | $399.89 | $399.89 | $0.00 | $0.00 | | |
| 26121 | FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE | | $506.63 | $506.63 | $0.00 | $0.00 | | |
| 26123 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO | | $534.78 | $534.78 | $0.00 | $0.00 | | |
| 26125 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PRO | | $216.48 | $216.48 | $0.00 | $0.00 | | |
| 26130 | SYNOVECTOMY, CARPOMETACARPAL JOINT | | $305.81 | $305.81 | $0.00 | $0.00 | | |
| 26135 | SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND | | $346.00 | $346.00 | $0.00 | $0.00 | | |
| 26140 | SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR | | $308.78 | $308.78 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26145 | SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, | | $322.71 | $322.71 | $0.00 | $0.00 | | |
| 26160 | EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS | | $159.98 | $159.98 | $0.00 | $0.00 | | |
| 26170 | EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH | | $222.41 | $222.41 | $0.00 | $0.00 | | |
| 26180 | EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON | | $271.53 | $271.53 | $0.00 | $0.00 | | |
| 26185 | SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE) | | $263.33 | $263.33 | $0.00 | $0.00 | | |
| 26200 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; | | $291.71 | $291.71 | $0.00 | $0.00 | | |
| 26205 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH | | $409.14 | $409.14 | $0.00 | $0.00 | | |
| 26210 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE | | $265.99 | $265.99 | $0.00 | $0.00 | | |
| 26215 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE | | $371.53 | $371.53 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 26230 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $305.92 | $305.92 | $0.00 | $0.00 | | |
| 26235 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $299.88 | $299.88 | $0.00 | $0.00 | | |
| 26236 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $264.82 | $264.82 | $0.00 | $0.00 | | |
| 26250 | RADICAL RESECTION, METACARPAL (EG, TUMOR); | | $399.97 | $399.97 | $0.00 | $0.00 | | |
| 26255 | RADICAL RESECTION, METACARPAL (EG, TUMOR); WITH AUTOGRAFT (INCLUDES | | $619.35 | $619.35 | $0.00 | $0.00 | | |
| 26260 | RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR); | | $375.04 | $375.04 | $0.00 | $0.00 | | |
| 26261 | RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR); W | | $488.95 | $488.95 | $0.00 | $0.00 | | |
| 26262 | RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR) | | $304.62 | $304.62 | $0.00 | $0.00 | | |
| 26320 | REMOVAL OF IMPLANT FROM FINGER OR HAND | | $218.54 | $218.54 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26340 | MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT | | $196.88 | $196.88 | $0.00 | $0.00 | | |
| 26350 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN | | $347.03 | $347.03 | $0.00 | $0.00 | | |
| 26352 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TEN | | $416.79 | $416.79 | $0.00 | $0.00 | | |
| 26356 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON | | $430.39 | $430.39 | $0.00 | $0.00 | | |
| 26357 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON | | $444.85 | $444.85 | $0.00 | $0.00 | | |
| 26358 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON | | $484.34 | $484.34 | $0.00 | $0.00 | | |
| 26370 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS | | $404.33 | $404.33 | $0.00 | $0.00 | | |
| 26372 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS | | $442.01 | $442.01 | $0.00 | $0.00 | | |
| 26373 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS | | $435.77 | $435.77 | $0.00 | $0.00 | | |
| 26390 | EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED | | $499.29 | $499.29 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26392 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR | | $548.24 | $548.24 | $0.00 | $0.00 | | |
| 26410 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAF | | $228.87 | $228.87 | $0.00 | $0.00 | | |
| 26412 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT | | $358.19 | $358.19 | $0.00 | $0.00 | | |
| 26415 | EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DE | | $439.13 | $439.13 | $0.00 | $0.00 | | |
| 26416 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLU | | $531.86 | $531.86 | $0.00 | $0.00 | | |
| 26418 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GR | | $228.32 | $228.32 | $0.00 | $0.00 | | |
| 26420 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT | | $362.59 | $362.59 | $0.00 | $0.00 | | |
| 26426 | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE | | $367.20 | $367.20 | $0.00 | $0.00 | | |
| 26428 | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE | | $374.29 | $374.29 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26432 | CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT | | $168.20 | $210.44 | $0.00 | $0.00 | | |
| 26433 | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT | | $251.12 | $251.12 | $0.00 | $0.00 | | |
| 26434 | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WIT | | $323.37 | $323.37 | $0.00 | $0.00 | | |
| 26437 | REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON | | $287.42 | $287.42 | $0.00 | $0.00 | | |
| 26440 | TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON | | $249.77 | $249.77 | $0.00 | $0.00 | | |
| 26442 | TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON | | $283.72 | $283.72 | $0.00 | $0.00 | | |
| 26445 | TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON | | $222.36 | $222.36 | $0.00 | $0.00 | | |
| 26449 | TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH T | | $360.23 | $360.23 | $0.00 | $0.00 | | |
| 26450 | TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON | | $173.78 | $173.78 | $0.00 | $0.00 | | |
| 26455 | TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON | | $161.71 | $161.71 | $0.00 | $0.00 | | |
| 26460 | TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON | | $151.14 | $151.14 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26471 | TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT | | $290.45 | $290.45 | $0.00 | $0.00 | | |
| 26474 | TENODESIS; OF DISTAL JOINT, EACH JOINT | | $292.70 | $292.70 | $0.00 | $0.00 | | |
| 26476 | LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON | | $230.79 | $230.79 | $0.00 | $0.00 | | |
| 26477 | SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON | | $270.60 | $270.60 | $0.00 | $0.00 | | |
| 26478 | LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON | | $297.74 | $297.74 | $0.00 | $0.00 | | |
| 26479 | SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON | | $325.94 | $325.94 | $0.00 | $0.00 | | |
| 26480 | TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA | | $392.56 | $392.56 | $0.00 | $0.00 | | |
| 26483 | TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HA | | $492.94 | $492.94 | $0.00 | $0.00 | | |
| 26485 | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, E | | $414.21 | $414.21 | $0.00 | $0.00 | | |
| 26489 | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCL | | $367.68 | $367.68 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26490 | OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON | | $474.77 | $474.77 | $0.00 | $0.00 | | |
| 26492 | OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), | | $533.17 | $533.17 | $0.00 | $0.00 | | |
| 26494 | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER | | $461.37 | $461.37 | $0.00 | $0.00 | | |
| 26496 | OPPONENSPLASTY; OTHER METHODS | | $540.41 | $540.41 | $0.00 | $0.00 | | |
| 26497 | TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGE | | $517.14 | $517.14 | $0.00 | $0.00 | | |
| 26498 | TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS | | $763.14 | $763.14 | $0.00 | $0.00 | | |
| 26499 | CORRECTION CLAW FINGER, OTHER METHODS | | $489.42 | $489.42 | $0.00 | $0.00 | | |
| 26500 | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPA | | $274.57 | $274.57 | $0.00 | $0.00 | | |
| 26502 | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL G | | $362.21 | $362.21 | $0.00 | $0.00 | | |
| 26508 | RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE) | | $293.42 | $293.42 | $0.00 | $0.00 | | |
| 26510 | CROSS INTRINSIC TRANSFER, EACH TENDON | | $275.43 | $275.43 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26510 | CROSS INTRINSIC TRANSFER, EACH TENDON | | $275.43 | $275.43 | $0.00 | $0.00 | | |
| 26516 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT | | $325.93 | $325.93 | $0.00 | $0.00 | | |
| 26517 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS | | $464.24 | $464.24 | $0.00 | $0.00 | | |
| 26518 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS | | $454.56 | $454.56 | $0.00 | $0.00 | | |
| 26520 | CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT | | $284.43 | $284.43 | $0.00 | $0.00 | | |
| 26525 | CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT | | $260.59 | $260.59 | $0.00 | $0.00 | | |
| 26530 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT | | $346.27 | $346.27 | $0.00 | $0.00 | | |
| 26531 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH | | $427.47 | $427.47 | $0.00 | $0.00 | | |
| 26535 | ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT | | $289.16 | $289.16 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26536 | ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOI | | $400.12 | $400.12 | $0.00 | $0.00 | | |
| 26540 | REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL | | $382.25 | $382.25 | $0.00 | $0.00 | | |
| 26541 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE | | $516.12 | $516.12 | $0.00 | $0.00 | | |
| 26542 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE | | $362.86 | $362.86 | $0.00 | $0.00 | | |
| 26545 | RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, | | $354.93 | $354.93 | $0.00 | $0.00 | | |
| 26546 | REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAF | | $486.30 | $486.30 | $0.00 | $0.00 | | |
| 26548 | REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT | | $402.90 | $402.90 | $0.00 | $0.00 | | |
| 26550 | POLLICIZATION OF A DIGIT | | $1,219.54 | $1,219.54 | $0.00 | $0.00 | | |
| 26551 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-A | | $2,534.05 | $2,534.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26553 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT | | $2,516.42 | $2,516.42 | $0.00 | $0.00 | | |
| 26554 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT | | $3,002.47 | $3,002.47 | $0.00 | $0.00 | | |
| 26555 | TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS | | $948.75 | $948.75 | $0.00 | $0.00 | | |
| 26556 | TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS | | $2,559.25 | $2,559.25 | $0.00 | $0.00 | | |
| 26560 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS | | $294.23 | $294.23 | $0.00 | $0.00 | | |
| 26561 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND | | $584.46 | $584.46 | $0.00 | $0.00 | | |
| 26562 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVI | | $585.00 | $585.00 | $0.00 | $0.00 | | |
| 26565 | OSTEOTOMY; METACARPAL, EACH | | $366.02 | $366.02 | $0.00 | $0.00 | | |
| 26567 | OSTEOTOMY; PHALANX OF FINGER, EACH | | $322.69 | $322.69 | $0.00 | $0.00 | | |
| 26568 | OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX | | $506.52 | $506.52 | $0.00 | $0.00 | | |
| 26580 | REPAIR CLEFT HAND | | $1,039.76 | $1,039.76 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 26587 | RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE | | $425.75 | $425.75 | $0.00 | $0.00 | | |
| 26590 | REPAIR MACRODACTYLIA, EACH DIGIT | | $1,023.89 | $1,023.89 | $0.00 | $0.00 | | |
| 26591 | REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE | | $156.00 | $156.00 | $0.00 | $0.00 | | |
| 26593 | RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE | | $271.01 | $271.01 | $0.00 | $0.00 | | |
| 26596 | EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES | | $507.34 | $507.34 | $0.00 | $0.00 | | |
| 26600 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, | | $79.11 | $99.76 | $0.00 | $0.00 | | |
| 26605 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EA | | $117.81 | $148.52 | $0.00 | $0.00 | | |
| 26607 | CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTER | | $259.31 | $259.31 | $0.00 | $0.00 | | |
| 26608 | PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE | | $259.31 | $259.31 | $0.00 | $0.00 | | |
| 26615 | OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNA | | $302.06 | $302.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26641 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULAT | | $142.92 | $142.92 | $0.00 | $0.00 | | |
| 26645 | CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNE | | $191.15 | $191.15 | $0.00 | $0.00 | | |
| 26650 | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION | | $284.20 | $284.20 | $0.00 | $0.00 | | |
| 26665 | OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT | | $407.39 | $407.39 | $0.00 | $0.00 | | |
| 26670 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WIT | | $132.06 | $132.06 | $0.00 | $0.00 | | |
| 26675 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WIT | | $261.27 | $261.27 | $0.00 | $0.00 | | |
| 26676 | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER T | | $301.86 | $301.86 | $0.00 | $0.00 | | |
| 26685 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; WITH | | $368.51 | $368.51 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26686 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPL | | $414.01 | $414.01 | $0.00 | $0.00 | | |
| 26700 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH | | $129.91 | $129.91 | $0.00 | $0.00 | | |
| 26705 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH | | $171.38 | $171.38 | $0.00 | $0.00 | | |
| 26706 | PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SIN | | $288.12 | $288.12 | $0.00 | $0.00 | | |
| 26715 | OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WIT | | $287.61 | $287.61 | $0.00 | $0.00 | | |
| 26720 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL | | $64.17 | $78.92 | $0.00 | $0.00 | | |
| 26725 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL | | $119.55 | $140.21 | $0.00 | $0.00 | | |
| 26727 | PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, | | $219.32 | $219.32 | $0.00 | $0.00 | | |
| 26735 | OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALAN | | $282.71 | $282.71 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26740 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL | | $72.56 | $88.11 | $0.00 | $0.00 | | |
| 26742 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL | | $169.45 | $169.45 | $0.00 | $0.00 | | |
| 26746 | OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR | | $309.70 | $309.70 | $0.00 | $0.00 | | |
| 26750 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHO | | $71.64 | $71.64 | $0.00 | $0.00 | | |
| 26755 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH | | $119.76 | $119.76 | $0.00 | $0.00 | | |
| 26756 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER O | | $181.93 | $181.93 | $0.00 | $0.00 | | |
| 26765 | OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR | | $200.83 | $200.83 | $0.00 | $0.00 | | |
| 26770 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | | $107.13 | $107.13 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 26775 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | | $137.44 | $137.44 | $0.00 | $0.00 | | |
| 26776 | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, | | $199.27 | $199.27 | $0.00 | $0.00 | | |
| 26785 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT | | $211.05 | $211.05 | $0.00 | $0.00 | | |
| 26820 | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING | | $433.93 | $433.93 | $0.00 | $0.00 | | |
| 26841 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL | | $389.03 | $389.03 | $0.00 | $0.00 | | |
| 26842 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL | | $490.83 | $490.83 | $0.00 | $0.00 | | |
| 26843 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; | | $409.15 | $409.15 | $0.00 | $0.00 | | |
| 26844 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WIT | | $467.85 | $467.85 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 26850 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXAT | | $335.44 | $335.44 | $0.00 | $0.00 | | |
| 26852 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXAT | | $411.59 | $411.59 | $0.00 | $0.00 | | |
| 26860 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | $263.61 | $263.61 | $0.00 | $0.00 | | |
| 26861 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | $121.32 | $121.32 | $0.00 | $0.00 | | |
| 26862 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | $366.22 | $366.22 | $0.00 | $0.00 | | |
| 26863 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | | $218.68 | $218.68 | $0.00 | $0.00 | | |
| 26910 | AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, | | $371.69 | $371.69 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 26951 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALAN | | $218.29 | $218.29 | $0.00 | $0.00 | | |
| 26952 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALAN | | $300.70 | $300.70 | $0.00 | $0.00 | | |
| 26989 | UNLISTED PROCEDURE, HANDS OR FINGERS | R | $750.00 | $975.00 | $0.00 | $0.00 | | |
| 26990 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMAT | | $293.90 | $293.90 | $0.00 | $0.00 | | |
| 26991 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA | | $233.12 | $233.12 | $0.00 | $0.00 | | |
| 26992 | INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR B | | $606.57 | $606.57 | $0.00 | $0.00 | | |
| 27000 | TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE) | | $210.09 | $210.09 | $0.00 | $0.00 | | |
| 27001 | TENOTOMY, ADDUCTOR OF HIP, OPEN | | $297.94 | $297.94 | $0.00 | $0.00 | | |
| 27003 | TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY | | $399.44 | $399.44 | $0.00 | $0.00 | | |
| 27005 | TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE) | | $367.60 | $367.60 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27006 | TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDUR | | $421.93 | $421.93 | $0.00 | $0.00 | | |
| 27025 | FASCIOTOMY, HIP OR THIGH, ANY TYPE | | $487.07 | $487.07 | $0.00 | $0.00 | | |
| 27027 | DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK) | | $663.42 | $663.42 | | | | |
| 27030 | ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION) | | $706.27 | $706.27 | $0.00 | $0.00 | | |
| 27033 | ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN | | $717.21 | $717.21 | $0.00 | $0.00 | | |
| 27035 | DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRA | | $833.09 | $833.09 | $0.00 | $0.00 | | |
| 27036 | CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTO | | $686.12 | $686.12 | $0.00 | $0.00 | | |
| 27040 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL | | $117.64 | $117.64 | $0.00 | $0.00 | | |
| 27041 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR | | $356.96 | $356.96 | $0.00 | $0.00 | | |
| 27047 | EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE | | $268.57 | $268.57 | $0.00 | $0.00 | | |
| 27048 | EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR | | $303.32 | $303.32 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27049 | RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, | | $684.79 | $684.79 | $0.00 | $0.00 | | |
| 27050 | ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT | | $259.53 | $259.53 | $0.00 | $0.00 | | |
| 27052 | ARTHROTOMY, WITH BIOPSY; HIP JOINT | | $385.51 | $385.51 | $0.00 | $0.00 | | |
| 27054 | ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT | | $538.64 | $538.64 | $0.00 | $0.00 | | |
| 27057 | DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK) | | $730.18 | $730.18 | | | | |
| 27060 | EXCISION; ISCHIAL BURSA | | $260.73 | $260.73 | $0.00 | $0.00 | | |
| 27062 | EXCISION; TROCHANTERIC BURSA OR CALCIFICATION | | $269.55 | $269.55 | $0.00 | $0.00 | | |
| 27065 | EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, | | $317.93 | $317.93 | $0.00 | $0.00 | | |
| 27066 | EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT | | $512.56 | $512.56 | $0.00 | $0.00 | | |
| 27067 | EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARA | | $729.74 | $729.74 | $0.00 | $0.00 | | |
| 27070 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR | | $509.26 | $509.26 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27071 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR | | $563.40 | $563.40 | $0.00 | $0.00 | | |
| 27075 | RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR | | $884.64 | $884.64 | $0.00 | $0.00 | | |
| 27076 | RADICAL RESECTION OF TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, | | $1,028.62 | $1,028.62 | $0.00 | $0.00 | | |
| 27077 | RADICAL RESECTION OF TUMOR OR INFECTION; INNOMINATE BONE, TOTAL | | $1,212.53 | $1,212.53 | $0.00 | $0.00 | | |
| 27078 | RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATE | | $635.36 | $635.36 | $0.00 | $0.00 | | |
| 27079 | RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATE | | $627.43 | $627.43 | $0.00 | $0.00 | | |
| 27080 | COCCYGECTOMY, PRIMARY | | $314.55 | $314.55 | $0.00 | $0.00 | | |
| 27086 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE | | $62.88 | $70.66 | $0.00 | $0.00 | | |
| 27087 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCU | | $346.72 | $346.72 | $0.00 | $0.00 | | |
| 27090 | REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE) | | $631.41 | $631.41 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27091 | REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS | | $1,209.08 | $1,209.08 | $0.00 | $0.00 | | |
| 27093 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA | | $62.81 | $62.81 | $0.00 | $0.00 | | |
| 27095 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA | | $72.12 | $72.12 | $0.00 | $0.00 | | |
| 27096 | INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/ OR | | $292.09 | $292.09 | $0.00 | $0.00 | | |
| 27097 | RELEASE OR RECESSION, HAMSTRING, PROXIMAL | | $474.51 | $474.51 | $0.00 | $0.00 | | |
| 27098 | TRANSFER, ADDUCTOR TO ISCHIUM | | $474.51 | $474.51 | $0.00 | $0.00 | | |
| 27100 | TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCI | | $550.66 | $550.66 | $0.00 | $0.00 | | |
| 27105 | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSIO | | $521.44 | $521.44 | $0.00 | $0.00 | | |
| 27110 | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR | | $696.28 | $696.28 | $0.00 | $0.00 | | |
| 27111 | TRANSFER ILIOPSOAS; TO FEMORAL NECK | | $687.72 | $687.72 | $0.00 | $0.00 | | |
| 27120 | ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE) | | $1,039.27 | $1,039.27 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27122 | ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE) | | $934.97 | $934.97 | $0.00 | $0.00 | | |
| 27125 | HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR | | $914.33 | $914.33 | $0.00 | $0.00 | | |
| 27130 | ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT ( | | $1,300.74 | $1,300.74 | $0.00 | $0.00 | | |
| 27132 | CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR | | $1,488.80 | $1,488.80 | $0.00 | $0.00 | | |
| 27134 | REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT | | $1,707.39 | $1,707.39 | $0.00 | $0.00 | | |
| 27137 | REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR | | $1,306.01 | $1,306.01 | $0.00 | $0.00 | | |
| 27138 | REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WI | | $1,316.66 | $1,316.66 | $0.00 | $0.00 | | |
| 27140 | OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCED | | $673.33 | $673.33 | $0.00 | $0.00 | | |
| 27146 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; | | $727.22 | $727.22 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27147 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION O | | $1,038.09 | $1,038.09 | $0.00 | $0.00 | | |
| 27151 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM | | $1,090.69 | $1,090.69 | $0.00 | $0.00 | | |
| 27156 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOM | | $1,157.78 | $1,157.78 | $0.00 | $0.00 | | |
| 27158 | OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION) | | $982.04 | $982.04 | $0.00 | $0.00 | | |
| 27161 | OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE) | | $885.97 | $885.97 | $0.00 | $0.00 | | |
| 27165 | OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR | | $988.81 | $988.81 | $0.00 | $0.00 | | |
| 27170 | BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC A | | $941.76 | $941.76 | $0.00 | $0.00 | | |
| 27175 | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION | | $248.47 | $248.47 | $0.00 | $0.00 | | |
| 27176 | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, | | $639.54 | $639.54 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 27177 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNIN | | $785.90 | $785.90 | $0.00 | $0.00 | | |
| 27178 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH | | $633.96 | $633.96 | $0.00 | $0.00 | | |
| 27179 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NE | | $686.56 | $686.56 | $0.00 | $0.00 | | |
| 27181 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL | | $809.87 | $809.87 | $0.00 | $0.00 | | |
| 27185 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF | | $338.99 | $338.99 | $0.00 | $0.00 | | |
| 27187 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $867.48 | $867.48 | $0.00 | $0.00 | | |
| 27193 | CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR | | $210.27 | $210.27 | $0.00 | $0.00 | | |
| 27194 | CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR | | $372.92 | $372.92 | $0.00 | $0.00 | | |
| 27200 | CLOSED TREATMENT OF COCCYGEAL FRACTURE | | $95.74 | $95.74 | $0.00 | $0.00 | | |
| 27202 | OPEN TREATMENT OF COCCYGEAL FRACTURE | | $377.90 | $377.90 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27215 | OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING | | $654.55 | $654.55 | $0.00 | $0.00 | | |
| 27216 | PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/O | | $548.05 | $548.05 | $0.00 | $0.00 | | |
| 27217 | OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTER | | $833.92 | $833.92 | $0.00 | $0.00 | | |
| 27218 | OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTE | | $999.41 | $999.41 | $0.00 | $0.00 | | |
| 27220 | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT | | $284.16 | $284.16 | $0.00 | $0.00 | | |
| 27222 | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULA | | $517.20 | $517.20 | $0.00 | $0.00 | | |
| 27226 | OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH | | $893.24 | $893.24 | $0.00 | $0.00 | | |
| 27227 | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERI | | $1,057.74 | $1,057.74 | $0.00 | $0.00 | | |
| 27228 | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTER | | $1,138.10 | $1,138.10 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27230 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT | | $243.73 | $243.73 | $0.00 | $0.00 | | |
| 27232 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH | | $549.82 | $549.82 | $0.00 | $0.00 | | |
| 27235 | PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK | | $764.73 | $764.73 | $0.00 | $0.00 | | |
| 27236 | OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXAT | | $934.33 | $934.33 | $0.00 | $0.00 | | |
| 27238 | CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT | | $297.43 | $297.43 | $0.00 | $0.00 | | |
| 27240 | CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANT | | $616.02 | $616.02 | $0.00 | $0.00 | | |
| 27244 | TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE | | $921.94 | $921.94 | $0.00 | $0.00 | | |
| 27245 | TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FE | | $1,050.17 | $1,050.17 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27246 | CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATIO | | $246.32 | $246.32 | $0.00 | $0.00 | | |
| 27248 | OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTER | | $670.98 | $670.98 | $0.00 | $0.00 | | |
| 27250 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA | | $281.65 | $281.65 | $0.00 | $0.00 | | |
| 27252 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA | | $410.81 | $410.81 | $0.00 | $0.00 | | |
| 27253 | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATIO | | $755.25 | $755.25 | $0.00 | $0.00 | | |
| 27254 | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND | | $923.80 | $923.80 | $0.00 | $0.00 | | |
| 27256 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING | | $167.12 | $167.12 | $0.00 | $0.00 | | |
| 27257 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING | | $283.09 | $283.09 | $0.00 | $0.00 | | |
| 27258 | OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN | | $845.48 | $845.48 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27259 | OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDIN | | $1,058.92 | $1,058.92 | $0.00 | $0.00 | | |
| 27265 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHE | | $269.66 | $269.66 | $0.00 | $0.00 | | |
| 27266 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIO | | $363.44 | $363.44 | $0.00 | $0.00 | | |
| 27267 | CLTX THIGH FX W/O MNP | | $316.58 | $316.58 | | | | |
| 27268 | CLTX THIGH FX W/MNPJ | | $391.05 | $391.05 | | | | |
| 27269 | OPTX THIGH FX | | $936.68 | $936.68 | | | | |
| 27275 | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA | | $116.40 | $116.40 | $0.00 | $0.00 | | |
| 27280 | ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT) | | $659.38 | $659.38 | $0.00 | $0.00 | | |
| 27282 | ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT) | | $592.89 | $592.89 | $0.00 | $0.00 | | |
| 27284 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); | | $905.58 | $905.58 | $0.00 | $0.00 | | |
| 27286 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUBTROCHANTER | | $921.83 | $921.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27290 | INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION) | | $1,431.65 | $1,431.65 | $0.00 | $0.00 | | |
| 27295 | DISARTICULATION OF HIP | | $1,023.55 | $1,023.55 | $0.00 | $0.00 | | |
| 27299 | UNLISTED PROCEDURE, PELVIS OR HIP JOINT | R | $800.00 | $1,040.00 | $0.00 | $0.00 | | |
| 27301 | INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE | | $250.59 | $250.59 | $0.00 | $0.00 | | |
| 27303 | INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, | | $406.16 | $406.16 | $0.00 | $0.00 | | |
| 27305 | FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN | | $277.49 | $277.49 | $0.00 | $0.00 | | |
| 27306 | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE | | $186.45 | $186.45 | $0.00 | $0.00 | | |
| 27307 | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS | | $247.92 | $247.92 | $0.00 | $0.00 | | |
| 27310 | ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BO | | $536.56 | $536.56 | $0.00 | $0.00 | | |
| 27323 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL | | $93.71 | $105.91 | $0.00 | $0.00 | | |
| 27324 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR | | $214.40 | $214.40 | $0.00 | $0.00 | | |
| 27325 | NEURECTOMY, HAMSTRING MUSCLE | | $360.70 | $360.70 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27326 | NEURECTOMY, POPLITEAL | | $339.94 | $339.94 | $0.00 | $0.00 | | |
| 27327 | EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS | | $197.91 | $197.91 | $0.00 | $0.00 | | |
| 27328 | EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULA | | $282.72 | $282.72 | $0.00 | $0.00 | | |
| 27329 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF TH | | $710.04 | $710.04 | $0.00 | $0.00 | | |
| 27330 | ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY | | $328.59 | $328.59 | $0.00 | $0.00 | | |
| 27331 | ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF L | | $386.98 | $386.98 | $0.00 | $0.00 | | |
| 27332 | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; | | $541.94 | $541.94 | $0.00 | $0.00 | | |
| 27333 | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; | | $502.73 | $502.73 | $0.00 | $0.00 | | |
| 27334 | ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR | | $549.34 | $549.34 | $0.00 | $0.00 | | |
| 27335 | ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING | | $634.91 | $634.91 | $0.00 | $0.00 | | |
| 27340 | EXCISION, PREPATELLAR BURSA | | $233.36 | $233.36 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27345 | EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST) | | $339.30 | $339.30 | $0.00 | $0.00 | | |
| 27347 | EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE | | $247.34 | $247.34 | $0.00 | $0.00 | | |
| 27350 | PATELLECTOMY OR HEMIPATELLECTOMY | | $509.69 | $509.69 | $0.00 | $0.00 | | |
| 27355 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; | | $440.36 | $440.36 | $0.00 | $0.00 | | |
| 27356 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLO | | $504.85 | $504.85 | $0.00 | $0.00 | | |
| 27357 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTO | | $553.36 | $553.36 | $0.00 | $0.00 | | |
| 27358 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTE | | $278.62 | $278.62 | $0.00 | $0.00 | | |
| 27360 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $534.45 | $534.45 | $0.00 | $0.00 | | |
| 27365 | RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE | | $839.06 | $839.06 | $0.00 | $0.00 | | |
| 27370 | INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY | | $45.48 | $45.48 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27372 | REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA | | $245.99 | $245.99 | $0.00 | $0.00 | | |
| 27380 | SUTURE OF INFRAPATELLAR TENDON; PRIMARY | | $438.86 | $438.86 | $0.00 | $0.00 | | |
| 27381 | SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FA | | $629.97 | $629.97 | $0.00 | $0.00 | | |
| 27385 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY | | $482.00 | $482.00 | $0.00 | $0.00 | | |
| 27386 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUC | | $667.97 | $667.97 | $0.00 | $0.00 | | |
| 27390 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON | | $277.69 | $277.69 | $0.00 | $0.00 | | |
| 27391 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG | | $362.97 | $362.97 | $0.00 | $0.00 | | |
| 27392 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL | | $486.83 | $486.83 | $0.00 | $0.00 | | |
| 27393 | LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON | | $349.27 | $349.27 | $0.00 | $0.00 | | |
| 27394 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG | | $410.40 | $410.40 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27395 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL | | $642.79 | $642.79 | $0.00 | $0.00 | | |
| 27396 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON | | $431.42 | $431.42 | $0.00 | $0.00 | | |
| 27397 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS | | $547.19 | $547.19 | $0.00 | $0.00 | | |
| 27400 | TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE | | $490.30 | $490.30 | $0.00 | $0.00 | | |
| 27403 | ARTHROTOMY WITH MENISCUS REPAIR, KNEE | | $499.63 | $499.63 | $0.00 | $0.00 | | |
| 27405 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL | | $547.23 | $547.23 | $0.00 | $0.00 | | |
| 27407 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE | | $549.42 | $549.42 | $0.00 | $0.00 | | |
| 27409 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND | | $811.53 | $811.53 | $0.00 | $0.00 | | |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE | | $1,179.03 | $1,179.03 | $0.00 | $0.00 | | |
| 27415 | OSTEOCHONDRAL KNEE ALLOGRAFT | | $980.98 | $980.98 | $0.00 | $0.00 | | |
| 27416 | OSTEOCHONDRAL KNEE AUTOGRAFT | | $733.15 | $733.15 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE) | | $661.14 | $661.14 | $0.00 | $0.00 | | |
| 27420 | RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE) | | $605.55 | $605.55 | $0.00 | $0.00 | | |
| 27422 | RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/O | | $618.60 | $618.60 | $0.00 | $0.00 | | |
| 27424 | RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY | | $627.11 | $627.11 | $0.00 | $0.00 | | |
| 27425 | LATERAL RETINACULAR RELEASE, OPEN | | $347.40 | $347.40 | $0.00 | $0.00 | | |
| 27427 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR | | $607.63 | $607.63 | $0.00 | $0.00 | | |
| 27428 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN | | $745.89 | $745.89 | $0.00 | $0.00 | | |
| 27429 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN | | $694.76 | $694.76 | $0.00 | $0.00 | | |
| 27430 | QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE) | | $549.25 | $549.25 | $0.00 | $0.00 | | |
| 27435 | CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE | | $472.48 | $472.48 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27437 | ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS | | $530.59 | $530.59 | $0.00 | $0.00 | | |
| 27438 | ARTHROPLASTY, PATELLA; WITH PROSTHESIS | | $706.12 | $706.12 | $0.00 | $0.00 | | |
| 27440 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; | | $646.80 | $646.80 | $0.00 | $0.00 | | |
| 27441 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL | | $569.70 | $569.70 | $0.00 | $0.00 | | |
| 27442 | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; | | $783.21 | $783.21 | $0.00 | $0.00 | | |
| 27443 | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRID | | $729.37 | $729.37 | $0.00 | $0.00 | | |
| 27445 | ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE) | | $1,145.96 | $1,145.96 | $0.00 | $0.00 | | |
| 27446 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT | | $1,051.39 | $1,051.39 | $0.00 | $0.00 | | |
| 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMEN | | $1,373.97 | $1,373.97 | $0.00 | $0.00 | | |
| 27448 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION | | $696.75 | $696.75 | $0.00 | $0.00 | | |
| 27450 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION | | $839.20 | $839.20 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 27454 | OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL S | | $849.38 | $849.38 | $0.00 | $0.00 | | |
| 27455 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY | | $721.93 | $721.93 | $0.00 | $0.00 | | |
| 27457 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY | | $778.46 | $778.46 | $0.00 | $0.00 | | |
| 27465 | OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876) | | $753.67 | $753.67 | $0.00 | $0.00 | | |
| 27466 | OSTEOPLASTY, FEMUR; LENGTHENING | | $857.88 | $857.88 | $0.00 | $0.00 | | |
| 27468 | OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL | | $1,036.42 | $1,036.42 | $0.00 | $0.00 | | |
| 27470 | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT | | $945.17 | $945.17 | $0.00 | $0.00 | | |
| 27472 | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILI | | $1,090.97 | $1,090.97 | $0.00 | $0.00 | | |
| 27475 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR | | $476.44 | $476.44 | $0.00 | $0.00 | | |
| 27477 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, | | $655.92 | $655.92 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27479 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL F | | $715.27 | $715.27 | $0.00 | $0.00 | | |
| 27485 | ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, | | $487.59 | $487.59 | $0.00 | $0.00 | | |
| 27486 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE | | $1,162.27 | $1,162.27 | $0.00 | $0.00 | | |
| 27487 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORA | | $1,526.10 | $1,526.10 | $0.00 | $0.00 | | |
| 27488 | REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRY | | $921.03 | $921.03 | $0.00 | $0.00 | | |
| 27495 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $959.83 | $959.83 | $0.00 | $0.00 | | |
| 27496 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR O | | $278.87 | $278.87 | $0.00 | $0.00 | | |
| 27497 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR O | | $341.46 | $341.46 | $0.00 | $0.00 | | |
| 27498 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; | | $389.33 | $389.33 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27499 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WI | | $448.36 | $448.36 | $0.00 | $0.00 | | |
| 27500 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION | | $320.26 | $320.26 | $0.00 | $0.00 | | |
| 27501 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WI | | $320.26 | $320.26 | $0.00 | $0.00 | | |
| 27502 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR | | $514.18 | $514.18 | $0.00 | $0.00 | | |
| 27503 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WI | | $514.18 | $514.18 | $0.00 | $0.00 | | |
| 27506 | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL | | $959.33 | $959.33 | $0.00 | $0.00 | | |
| 27507 | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WI | | $868.96 | $868.96 | $0.00 | $0.00 | | |
| 27508 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL | | $281.86 | $281.86 | $0.00 | $0.00 | | |
| 27509 | PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL | | $327.64 | $327.64 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27510 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL | | $449.73 | $449.73 | $0.00 | $0.00 | | |
| 27511 | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH | | $858.15 | $858.15 | $0.00 | $0.00 | | |
| 27513 | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH | | $984.28 | $984.28 | $0.00 | $0.00 | | |
| 27514 | OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL COND | | $953.10 | $953.10 | $0.00 | $0.00 | | |
| 27516 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT | | $290.90 | $290.90 | $0.00 | $0.00 | | |
| 27517 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH | | $481.47 | $481.47 | $0.00 | $0.00 | | |
| 27519 | OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOU | | $795.44 | $795.44 | $0.00 | $0.00 | | |
| 27520 | CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION | | $130.34 | $171.11 | $0.00 | $0.00 | | |
| 27524 | OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PAR | | $592.67 | $592.67 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27530 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT | | $198.37 | $198.37 | $0.00 | $0.00 | | |
| 27532 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHO | | $374.29 | $374.29 | $0.00 | $0.00 | | |
| 27535 | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WI | | $663.23 | $663.23 | $0.00 | $0.00 | | |
| 27536 | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WIT | | $785.01 | $785.01 | $0.00 | $0.00 | | |
| 27538 | CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE( | | $238.94 | $238.94 | $0.00 | $0.00 | | |
| 27540 | OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) | | $699.25 | $699.25 | $0.00 | $0.00 | | |
| 27550 | CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA | | $239.95 | $239.95 | $0.00 | $0.00 | | |
| 27552 | CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA | | $321.73 | $321.73 | $0.00 | $0.00 | | |
| 27556 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN | | $777.38 | $777.38 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27557 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN | | $914.27 | $914.27 | $0.00 | $0.00 | | |
| 27558 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERN | | $942.15 | $942.15 | $0.00 | $0.00 | | |
| 27560 | CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA | | $149.05 | $149.05 | $0.00 | $0.00 | | |
| 27562 | CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA | | $318.21 | $318.21 | $0.00 | $0.00 | | |
| 27566 | OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOT | | $661.22 | $661.22 | $0.00 | $0.00 | | |
| 27570 | MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICAT | | $102.53 | $102.53 | $0.00 | $0.00 | | |
| 27580 | ARTHRODESIS, KNEE, ANY TECHNIQUE | | $843.06 | $843.06 | $0.00 | $0.00 | | |
| 27590 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; | | $588.56 | $588.56 | $0.00 | $0.00 | | |
| 27591 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQ | | $692.38 | $692.38 | $0.00 | $0.00 | | |
| 27592 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTIN | | $513.40 | $513.40 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27594 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR | | $299.29 | $299.29 | $0.00 | $0.00 | | |
| 27596 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION | | $514.76 | $514.76 | $0.00 | $0.00 | | |
| 27598 | DISARTICULATION AT KNEE | | $593.07 | $593.07 | $0.00 | $0.00 | | |
| 27599 | UNLISTED PROCEDURE, FEMUR OR KNEE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 27600 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON | | $253.78 | $253.78 | $0.00 | $0.00 | | |
| 27601 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY | | $253.07 | $253.07 | $0.00 | $0.00 | | |
| 27602 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR | | $321.89 | $321.89 | $0.00 | $0.00 | | |
| 27603 | INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA | | $203.20 | $203.20 | $0.00 | $0.00 | | |
| 27604 | INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA | | $141.20 | $154.88 | $0.00 | $0.00 | | |
| 27605 | TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL | | $117.80 | $117.80 | $0.00 | $0.00 | | |
| 27606 | TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL | | $178.93 | $178.93 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27607 | INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE | | $391.88 | $391.88 | $0.00 | $0.00 | | |
| 27610 | ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FORE | | $440.07 | $440.07 | $0.00 | $0.00 | | |
| 27612 | ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLE | | $428.17 | $428.17 | $0.00 | $0.00 | | |
| 27613 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL | | $73.62 | $82.61 | $0.00 | $0.00 | | |
| 27614 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR | | $225.08 | $225.08 | $0.00 | $0.00 | | |
| 27615 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LE | | $601.21 | $601.21 | $0.00 | $0.00 | | |
| 27618 | EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE | | $209.06 | $209.06 | $0.00 | $0.00 | | |
| 27619 | EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR) | | $361.22 | $361.22 | $0.00 | $0.00 | | |
| 27620 | ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WIT | | $352.03 | $352.03 | $0.00 | $0.00 | | |
| 27625 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; | | $495.71 | $495.71 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27626 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY | | $570.79 | $570.79 | $0.00 | $0.00 | | |
| 27630 | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), | | $230.77 | $230.77 | $0.00 | $0.00 | | |
| 27635 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; | | $460.42 | $460.42 | $0.00 | $0.00 | | |
| 27637 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W | | $529.40 | $529.40 | $0.00 | $0.00 | | |
| 27638 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W | | $572.56 | $572.56 | $0.00 | $0.00 | | |
| 27640 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $600.87 | $600.87 | $0.00 | $0.00 | | |
| 27641 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE | | $465.23 | $465.23 | $0.00 | $0.00 | | |
| 27645 | RADICAL RESECTION OF TUMOR, BONE; TIBIA | | $745.89 | $745.89 | $0.00 | $0.00 | | |
| 27646 | RADICAL RESECTION OF TUMOR, BONE; FIBULA | | $672.91 | $672.91 | $0.00 | $0.00 | | |
| 27647 | RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS | | $628.62 | $628.62 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27648 | INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY | | $43.33 | $43.33 | $0.00 | $0.00 | | |
| 27650 | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; | | $541.27 | $541.27 | $0.00 | $0.00 | | |
| 27652 | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH | | $599.41 | $599.41 | $0.00 | $0.00 | | |
| 27654 | REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT | | $607.33 | $607.33 | $0.00 | $0.00 | | |
| 27656 | REPAIR, FASCIAL DEFECT OF LEG | | $224.89 | $224.89 | $0.00 | $0.00 | | |
| 27658 | REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON | | $257.68 | $257.68 | $0.00 | $0.00 | | |
| 27659 | REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TEN | | $362.62 | $362.62 | $0.00 | $0.00 | | |
| 27664 | REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON | | $231.16 | $231.16 | $0.00 | $0.00 | | |
| 27665 | REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH T | | $301.18 | $301.18 | $0.00 | $0.00 | | |
| 27675 | REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY | | $393.45 | $393.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27676 | REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY | | $461.41 | $461.41 | $0.00 | $0.00 | | |
| 27680 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH T | | $282.90 | $282.90 | $0.00 | $0.00 | | |
| 27681 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDO | | $367.65 | $367.65 | $0.00 | $0.00 | | |
| 27685 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPA | | $291.10 | $291.10 | $0.00 | $0.00 | | |
| 27686 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS | | $401.17 | $401.17 | $0.00 | $0.00 | | |
| 27687 | GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE) | | $336.01 | $336.01 | $0.00 | $0.00 | | |
| 27690 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR | | $439.55 | $439.55 | $0.00 | $0.00 | | |
| 27691 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR | | $512.94 | $512.94 | $0.00 | $0.00 | | |
| 27692 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR | | $116.37 | $116.37 | $0.00 | $0.00 | | |
| 27695 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL | | $419.72 | $419.72 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27696 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS | | $444.08 | $444.08 | $0.00 | $0.00 | | |
| 27698 | REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-J | | $609.90 | $609.90 | $0.00 | $0.00 | | |
| 27700 | ARTHROPLASTY, ANKLE; | | $589.09 | $589.09 | $0.00 | $0.00 | | |
| 27702 | ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE) | | $901.83 | $901.83 | $0.00 | $0.00 | | |
| 27703 | ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE | | $850.54 | $850.54 | $0.00 | $0.00 | | |
| 27704 | REMOVAL OF ANKLE IMPLANT | | $391.73 | $391.73 | $0.00 | $0.00 | | |
| 27705 | OSTEOTOMY; TIBIA | | $613.41 | $613.41 | $0.00 | $0.00 | | |
| 27707 | OSTEOTOMY; FIBULA | | $255.46 | $255.46 | $0.00 | $0.00 | | |
| 27709 | OSTEOTOMY; TIBIA AND FIBULA | | $634.02 | $634.02 | $0.00 | $0.00 | | |
| 27712 | OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIE | | $680.93 | $680.93 | $0.00 | $0.00 | | |
| 27715 | OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING | | $764.49 | $764.49 | $0.00 | $0.00 | | |
| 27720 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION | | $750.69 | $750.69 | $0.00 | $0.00 | | |
| 27722 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT | | $641.91 | $641.91 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 27724 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT | | $840.83 | $840.83 | $0.00 | $0.00 | | |
| 27725 | REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY | | $640.88 | $640.88 | $0.00 | $0.00 | | |
| 27726 | REPAIR FIBULA NONUNION | | $691.61 | $691.61 | $0.00 | $0.00 | | |
| 27727 | REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA | | $674.54 | $674.54 | $0.00 | $0.00 | | |
| 27730 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA | | $318.59 | $318.59 | $0.00 | $0.00 | | |
| 27732 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA | | $297.49 | $297.49 | $0.00 | $0.00 | | |
| 27734 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA | | $463.65 | $463.65 | $0.00 | $0.00 | | |
| 27740 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN | | $514.03 | $514.03 | $0.00 | $0.00 | | |
| 27742 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AN | | $571.33 | $571.33 | $0.00 | $0.00 | | |
| 27745 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR | | $549.90 | $549.90 | $0.00 | $0.00 | | |
| 27750 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR | | $189.78 | $189.78 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27752 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR | | $307.62 | $307.62 | $0.00 | $0.00 | | |
| 27756 | PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHO | | $413.30 | $413.30 | $0.00 | $0.00 | | |
| 27758 | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRAC | | $723.37 | $723.37 | $0.00 | $0.00 | | |
| 27759 | TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) | | $792.21 | $792.21 | $0.00 | $0.00 | | |
| 27760 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION | | $126.05 | $160.65 | $0.00 | $0.00 | | |
| 27762 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH | | $243.12 | $243.12 | $0.00 | $0.00 | | |
| 27766 | OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL | | $465.01 | $465.01 | $0.00 | $0.00 | | |
| 27767 | CLTX POST ANKLE FX W/0 MNP | | $191.37 | $190.48 | $0.00 | $0.00 | | |
| 27780 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPUL | | $105.22 | $131.64 | $0.00 | $0.00 | | |
| 27781 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATI | | $223.39 | $223.39 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27784 | OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT | | $360.34 | $360.34 | $0.00 | $0.00 | | |
| 27786 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHO | | $121.08 | $154.88 | $0.00 | $0.00 | | |
| 27788 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH | | $180.71 | $224.57 | $0.00 | $0.00 | | |
| 27792 | OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR | | $432.95 | $432.95 | $0.00 | $0.00 | | |
| 27808 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WIT | | $161.48 | $161.48 | $0.00 | $0.00 | | |
| 27810 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WIT | | $296.33 | $296.33 | $0.00 | $0.00 | | |
| 27814 | OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL | | $596.72 | $596.72 | $0.00 | $0.00 | | |
| 27816 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION | | $185.96 | $185.96 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27818 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION | | $349.43 | $349.43 | $0.00 | $0.00 | | |
| 27822 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA | | $579.67 | $579.67 | $0.00 | $0.00 | | |
| 27823 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNA | | $712.71 | $712.71 | $0.00 | $0.00 | | |
| 27824 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI | | $185.96 | $185.96 | $0.00 | $0.00 | | |
| 27825 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DI | | $349.43 | $349.43 | $0.00 | $0.00 | | |
| 27826 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO | | $518.51 | $518.51 | $0.00 | $0.00 | | |
| 27827 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO | | $650.27 | $650.27 | $0.00 | $0.00 | | |
| 27828 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTIO | | $754.67 | $754.67 | $0.00 | $0.00 | | |
| 27829 | OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, | | $343.29 | $343.29 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27830 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT | | $201.05 | $201.05 | $0.00 | $0.00 | | |
| 27831 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING | | $246.38 | $246.38 | $0.00 | $0.00 | | |
| 27832 | OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WIT | | $349.40 | $349.40 | $0.00 | $0.00 | | |
| 27840 | CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA | | $180.56 | $180.56 | $0.00 | $0.00 | | |
| 27842 | CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR | | $235.65 | $235.65 | $0.00 | $0.00 | | |
| 27846 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL | | $528.96 | $528.96 | $0.00 | $0.00 | | |
| 27848 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKEL | | $562.95 | $562.95 | $0.00 | $0.00 | | |
| 27860 | MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION O | | $110.07 | $110.07 | $0.00 | $0.00 | | |
| 27870 | ARTHRODESIS, ANKLE, OPEN | | $717.51 | $717.51 | $0.00 | $0.00 | | |
| 27871 | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL | | $489.23 | $489.23 | $0.00 | $0.00 | | |
| 27880 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; | | $576.79 | $576.79 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 27881 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECH | | $655.20 | $655.20 | $0.00 | $0.00 | | |
| 27882 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE) | | $460.79 | $460.79 | $0.00 | $0.00 | | |
| 27884 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR | | $322.35 | $322.35 | $0.00 | $0.00 | | |
| 27886 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION | | $469.89 | $469.89 | $0.00 | $0.00 | | |
| 27888 | AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIR | | $549.92 | $549.92 | $0.00 | $0.00 | | |
| 27889 | ANKLE DISARTICULATION | | $522.58 | $522.58 | $0.00 | $0.00 | | |
| 27892 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ON | | $283.42 | $283.42 | $0.00 | $0.00 | | |
| 27893 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH | | $282.71 | $282.71 | $0.00 | $0.00 | | |
| 27894 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR | | $351.52 | $351.52 | $0.00 | $0.00 | | |
| 27899 | UNLISTED PROCEDURE, LEG OR ANKLE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 28001 | INCISION AND DRAINAGE, BURSA, FOOT | | $86.83 | $93.80 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28002 | INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH | | $178.70 | $178.70 | $0.00 | $0.00 | | |
| 28003 | INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH | | $281.06 | $328.00 | $0.00 | $0.00 | | |
| 28005 | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT | | $348.73 | $348.73 | $0.00 | $0.00 | | |
| 28008 | FASCIOTOMY, FOOT AND/OR TOE | | $201.88 | $201.88 | $0.00 | $0.00 | | |
| 28010 | TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON | | $143.72 | $192.26 | $0.00 | $0.00 | | |
| 28011 | TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS | | $145.44 | $169.17 | $0.00 | $0.00 | | |
| 28020 | ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO | | $271.01 | $271.01 | $0.00 | $0.00 | | |
| 28022 | ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO | | $173.68 | $210.43 | $0.00 | $0.00 | | |
| 28024 | ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FO | | $158.78 | $190.83 | $0.00 | $0.00 | | |
| 28035 | RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION) | | $329.36 | $329.36 | $0.00 | $0.00 | | |
| 28043 | EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE | | $151.32 | $151.32 | $0.00 | $0.00 | | |
| 28045 | EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR | | $249.07 | $249.07 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28046 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FO | | $438.82 | $438.82 | $0.00 | $0.00 | | |
| 28050 | ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT | | $232.96 | $232.96 | $0.00 | $0.00 | | |
| 28052 | ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT | | $170.25 | $221.48 | $0.00 | $0.00 | | |
| 28054 | ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT | | $161.08 | $161.08 | $0.00 | $0.00 | | |
| 28055 | NEURECTOMY, FOOT | | $289.13 | $289.13 | $0.00 | $0.00 | | |
| 28060 | FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE) | | $274.25 | $274.25 | $0.00 | $0.00 | | |
| 28062 | FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE) | | $393.07 | $393.07 | $0.00 | $0.00 | | |
| 28070 | SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH | | $270.62 | $270.62 | $0.00 | $0.00 | | |
| 28072 | SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH | | $223.07 | $223.07 | $0.00 | $0.00 | | |
| 28080 | EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH | | $213.41 | $213.41 | $0.00 | $0.00 | | |
| 28086 | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR | | $227.49 | $227.49 | $0.00 | $0.00 | | |
| 28088 | SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR | | $213.04 | $213.04 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28090 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING | | $213.05 | $213.05 | $0.00 | $0.00 | | |
| 28092 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING | | $162.93 | $162.93 | $0.00 | $0.00 | | |
| 28100 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS | | $294.03 | $294.03 | $0.00 | $0.00 | | |
| 28102 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS | | $418.62 | $418.62 | $0.00 | $0.00 | | |
| 28103 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS | | $346.23 | $346.23 | $0.00 | $0.00 | | |
| 28104 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS | | $270.65 | $270.65 | $0.00 | $0.00 | | |
| 28106 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS | | $389.17 | $389.17 | $0.00 | $0.00 | | |
| 28107 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARS | | $293.43 | $293.43 | $0.00 | $0.00 | | |
| 28108 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT | | $183.23 | $239.55 | $0.00 | $0.00 | | |
| 28110 | OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPAR | | $214.91 | $214.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28111 | OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD | | $287.13 | $287.13 | $0.00 | $0.00 | | |
| 28112 | OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR | | $241.27 | $241.27 | $0.00 | $0.00 | | |
| 28113 | OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD | | $250.77 | $250.77 | $0.00 | $0.00 | | |
| 28114 | OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXI | | $490.56 | $490.56 | $0.00 | $0.00 | | |
| 28116 | OSTECTOMY, EXCISION OF TARSAL COALITION | | $341.88 | $341.88 | $0.00 | $0.00 | | |
| 28118 | OSTECTOMY, CALCANEUS; | | $332.34 | $332.34 | $0.00 | $0.00 | | |
| 28119 | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEAS | | $309.41 | $309.41 | $0.00 | $0.00 | | |
| 28120 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | | $292.60 | $292.60 | $0.00 | $0.00 | | |
| 28122 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | | $327.54 | $327.54 | $0.00 | $0.00 | | |
| 28124 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | | $192.93 | $248.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28126 | RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE | | $161.60 | $214.97 | $0.00 | $0.00 | | |
| 28130 | TALECTOMY (ASTRAGALECTOMY) | | $425.03 | $425.03 | $0.00 | $0.00 | | |
| 28140 | METATARSECTOMY | | $336.56 | $336.56 | $0.00 | $0.00 | | |
| 28150 | PHALANGECTOMY, TOE, EACH TOE | | $209.86 | $209.86 | $0.00 | $0.00 | | |
| 28153 | RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE | | $162.03 | $215.53 | $0.00 | $0.00 | | |
| 28160 | HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END | | $169.83 | $225.08 | $0.00 | $0.00 | | |
| 28171 | RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS) | | $499.19 | $499.19 | $0.00 | $0.00 | | |
| 28173 | RADICAL RESECTION OF TUMOR, BONE; METATARSAL | | $411.97 | $411.97 | $0.00 | $0.00 | | |
| 28175 | RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE | | $322.43 | $322.43 | $0.00 | $0.00 | | |
| 28190 | REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS | | $64.23 | $71.21 | $0.00 | $0.00 | | |
| 28192 | REMOVAL OF FOREIGN BODY, FOOT; DEEP | | $189.89 | $189.89 | $0.00 | $0.00 | | |
| 28193 | REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED | | $230.75 | $230.75 | $0.00 | $0.00 | | |
| 28202 | REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON | | $362.03 | $362.03 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 28208 | REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON | | $202.78 | $202.78 | $0.00 | $0.00 | | |
| 28210 | REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON | | $339.38 | $339.38 | $0.00 | $0.00 | | |
| 28220 | TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON | | $187.65 | $239.55 | $0.00 | $0.00 | | |
| 28222 | TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS | | $258.42 | $344.25 | $0.00 | $0.00 | | |
| 28225 | TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON | | $170.00 | $170.00 | $0.00 | $0.00 | | |
| 28226 | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS | | $225.67 | $225.67 | $0.00 | $0.00 | | |
| 28230 | TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEP | | $155.31 | $187.90 | $0.00 | $0.00 | | |
| 28232 | TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE) | | $120.76 | $142.22 | $0.00 | $0.00 | | |
| 28234 | TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON | | $117.53 | $138.05 | $0.00 | $0.00 | | |
| 28238 | RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF | | $427.90 | $427.90 | $0.00 | $0.00 | | |
| 28240 | TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE | | $183.61 | $183.61 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28250 | DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPAR | | $297.86 | $297.86 | $0.00 | $0.00 | | |
| 28260 | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE) | | $350.56 | $350.56 | $0.00 | $0.00 | | |
| 28261 | CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING | | $434.36 | $434.36 | $0.00 | $0.00 | | |
| 28262 | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSUL | | $712.14 | $712.14 | $0.00 | $0.00 | | |
| 28264 | CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE) | | $572.41 | $572.41 | $0.00 | $0.00 | | |
| 28270 | CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, E | | $175.25 | $210.52 | $0.00 | $0.00 | | |
| 28272 | CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE) | | $139.42 | $166.78 | $0.00 | $0.00 | | |
| 28280 | SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE) | | $211.50 | $211.50 | $0.00 | $0.00 | | |
| 28285 | CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL | | $256.09 | $256.09 | $0.00 | $0.00 | | |
| 28286 | CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MOR | | $234.66 | $234.66 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28288 | OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH | | $220.48 | $220.48 | $0.00 | $0.00 | | |
| 28289 | HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR | | $284.76 | $284.76 | $0.00 | $0.00 | | |
| 28290 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SI | | $316.65 | $316.65 | $0.00 | $0.00 | | |
| 28292 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KE | | $390.18 | $390.18 | $0.00 | $0.00 | | |
| 28293 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; | | $522.05 | $522.05 | $0.00 | $0.00 | | |
| 28294 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WI | | $505.44 | $505.44 | $0.00 | $0.00 | | |
| 28296 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WI | | $515.11 | $515.11 | $0.00 | $0.00 | | |
| 28297 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; | | $522.44 | $522.44 | $0.00 | $0.00 | | |
| 28298 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY | | $478.31 | $478.31 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28299 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY | | $546.46 | $546.46 | $0.00 | $0.00 | | |
| 28300 | OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR | | $461.69 | $461.69 | $0.00 | $0.00 | | |
| 28302 | OSTEOTOMY; TALUS | | $533.57 | $533.57 | $0.00 | $0.00 | | |
| 28304 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; | | $444.15 | $444.15 | $0.00 | $0.00 | | |
| 28305 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT | | $582.37 | $582.37 | $0.00 | $0.00 | | |
| 28306 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | $301.55 | $301.55 | $0.00 | $0.00 | | |
| 28307 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | $353.15 | $353.15 | $0.00 | $0.00 | | |
| 28308 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | $314.66 | $314.66 | $0.00 | $0.00 | | |
| 28309 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTI | | $467.67 | $467.67 | $0.00 | $0.00 | | |
| 28310 | OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHAL | | $270.53 | $270.53 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28312 | OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANG | | $259.13 | $259.13 | $0.00 | $0.00 | | |
| 28313 | RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY | | $181.38 | $215.85 | $0.00 | $0.00 | | |
| 28315 | SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE) | | $258.67 | $258.67 | $0.00 | $0.00 | | |
| 28320 | REPAIR, NONUNION OR MALUNION; TARSAL BONES | | $515.16 | $515.16 | $0.00 | $0.00 | | |
| 28322 | REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT | | $373.52 | $373.52 | $0.00 | $0.00 | | |
| 28340 | RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION | | $385.24 | $385.24 | $0.00 | $0.00 | | |
| 28341 | RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION | | $459.42 | $459.42 | $0.00 | $0.00 | | |
| 28344 | RECONSTRUCTION, TOE(S); POLYDACTYLY | | $227.97 | $227.97 | $0.00 | $0.00 | | |
| 28345 | RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EAC | | $322.94 | $322.94 | $0.00 | $0.00 | | |
| 28360 | RECONSTRUCTION, CLEFT FOOT | | $733.33 | $733.33 | $0.00 | $0.00 | | |
| 28400 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION | | $103.17 | $137.63 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28405 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION | | $244.29 | $244.29 | $0.00 | $0.00 | | |
| 28406 | PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATIO | | $356.72 | $356.72 | $0.00 | $0.00 | | |
| 28415 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE | | $665.39 | $665.39 | $0.00 | $0.00 | | |
| 28420 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTE | | $795.33 | $795.33 | $0.00 | $0.00 | | |
| 28430 | CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION | | $98.87 | $131.73 | $0.00 | $0.00 | | |
| 28435 | CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION | | $197.64 | $197.64 | $0.00 | $0.00 | | |
| 28436 | PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION | | $258.02 | $258.02 | $0.00 | $0.00 | | |
| 28445 | OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL | | $527.69 | $527.69 | $0.00 | $0.00 | | |
| 28446 | OSTEOCHONDRAL TALUS AUTOGRFT | | $899.30 | $899.30 | $0.00 | $0.00 | | |
| 28450 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOU | | $83.09 | $108.17 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28455 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH | | $128.60 | $162.66 | $0.00 | $0.00 | | |
| 28456 | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS A | | $140.25 | $140.25 | $0.00 | $0.00 | | |
| 28465 | OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), W | | $360.48 | $360.48 | $0.00 | $0.00 | | |
| 28470 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH | | $81.37 | $105.51 | $0.00 | $0.00 | | |
| 28475 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH | | $119.07 | $150.45 | $0.00 | $0.00 | | |
| 28476 | PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATI | | $193.76 | $193.76 | $0.00 | $0.00 | | |
| 28485 | OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXT | | $295.92 | $295.92 | $0.00 | $0.00 | | |
| 28490 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT | | $44.14 | $56.21 | $0.00 | $0.00 | | |
| 28495 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH | | $61.61 | $76.63 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28496 | PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALA | | $127.02 | $127.02 | $0.00 | $0.00 | | |
| 28505 | OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WI | | $194.82 | $194.82 | $0.00 | $0.00 | | |
| 28510 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T | | $43.76 | $55.70 | $0.00 | $0.00 | | |
| 28515 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT T | | $57.60 | $72.62 | $0.00 | $0.00 | | |
| 28525 | OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE | | $152.68 | $152.68 | $0.00 | $0.00 | | |
| 28530 | CLOSED TREATMENT OF SESAMOID FRACTURE | | $45.48 | $58.89 | $0.00 | $0.00 | | |
| 28531 | OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION | | $117.99 | $117.99 | $0.00 | $0.00 | | |
| 28540 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WI | | $64.96 | $73.01 | $0.00 | $0.00 | | |
| 28545 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; | | $102.80 | $102.80 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28546 | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN | | $169.23 | $169.23 | $0.00 | $0.00 | | |
| 28555 | OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR | | $338.77 | $338.77 | $0.00 | $0.00 | | |
| 28570 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA | | $71.23 | $92.55 | $0.00 | $0.00 | | |
| 28575 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA | | $169.89 | $169.89 | $0.00 | $0.00 | | |
| 28576 | PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH | | $194.54 | $194.54 | $0.00 | $0.00 | | |
| 28585 | OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN | | $365.30 | $365.30 | $0.00 | $0.00 | | |
| 28600 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHE | | $62.71 | $71.83 | $0.00 | $0.00 | | |
| 28605 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANEST | | $139.89 | $139.89 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28606 | PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, W | | $238.43 | $238.43 | $0.00 | $0.00 | | |
| 28615 | OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT | | $302.23 | $302.23 | $0.00 | $0.00 | | |
| 28630 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT | | $64.90 | $78.72 | $0.00 | $0.00 | | |
| 28635 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING | | $78.40 | $97.84 | $0.00 | $0.00 | | |
| 28636 | PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATIO | | $157.22 | $157.22 | $0.00 | $0.00 | | |
| 28645 | OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHO | | $212.34 | $212.34 | $0.00 | $0.00 | | |
| 28660 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHE | | $52.98 | $52.98 | $0.00 | $0.00 | | |
| 28665 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANEST | | $70.69 | $83.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28666 | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, W | | $150.28 | $150.28 | $0.00 | $0.00 | | |
| 28675 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT | | $169.07 | $169.07 | $0.00 | $0.00 | | |
| 28705 | ARTHRODESIS; PANTALAR | | $879.94 | $879.94 | $0.00 | $0.00 | | |
| 28715 | ARTHRODESIS; TRIPLE | | $734.04 | $734.04 | $0.00 | $0.00 | | |
| 28725 | ARTHRODESIS; SUBTALAR | | $606.86 | $606.86 | $0.00 | $0.00 | | |
| 28730 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; | | $564.51 | $564.51 | $0.00 | $0.00 | | |
| 28735 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WIT | | $590.56 | $590.56 | $0.00 | $0.00 | | |
| 28737 | ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSA | | $526.23 | $526.23 | $0.00 | $0.00 | | |
| 28740 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT | | $337.29 | $337.29 | $0.00 | $0.00 | | |
| 28750 | ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT | | $302.59 | $302.59 | $0.00 | $0.00 | | |
| 28755 | ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT | | $241.37 | $241.37 | $0.00 | $0.00 | | |
| 28760 | ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSA | | $321.14 | $321.14 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 28800 | AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE) | | $423.54 | $423.54 | $0.00 | $0.00 | | |
| 28805 | AMPUTATION, FOOT; TRANSMETATARSAL | | $420.46 | $420.46 | $0.00 | $0.00 | | |
| 28810 | AMPUTATION, METATARSAL, WITH TOE, SINGLE | | $285.37 | $285.37 | $0.00 | $0.00 | | |
| 28820 | AMPUTATION, TOE; METATARSOPHALANGEAL JOINT | | $184.84 | $184.84 | $0.00 | $0.00 | | |
| 28825 | AMPUTATION, TOE; INTERPHALANGEAL JOINT | | $166.18 | $166.18 | $0.00 | $0.00 | | |
| 28890 | EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQU | | $161.86 | $254.74 | $0.00 | $0.00 | | |
| 28899 | UNLISTED PROCEDURE, FOOT OR TOES | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 29000 | APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION) | | $120.75 | $120.75 | $0.00 | $0.00 | | |
| 29010 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY | | $131.20 | $131.20 | $0.00 | $0.00 | | |
| 29015 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD | | $109.98 | $141.23 | $0.00 | $0.00 | | |
| 29020 | APPLICATION OF TURNBUCKLE JACKET, BODY; ONLY | | $91.91 | $116.32 | $0.00 | $0.00 | | |
| 29025 | APPLICATION OF TURNBUCKLE JACKET, BODY; INCLUDING HEAD | | $83.88 | $93.94 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 29035 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; | | $85.87 | $112.02 | $0.00 | $0.00 | | |
| 29040 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TY | | $126.61 | $126.61 | $0.00 | $0.00 | | |
| 29044 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH | | $126.53 | $126.53 | $0.00 | $0.00 | | |
| 29046 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS | | $139.28 | $139.28 | $0.00 | $0.00 | | |
| 29049 | APPLICATION, CAST; FIGURE-OF-EIGHT | | $33.21 | $38.84 | $0.00 | $0.00 | | |
| 29055 | APPLICATION, CAST; SHOULDER SPICA | | $88.55 | $88.55 | $0.00 | $0.00 | | |
| 29058 | APPLICATION, CAST; PLASTER VELPEAU | | $58.06 | $58.06 | $0.00 | $0.00 | | |
| 29065 | APPLICATION, CAST; SHOULDER TO HAND (LONG ARM) | | $39.42 | $50.15 | $0.00 | $0.00 | | |
| 29075 | APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM) | | $33.21 | $41.39 | $0.00 | $0.00 | | |
| 29085 | APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET) | | $34.18 | $40.88 | $0.00 | $0.00 | | |
| 29086 | APPLICATION, CAST; FINGER (EG, CONTRACTURE) | | $32.50 | $40.50 | $0.00 | $0.00 | | |
| 29105 | APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND) | | $34.18 | $40.88 | $0.00 | $0.00 | | |
| 29125 | APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC | | $23.49 | $28.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29126 | APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC | | $29.42 | $34.78 | $0.00 | $0.00 | | |
| 29130 | APPLICATION OF FINGER SPLINT; STATIC | | $17.44 | $19.72 | $0.00 | $0.00 | | |
| 29131 | APPLICATION OF FINGER SPLINT; DYNAMIC | | $22.83 | $28.06 | $0.00 | $0.00 | | |
| 29200 | STRAPPING; THORAX | | $23.42 | $27.04 | $0.00 | $0.00 | | |
| 29220 | STRAPPING; LOW BACK | | $25.09 | $30.19 | $0.00 | $0.00 | | |
| 29240 | STRAPPING; SHOULDER (EG, VELPEAU) | | $28.80 | $28.80 | $0.00 | $0.00 | | |
| 29260 | STRAPPING; ELBOW OR WRIST | | $19.95 | $23.04 | $0.00 | $0.00 | | |
| 29280 | STRAPPING; HAND OR FINGER | | $18.27 | $21.08 | $0.00 | $0.00 | | |
| 29305 | APPLICATION OF HIP SPICA CAST; ONE LEG | | $117.53 | $117.53 | $0.00 | $0.00 | | |
| 29325 | APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS | | $126.92 | $126.92 | $0.00 | $0.00 | | |
| 29345 | APPLICATION OF LONG LEG CAST (THIGH TO TOES); | | $58.65 | $72.33 | $0.00 | $0.00 | | |
| 29355 | APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYP | | $63.78 | $78.53 | $0.00 | $0.00 | | |
| 29358 | APPLICATION OF LONG LEG CAST BRACE | | $74.66 | $99.33 | $0.00 | $0.00 | | |
| 29365 | APPLICATION OF CYLINDER CAST (THIGH TO ANKLE) | | $49.56 | $61.09 | $0.00 | $0.00 | | |
| 29405 | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); | | $38.75 | $49.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29425 | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULAT | | $46.05 | $59.06 | $0.00 | $0.00 | | |
| 29435 | APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST | | $54.82 | $70.65 | $0.00 | $0.00 | | |
| 29440 | ADDING WALKER TO PREVIOUSLY APPLIED CAST | | $20.54 | $23.62 | $0.00 | $0.00 | | |
| 29445 | APPLICATION OF RIGID TOTAL CONTACT LEG CAST | | $104.63 | $104.63 | $0.00 | $0.00 | | |
| 29450 | APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHO | | $36.13 | $41.36 | $0.00 | $0.00 | | |
| 29505 | APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES) | | $37.24 | $37.24 | $0.00 | $0.00 | | |
| 29515 | APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT) | | $29.18 | $35.49 | $0.00 | $0.00 | | |
| 29520 | STRAPPING; HIP | | $21.40 | $26.23 | $0.00 | $0.00 | | |
| 29530 | STRAPPING; KNEE | | $22.63 | $27.33 | $0.00 | $0.00 | | |
| 29540 | STRAPPING; ANKLE AND/OR FOOT | | $19.72 | $23.74 | $0.00 | $0.00 | | |
| 29550 | STRAPPING; TOES | | $18.28 | $22.03 | $0.00 | $0.00 | | |
| 29580 | STRAPPING; UNNA BOOT | | $28.29 | $38.89 | $0.00 | $0.00 | | |
| 29590 | DENIS-BROWNE SPLINT STRAPPING | | $26.79 | $30.54 | $0.00 | $0.00 | | |
| 29700 | REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST | | $31.33 | $35.62 | $0.00 | $0.00 | | |
| 29705 | REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST | | $38.77 | $43.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29710 | REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET | | $47.06 | $53.09 | $0.00 | $0.00 | | |
| 29715 | REMOVAL OR BIVALVING; TURNBUCKLE JACKET | | $42.03 | $53.57 | $0.00 | $0.00 | | |
| 29720 | REPAIR OF SPICA, BODY CAST OR JACKET | | $24.01 | $27.09 | $0.00 | $0.00 | | |
| 29730 | WINDOWING OF CAST | | $26.47 | $29.95 | $0.00 | $0.00 | | |
| 29740 | WEDGING OF CAST (EXCEPT CLUBFOOT CASTS) | | $39.42 | $44.52 | $0.00 | $0.00 | | |
| 29750 | WEDGING OF CLUBFOOT CAST | | $45.38 | $52.08 | $0.00 | $0.00 | | |
| 29799 | UNLISTED PROCEDURE, CASTING OR STRAPPING | R | $43.50 | $56.55 | $0.00 | $0.00 | | |
| 29800 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNO | | $273.67 | $273.67 | $0.00 | $0.00 | | |
| 29804 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL | | $544.32 | $544.32 | $0.00 | $0.00 | | |
| 29805 | ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY | | $273.62 | $273.62 | $0.00 | $0.00 | | |
| 29806 | ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY | | $756.24 | $756.24 | $0.00 | $0.00 | | |
| 29807 | ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION | | $735.75 | $735.75 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29819 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN | | $508.71 | $508.71 | $0.00 | $0.00 | | |
| 29820 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL | | $475.75 | $475.75 | $0.00 | $0.00 | | |
| 29821 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE | | $524.59 | $524.59 | $0.00 | $0.00 | | |
| 29822 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED | | $496.95 | $496.95 | $0.00 | $0.00 | | |
| 29823 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE | | $557.11 | $557.11 | $0.00 | $0.00 | | |
| 29824 | ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTA | | $459.49 | $459.49 | $0.00 | $0.00 | | |
| 29825 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS | | $516.49 | $516.49 | $0.00 | $0.00 | | |
| 29826 | ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WI | | $610.22 | $610.22 | $0.00 | $0.00 | | |
| 29827 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR | | $787.23 | $787.23 | $0.00 | $0.00 | | |
| 29828 | ARTHIROSCOPY BICEPS TENIDESIS | | $692.79 | $692.79 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29830 | ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR | | $328.06 | $328.06 | $0.00 | $0.00 | | |
| 29834 | ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BO | | $359.84 | $359.84 | $0.00 | $0.00 | | |
| 29835 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL | | $371.54 | $371.54 | $0.00 | $0.00 | | |
| 29836 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE | | $432.76 | $432.76 | $0.00 | $0.00 | | |
| 29837 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED | | $394.61 | $394.61 | $0.00 | $0.00 | | |
| 29838 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE | | $434.52 | $434.52 | $0.00 | $0.00 | | |
| 29840 | ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPAR | | $259.53 | $259.53 | $0.00 | $0.00 | | |
| 29843 | ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | | $344.27 | $344.27 | $0.00 | $0.00 | | |
| 29844 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL | | $355.54 | $355.54 | $0.00 | $0.00 | | |
| 29845 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE | | $431.08 | $431.08 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29846 | ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR | | $473.77 | $473.77 | $0.00 | $0.00 | | |
| 29847 | ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTAB | | $408.77 | $408.77 | $0.00 | $0.00 | | |
| 29848 | ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT | | $236.88 | $236.88 | $0.00 | $0.00 | | |
| 29850 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR | | $412.51 | $549.17 | $0.00 | $0.00 | | |
| 29851 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR | | $699.25 | $699.25 | $0.00 | $0.00 | | |
| 29855 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU | | $637.41 | $637.41 | $0.00 | $0.00 | | |
| 29856 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU | | $748.91 | $748.91 | $0.00 | $0.00 | | |
| 29860 | ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE | | $375.33 | $375.33 | $0.00 | $0.00 | | |
| 29861 | ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | | $547.74 | $547.74 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29862 | ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CART | | $601.41 | $601.41 | $0.00 | $0.00 | | |
| 29863 | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY | | $552.29 | $552.29 | $0.00 | $0.00 | | |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLA | | $763.08 | $763.08 | $0.00 | $0.00 | | |
| 29867 | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY | | $913.20 | $913.20 | $0.00 | $0.00 | | |
| 29868 | ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHRO | | $1,240.49 | $1,240.49 | $0.00 | $0.00 | | |
| 29870 | ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARA | | $268.33 | $268.33 | $0.00 | $0.00 | | |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | | $389.48 | $389.48 | $0.00 | $0.00 | | |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | | $389.48 | $389.48 | $0.00 | $0.00 | | |
| 29873 | ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE | | $360.23 | $360.23 | $0.00 | $0.00 | | |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY | | $469.26 | $469.26 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 29875 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF | | $431.23 | $431.23 | $0.00 | $0.00 | | |
| 29876 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTME | | $525.51 | $525.51 | $0.00 | $0.00 | | |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAG | | $493.05 | $493.05 | $0.00 | $0.00 | | |
| 29879 | ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPL | | $538.89 | $538.89 | $0.00 | $0.00 | | |
| 29880 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, | | $568.94 | $568.94 | $0.00 | $0.00 | | |
| 29881 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, | | $519.01 | $519.01 | $0.00 | $0.00 | | |
| 29882 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL) | | $570.66 | $570.66 | $0.00 | $0.00 | | |
| 29883 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL) | | $641.12 | $641.12 | $0.00 | $0.00 | | |

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| 29884 | ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT | | $478.61 | $478.61 | $0.00 | $0.00 | | |
| 29885 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WI | | $506.78 | $506.78 | $0.00 | $0.00 | | |
| 29886 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSE | | $418.82 | $418.82 | $0.00 | $0.00 | | |
| 29887 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSE | | $575.48 | $575.48 | $0.00 | $0.00 | | |
| 29888 | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION | | $922.93 | $922.93 | $0.00 | $0.00 | | |
| 29889 | ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATIO | | $631.75 | $631.75 | $0.00 | $0.00 | | |
| 29891 | ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALU | | $513.66 | $513.66 | $0.00 | $0.00 | | |
| 29892 | ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESIO | | $530.95 | $530.95 | $0.00 | $0.00 | | |

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| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY | | $295.86 | $295.86 | $0.00 | $0.00 | | |
| 29894 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH | | $478.37 | $478.37 | $0.00 | $0.00 | | |
| 29895 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; | | $464.84 | $464.84 | $0.00 | $0.00 | | |
| 29897 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; | | $483.71 | $483.71 | $0.00 | $0.00 | | |
| 29898 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; | | $557.77 | $557.77 | $0.00 | $0.00 | | |
| 29899 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH | | $722.91 | $722.91 | $0.00 | $0.00 | | |
| 29900 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL | | $325.00 | $325.00 | $0.00 | $0.00 | | |
| 29901 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT | | $358.76 | $358.76 | $0.00 | $0.00 | | |
| 29902 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF | | $385.42 | $385.42 | $0.00 | $0.00 | | |
| 29904 | SUBTALAR ARTHO W/FB RMVL | | $464.04 | $464.04 | $0.00 | $0.00 | | |
| 29905 | SUBTALAR ARTHRO W/SYNOVECTOMY | | $499.64 | $499.64 | $0.00 | $0.00 | | |

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| 29906 | SUBTALAR ARTHRO W/DEB | | $526.35 | $526.35 | $0.00 | $0.00 | | |
| 29907 | SUBTALAR ARTHRO W/FUSION | | $645.92 | $645.92 | $0.00 | $0.00 | | |
| 29999 | UNLISTED PROCEDURE, ARTHROSCOPY | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 30000 | DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH | | $49.49 | $57.27 | $0.00 | $0.00 | | |
| 30020 | DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM | | $50.00 | $58.05 | $0.00 | $0.00 | | |
| 30100 | BIOPSY, INTRANASAL | | $38.78 | $48.03 | $0.00 | $0.00 | | |
| 30110 | EXCISION, NASAL POLYP(S), SIMPLE | | $67.06 | $84.36 | $0.00 | $0.00 | | |
| 30115 | EXCISION, NASAL POLYP(S), EXTENSIVE | | $207.37 | $207.37 | $0.00 | $0.00 | | |
| 30117 | EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPRO | | $173.50 | $173.50 | $0.00 | $0.00 | | |
| 30118 | EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPRO | | $508.04 | $508.04 | $0.00 | $0.00 | | |
| 30120 | EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA | R | $351.88 | $351.88 | $0.00 | $0.00 | | |
| 30124 | EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS | | $109.89 | $127.86 | $0.00 | $0.00 | | |
| 30125 | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE | | $365.84 | $365.84 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 30130 | EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD | | $141.94 | $141.94 | $0.00 | $0.00 | | |
| 30140 | SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHO | | $186.05 | $186.05 | $0.00 | $0.00 | | |
| 30150 | RHINECTOMY; PARTIAL | | $487.26 | $487.26 | $0.00 | $0.00 | | |
| 30160 | RHINECTOMY; TOTAL | | $610.09 | $610.09 | $0.00 | $0.00 | | |
| 30200 | INJECTION INTO TURBINATE(S), THERAPEUTIC | | $33.78 | $33.78 | $0.00 | $0.00 | | |
| 30210 | DISPLACEMENT THERAPY (PROETZ TYPE) | | $34.44 | $37.93 | $0.00 | $0.00 | | |
| 30220 | INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON) | | $67.86 | $88.11 | $0.00 | $0.00 | | |
| 30300 | REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE | | $36.43 | $42.60 | $0.00 | $0.00 | | |
| 30310 | REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA | | $103.87 | $103.87 | $0.00 | $0.00 | | |
| 30320 | REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY | | $254.33 | $254.33 | $0.00 | $0.00 | | |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF | R | $571.59 | $571.59 | $0.00 | $0.00 | | |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, | R | $802.40 | $802.40 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR | R | $982.73 | $982.73 | $0.00 | $0.00 | | |
| 30430 | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK | R | $376.86 | $376.86 | $0.00 | $0.00 | | |
| 30435 | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOM | R | $629.04 | $629.04 | $0.00 | $0.00 | | |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES | R | $853.53 | $853.53 | $0.00 | $0.00 | | |
| 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/ | | $530.91 | $530.91 | $0.00 | $0.00 | | |
| 30462 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/ | R | $1,062.64 | $1,062.64 | $0.00 | $0.00 | | |
| 30465 | REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NA | | $590.90 | $590.90 | $0.00 | $0.00 | | |
| 30520 | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, | | $376.62 | $376.62 | $0.00 | $0.00 | | |
| 30540 | REPAIR CHOANAL ATRESIA; INTRANASAL | | $413.74 | $413.74 | $0.00 | $0.00 | | |
| 30545 | REPAIR CHOANAL ATRESIA; TRANSPALATINE | | $632.63 | $632.63 | $0.00 | $0.00 | | |
| 30560 | LYSIS INTRANASAL SYNECHIA | | $44.34 | $51.72 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 30580 | REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLU | | $422,43 | $422,43 | $0.00 | $0.00 | | |
| 30600 | REPAIR FISTULA; ORONASAL | | $282.11 | $282.11 | $0.00 | $0.00 | | |
| 30620 | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING G | | $380.02 | $380.02 | $0.00 | $0.00 | | |
| 30630 | REPAIR NASAL SEPTAL PERFORATIONS | | $385.04 | $385.04 | $0.00 | $0.00 | | |
| 30801 | CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR | | $37.45 | $43.75 | $0.00 | $0.00 | | |
| 30802 | CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR | | $85.99 | $85.99 | $0.00 | $0.00 | | |
| 30901 | CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PAC | | $44.47 | $51.98 | $0.00 | $0.00 | | |
| 30903 | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR | | $69.93 | $69.93 | $0.00 | $0.00 | | |
| 30905 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR | | $109.95 | $109.95 | $0.00 | $0.00 | | |
| 30906 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR | | $103.53 | $103.53 | $0.00 | $0.00 | | |
| 30915 | LIGATION ARTERIES; ETHMOIDAL | | $342.59 | $342.59 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 30920 | LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL | | $506.86 | $506.86 | $0.00 | $0.00 | | |
| 30930 | FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC | | $56.49 | $56.49 | $0.00 | $0.00 | | |
| 30999 | UNLISTED PROCEDURE, NOSE | R | $112.50 | $150.00 | $0.00 | $0.00 | | |
| 31000 | LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OST | | $39.26 | $45.03 | $0.00 | $0.00 | | |
| 31002 | LAVAGE BY CANNULATION; SPHENOID SINUS | | $61.96 | $68.13 | $0.00 | $0.00 | | |
| 31020 | SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL | | $160.85 | $160.85 | $0.00 | $0.00 | | |
| 31030 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMO | | $377.27 | $377.27 | $0.00 | $0.00 | | |
| 31032 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL | | $420.07 | $420.07 | $0.00 | $0.00 | | |
| 31040 | PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH | | $494.04 | $494.04 | $0.00 | $0.00 | | |
| 31050 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; | | $324.18 | $324.18 | $0.00 | $0.00 | | |
| 31051 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING O | | $439.45 | $439.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31070 | SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION) | | $256.49 | $256.49 | $0.00 | $0.00 | | |
| 31075 | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, | | $560.10 | $560.10 | $0.00 | $0.00 | | |
| 31080 | SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCIS | | $589.10 | $589.10 | $0.00 | $0.00 | | |
| 31081 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL | | $658.46 | $658.46 | $0.00 | $0.00 | | |
| 31084 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISIO | | $808.43 | $808.43 | $0.00 | $0.00 | | |
| 31085 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCI | | $855.14 | $855.14 | $0.00 | $0.00 | | |
| 31086 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCI | | $671.03 | $671.03 | $0.00 | $0.00 | | |
| 31087 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL | | $667.23 | $667.23 | $0.00 | $0.00 | | |
| 31090 | SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, | | $608.96 | $608.96 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 31200 | ETHMOIDECTOMY; INTRANASAL, ANTERIOR | | $272.91 | $272.91 | $0.00 | $0.00 | | |
| 31201 | ETHMOIDECTOMY; INTRANASAL, TOTAL | | $438.35 | $438.35 | $0.00 | $0.00 | | |
| 31205 | ETHMOIDECTOMY; EXTRANASAL, TOTAL | | $518.23 | $518.23 | $0.00 | $0.00 | | |
| 31225 | MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION | | $1,024.73 | $1,024.73 | $0.00 | $0.00 | | |
| 31230 | MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC) | | $1,261.34 | $1,261.34 | $0.00 | $0.00 | | |
| 31231 | NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDU | | $72.67 | $72.67 | $0.00 | $0.00 | | |
| 31233 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFE | | $108.92 | $146.33 | $0.00 | $0.00 | | |
| 31235 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCT | | $115.84 | $147.89 | $0.00 | $0.00 | | |
| 31237 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEME | | $144.86 | $144.86 | $0.00 | $0.00 | | |
| 31238 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE | | $162.52 | $218.44 | $0.00 | $0.00 | | |
| 31239 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY | | $569.91 | $569.91 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 31240 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION | | $175.16 | $175.16 | $0.00 | $0.00 | | |
| 31254 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR | | $312.80 | $312.80 | $0.00 | $0.00 | | |
| 31255 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR A | | $470.91 | $470.91 | $0.00 | $0.00 | | |
| 31256 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; | | $207.62 | $207.62 | $0.00 | $0.00 | | |
| 31267 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOV | | $320.18 | $320.18 | $0.00 | $0.00 | | |
| 31276 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH O | | $457.67 | $457.67 | $0.00 | $0.00 | | |
| 31287 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; | | $265.20 | $265.20 | $0.00 | $0.00 | | |
| 31288 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF T | | $310.52 | $310.52 | $0.00 | $0.00 | | |
| 31290 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE | | $863.15 | $863.15 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31291 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LE | | $906.69 | $906.69 | $0.00 | $0.00 | | |
| 31292 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL | | $700.75 | $700.75 | $0.00 | $0.00 | | |
| 31293 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR | | $766.70 | $766.70 | $0.00 | $0.00 | | |
| 31294 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION | | $876.15 | $876.15 | $0.00 | $0.00 | | |
| 31299 | UNLISTED PROCEDURE, ACCESSORY SINUSES | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 31300 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR | | $731.38 | $731.38 | $0.00 | $0.00 | | |
| 31320 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC | | $248.68 | $248.68 | $0.00 | $0.00 | | |
| 31360 | LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION | | $1,018.21 | $1,018.21 | $0.00 | $0.00 | | |
| 31365 | LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION | | $1,443.84 | $1,443.84 | $0.00 | $0.00 | | |
| 31367 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION | | $1,064.49 | $1,064.49 | $0.00 | $0.00 | | |
| 31368 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION | | $1,488.14 | $1,488.14 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31370 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL | | $1,049.34 | $1,049.34 | $0.00 | $0.00 | | |
| 31375 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL | | $978.80 | $978.80 | $0.00 | $0.00 | | |
| 31380 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL | | $1,051.75 | $1,051.75 | $0.00 | $0.00 | | |
| 31382 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL | | $1,016.87 | $1,016.87 | $0.00 | $0.00 | | |
| 31390 | PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUC | | $1,445.36 | $1,445.36 | $0.00 | $0.00 | | |
| 31395 | PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTIO | | $1,774.98 | $1,774.98 | $0.00 | $0.00 | | |
| 31400 | ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH | | $497.44 | $497.44 | $0.00 | $0.00 | | |
| 31420 | EPIGLOTTIDECTOMY | | $502.98 | $502.98 | $0.00 | $0.00 | | |
| 31500 | INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE | | $102.35 | $102.35 | $0.00 | $0.00 | | |
| 31502 | TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT | | $36.33 | $36.33 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31505 | LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE) | | $24.88 | $30.65 | $0.00 | $0.00 | | |
| 31510 | LARYNGOSCOPY, INDIRECT; WITH BIOPSY | | $72.79 | $72.79 | $0.00 | $0.00 | | |
| 31511 | LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY | | $91.56 | $91.56 | $0.00 | $0.00 | | |
| 31512 | LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION | | $113.61 | $113.61 | $0.00 | $0.00 | | |
| 31513 | LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION | | $142.74 | $142.74 | $0.00 | $0.00 | | |
| 31515 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION | | $86.53 | $86.53 | $0.00 | $0.00 | | |
| 31520 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN | | $123.48 | $123.48 | $0.00 | $0.00 | | |
| 31525 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT | | $112.27 | $141.77 | $0.00 | $0.00 | | |
| 31526 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH | | $172.89 | $172.89 | $0.00 | $0.00 | | |
| 31527 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF | | $183.44 | $183.44 | $0.00 | $0.00 | | |
| 31528 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INIT | | $148.18 | $148.18 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31529 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, | | $150.70 | $150.70 | $0.00 | $0.00 | | |
| 31530 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; | | $206.31 | $206.31 | $0.00 | $0.00 | | |
| 31531 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERA | | $252.24 | $252.24 | $0.00 | $0.00 | | |
| 31535 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; | | $211.22 | $211.22 | $0.00 | $0.00 | | |
| 31536 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOP | | $216.25 | $216.25 | $0.00 | $0.00 | | |
| 31540 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP | | $277.90 | $277.90 | $0.00 | $0.00 | | |
| 31541 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPP | | $244.99 | $244.99 | $0.00 | $0.00 | | |
| 31545 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP | | $285.05 | $285.05 | $0.00 | $0.00 | | |
| 31546 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOP | | $435.71 | $435.71 | $0.00 | $0.00 | | |
| 31560 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; | | $306.45 | $306.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31561 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING | | $338.20 | $338.20 | $0.00 | $0.00 | | |
| 31570 | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; | | $194.52 | $260.91 | $0.00 | $0.00 | | |
| 31571 | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; | | $241.02 | $241.02 | $0.00 | $0.00 | | |
| 31575 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC | | $58.04 | $58.04 | $0.00 | $0.00 | | |
| 31576 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY | | $133.42 | $133.42 | $0.00 | $0.00 | | |
| 31577 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY | | $166.23 | $166.23 | $0.00 | $0.00 | | |
| 31578 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION | | $192.36 | $192.36 | $0.00 | $0.00 | | |
| 31579 | LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY | | $103.88 | $135.13 | $0.00 | $0.00 | | |
| 31580 | LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND | | $740.60 | $740.60 | $0.00 | $0.00 | | |
| 31582 | LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUD | | $1,105.39 | $1,105.39 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 31584 | LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE | | $916.59 | $916.59 | $0.00 | $0.00 | | |
| 31587 | LARYNGOPLASTY, CRICOID SPLIT | | $446.74 | $446.74 | $0.00 | $0.00 | | |
| 31588 | LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION | | $662.02 | $662.02 | $0.00 | $0.00 | | |
| 31590 | LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE | | $356.18 | $356.18 | $0.00 | $0.00 | | |
| 31595 | SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), | | $423.87 | $423.87 | $0.00 | $0.00 | | |
| 31599 | UNLISTED PROCEDURE, LARYNX | R | $354.50 | $460.85 | $0.00 | $0.00 | | |
| 31600 | TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); | | $230.38 | $230.38 | $0.00 | $0.00 | | |
| 31601 | TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS | | $281.53 | $281.53 | $0.00 | $0.00 | | |
| 31603 | TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL | | $251.27 | $251.27 | $0.00 | $0.00 | | |
| 31605 | TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE | | $229.58 | $229.58 | $0.00 | $0.00 | | |
| 31610 | TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS | | $432.19 | $432.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31611 | CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF | | $345.87 | $345.87 | $0.00 | $0.00 | | |
| 31612 | TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR | | $61.00 | $61.00 | $0.00 | $0.00 | | |
| 31613 | TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION | | $190.50 | $190.50 | $0.00 | $0.00 | | |
| 31614 | TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION | | $377.81 | $377.81 | $0.00 | $0.00 | | |
| 31615 | TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION | | $118.98 | $118.98 | $0.00 | $0.00 | | |
| 31622 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $186.18 | $186.18 | $0.00 | $0.00 | | |
| 31623 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $127.23 | $181.17 | $0.00 | $0.00 | | |
| 31624 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $128.64 | $182.84 | $0.00 | $0.00 | | |
| 31625 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $210.12 | $210.12 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 31628 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $251.92 | $251.92 | $0.00 | $0.00 | | |
| 31629 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $222.75 | $222.75 | $0.00 | $0.00 | | |
| 31630 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $224.02 | $224.02 | $0.00 | $0.00 | | |
| 31631 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $245.57 | $245.57 | $0.00 | $0.00 | | |
| 31632 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $41.99 | $53.30 | $0.00 | $0.00 | | |
| 31633 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $52.65 | $65.75 | $0.00 | $0.00 | | |
| 31635 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $242.37 | $242.37 | $0.00 | $0.00 | | |
| 31636 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $180.52 | $180.52 | $0.00 | $0.00 | | |
| 31637 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $64.53 | $64.53 | $0.00 | $0.00 | | |
| 31638 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $200.75 | $200.75 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31640 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE | | $295.88 | $295.88 | $0.00 | $0.00 | | |
| 31641 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF | | $341.25 | $341.25 | $0.00 | $0.00 | | |
| 31643 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH PLACEMENT OF CATHETER(S) FOR | | $148.43 | $161.39 | $0.00 | $0.00 | | |
| 31645 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF | | $197.11 | $197.11 | $0.00 | $0.00 | | |
| 31646 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF | | $168.45 | $168.45 | $0.00 | $0.00 | | |
| 31656 | BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH INJECTION OF CONTRAST MATERIAL | | $145.50 | $145.50 | $0.00 | $0.00 | | |
| 31715 | TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY | | $46.42 | $46.42 | $0.00 | $0.00 | | |
| 31717 | CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY | | $83.25 | $83.25 | $0.00 | $0.00 | | |
| 31720 | CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL | | $53.14 | $53.14 | $0.00 | $0.00 | | |
| 31725 | CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERS | | $98.98 | $98.98 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31730 | TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STEN | | $155.47 | $155.47 | $0.00 | $0.00 | | |
| 31750 | TRACHEOPLASTY; CERVICAL | | $530.22 | $530.22 | $0.00 | $0.00 | | |
| 31755 | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE | | $822.78 | $822.78 | $0.00 | $0.00 | | |
| 31760 | TRACHEOPLASTY; INTRATHORACIC | | $967.85 | $967.85 | $0.00 | $0.00 | | |
| 31766 | CARINAL RECONSTRUCTION | | $1,366.42 | $1,366.42 | $0.00 | $0.00 | | |
| 31770 | BRONCHOPLASTY; GRAFT REPAIR | | $1,075.36 | $1,075.36 | $0.00 | $0.00 | | |
| 31775 | BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS | | $1,135.69 | $1,135.69 | $0.00 | $0.00 | | |
| 31780 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL | | $988.97 | $988.97 | $0.00 | $0.00 | | |
| 31781 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC | | $1,151.86 | $1,151.86 | $0.00 | $0.00 | | |
| 31785 | EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL | | $741.29 | $741.29 | $0.00 | $0.00 | | |
| 31786 | EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC | | $1,072.57 | $1,072.57 | $0.00 | $0.00 | | |
| 31800 | SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL | | $348.55 | $348.55 | $0.00 | $0.00 | | |
| 31805 | SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC | | $667.09 | $667.09 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 31820 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR | | $227.51 | $227.51 | $0.00 | $0.00 | | |
| 31825 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR | | $333.36 | $333.36 | $0.00 | $0.00 | | |
| 31830 | REVISION OF TRACHEOSTOMY SCAR | | $233.38 | $233.38 | $0.00 | $0.00 | | |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BRONCHI | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 32035 | THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA | | $403.89 | $403.89 | $0.00 | $0.00 | | |
| 32036 | THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA | | $445.15 | $445.15 | $0.00 | $0.00 | | |
| 32095 | THORACOTOMY, LIMITED, FOR BIOPSY OF LUNG OR PLEURA | | $465.73 | $465.73 | $0.00 | $0.00 | | |
| 32100 | THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY | | $648.00 | $648.00 | $0.00 | $0.00 | | |
| 32110 | THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR | | $702.64 | $702.64 | $0.00 | $0.00 | | |
| 32120 | THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS | | $577.55 | $577.55 | $0.00 | $0.00 | | |
| 32124 | THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS | | $667.86 | $667.86 | $0.00 | $0.00 | | |
| 32140 | THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL | | $746.82 | $746.82 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 32141 | THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT | | $777.66 | $777.66 | $0.00 | $0.00 | | |
| 32150 | THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRI | | $690.63 | $690.63 | $0.00 | $0.00 | | |
| 32151 | THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY | | $643.16 | $643.16 | $0.00 | $0.00 | | |
| 32160 | THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE | | $491.04 | $491.04 | $0.00 | $0.00 | | |
| 32200 | PNEUMONOSTOMY; WITH OPEN DRAINAGE OF ABSCESS OR CYST | | $591.80 | $591.80 | $0.00 | $0.00 | | |
| 32201 | PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST | | $201.98 | $201.98 | $0.00 | $0.00 | | |
| 32215 | PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX | | $530.98 | $530.98 | $0.00 | $0.00 | | |
| 32220 | DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL | | $1,014.23 | $1,014.23 | $0.00 | $0.00 | | |
| 32225 | DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL | | $728.03 | $728.03 | $0.00 | $0.00 | | |
| 32310 | PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE) | | $716.82 | $716.82 | $0.00 | $0.00 | | |
| 32320 | DECORTICATION AND PARIETAL PLEURECTOMY | | $1,130.02 | $1,130.02 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 32400 | BIOPSY, PLEURA; PERCUTANEOUS NEEDLE | | $94.26 | $94.26 | $0.00 | $0.00 | | |
| 32402 | BIOPSY, PLEURA; OPEN | | $428.07 | $428.07 | $0.00 | $0.00 | | |
| 32405 | BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE | | $117.87 | $117.87 | $0.00 | $0.00 | | |
| 32420 | PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION | | $107.36 | $107.36 | $0.00 | $0.00 | | |
| 32421 | THORACENTESIS FOR ASPIRATION | | $62.01 | $119.57 | $0.00 | $0.00 | | |
| 32422 | THORACENTESIS W/TUBE INSERT | | $99.10 | $153.99 | $0.00 | $0.00 | | |
| 32440 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; | | $1,146.00 | $1,146.00 | $0.00 | $0.00 | | |
| 32442 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRA | | $1,290.43 | $1,290.43 | $0.00 | $0.00 | | |
| 32445 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL | | $1,328.82 | $1,328.82 | $0.00 | $0.00 | | |
| 32480 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOM | | $1,110.19 | $1,110.19 | $0.00 | $0.00 | | |
| 32482 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOM | | $1,082.51 | $1,082.51 | $0.00 | $0.00 | | |
| 32484 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT | | $1,111.27 | $1,111.27 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 32486 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL | | $1,189.69 | $1,189.69 | $0.00 | $0.00 | | |
| 32488 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG | | $1,276.17 | $1,276.17 | $0.00 | $0.00 | | |
| 32491 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF | | $1,083.94 | $1,083.94 | $0.00 | $0.00 | | |
| 32500 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SING | | $807.90 | $807.90 | $0.00 | $0.00 | | |
| 32501 | RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFO | | $270.23 | $270.23 | $0.00 | $0.00 | | |
| 32503 | RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W | | $1,388.84 | $1,388.84 | $0.00 | $0.00 | | |
| 32504 | RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST W | | $1,590.47 | $1,590.47 | $0.00 | $0.00 | | |
| 32540 | EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY) | | $753.39 | $753.39 | $0.00 | $0.00 | | |
| 32550 | INSET PLEURAL CATH | | $180.99 | $580.35 | $0.00 | $0.00 | | |
| 32551 | INSERTION OF CHEST TUBE | | $139.15 | $139.15 | $0.00 | $0.00 | | |
| 32560 | TREAT LUNG LINING CHEMICALLY | | $89.01 | $221.93 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 32601 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE | | $267.14 | $267.14 | $0.00 | $0.00 | | |
| 32602 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE | | $294.24 | $294.24 | $0.00 | $0.00 | | |
| 32603 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITHOU | | $336.10 | $336.10 | $0.00 | $0.00 | | |
| 32604 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH B | | $376.99 | $376.99 | $0.00 | $0.00 | | |
| 32605 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH | | $310.27 | $310.27 | $0.00 | $0.00 | | |
| 32606 | THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH | | $365.84 | $365.84 | $0.00 | $0.00 | | |
| 32650 | THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL) | | $530.98 | $530.98 | $0.00 | $0.00 | | |
| 32651 | THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION | | $728.03 | $728.03 | $0.00 | $0.00 | | |
| 32652 | THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING | | $1,014.23 | $1,014.23 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 32653 | THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR F | | $690.63 | $690.63 | $0.00 | $0.00 | | |
| 32654 | THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE | | $702.64 | $702.64 | $0.00 | $0.00 | | |
| 32655 | THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING A | | $785.87 | $785.87 | $0.00 | $0.00 | | |
| 32656 | THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY | | $770.74 | $770.74 | $0.00 | $0.00 | | |
| 32657 | THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIP | | $807.90 | $807.90 | $0.00 | $0.00 | | |
| 32658 | THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM | | $742.02 | $742.02 | $0.00 | $0.00 | | |
| 32659 | THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL | | $757.99 | $757.99 | $0.00 | $0.00 | | |
| 32660 | THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDIECTOMY | | $1,108.75 | $1,108.75 | $0.00 | $0.00 | | |
| 32661 | THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR M | | $656.49 | $656.49 | $0.00 | $0.00 | | |
| 32662 | THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR M | | $919.29 | $919.29 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 32663 | THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL | | $1,049.94 | $1,049.94 | $0.00 | $0.00 | | |
| 32664 | THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY | | $733.08 | $733.08 | $0.00 | $0.00 | | |
| 32665 | THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE) | | $880.74 | $880.74 | $0.00 | $0.00 | | |
| 32800 | REPAIR LUNG HERNIA THROUGH CHEST WALL | | $615.54 | $615.54 | $0.00 | $0.00 | | |
| 32810 | CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGET | | $543.35 | $543.35 | $0.00 | $0.00 | | |
| 32815 | OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA | | $1,098.67 | $1,098.67 | $0.00 | $0.00 | | |
| 32820 | MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC) | | $1,169.03 | $1,169.03 | $0.00 | $0.00 | | |
| 32851 | LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS | | $1,837.68 | $1,837.68 | $0.00 | $0.00 | | |
| 32852 | LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS | | $1,992.98 | $1,992.98 | $0.00 | $0.00 | | |
| 32853 | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT | | $2,297.38 | $2,297.38 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 32854 | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH | | $2,452.91 | $2,452.91 | $0.00 | $0.00 | | |
| 32855 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR T | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 32856 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR T | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 32900 | RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES | | $799.08 | $799.08 | $0.00 | $0.00 | | |
| 32905 | THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); | | $966.82 | $966.82 | $0.00 | $0.00 | | |
| 32906 | THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE | | $1,223.12 | $1,223.12 | $0.00 | $0.00 | | |
| 32940 | PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURE | | $879.78 | $879.78 | $0.00 | $0.00 | | |
| 32960 | PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR | | $82.10 | $82.10 | $0.00 | $0.00 | | |
| 32997 | TOTAL LUNG LAVAGE (UNILATERAL) | | $245.69 | $245.69 | $0.00 | $0.00 | | |
| 32998 | ABLATION THERAPY FOR PULMONARY TUMOR | | $217.55 | $1,913.89 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 32999 | UNLISTED PROCEDURE, LUNGS AND PLEURA | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 33010 | PERICARDIOCENTESIS; INITIAL | | $110.44 | $110.44 | $0.00 | $0.00 | | |
| 33011 | PERICARDIOCENTESIS; SUBSEQUENT | | $83.53 | $98.42 | $0.00 | $0.00 | | |
| 33015 | TUBE PERICARDIOSTOMY | | $294.82 | $294.82 | $0.00 | $0.00 | | |
| 33020 | PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE) | | $742.02 | $742.02 | $0.00 | $0.00 | | |
| 33025 | CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE | | $757.99 | $757.99 | $0.00 | $0.00 | | |
| 33030 | PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS | | $1,146.74 | $1,146.74 | $0.00 | $0.00 | | |
| 33031 | PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS | | $992.45 | $992.45 | $0.00 | $0.00 | | |
| 33050 | EXCISION OF PERICARDIAL CYST OR TUMOR | | $656.49 | $656.49 | $0.00 | $0.00 | | |
| 33120 | EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS | | $1,562.79 | $1,562.79 | $0.00 | $0.00 | | |
| 33130 | RESECTION OF EXTERNAL CARDIAC TUMOR | | $989.12 | $989.12 | $0.00 | $0.00 | | |
| 33140 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; (SEPARATE | | $962.45 | $962.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33141 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT | | $205.14 | $205.14 | $0.00 | $0.00 | | |
| 33202 | INSERTION EPICARDIAL ELECTRODE. OPEN INCISION | | $579.83 | $579.83 | $0.00 | $0.00 | | |
| 33203 | INSERTION EPICARDIAL ELECTRODE, ENDOSCOPIC APPROACH | | $595.61 | $595.61 | $0.00 | $0.00 | | |
| 33206 | INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS | | $417.13 | $417.13 | $0.00 | $0.00 | | |
| 33207 | INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS | | $487.60 | $487.60 | $0.00 | $0.00 | | |
| 33208 | INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS | | $505.85 | $505.85 | $0.00 | $0.00 | | |
| 33210 | INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDI | | $191.91 | $191.91 | $0.00 | $0.00 | | |
| 33211 | INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING | | $194.84 | $194.84 | $0.00 | $0.00 | | |
| 33212 | INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHA | | $318.56 | $318.56 | $0.00 | $0.00 | | |
| 33213 | INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMB | | $346.15 | $346.15 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33214 | UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SY | | $388.62 | $388.62 | $0.00 | $0.00 | | |
| 33215 | REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING | | $227.30 | $227.30 | $0.00 | $0.00 | | |
| 33216 | INSERTION OF A TRANSVENOUS ELECTRODE; SINGLE CHAMBER (ONE ELECTRODE) | | $296.78 | $296.78 | $0.00 | $0.00 | | |
| 33217 | INSERTION OF A TRANSVENOUS ELECTRODE; DUAL CHAMBER (TWO ELECTRODES) | | $307.35 | $307.35 | $0.00 | $0.00 | | |
| 33218 | REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT | | $285.48 | $285.48 | $0.00 | $0.00 | | |
| 33220 | REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACE | | $287.83 | $287.83 | $0.00 | $0.00 | | |
| 33222 | REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER | | $312.11 | $312.11 | $0.00 | $0.00 | | |
| 33223 | REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING | | $357.60 | $357.60 | $0.00 | $0.00 | | |
| 33224 | INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC | | $370.55 | $370.55 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33225 | INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRIC | | $329.30 | $329.30 | $0.00 | $0.00 | | |
| 33226 | REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT | | $356.85 | $356.85 | $0.00 | $0.00 | | |
| 33233 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR | | $159.17 | $159.17 | $0.00 | $0.00 | | |
| 33234 | REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATR | | $391.36 | $391.36 | $0.00 | $0.00 | | |
| 33235 | REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM | | $444.49 | $444.49 | $0.00 | $0.00 | | |
| 33236 | REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM | | $465.43 | $465.43 | $0.00 | $0.00 | | |
| 33237 | REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOM | | $657.32 | $657.32 | $0.00 | $0.00 | | |
| 33238 | REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY | | $740.05 | $740.05 | $0.00 | $0.00 | | |
| 33240 | INSERTION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR | | $376.96 | $376.96 | $0.00 | $0.00 | | |
| 33241 | SUBCUTANEOUS REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER- | | $155.53 | $155.53 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33243 | REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR | | $909.36 | $909.36 | $0.00 | $0.00 | | |
| 33244 | REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR | | $524.08 | $524.08 | $0.00 | $0.00 | | |
| 33249 | INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHA | | $894.41 | $894.41 | $0.00 | $0.00 | | |
| 33250 | OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY | | $904.33 | $904.33 | $0.00 | $0.00 | | |
| 33251 | OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY | | $1,180.43 | $1,180.43 | $0.00 | $0.00 | | |
| 33254 | OPERATIVE ABLATION OF ATRIA, LIMITED | | $1,016.17 | $1,016.17 | $0.00 | $0.00 | | |
| 33255 | OPERATIVE ABLATION OF ATRIA, WITHOUT CARDIOPULMONARY BYPASS | | $1,225.95 | $1,225.95 | $0.00 | $0.00 | | |
| 33256 | OPERATIVE ABLATION OF ATRIA, WITH CARDIOPULMONARY BYPASS | | $1,466.00 | $1,466.00 | $0.00 | $0.00 | | |
| 33257 | ABLATE ATRIA, LMTD, ADD-ON | | $474.42 | $474.42 | $0.00 | $0.00 | | |
| 33258 | ABLATE ATRIA, X10SV, ADD-ON | | $536.43 | 536.43. | $0.00 | $0.00 | | |
| 33259 | ABLATE ATRIA W/BYPASS ADD-ON | | $703.77 | $703.77 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33261 | OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULM | | $1,103.05 | $1,103.05 | $0.00 | $0.00 | | |
| 33265 | ENDOSCOPIC ABLATION OF ATRIA, WITHOUT CARDIOPULMONARY BYPASS | | $1,016.17 | $1,016.17 | $0.00 | $0.00 | | |
| 33266 | ENDOSCOPIC ABLATION OF ATRIA, EXTENSIVE, WITHOUT CARDIOPULMONARY BYPASS | | $1,394.19 | $1,394.19 | $0.00 | $0.00 | | |
| 33282 | IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER | | $288.03 | $288.03 | $0.00 | $0.00 | | |
| 33284 | REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER | | $221.44 | $221.44 | $0.00 | $0.00 | | |
| 33300 | REPAIR OF CARDIAC WOUND; WITHOUT BYPASS | | $923.41 | $923.41 | $0.00 | $0.00 | | |
| 33305 | REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS | | $1,105.28 | $1,105.28 | $0.00 | $0.00 | | |
| 33310 | CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR | | $851.81 | $851.81 | $0.00 | $0.00 | | |
| 33315 | CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR | | $1,042.10 | $1,042.10 | $0.00 | $0.00 | | |
| 33320 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMON | | $891.85 | $891.85 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33321 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS | | $1,220.99 | $1,220.99 | $0.00 | $0.00 | | |
| 33322 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS | | $1,211.02 | $1,211.02 | $0.00 | $0.00 | | |
| 33330 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR | | $948.66 | $948.66 | $0.00 | $0.00 | | |
| 33332 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS | | $1,122.51 | $1,122.51 | $0.00 | $0.00 | | |
| 33335 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPAS | | $1,273.92 | $1,273.92 | $0.00 | $0.00 | | |
| 33400 | VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS | | $1,451.36 | $1,451.36 | $0.00 | $0.00 | | |
| 33401 | VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION | | $1,430.53 | $1,430.53 | $0.00 | $0.00 | | |
| 33403 | VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH | | $1,459.29 | $1,459.29 | $0.00 | $0.00 | | |
| 33404 | CONSTRUCTION OF APICAL-AORTIC CONDUIT | | $1,755.14 | $1,755.14 | $0.00 | $0.00 | | |
| 33405 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETI | | $1,782.46 | $1,782.46 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33406 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT | | $2,134.09 | $2,134.09 | $0.00 | $0.00 | | |
| 33410 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS | | $1,638.43 | $1,638.43 | $0.00 | $0.00 | | |
| 33411 | REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONAR | | $2,108.86 | $2,108.86 | $0.00 | $0.00 | | |
| 33412 | REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARG | | $2,164.32 | $2,164.32 | $0.00 | $0.00 | | |
| 33413 | REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VA | | $2,280.46 | $2,280.46 | $0.00 | $0.00 | | |
| 33414 | REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEM | | $2,076.87 | $2,076.87 | $0.00 | $0.00 | | |
| 33415 | RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR A | | $1,681.22 | $1,681.22 | $0.00 | $0.00 | | |
| 33416 | VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC | | $1,703.51 | $1,703.51 | $0.00 | $0.00 | | |
| 33417 | AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS | | $1,883.41 | $1,883.41 | $0.00 | $0.00 | | |
| 33420 | VALVOTOMY, MITRAL VALVE; CLOSED HEART | | $1,198.26 | $1,198.26 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33422 | VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS | | $1,666.80 | $1,666.80 | $0.00 | $0.00 | | |
| 33425 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; | | $1,720.74 | $1,720.74 | $0.00 | $0.00 | | |
| 33426 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHE | | $1,763.15 | $1,763.15 | $0.00 | $0.00 | | |
| 33427 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL | | $2,025.12 | $2,025.12 | $0.00 | $0.00 | | |
| 33430 | REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS | | $1,946.50 | $1,946.50 | $0.00 | $0.00 | | |
| 33460 | VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS | | $1,448.00 | $1,448.00 | $0.00 | $0.00 | | |
| 33463 | VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION | | $1,729.79 | $1,729.79 | $0.00 | $0.00 | | |
| 33464 | VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION | | $1,779.97 | $1,779.97 | $0.00 | $0.00 | | |
| 33465 | REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS | | $1,800.51 | $1,800.51 | $0.00 | $0.00 | | |
| 33468 | TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY | | $1,911.56 | $1,911.56 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33470 | VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR | | $1,163.93 | $1,163.93 | $0.00 | $0.00 | | |
| 33471 | VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY | | $1,391.80 | $1,391.80 | $0.00 | $0.00 | | |
| 33472 | VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION | | $1,452.13 | $1,452.13 | $0.00 | $0.00 | | |
| 33474 | VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS | | $1,452.13 | $1,452.13 | $0.00 | $0.00 | | |
| 33475 | REPLACEMENT, PULMONARY VALVE | | $1,885.46 | $1,885.46 | $0.00 | $0.00 | | |
| 33476 | RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT | | $1,592.30 | $1,592.30 | $0.00 | $0.00 | | |
| 33478 | OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR | | $1,715.16 | $1,715.16 | $0.00 | $0.00 | | |
| 33496 | REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMO | | $1,688.39 | $1,688.39 | $0.00 | $0.00 | | |
| 33500 | REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WI | | $1,620.55 | $1,620.55 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

Note:

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 33501 | REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WI | | $913.86 | $913.86 | $0.00 | $0.00 | | |
| 33502 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY | | $1,021.25 | $1,021.25 | $0.00 | $0.00 | | |
| 33503 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY G | | $1,510.21 | $1,510.21 | $0.00 | $0.00 | | |
| 33504 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY G | | $1,598.54 | $1,598.54 | $0.00 | $0.00 | | |
| 33505 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; WITH | | $1,809.64 | $1,809.64 | $0.00 | $0.00 | | |
| 33506 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY | | $1,809.64 | $1,809.64 | $0.00 | $0.00 | | |
| 33507 | REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY | | $1,344.06 | $1,344.06 | $0.00 | $0.00 | | |
| 33508 | ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR | | $12.53 | $12.53 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 33510 | CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT | | $1,602.35 | $1,602.35 | $0.00 | $0.00 | | |
| 33511 | CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS | | $1,759.16 | $1,759.16 | $0.00 | $0.00 | | |
| 33512 | CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS | | $1,915.68 | $1,915.68 | $0.00 | $0.00 | | |
| 33513 | CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS | | $2,072.22 | $2,072.22 | $0.00 | $0.00 | | |
| 33514 | CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS | | $2,228.23 | $2,228.23 | $0.00 | $0.00 | | |
| 33516 | CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS | | $2,384.48 | $2,384.48 | $0.00 | $0.00 | | |
| 33517 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S | | $156.27 | $156.27 | $0.00 | $0.00 | | |
| 33518 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T | | $313.06 | $313.06 | $0.00 | $0.00 | | |
| 33519 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); T | | $469.07 | $469.07 | $0.00 | $0.00 | | |
| 33521 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F | | $625.88 | $625.88 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 33522 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); F | | $782.40 | $782.40 | $0.00 | $0.00 | | |
| 33523 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); S | | $939.21 | $939.21 | $0.00 | $0.00 | | |
| 33530 | REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE | | $309.50 | $309.50 | $0.00 | $0.00 | | |
| 33533 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT | | $1,651.21 | $1,651.21 | $0.00 | $0.00 | | |
| 33534 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL | | $1,856.89 | $1,856.89 | $0.00 | $0.00 | | |
| 33535 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERI | | $2,062.56 | $2,062.56 | $0.00 | $0.00 | | |
| 33536 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY | | $2,267.94 | $2,267.94 | $0.00 | $0.00 | | |
| 33542 | MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY) | | $1,738.27 | $1,738.27 | $0.00 | $0.00 | | |
| 33545 | REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT | | $2,085.73 | $2,085.73 | $0.00 | $0.00 | | |
| 33548 | SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, | | $1,763.03 | $1,763.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33572 | CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING | | $232.52 | $232.52 | $0.00 | $0.00 | | |
| 33600 | CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR P | | $1,913.93 | $1,913.93 | $0.00 | $0.00 | | |
| 33602 | CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH | | $1,749.30 | $1,749.30 | $0.00 | $0.00 | | |
| 33606 | ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE | | $2,076.87 | $2,076.87 | $0.00 | $0.00 | | |
| 33608 | REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH | | $2,098.59 | $2,098.59 | $0.00 | $0.00 | | |
| 33610 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORT | | $2,076.87 | $2,076.87 | $0.00 | $0.00 | | |
| 33611 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL | | $2,134.09 | $2,134.09 | $0.00 | $0.00 | | |
| 33612 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL | | $2,158.45 | $2,158.45 | $0.00 | $0.00 | | |
| 33615 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE | | $2,112.67 | $2,112.67 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33617 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED | | $2,162.85 | $2,162.85 | $0.00 | $0.00 | | |
| 33619 | REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC | | $2,422.04 | $2,422.04 | $0.00 | $0.00 | | |
| 33641 | REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WI | | $1,387.38 | $1,387.38 | $0.00 | $0.00 | | |
| 33645 | DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULM | | $1,527.33 | $1,527.33 | $0.00 | $0.00 | | |
| 33647 | REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIR | | $1,894.40 | $1,894.40 | $0.00 | $0.00 | | |
| 33660 | REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM | | $1,686.70 | $1,686.70 | $0.00 | $0.00 | | |
| 33665 | REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR | | $1,772.67 | $1,772.67 | $0.00 | $0.00 | | |
| 33670 | REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC | | $2,134.09 | $2,134.09 | $0.00 | $0.00 | | |
| 33675 | CLOSURE MULT VENTRICULAR SEPTAL DEFECTS | | $1,610.55 | $1,610.55 | $0.00 | $0.00 | | |
| 33676 | CLOSURE MUTL VENTRICULAR SEPTAL DEFECTS W/ PUL VALVOTOMY | | $1,660.70 | $1,660.70 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33677 | CLOSURE MULT VENTRICULAR SEPTAL DEFECTS W/REMOVAL PUL ARTERY BAND | | $1,726.47 | $1,726.47 | $0.00 | $0.00 | | |
| 33681 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; | | $1,862.71 | $1,862.71 | $0.00 | $0.00 | | |
| 33684 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULM | | $1,919.93 | $1,919.93 | $0.00 | $0.00 | | |
| 33688 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMO | | $1,948.40 | $1,948.40 | $0.00 | $0.00 | | |
| 33690 | BANDING OF PULMONARY ARTERY | | $1,234.29 | $1,234.29 | $0.00 | $0.00 | | |
| 33692 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; | | $2,076.87 | $2,076.87 | $0.00 | $0.00 | | |
| 33694 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH | | $2,105.63 | $2,105.63 | $0.00 | $0.00 | | |
| 33697 | COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING | | $2,162.85 | $2,162.85 | $0.00 | $0.00 | | |
| 33702 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; | | $1,691.78 | $1,691.78 | $0.00 | $0.00 | | |
| 33710 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH RE | | $1,921.11 | $1,921.11 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33720 | REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS | | $1,691.78 | $1,691.78 | $0.00 | $0.00 | | |
| 33722 | CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL | | $1,749.30 | $1,749.30 | $0.00 | $0.00 | | |
| 33724 | REPAIR VENOUS ANOMALY | | $1,162.72 | $1,162.72 | $0.00 | $0.00 | | |
| 33726 | REPAIR PUL VENOUS STENOSIS | | $1,535.66 | $1,535.66 | $0.00 | $0.00 | | |
| 33730 | COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC | | $2,094.77 | $2,094.77 | $0.00 | $0.00 | | |
| 33732 | REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF | | $1,765.34 | $1,765.34 | $0.00 | $0.00 | | |
| 33735 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE | | $1,393.38 | $1,393.38 | $0.00 | $0.00 | | |
| 33736 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPAS | | $1,466.15 | $1,466.15 | $0.00 | $0.00 | | |
| 33737 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION | | $1,408.93 | $1,408.93 | $0.00 | $0.00 | | |
| 33750 | SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION) | | $1,288.28 | $1,288.28 | $0.00 | $0.00 | | |
| 33755 | SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION) | | $1,298.55 | $1,298.55 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33762 | SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATIO | | $1,298.55 | $1,298.55 | $0.00 | $0.00 | | |
| 33764 | SHUNT; CENTRAL, WITH PROSTHETIC GRAFT | | $1,298.55 | $1,298.55 | $0.00 | $0.00 | | |
| 33766 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG | | $1,327.01 | $1,327.01 | $0.00 | $0.00 | | |
| 33767 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS | | $1,494.91 | $1,494.91 | $0.00 | $0.00 | | |
| 33768 | ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY | | $336.31 | $336.31 | $0.00 | $0.00 | | |
| 33770 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL | | $2,155.51 | $2,155.51 | $0.00 | $0.00 | | |
| 33771 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL | | $2,191.61 | $2,191.61 | $0.00 | $0.00 | | |
| 33774 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | $1,829.60 | $1,829.60 | $0.00 | $0.00 | | |
| 33775 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | $1,865.40 | $1,865.40 | $0.00 | $0.00 | | |
| 33776 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | $2,034.37 | $2,034.37 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33777 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE | | $1,901.49 | $1,901.49 | $0.00 | $0.00 | | |
| 33778 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | $2,303.44 | $2,303.44 | $0.00 | $0.00 | | |
| 33779 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | $2,310.49 | $2,310.49 | $0.00 | $0.00 | | |
| 33780 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | $2,331.91 | $2,331.91 | $0.00 | $0.00 | | |
| 33781 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY | | $2,317.53 | $2,317.53 | $0.00 | $0.00 | | |
| 33786 | TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION) | | $2,191.61 | $2,191.61 | $0.00 | $0.00 | | |
| 33788 | REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY | | $1,663.68 | $1,663.68 | $0.00 | $0.00 | | |
| 33800 | AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR | | $885.69 | $885.69 | $0.00 | $0.00 | | |
| 33802 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); | | $1,184.11 | $1,184.11 | $0.00 | $0.00 | | |
| 33803 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS | | $1,241.04 | $1,241.04 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33813 | OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY | | $1,269.79 | $1,269.79 | $0.00 | $0.00 | | |
| 33814 | OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYP | | $1,663.32 | $1,663.32 | $0.00 | $0.00 | | |
| 33820 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION | | $1,155.35 | $1,155.35 | $0.00 | $0.00 | | |
| 33822 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS | | $1,184.11 | $1,184.11 | $0.00 | $0.00 | | |
| 33824 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER | | $1,241.04 | $1,241.04 | $0.00 | $0.00 | | |
| 33840 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU | | $1,546.80 | $1,546.80 | $0.00 | $0.00 | | |
| 33845 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU | | $1,589.94 | $1,589.94 | $0.00 | $0.00 | | |
| 33851 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DU | | $1,561.18 | $1,561.18 | $0.00 | $0.00 | | |
| 33852 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR | | $1,632.78 | $1,632.78 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33853 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR | | $2,105.63 | $2,105.63 | $0.00 | $0.00 | | |
| 33860 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA | | $1,997.55 | $1,997.55 | $0.00 | $0.00 | | |
| 33861 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA | | $2,055.07 | $2,055.07 | $0.00 | $0.00 | | |
| 33863 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VA | | $2,112.29 | $2,112.29 | $0.00 | $0.00 | | |
| 33864 | ASCENDING AORTIC GRAFT | | $2,576.54 | $2,576.54 | $0.00 | $0.00 | | |
| 33870 | TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS | | $2,491.00 | $2,491.00 | $0.00 | $0.00 | | |
| 33875 | DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS | | $1,764.53 | $1,764.53 | $0.00 | $0.00 | | |
| 33877 | REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT | | $2,568.99 | $2,568.99 | $0.00 | $0.00 | | |
| 33880 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, | | $1,394.81 | $1,394.81 | $0.00 | $0.00 | | |
| 33881 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, | | $1,196.79 | $1,196.79 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33883 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF | | $882.80 | $882.80 | $0.00 | $0.00 | | |
| 33884 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF | | $331.40 | $331.40 | $0.00 | $0.00 | | |
| 33886 | PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR | | $761.26 | $761.26 | $0.00 | $0.00 | | |
| 33889 | OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTI | | $660.98 | $660.98 | $0.00 | $0.00 | | |
| 33891 | BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL | | $841.96 | $841.96 | $0.00 | $0.00 | | |
| 33910 | PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS | | $1,101.70 | $1,101.70 | $0.00 | $0.00 | | |
| 33915 | PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS | | $929.18 | $929.18 | $0.00 | $0.00 | | |
| 33916 | PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULM | | $1,263.84 | $1,263.84 | $0.00 | $0.00 | | |
| 33917 | REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GR | | $1,771.59 | $1,771.59 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 33920 | REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRU | | $2,120.01 | $2,120.01 | $0.00 | $0.00 | | |
| 33922 | TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS | | $1,430.53 | $1,430.53 | $0.00 | $0.00 | | |
| 33924 | LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORM | | $287.63 | $287.63 | $0.00 | $0.00 | | |
| 33925 | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; | | $1,369.50 | $0.00 | $0.00 | $1,369.50 | | |
| 33926 | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; | | $1,859.13 | $1,859.13 | $0.00 | $0.00 | | |
| 33930 | DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION) | | $1,440.00 | $1,920.00 | $0.00 | $0.00 | | |
| 33933 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT P | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 33935 | HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY | | $2,776.05 | $2,776.05 | $0.00 | $0.00 | | |
| 33940 | DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION) | | $2,250.00 | $3,000.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 33944 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 33945 | HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY | | $3,167.39 | $3,167.39 | $0.00 | $0.00 | | |
| 33960 | PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY | | $778.95 | $778.95 | $0.00 | $0.00 | | |
| 33961 | PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY | | $531.59 | $531.59 | $0.00 | $0.00 | | |
| 33967 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS | | $196.92 | $198.21 | $0.00 | $0.00 | | |
| 33968 | REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS | | $31.37 | $31.37 | $0.00 | $0.00 | | |
| 33970 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL AR | | $462.75 | $462.75 | $0.00 | $0.00 | | |
| 33971 | REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMO | | $279.06 | $279.06 | $0.00 | $0.00 | | |
| 33973 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING | | $512.93 | $512.93 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 33974 | REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA | | $543.61 | $543.61 | $0.00 | $0.00 | | |
| 33975 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRIC | | $1,020.70 | $1,020.70 | $0.00 | $0.00 | | |
| 33976 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR | | $1,390.86 | $1,390.86 | $0.00 | $0.00 | | |
| 33977 | REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE | | $893.09 | $893.09 | $0.00 | $0.00 | | |
| 33978 | REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR | | $1,020.70 | $1,020.70 | $0.00 | $0.00 | | |
| 33979 | INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SI | | $955.07 | $955.07 | $0.00 | $0.00 | | |
| 33980 | REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SING | | $837.56 | $837.56 | $0.00 | $0.00 | | |
| 33999 | UNLISTED PROCEDURE, CARDIAC SURGERY | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 34001 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLA | | $645.42 | $645.42 | $0.00 | $0.00 | | |
| 34051 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, | | $674.60 | $674.60 | $0.00 | $0.00 | | |
| 34101 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACH | | $521.42 | $521.42 | $0.00 | $0.00 | | |
| 34111 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR | | $452.90 | $452.90 | $0.00 | $0.00 | | |
| 34151 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, | | $825.77 | $825.77 | $0.00 | $0.00 | | |
| 34201 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL | | $517.89 | $517.89 | $0.00 | $0.00 | | |
| 34203 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; | | $597.81 | $597.81 | $0.00 | $0.00 | | |
| 34401 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOM | | $591.79 | $591.79 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 34421 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE | | $497.38 | $497.38 | $0.00 | $0.00 | | |
| 34451 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITE | | $724.01 | $724.01 | $0.00 | $0.00 | | |
| 34471 | THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISI | | $375.12 | $375.12 | $0.00 | $0.00 | | |
| 34490 | THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, B | | $423.44 | $423.44 | $0.00 | $0.00 | | |
| 34501 | VALVULOPLASTY, FEMORAL VEIN | | $502.96 | $502.96 | $0.00 | $0.00 | | |
| 34502 | RECONSTRUCTION OF VENA CAVA, ANY METHOD | | $1,341.34 | $1,341.34 | $0.00 | $0.00 | | |
| 34510 | VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR | | $608.50 | $608.50 | $0.00 | $0.00 | | |
| 34520 | CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM | | $638.54 | $638.54 | $0.00 | $0.00 | | |
| 34530 | SAPHENOPOPLITEAL VEIN ANASTOMOSIS | | $845.42 | $845.42 | $0.00 | $0.00 | | |
| 34800 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT | | $885.31 | $885.31 | $0.00 | $0.00 | | |
| 34802 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT | | $977.29 | $977.29 | $0.00 | $0.00 | | |
| 34803 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT | | $1,024.15 | $1,024.15 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 34804 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT | | $977.29 | $977.29 | $0.00 | $0.00 | | |
| 34805 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT | | $922.01 | $922.01 | $0.00 | $0.00 | | |
| 34806 | ANEURYSM PRESS SENSOR ADD-ON | | $85.15 | $85.15 | $0.00 | $0.00 | | |
| 34808 | ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATE | | $168.70 | $168.70 | $0.00 | $0.00 | | |
| 34812 | OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, | | $276.20 | $276.20 | $0.00 | $0.00 | | |
| 34813 | PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORT | | $196.20 | $196.20 | $0.00 | $0.00 | | |
| 34820 | OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR | | $398.76 | $398.76 | $0.00 | $0.00 | | |
| 34825 | PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR | | $527.66 | $527.66 | $0.00 | $0.00 | | |
| 34826 | PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR | | $168.70 | $168.70 | $0.00 | $0.00 | | |
| 34830 | OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O | | $1,378.68 | $1,378.68 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 34831 | OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O | | $1,490.71 | $1,490.71 | $0.00 | $0.00 | | |
| 34832 | OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR O | | $1,490.71 | $1,490.71 | $0.00 | $0.00 | | |
| 34833 | OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AO | | $491.53 | $491.53 | $0.00 | $0.00 | | |
| 34834 | OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR | | $230.44 | $230.44 | $0.00 | $0.00 | | |
| 34900 | ENDOVASCULAR GRAFT PLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, | | $721.91 | $721.91 | $0.00 | $0.00 | | |
| 35001 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,036.03 | $1,036.03 | $0.00 | $0.00 | | |
| 35002 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $967.74 | $967.74 | $0.00 | $0.00 | | |
| 35005 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $816.63 | $816.63 | $0.00 | $0.00 | | |
| 35011 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $731.19 | $731.19 | $0.00 | $0.00 | | |
| 35013 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $936.23 | $936.23 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35021 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,077.67 | $1,077.67 | $0.00 | $0.00 | | |
| 35022 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,085.08 | $1,085.08 | $0.00 | $0.00 | | |
| 35045 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $684.85 | $684.85 | $0.00 | $0.00 | | |
| 35081 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,326.86 | $1,326.86 | $0.00 | $0.00 | | |
| 35082 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,571.70 | $1,571.70 | $0.00 | $0.00 | | |
| 35091 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,535.88 | $1,535.88 | $0.00 | $0.00 | | |
| 35092 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,889.34 | $1,889.34 | $0.00 | $0.00 | | |
| 35102 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,386.89 | $1,386.89 | $0.00 | $0.00 | | |
| 35103 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,747.01 | $1,747.01 | $0.00 | $0.00 | | |
| 35111 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,005.65 | $1,005.65 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35112 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $844.22 | $844.22 | $0.00 | $0.00 | | |
| 35121 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,325.97 | $1,325.97 | $0.00 | $0.00 | | |
| 35122 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,518.22 | $1,518.22 | $0.00 | $0.00 | | |
| 35131 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,001.31 | $1,001.31 | $0.00 | $0.00 | | |
| 35132 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $1,186.63 | $1,186.63 | $0.00 | $0.00 | | |
| 35141 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $853.95 | $853.95 | $0.00 | $0.00 | | |
| 35142 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $939.56 | $939.56 | $0.00 | $0.00 | | |
| 35151 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $945.88 | $945.88 | $0.00 | $0.00 | | |
| 35152 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOT | | $749.67 | $749.67 | $0.00 | $0.00 | | |
| 35180 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK | | $590.46 | $590.46 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35182 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN | | $797.79 | $797.79 | $0.00 | $0.00 | | |
| 35184 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES | | $625.22 | $625.22 | $0.00 | $0.00 | | |
| 35188 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK | | $640.56 | $640.56 | $0.00 | $0.00 | | |
| 35189 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOME | | $859.95 | $859.95 | $0.00 | $0.00 | | |
| 35190 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES | | $675.30 | $675.30 | $0.00 | $0.00 | | |
| 35201 | REPAIR BLOOD VESSEL, DIRECT; NECK | | $578.39 | $578.39 | $0.00 | $0.00 | | |
| 35206 | REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY | | $570.70 | $570.70 | $0.00 | $0.00 | | |
| 35207 | REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER | | $602.43 | $602.43 | $0.00 | $0.00 | | |
| 35211 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS | | $1,013.08 | $1,013.08 | $0.00 | $0.00 | | |
| 35216 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS | | $839.36 | $839.36 | $0.00 | $0.00 | | |
| 35221 | REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL | | $794.29 | $794.29 | $0.00 | $0.00 | | |
| 35226 | REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY | | $562.85 | $562.85 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35231 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK | | $756.05 | $756.05 | $0.00 | $0.00 | | |
| 35236 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY | | $660.14 | $660.14 | $0.00 | $0.00 | | |
| 35241 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS | | $1,045.62 | $1,045.62 | $0.00 | $0.00 | | |
| 35246 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS | | $1,039.17 | $1,039.17 | $0.00 | $0.00 | | |
| 35251 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL | | $775.92 | $775.92 | $0.00 | $0.00 | | |
| 35256 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY | | $688.21 | $688.21 | $0.00 | $0.00 | | |
| 35261 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK | | $722.49 | $722.49 | $0.00 | $0.00 | | |
| 35266 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY | | $635.28 | $635.28 | $0.00 | $0.00 | | |
| 35271 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BY | | $989.56 | $989.56 | $0.00 | $0.00 | | |
| 35276 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT | | $848.30 | $848.30 | $0.00 | $0.00 | | |
| 35281 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL | | $988.75 | $988.75 | $0.00 | $0.00 | | |

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 35286 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY | | $687.02 | $687.02 | $0.00 | $0.00 | | |
| 35301 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL | | $924.15 | $924.15 | $0.00 | $0.00 | | |
| 35302 | THROMBOENDARTERECTOMY, SUPERFICIAL FEMORAL ARTERY | | $869.22 | $869.22 | $0.00 | $0.00 | | |
| 35303 | THROMBOENDARTERECTOMY, POPLITEAL ARTERY | | $955.83 | $955.83 | $0.00 | $0.00 | | |
| 35304 | THROMBOENDARTERECTOMY, TIBIOPERONEAL TRUNK ARTERY | | $994.77 | $994.77 | $0.00 | $0.00 | | |
| 35305 | THROMBOENDARTERECTOMY, TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL | | $955.83 | $955.83 | $0.00 | $0.00 | | |
| 35306 | THROMBOENDARTERECTOMY, EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY | | $360.74 | $360.74 | $0.00 | $0.00 | | |
| 35311 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMI | | $1,367.17 | $1,367.17 | $0.00 | $0.00 | | |
| 35321 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL | | $738.10 | $738.10 | $0.00 | $0.00 | | |
| 35331 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA | | $1,072.40 | $1,072.40 | $0.00 | $0.00 | | |
| 35341 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC | | $1,246.23 | $1,246.23 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 35351 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC | | $1,035.08 | $1,035.08 | $0.00 | $0.00 | | |
| 35355 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL | | $929.63 | $929.63 | $0.00 | $0.00 | | |
| 35361 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIA | | $1,263.78 | $1,263.78 | $0.00 | $0.00 | | |
| 35363 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED | | $1,397.25 | $1,397.25 | $0.00 | $0.00 | | |
| 35371 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL | | $704.10 | $704.10 | $0.00 | $0.00 | | |
| 35372 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FE | | $716.15 | $716.15 | $0.00 | $0.00 | | |
| 35390 | REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER | | $147.88 | $147.88 | $0.00 | $0.00 | | |
| 35400 | ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVE | | $151.60 | $151.60 | $0.00 | $0.00 | | |
| 35450 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY | | $674.76 | $674.76 | $0.00 | $0.00 | | |
| 35452 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC | | $334.26 | $334.26 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 35454 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC | | $421.75 | $421.75 | $0.00 | $0.00 | | |
| 35456 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL | | $509.13 | $509.13 | $0.00 | $0.00 | | |
| 35458 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANC | | $594.64 | $594.64 | $0.00 | $0.00 | | |
| 35459 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCH | | $572.98 | $572.98 | $0.00 | $0.00 | | |
| 35460 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; VENOUS | | $279.97 | $279.97 | $0.00 | $0.00 | | |
| 35470 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK OR | | $572.98 | $572.98 | $0.00 | $0.00 | | |
| 35471 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTE | | $674.76 | $674.76 | $0.00 | $0.00 | | |
| 35472 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; AORTIC | | $320.25 | $320.25 | $0.00 | $0.00 | | |
| 35473 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; ILIAC | | $421.75 | $421.75 | $0.00 | $0.00 | | |
| 35474 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL | | $509.70 | $509.70 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35475 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC TRUNK | | $594.64 | $594.64 | $0.00 | $0.00 | | |
| 35476 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS | | $279.97 | $279.97 | $0.00 | $0.00 | | |
| 35480 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ART | | $718.88 | $718.88 | $0.00 | $0.00 | | |
| 35481 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC | | $354.80 | $354.80 | $0.00 | $0.00 | | |
| 35482 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC | | $460.57 | $460.57 | $0.00 | $0.00 | | |
| 35483 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL | | $556.62 | $556.62 | $0.00 | $0.00 | | |
| 35484 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR | | $622.52 | $622.52 | $0.00 | $0.00 | | |
| 35485 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRA | | $425.46 | $425.46 | $0.00 | $0.00 | | |
| 35490 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISC | | $718.88 | $718.88 | $0.00 | $0.00 | | |
| 35491 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC | | $354.80 | $354.80 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 35492 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC | | $460.57 | $460.57 | $0.00 | $0.00 | | |
| 35493 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL | | $556.62 | $556.62 | $0.00 | $0.00 | | |
| 35494 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC TRU | | $622.52 | $622.52 | $0.00 | $0.00 | | |
| 35495 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK | | $425.46 | $425.46 | $0.00 | $0.00 | | |
| 35500 | HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR | | $210.19 | $210.19 | $0.00 | $0.00 | | |
| 35501 | BYPASS GRAFT, WITH VEIN; CAROTID | | $1,138.74 | $1,138.74 | $0.00 | $0.00 | | |
| 35506 | BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN | | $1,137.56 | $1,137.56 | $0.00 | $0.00 | | |
| 35508 | BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL | | $1,074.09 | $1,074.09 | $0.00 | $0.00 | | |
| 35509 | BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID | | $1,092.22 | $1,092.22 | $0.00 | $0.00 | | |
| 35510 | BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL | | $975.05 | $975.05 | $0.00 | $0.00 | | |
| 35511 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN | | $777.20 | $777.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35512 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL | | $956.29 | $956.29 | $0.00 | $0.00 | | |
| 35515 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL | | $855.59 | $855.59 | $0.00 | $0.00 | | |
| 35516 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY | | $988.55 | $988.55 | $0.00 | $0.00 | | |
| 35518 | BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY | | $962.99 | $962.99 | $0.00 | $0.00 | | |
| 35521 | BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL | | $985.63 | $985.63 | $0.00 | $0.00 | | |
| 35522 | BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL | | $928.60 | $928.60 | $0.00 | $0.00 | | |
| 35523 | ARTERY BYPASS GRAFT | | $1,049.13 | $1,049.13 | $0.00 | $0.00 | | |
| 35525 | BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL | | $886.32 | $886.32 | $0.00 | $0.00 | | |
| 35526 | BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID | | $953.30 | $953.30 | $0.00 | $0.00 | | |
| 35531 | BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC | | $1,347.14 | $1,347.14 | $0.00 | $0.00 | | |
| 35533 | BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL | | $1,233.91 | $1,233.91 | $0.00 | $0.00 | | |
| 35535 | DECOMPRESSION FASCIOTOMY (IES), PELVIC (BUTTOCK) | | $1,685.55 | $1,685.55 | | | | |
| 35536 | BYPASS GRAFT, WITH VEIN; SPLENORENAL | | $1,309.80 | $1,309.80 | $0.00 | $0.00 | | |
| 35537 | BYPASS GRAFT, AORTOILIAC | | $1,682.71 | $1,682.71 | $0.00 | $0.00 | | |
| 35538 | BYPASS GRAFT, AOTOBI-ILIAC | | $1,880.70 | $1,880.70 | $0.00 | $0.00 | | |
| 35539 | BYPASS GRAFT, AORTOFEMORAL | | $1,767.47 | $1,767.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35540 | BYPASS GRAFT, AORTOBIFEMORAL | | $1,971.31 | $1,971.31 | $0.00 | $0.00 | | |
| 35548 | BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL | | $1,203.75 | $1,203.75 | $0.00 | $0.00 | | |
| 35549 | BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL | | $1,320.15 | $1,320.15 | $0.00 | $0.00 | | |
| 35551 | BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL | | $1,348.94 | $1,348.94 | $0.00 | $0.00 | | |
| 35556 | BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL | | $1,045.93 | $1,045.93 | $0.00 | $0.00 | | |
| 35558 | BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL | | $894.82 | $894.82 | $0.00 | $0.00 | | |
| 35560 | BYPASS GRAFT, WITH VEIN; AORTORENAL | | $1,286.91 | $1,286.91 | $0.00 | $0.00 | | |
| 35563 | BYPASS GRAFT, WITH VEIN; ILIOILIAC | | $670.29 | $670.29 | $0.00 | $0.00 | | |
| 35565 | BYPASS GRAFT, WITH VEIN; ILIOFEMORAL | | $965.59 | $965.59 | $0.00 | $0.00 | | |
| 35566 | BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, | | $1,245.24 | $1,245.24 | $0.00 | $0.00 | | |
| 35570 | BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL | | $1,301.33 | $1,301.33 | | | | |
| 35571 | BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER D | | $1,102.17 | $1,102.17 | $0.00 | $0.00 | | |
| 35572 | HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCT | | $278.71 | $278.71 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35583 | IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL | | $1,117.21 | $1,117.21 | $0.00 | $0.00 | | |
| 35585 | IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PER | | $1,287.06 | $1,287.06 | $0.00 | $0.00 | | |
| 35587 | IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL | | $1,178.19 | $1,178.19 | $0.00 | $0.00 | | |
| 35600 | HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BY | | $207.06 | $207.06 | $0.00 | $0.00 | | |
| 35601 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID | | $1,061.04 | $1,061.04 | $0.00 | $0.00 | | |
| 35606 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN | | $1,066.59 | $1,066.59 | $0.00 | $0.00 | | |
| 35612 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN | | $951.71 | $951.71 | $0.00 | $0.00 | | |
| 35616 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY | | $955.70 | $955.70 | $0.00 | $0.00 | | |
| 35621 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL | | $934.91 | $934.91 | $0.00 | $0.00 | | |
| 35623 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL | | $714.35 | $714.35 | $0.00 | $0.00 | | |
| 35626 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID | | $1,302.44 | $1,302.44 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35631 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, | | $1,245.65 | $1,245.65 | $0.00 | $0.00 | | |
| 35632 | BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC | | $1,600.40 | $1,600.40 | | | | |
| 35633 | BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC | | $1,728.58 | $1,728.58 | | | | |
| 35634 | BYPASS GRAFT, OTHER THAN VEIN, ILIO-CELIAC | | $1,566.28 | $1,566.28 | | | | |
| 35636 | BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTE | | $1,042.24 | $1,042.24 | $0.00 | $0.00 | | |
| 35637 | BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOILIAC | | $1,337.61 | $1,337.61 | $0.00 | $0.00 | | |
| 35638 | BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOBI-ILIAC | | $1,359.03 | $1,359.03 | $0.00 | $0.00 | | |
| 35642 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL | | $820.57 | $820.57 | $0.00 | $0.00 | | |
| 35645 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL | | $823.95 | $823.95 | $0.00 | $0.00 | | |
| 35646 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL | | $1,457.00 | $1,457.00 | $0.00 | $0.00 | | |
| 35647 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL | | $1,189.26 | $1,189.26 | $0.00 | $0.00 | | |
| 35650 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY | | $917.63 | $917.63 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35651 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL | | $1,454.66 | $1,454.66 | $0.00 | $0.00 | | |
| 35654 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL | | $1,217.20 | $1,217.20 | $0.00 | $0.00 | | |
| 35656 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL | | $969.73 | $969.73 | $0.00 | $0.00 | | |
| 35661 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL | | $832.01 | $832.01 | $0.00 | $0.00 | | |
| 35663 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC | | $908.67 | $908.67 | $0.00 | $0.00 | | |
| 35665 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL | | $976.19 | $976.19 | $0.00 | $0.00 | | |
| 35666 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR | | $1,103.86 | $1,103.86 | $0.00 | $0.00 | | |
| 35671 | BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTE | | $874.97 | $874.97 | $0.00 | $0.00 | | |
| 35681 | BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDIT | | $601.23 | $601.23 | $0.00 | $0.00 | | |
| 35682 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO | | $344.11 | $345.93 | $0.00 | $0.00 | | |
| 35683 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FRO | | $393.97 | $396.57 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 35685 | PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, | | $165.52 | $165.52 | $0.00 | $0.00 | | |
| 35686 | CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS | | $136.91 | $136.91 | $0.00 | $0.00 | | |
| 35691 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY | | $1,108.86 | $1,108.86 | $0.00 | $0.00 | | |
| 35693 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY | | $709.64 | $709.64 | $0.00 | $0.00 | | |
| 35694 | TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY | | $825.59 | $825.59 | $0.00 | $0.00 | | |
| 35695 | TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY | | $825.59 | $825.59 | $0.00 | $0.00 | | |
| 35697 | REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH | | $122.87 | $122.87 | $0.00 | $0.00 | | |
| 35700 | REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL, | | $142.80 | $142.80 | $0.00 | $0.00 | | |
| 35701 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O | | $319.70 | $319.70 | $0.00 | $0.00 | | |

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 35721 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O | | $309.32 | $309.32 | $0.00 | $0.00 | | |
| 35741 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O | | $314.85 | $314.85 | $0.00 | $0.00 | | |
| 35761 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS O | | $316.76 | $316.76 | $0.00 | $0.00 | | |
| 35800 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NEC | | $342.42 | $342.42 | $0.00 | $0.00 | | |
| 35820 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHE | | $588.74 | $588.74 | $0.00 | $0.00 | | |
| 35840 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABD | | $482.15 | $482.15 | $0.00 | $0.00 | | |
| 35860 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; | | $317.00 | $317.00 | $0.00 | $0.00 | | |
| 35870 | REPAIR OF GRAFT-ENTERIC FISTULA | | $942.55 | $942.55 | $0.00 | $0.00 | | |
| 35875 | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF | | $526.45 | $526.45 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 35876 | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAF | | $639.13 | $639.13 | $0.00 | $0.00 | | |
| 35879 | REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; | | $727.03 | $727.03 | $0.00 | $0.00 | | |
| 35881 | REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; | | $798.37 | $798.37 | $0.00 | $0.00 | | |
| 35883 | REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/NONAUTOGENOUS VEIN | | $972.55 | $972.55 | $0.00 | $0.00 | | |
| 35884 | REVISION, FEM ANASTOMOSIS OF SYN ARTERIAL BYPASS GRAFT W/AUTOGENOUS VEIN PATCH | | $1,033.25 | $1,033.25 | $0.00 | $0.00 | | |
| 35901 | EXCISION OF INFECTED GRAFT; NECK | | $440.80 | $440.80 | $0.00 | $0.00 | | |
| 35903 | EXCISION OF INFECTED GRAFT; EXTREMITY | | $481.29 | $481.29 | $0.00 | $0.00 | | |
| 35905 | EXCISION OF INFECTED GRAFT; THORAX | | $723.67 | $723.67 | $0.00 | $0.00 | | |
| 35907 | EXCISION OF INFECTED GRAFT; ABDOMEN | | $746.85 | $746.85 | $0.00 | $0.00 | | |
| 36000 | INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN | | $9.47 | $12.69 | $0.00 | $0.00 | | |
| 36002 | INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTR | | $84.99 | $134.56 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36005 | INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION O | | $41.45 | $41.45 | $0.00 | $0.00 | | |
| 36010 | INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA | | $135.43 | $135.43 | $0.00 | $0.00 | | |
| 36011 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, R | | $148.45 | $148.45 | $0.00 | $0.00 | | |
| 36012 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE | | $182.68 | $182.68 | $0.00 | $0.00 | | |
| 36013 | INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY | | $138.07 | $138.07 | $0.00 | $0.00 | | |
| 36014 | SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY | | $156.33 | $156.33 | $0.00 | $0.00 | | |
| 36015 | SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTE | | $182.68 | $182.68 | $0.00 | $0.00 | | |
| 36100 | INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY | | $165.86 | $165.86 | $0.00 | $0.00 | | |
| 36120 | INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY | | $128.50 | $128.50 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36140 | INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY | | $102.63 | $102.63 | $0.00 | $0.00 | | |
| 36145 | INTRODUCTION OF NEEDLE OR INTRACATHETER; ARTERIOVENOUS SHUNT CREATED F | | $139.82 | $139.82 | $0.00 | $0.00 | | |
| 36160 | INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR | | $144.68 | $144.68 | $0.00 | $0.00 | | |
| 36200 | INTRODUCTION OF CATHETER, AORTA | | $168.64 | $168.64 | $0.00 | $0.00 | | |
| 36215 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORAC | | $211.32 | $211.32 | $0.00 | $0.00 | | |
| 36216 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER | | $249.74 | $249.74 | $0.00 | $0.00 | | |
| 36217 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR | | $297.78 | $297.78 | $0.00 | $0.00 | | |
| 36218 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER | | $47.48 | $47.48 | $0.00 | $0.00 | | |
| 36245 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMI | | $239.58 | $239.58 | $0.00 | $0.00 | | |
| 36246 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER | | $249.74 | $249.74 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36247 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR | | $297.78 | $297.78 | $0.00 | $0.00 | | |
| 36248 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER | | $47.48 | $47.48 | $0.00 | $0.00 | | |
| 36260 | INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTH | | $487.06 | $487.06 | $0.00 | $0.00 | | |
| 36261 | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | | $217.91 | $217.91 | $0.00 | $0.00 | | |
| 36262 | REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | | $170.06 | $170.06 | $0.00 | $0.00 | | |
| 36299 | UNLISTED PROCEDURE, VASCULAR INJECTION | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 36400 | VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT | | $6.73 | $7.94 | $0.00 | $0.00 | | |
| 36405 | VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT | | $0.00 | $18.08 | $0.00 | $0.00 | | |
| 36406 | VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT | | $0.00 | $9.82 | $0.00 | $0.00 | | |
| 36410 | VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING PHYSICIAN'S SKILL | | $0.00 | $11.67 | $0.00 | $0.00 | | |
| 36415 | COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36416 | COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK) | | $3.27 | $3.27 | $0.00 | $0.00 | | |
| 36420 | VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR | | $44.53 | $44.53 | $0.00 | $0.00 | | |
| 36425 | VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER | | $24.69 | $24.69 | $0.00 | $0.00 | | |
| 36430 | TRANSFUSION, BLOOD OR BLOOD COMPONENTS | | $14.58 | $27.45 | $0.00 | $0.00 | | |
| 36440 | PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER | | $57.14 | $57.14 | $0.00 | $0.00 | | |
| 36450 | EXCHANGE TRANSFUSION, BLOOD; NEWBORN | | $95.02 | $120.24 | $0.00 | $0.00 | | |
| 36455 | EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN | | $137.54 | $137.54 | $0.00 | $0.00 | | |
| 36460 | TRANSFUSION, INTRAUTERINE, FETAL | | $346.19 | $346.19 | $0.00 | $0.00 | | |
| 36470 | INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 36471 | INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG | | $50.17 | $55.40 | $0.00 | $0.00 | | |
| 36475 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | $273.52 | $1,520.24 | $0.00 | $0.00 | | |
| 36476 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | $134.04 | $306.01 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36478 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | $273.52 | $1,402.36 | $0.00 | $0.00 | | |
| 36479 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE | R | $134.04 | $308.82 | $0.00 | $0.00 | | |
| 36481 | PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD | | $362.09 | $362.09 | $0.00 | $0.00 | | |
| 36500 | VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING | | $105.68 | $105.68 | $0.00 | $0.00 | | |
| 36510 | CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN | | $37.03 | $41.59 | $0.00 | $0.00 | | |
| 36511 | THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS | | $69.62 | $69.62 | $0.00 | $0.00 | | |
| 36512 | THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS | | $69.62 | $69.62 | $0.00 | $0.00 | | |
| 36513 | THERAPEUTIC APHERESIS; FOR PLATELETS | | $69.62 | $69.62 | $0.00 | $0.00 | | |
| 36514 | THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS | | $69.62 | $69.62 | $0.00 | $0.00 | | |
| 36515 | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA | | $69.62 | $69.62 | $0.00 | $0.00 | | |
| 36516 | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR | | $69.62 | $69.62 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36522 | PHOTOPHERESIS, EXTRACORPOREAL | | $124.51 | $124.51 | $0.00 | $0.00 | | |
| 36555 | INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; | | $102.82 | $237.45 | $0.00 | $0.00 | | |
| 36556 | INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; | | $98.73 | $98.73 | $0.00 | $0.00 | | |
| 36557 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH | | $227.78 | $511.70 | $0.00 | $0.00 | | |
| 36558 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITH | | $223.76 | $223.76 | $0.00 | $0.00 | | |
| 36560 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | $270.61 | $948.94 | $0.00 | $0.00 | | |
| 36561 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | $269.91 | $269.91 | $0.00 | $0.00 | | |
| 36563 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE | | $271.50 | $882.00 | $0.00 | $0.00 | | |
| 36565 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | $261.39 | $760.11 | $0.00 | $0.00 | | |
| 36566 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | | $279.86 | $795.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36568 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT | | $75.58 | $273.17 | $0.00 | $0.00 | | |
| 36569 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WIT | | $71.15 | $230.20 | $0.00 | $0.00 | | |
| 36570 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH | | $235.91 | $1,208.95 | $0.00 | $0.00 | | |
| 36571 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH | | $235.08 | $1,088.38 | $0.00 | $0.00 | | |
| 36575 | REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WIT | | $41.28 | $120.68 | $0.00 | $0.00 | | |
| 36576 | REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP | | $152.03 | $305.17 | $0.00 | $0.00 | | |
| 36578 | REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH | | $172.26 | $387.06 | $0.00 | $0.00 | | |
| 36580 | REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VE | | $52.36 | $192.65 | $0.00 | $0.00 | | |
| 36581 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS | | $161.28 | $455.48 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36582 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS | | $235.54 | $849.89 | $0.00 | $0.00 | | |
| 36583 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS | | $237.49 | $503.94 | $0.00 | $0.00 | | |
| 36584 | REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHE | | $52.79 | $201.05 | $0.00 | $0.00 | | |
| 36585 | REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCES | | $220.69 | $1,065.26 | $0.00 | $0.00 | | |
| 36589 | REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT | | $108.02 | $126.26 | $0.00 | $0.00 | | |
| 36590 | REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PO | | $152.70 | $152.70 | $0.00 | $0.00 | | |
| 36591 | DRAW BLOOD OFF VENOUS DEVICE | | $16.32 | $16.32 | $0.00 | $0.00 | | |
| 36592 | COLLECT BLOOD FROM PICC | | $20.18 | $20.18 | $0.00 | $0.00 | | |
| 36593 | DECLOT VASCULAR DEVICE | | $35.31 | $35.31 | $0.00 | $0.00 | | |
| 36595 | MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SH | | $148.07 | $596.95 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36596 | MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA | | $35.73 | $136.71 | $0.00 | $0.00 | | |
| 36597 | REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER | | $47.66 | $118.06 | $0.00 | $0.00 | | |
| 36598 | CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VE | | $90.87 | $90.97 | $0.00 | $0.00 | | |
| 36600 | ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS | | $17.39 | $17.39 | $0.00 | $0.00 | | |
| 36620 | ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR | | $54.85 | $54.85 | $0.00 | $0.00 | | |
| 36625 | ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR | | $89.36 | $89.36 | $0.00 | $0.00 | | |
| 36640 | ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY) | | $133.57 | $133.57 | $0.00 | $0.00 | | |
| 36660 | CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY | | $55.20 | $55.20 | $0.00 | $0.00 | | |
| 36680 | PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION | | $70.90 | $70.90 | $0.00 | $0.00 | | |
| 36800 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU | | $137.65 | $137.65 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36810 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU | | $264.56 | $264.56 | $0.00 | $0.00 | | |
| 36815 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDU | | $183.74 | $183.74 | $0.00 | $0.00 | | |
| 36818 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSIT | | $544.36 | $544.36 | $0.00 | $0.00 | | |
| 36819 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITI | | $612.48 | $612.48 | $0.00 | $0.00 | | |
| 36820 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION | | $610.47 | $610.47 | $0.00 | $0.00 | | |
| 36821 | ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) | | $475.86 | $475.86 | $0.00 | $0.00 | | |
| 36822 | INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION FOR | | $316.51 | $316.51 | $0.00 | $0.00 | | |
| 36823 | INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREA | | $936.63 | $936.63 | $0.00 | $0.00 | | |
| 36825 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS | | $628.76 | $628.76 | $0.00 | $0.00 | | |
| 36830 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS | | $552.78 | $552.78 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 36831 | THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS | | $322.84 | $322.84 | $0.00 | $0.00 | | |
| 36832 | REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOU | | $429.83 | $429.83 | $0.00 | $0.00 | | |
| 36833 | REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS O | | $492.02 | $492.02 | $0.00 | $0.00 | | |
| 36834 | PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE) | | $523.03 | $523.03 | $0.00 | $0.00 | | |
| 36835 | INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE) | | $302.83 | $302.83 | $0.00 | $0.00 | | |
| 36838 | DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY | | $909.16 | $909.16 | $0.00 | $0.00 | | |
| 36860 | EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATH | | $138.36 | $138.36 | $0.00 | $0.00 | | |
| 36861 | EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETE | | $184.85 | $184.85 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 36870 | THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR | | $214.29 | $941.19 | $0.00 | $0.00 | | |
| 37140 | VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL | | $1,168.05 | $1,168.05 | $0.00 | $0.00 | | |
| 37145 | VENOUS ANASTOMOSIS, OPEN; RENOPORTAL | | $1,180.85 | $1,180.85 | $0.00 | $0.00 | | |
| 37160 | VENOUS ANASTOMOSIS, OPEN; CAVAL-MESENTERIC | | $1,159.19 | $1,159.19 | $0.00 | $0.00 | | |
| 37180 | VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL | | $1,127.27 | $1,127.27 | $0.00 | $0.00 | | |
| 37181 | VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION | | $1,264.26 | $1,264.26 | $0.00 | $0.00 | | |
| 37182 | INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) | | $691.70 | $691.70 | $0.00 | $0.00 | | |
| 37183 | REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) | | $321.59 | $321.59 | $0.00 | $0.00 | | |
| 37184 | PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY | | $356.92 | $2,105.80 | $0.00 | $0.00 | | |
| 37185 | PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY | | $131.08 | $688.35 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 37187 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING | | $331.84 | $2,047.29 | $0.00 | $0.00 | | |
| 37188 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING | | $239.47 | $1,764.83 | $0.00 | $0.00 | | |
| 37195 | THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION | | $211.50 | $211.50 | $0.00 | $0.00 | | |
| 37200 | TRANSCATHETER BIOPSY | | $179.61 | $179.61 | $0.00 | $0.00 | | |
| 37201 | TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY | | $375.81 | $375.81 | $0.00 | $0.00 | | |
| 37202 | TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE | | $294.15 | $294.15 | $0.00 | $0.00 | | |
| 37203 | TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY ( | | $260.99 | $260.99 | $0.00 | $0.00 | | |
| 37204 | TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO | | $940.24 | $940.24 | $0.00 | $0.00 | | |
| 37205 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY | | $391.57 | $391.57 | $0.00 | $0.00 | | |
| 37206 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (EXCEPT CORONARY | | $195.49 | $195.49 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 37207 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY | | $391.57 | $391.57 | $0.00 | $0.00 | | |
| 37208 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY | | $195.49 | $195.49 | $0.00 | $0.00 | | |
| 37209 | EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOL | | $107.10 | $107.10 | $0.00 | $0.00 | | |
| 37210 | EMBOLIZATION, UTERINE FIBROID | | $399.76 | $1,488.04 | $0.00 | $0.00 | | |
| 37215 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR | | $815.30 | $815.30 | $0.00 | $0.00 | | |
| 37216 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID AR | | $785.20 | $785.20 | $0.00 | $0.00 | | |
| 37250 | INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING DIAGNOSTIC EVALU | | $76.05 | $76.05 | $0.00 | $0.00 | | |
| 37251 | INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING DIAGNOSTIC EVALU | | $57.99 | $57.99 | $0.00 | $0.00 | | |
| 37500 | VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFA | | $550.53 | $550.53 | $0.00 | $0.00 | | |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PROCEDURE | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 37565 | LIGATION, INTERNAL JUGULAR VEIN | | $234.08 | $234.08 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 37600 | LIGATION; EXTERNAL CAROTID ARTERY | | $267.45 | $267.45 | $0.00 | $0.00 | | |
| 37605 | LIGATION; INTERNAL OR COMMON CAROTID ARTERY | | $310.26 | $310.26 | $0.00 | $0.00 | | |
| 37606 | LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, A | | $312.14 | $312.14 | $0.00 | $0.00 | | |
| 37607 | LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA | | $270.69 | $270.69 | $0.00 | $0.00 | | |
| 37609 | LIGATION OR BIOPSY, TEMPORAL ARTERY | | $135.39 | $135.39 | $0.00 | $0.00 | | |
| 37615 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK | | $306.53 | $306.53 | $0.00 | $0.00 | | |
| 37616 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST | | $564.15 | $564.15 | $0.00 | $0.00 | | |
| 37617 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN | | $668.38 | $668.38 | $0.00 | $0.00 | | |
| 37618 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY | | $273.77 | $273.77 | $0.00 | $0.00 | | |
| 37620 | INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SUTURE, | | $543.40 | $543.40 | $0.00 | $0.00 | | |
| 37650 | LIGATION OF FEMORAL VEIN | | $249.28 | $249.28 | $0.00 | $0.00 | | |
| 37660 | LIGATION OF COMMON ILIAC VEIN | | $463.39 | $463.39 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 37700 | LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTIO | | $218.66 | $218.66 | $0.00 | $0.00 | | |
| 37718 | LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN | | $308.05 | $308.05 | $0.00 | $0.00 | | |
| 37722 | LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM | | $366.19 | $366.19 | $0.00 | $0.00 | | |
| 37735 | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOU | | $555.02 | $555.02 | $0.00 | $0.00 | | |
| 37760 | LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH | | $528.06 | $528.06 | $0.00 | $0.00 | | |
| 37765 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISION | | $340.01 | $340.01 | $0.00 | $0.00 | | |
| 37766 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISI | | $414.34 | $414.34 | $0.00 | $0.00 | | |
| 37780 | LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNC | | $162.49 | $162.49 | $0.00 | $0.00 | | |
| 37785 | LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE L | | $135.12 | $135.12 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 37788 | PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT | | $1,067.94 | $1,067.94 | $0.00 | $0.00 | | |
| 37790 | PENILE VENOUS OCCLUSIVE PROCEDURE | | $401.58 | $401.58 | $0.00 | $0.00 | | |
| 37799 | UNLISTED PROCEDURE, VASCULAR SURGERY | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 38100 | SPLENECTOMY; TOTAL (SEPARATE PROCEDURE) | | $625.14 | $625.14 | $0.00 | $0.00 | | |
| 38101 | SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE) | | $593.61 | $593.61 | $0.00 | $0.00 | | |
| 38102 | SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH | | $222.27 | $222.27 | $0.00 | $0.00 | | |
| 38115 | REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL | | $610.56 | $610.56 | $0.00 | $0.00 | | |
| 38120 | LAPAROSCOPY, SURGICAL, SPLENECTOMY | | $683.05 | $683.05 | $0.00 | $0.00 | | |
| 38200 | INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY | | $126.98 | $126.98 | $0.00 | $0.00 | | |
| 38204 | MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 38205 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA | | $60.14 | $60.14 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 38206 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA | | $60.14 | $60.14 | $0.00 | $0.00 | | |
| 38207 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVA | | $47.87 | $47.87 | $0.00 | $0.00 | | |
| 38208 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF | | $52.26 | $52.26 | $0.00 | $0.00 | | |
| 38209 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF | | $46.23 | $46.23 | $0.00 | $0.00 | | |
| 38210 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CEL | | $50.08 | $50.08 | $0.00 | $0.00 | | |
| 38211 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL | | $50.08 | $50.08 | $0.00 | $0.00 | | |
| 38212 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CE | | $50.08 | $50.08 | $0.00 | $0.00 | | |
| 38213 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET | | $50.08 | $50.08 | $0.00 | $0.00 | | |
| 38214 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLU | | $41.58 | $41.58 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 38215 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL | | $50.08 | $50.08 | $0.00 | $0.00 | | |
| 38220 | BONE MARROW; ASPIRATION ONLY | | $43.19 | $151.60 | $0.00 | $0.00 | | |
| 38221 | BONE MARROW; BIOPSY, NEEDLE OR TROCAR | | $54.88 | $162.78 | $0.00 | $0.00 | | |
| 38230 | BONE MARROW HARVESTING FOR TRANSPLANTATION | | $172.39 | $172.39 | $0.00 | $0.00 | | |
| 38240 | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; | | $124.92 | $124.92 | $0.00 | $0.00 | | |
| 38241 | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; | | $123.60 | $123.60 | $0.00 | $0.00 | | |
| 38242 | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; | | $68.50 | $68.50 | $0.00 | $0.00 | | |
| 38300 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE | | $53.64 | $61.42 | $0.00 | $0.00 | | |
| 38305 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE | | $185.74 | $185.74 | $0.00 | $0.00 | | |
| 38308 | LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS | | $234.84 | $234.84 | $0.00 | $0.00 | | |
| 38380 | SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH | | $329.17 | $329.17 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 38381 | SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH | | $594.28 | $594.28 | $0.00 | $0.00 | | |
| 38382 | SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH | | $428.41 | $428.41 | $0.00 | $0.00 | | |
| 38500 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL | | $133.22 | $133.22 | $0.00 | $0.00 | | |
| 38505 | BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVI | | $52.60 | $67.62 | $0.00 | $0.00 | | |
| 38510 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) | | $193.50 | $193.50 | $0.00 | $0.00 | | |
| 38520 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH | | $236.41 | $236.41 | $0.00 | $0.00 | | |
| 38525 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S) | | $210.58 | $210.58 | $0.00 | $0.00 | | |
| 38530 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S) | | $271.60 | $271.60 | $0.00 | $0.00 | | |
| 38542 | DISSECTION, DEEP JUGULAR NODE(S) | | $287.35 | $287.35 | $0.00 | $0.00 | | |
| 38550 | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP | | $290.33 | $290.33 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 38555 | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCU | | $611.46 | $611.46 | $0.00 | $0.00 | | |
| 38562 | LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND | | $496.86 | $496.86 | $0.00 | $0.00 | | |
| 38564 | LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITON | | $528.34 | $528.34 | $0.00 | $0.00 | | |
| 38570 | LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPS | | $434.46 | $434.46 | $0.00 | $0.00 | | |
| 38571 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY | | $565.05 | $565.05 | $0.00 | $0.00 | | |
| 38572 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND | | $657.19 | $0.00 | $0.00 | $0.00 | | |
| 38700 | SUPRAHYOID LYMPHADENECTOMY | | $512.23 | $512.23 | $0.00 | $0.00 | | |
| 38720 | CERVICAL LYMPHADENECTOMY (COMPLETE) | | $832.11 | $832.11 | $0.00 | $0.00 | | |
| 38724 | CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION) | | $821.68 | $821.68 | $0.00 | $0.00 | | |
| 38740 | AXILLARY LYMPHADENECTOMY; SUPERFICIAL | | $335.18 | $335.18 | $0.00 | $0.00 | | |
| 38745 | AXILLARY LYMPHADENECTOMY; COMPLETE | | $501.95 | $501.95 | $0.00 | $0.00 | | |

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| 38746 | THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRAC | | $203.12 | $203.12 | $0.00 | $0.00 | | |
| 38747 | ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL | | $226.49 | $226.49 | $0.00 | $0.00 | | |
| 38760 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE | | $450.96 | $450.96 | $0.00 | $0.00 | | |
| 38765 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC | | $838.20 | $838.20 | $0.00 | $0.00 | | |
| 38770 | PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND | | $810.15 | $810.15 | $0.00 | $0.00 | | |
| 38780 | RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING | | $951.96 | $951.96 | $0.00 | $0.00 | | |
| 38790 | INJECTION PROCEDURE; LYMPHANGIOGRAPHY | | $86.46 | $86.46 | $0.00 | $0.00 | | |
| 38792 | INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE | | $113.93 | $113.93 | $0.00 | $0.00 | | |
| 38794 | CANNULATION, THORACIC DUCT | | $204.25 | $204.25 | $0.00 | $0.00 | | |
| 38999 | UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 39000 | MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR | | $336.11 | $336.11 | $0.00 | $0.00 | | |
| 39010 | MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR | | $674.24 | $674.24 | $0.00 | $0.00 | | |
| 39200 | EXCISION OF MEDIASTINAL CYST | | $726.46 | $726.46 | $0.00 | $0.00 | | |
| 39220 | EXCISION OF MEDIASTINAL TUMOR | | $943.68 | $943.68 | $0.00 | $0.00 | | |
| 39400 | MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY | | $310.36 | $310.36 | $0.00 | $0.00 | | |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 39501 | REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH | | $692.01 | $692.01 | $0.00 | $0.00 | | |
| 39502 | REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT | | $824.95 | $824.95 | $0.00 | $0.00 | | |
| 39503 | REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSE | | $1,721.61 | $1,721.61 | $0.00 | $0.00 | | |
| 39520 | REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC | | $841.29 | $841.29 | $0.00 | $0.00 | | |
| 39530 | REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, | | $860.23 | $860.23 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 39531 | REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, | | $758.86 | $758.86 | $0.00 | $0.00 | | |
| 39540 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE | | $737.37 | $737.37 | $0.00 | $0.00 | | |
| 39541 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC | | $768.14 | $768.14 | $0.00 | $0.00 | | |
| 39545 | IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMI | | $598.78 | $598.78 | $0.00 | $0.00 | | |
| 39560 | RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE) | | $602.51 | $602.51 | $0.00 | $0.00 | | |
| 39561 | RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LO | | $827.49 | $827.49 | $0.00 | $0.00 | | |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 40490 | BIOPSY OF LIP | | $47.42 | $57.35 | $0.00 | $0.00 | | |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT | | $282.84 | $282.84 | $0.00 | $0.00 | | |
| 40510 | EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE | | $310.91 | $310.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 40520 | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE | | $270.44 | $270.44 | $0.00 | $0.00 | | |
| 40525 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, | | $497.22 | $497.22 | $0.00 | $0.00 | | |
| 40527 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP | | $595.01 | $595.01 | $0.00 | $0.00 | | |
| 40530 | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION | | $305.60 | $305.60 | $0.00 | $0.00 | | |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY | | $238.10 | $238.10 | $0.00 | $0.00 | | |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT | | $279.20 | $279.20 | $0.00 | $0.00 | | |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX | | $351.05 | $351.05 | $0.00 | $0.00 | | |
| 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPL | | $611.31 | $611.31 | $0.00 | $0.00 | | |
| 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE ST | | $1,000.92 | $1,000.92 | $0.00 | $0.00 | | |
| 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF | | $640.15 | $640.15 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION | | $679.54 | $679.54 | $0.00 | $0.00 | | |
| 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FL | | $743.84 | $743.84 | $0.00 | $0.00 | | |
| 40799 | UNLISTED PROCEDURE, LIPS | R | $175.00 | $227.50 | $0.00 | $0.00 | | |
| 40800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE | | $44.49 | $54.41 | $0.00 | $0.00 | | |
| 40801 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED | | $99.46 | $122.26 | $0.00 | $0.00 | | |
| 40804 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE | | $44.16 | $51.93 | $0.00 | $0.00 | | |
| 40805 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED | | $151.81 | $151.81 | $0.00 | $0.00 | | |
| 40806 | INCISION OF LABIAL FRENUM (FRENOTOMY) | | $19.48 | $19.48 | $0.00 | $0.00 | | |
| 40808 | BIOPSY, VESTIBULE OF MOUTH | | $38.84 | $49.03 | $0.00 | $0.00 | | |
| 40810 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOU | | $55.47 | $71.30 | $0.00 | $0.00 | | |
| 40812 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH S | | $89.83 | $109.95 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 40814 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH | | $147.05 | $190.36 | $0.00 | $0.00 | | |
| 40816 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLE | | $154.49 | $197.67 | $0.00 | $0.00 | | |
| 40818 | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT | | $131.53 | $131.53 | $0.00 | $0.00 | | |
| 40819 | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, | | $86.21 | $102.71 | $0.00 | $0.00 | | |
| 40820 | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHOD | | $44.66 | $51.77 | $0.00 | $0.00 | | |
| 40830 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS | | $69.85 | $69.85 | $0.00 | $0.00 | | |
| 40831 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX | | $127.86 | $127.86 | $0.00 | $0.00 | | |
| 40840 | VESTIBULOPLASTY; ANTERIOR | | $430.02 | $430.02 | $0.00 | $0.00 | | |
| 40842 | VESTIBULOPLASTY; POSTERIOR, UNILATERAL | | $430.02 | $430.02 | $0.00 | $0.00 | | |
| 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL | | $602.33 | $602.33 | $0.00 | $0.00 | | |
| 40844 | VESTIBULOPLASTY; ENTIRE ARCH | | $796.00 | $796.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 40845 | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITION | | $1,216.78 | $1,216.78 | $0.00 | $0.00 | | |
| 40899 | UNLISTED PROCEDURE, VESTIBULE OF MOUTH | R | $75.00 | $97.50 | $0.00 | $0.00 | | |
| 41000 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | $48.82 | $59.01 | $0.00 | $0.00 | | |
| 41005 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | $53.84 | $53.84 | $0.00 | $0.00 | | |
| 41006 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | $118.67 | $118.67 | $0.00 | $0.00 | | |
| 41007 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | $169.88 | $169.88 | $0.00 | $0.00 | | |
| 41008 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | $109.61 | $123.83 | $0.00 | $0.00 | | |
| 41009 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGU | | $195.34 | $195.34 | $0.00 | $0.00 | | |
| 41010 | INCISION OF LINGUAL FRENUM (FRENOTOMY) | | $45.81 | $45.81 | $0.00 | $0.00 | | |
| 41015 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | $134.92 | $134.92 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 41016 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | $217.36 | $217.36 | $0.00 | $0.00 | | |
| 41017 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | $150.11 | $150.11 | $0.00 | $0.00 | | |
| 41018 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR | | $254.03 | $254.03 | $0.00 | $0.00 | | |
| 41019 | PLACE NEEDLES H&N FOR RT | | $371.11 | $371.11 | $0.00 | $0.00 | | |
| 41100 | BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS | | $59.04 | $69.76 | $0.00 | $0.00 | | |
| 41105 | BIOPSY OF TONGUE; POSTERIOR ONE-THIRD | | $56.93 | $70.74 | $0.00 | $0.00 | | |
| 41108 | BIOPSY OF FLOOR OF MOUTH | | $42.93 | $54.33 | $0.00 | $0.00 | | |
| 41110 | EXCISION OF LESION OF TONGUE WITHOUT CLOSURE | | $63.92 | $81.35 | $0.00 | $0.00 | | |
| 41112 | EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS | | $114.81 | $146.87 | $0.00 | $0.00 | | |
| 41113 | EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD | | $145.39 | $191.12 | $0.00 | $0.00 | | |
| 41114 | EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP | | $420.36 | $420.36 | $0.00 | $0.00 | | |
| 41115 | EXCISION OF LINGUAL FRENUM (FRENECTOMY) | | $101.46 | $101.46 | $0.00 | $0.00 | | |
| 41116 | EXCISION, LESION OF FLOOR OF MOUTH | | $142.60 | $142.60 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 41120 | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE | | $475.75 | $475.75 | $0.00 | $0.00 | | |
| 41130 | GLOSSECTOMY; HEMIGLOSSECTOMY | | $572.07 | $572.07 | $0.00 | $0.00 | | |
| 41135 | GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION | | $974.31 | $974.31 | $0.00 | $0.00 | | |
| 41140 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT | | $1,254.60 | $1,254.60 | $0.00 | $0.00 | | |
| 41145 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH | | $1,492.25 | $1,492.25 | $0.00 | $0.00 | | |
| 41150 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND | | $1,136.41 | $1,136.41 | $0.00 | $0.00 | | |
| 41153 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH | | $1,365.67 | $1,365.67 | $0.00 | $0.00 | | |
| 41155 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIB | | $1,581.07 | $1,581.07 | $0.00 | $0.00 | | |
| 41250 | REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR | | $85.95 | $85.95 | $0.00 | $0.00 | | |
| 41251 | REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE | | $125.77 | $125.77 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 41252 | REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX | | $155.03 | $155.03 | $0.00 | $0.00 | | |
| 41500 | FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE) | | $197.26 | $197.26 | $0.00 | $0.00 | | |
| 41510 | SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE) | | $176.21 | $176.21 | $0.00 | $0.00 | | |
| 41512 | TONGUE BASE SUSPENSION, PERMANENT SUTURE TECH | | $464.63 | $464.63 | | | | |
| 41520 | FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) | | $161.22 | $161.22 | $0.00 | $0.00 | | |
| 41530 | SUBMUCOSAL ABLATION OF THE TONGUE BASE, RF | | $304.41 | $304.41 | | | | |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 41800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES | | $43.82 | $53.07 | $0.00 | $0.00 | | |
| 41805 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT | | $59.39 | $59.39 | $0.00 | $0.00 | | |
| 41806 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE | | $103.11 | $125.10 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT | | $56.25 | $75.00 | $0.00 | $0.00 | | |
| 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES | | $56.25 | $75.00 | $0.00 | $0.00 | | |
| 41822 | EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | | $153.66 | $153.66 | $0.00 | $0.00 | | |
| 41823 | EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | | $213.35 | $213.35 | $0.00 | $0.00 | | |
| 41825 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR | | $60.36 | $80.34 | $0.00 | $0.00 | | |
| 41826 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR | | $98.45 | $126.21 | $0.00 | $0.00 | | |
| 41827 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR | | $155.88 | $206.57 | $0.00 | $0.00 | | |
| 41828 | EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY) | | $206.39 | $206.39 | $0.00 | $0.00 | | |
| 41830 | ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY | | $223.87 | $223.87 | $0.00 | $0.00 | | |
| 41850 | DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES | | $112.50 | $150.00 | $0.00 | $0.00 | | |
| 41870 | PERIODONTAL MUCOSAL GRAFTING | | $187.50 | $250.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 41872 | GINGIVOPLASTY, EACH QUADRANT (SPECIFY) | | $165.60 | $165.60 | $0.00 | $0.00 | | |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) | | $199.46 | $199.46 | $0.00 | $0.00 | | |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES | R | $70.00 | $0.00 | $0.00 | $0.00 | | |
| 42000 | DRAINAGE OF ABSCESS OF PALATE, UVULA | | $44.40 | $52.71 | $0.00 | $0.00 | | |
| 42100 | BIOPSY OF PALATE, UVULA | | $49.51 | $60.11 | $0.00 | $0.00 | | |
| 42104 | EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE | | $72.51 | $94.24 | $0.00 | $0.00 | | |
| 42106 | EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE | | $112.05 | $141.82 | $0.00 | $0.00 | | |
| 42107 | EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE | | $201.24 | $267.09 | $0.00 | $0.00 | | |
| 42120 | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION | | $367.77 | $367.77 | $0.00 | $0.00 | | |
| 42140 | UVULECTOMY, EXCISION OF UVULA | | $85.04 | $85.04 | $0.00 | $0.00 | | |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLAS | | $483.48 | $483.48 | $0.00 | $0.00 | | |
| 42160 | DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL) | | $75.76 | $96.28 | $0.00 | $0.00 | | |
| 42180 | REPAIR, LACERATION OF PALATE; UP TO 2 CM | | $138.29 | $138.29 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 42182 | REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX | | $213.22 | $213.22 | $0.00 | $0.00 | | |
| 42200 | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY | | $491.68 | $491.68 | $0.00 | $0.00 | | |
| 42205 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TI | | $572.33 | $572.33 | $0.00 | $0.00 | | |
| 42210 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BO | | $652.65 | $652.65 | $0.00 | $0.00 | | |
| 42215 | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION | | $473.96 | $473.96 | $0.00 | $0.00 | | |
| 42220 | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE | | $359.65 | $359.65 | $0.00 | $0.00 | | |
| 42225 | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP | | $477.75 | $477.75 | $0.00 | $0.00 | | |
| 42226 | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP | | $508.94 | $508.94 | $0.00 | $0.00 | | |
| 42227 | LENGTHENING OF PALATE, WITH ISLAND FLAP | | $468.85 | $468.85 | $0.00 | $0.00 | | |
| 42235 | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP | | $380.84 | $380.84 | $0.00 | $0.00 | | |
| 42260 | REPAIR OF NASOLABIAL FISTULA | | $239.81 | $239.81 | $0.00 | $0.00 | | |
| 42280 | MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS | | $101.23 | $101.23 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 42281 | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS | | $95.01 | $95.01 | $0.00 | $0.00 | | |
| 42299 | UNLISTED PROCEDURE, PALATE, UVULA | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 42300 | DRAINAGE OF ABSCESS; PAROTID, SIMPLE | | $70.96 | $83.83 | $0.00 | $0.00 | | |
| 42305 | DRAINAGE OF ABSCESS; PAROTID, COMPLICATED | | $229.06 | $229.06 | $0.00 | $0.00 | | |
| 42310 | DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL | | $61.04 | $74.85 | $0.00 | $0.00 | | |
| 42320 | DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL | | $121.92 | $121.92 | $0.00 | $0.00 | | |
| 42330 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, | | $81.05 | $95.80 | $0.00 | $0.00 | | |
| 42335 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL | | $133.88 | $167.00 | $0.00 | $0.00 | | |
| 42340 | SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL | | $199.10 | $256.09 | $0.00 | $0.00 | | |
| 42400 | BIOPSY OF SALIVARY GLAND; NEEDLE | | $35.91 | $46.51 | $0.00 | $0.00 | | |
| 42405 | BIOPSY OF SALIVARY GLAND; INCISIONAL | | $120.34 | $141.00 | $0.00 | $0.00 | | |
| 42408 | EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) | | $225.54 | $225.54 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 42409 | MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA) | | $162.18 | $162.18 | $0.00 | $0.00 | | |
| 42410 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERV | | $442.25 | $442.25 | $0.00 | $0.00 | | |
| 42415 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECT | | $853.94 | $853.94 | $0.00 | $0.00 | | |
| 42420 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND | | $989.61 | $989.61 | $0.00 | $0.00 | | |
| 42425 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WIT | | $695.16 | $695.16 | $0.00 | $0.00 | | |
| 42426 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RAD | | $1,308.29 | $1,308.29 | $0.00 | $0.00 | | |
| 42440 | EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND | | $432.06 | $432.06 | $0.00 | $0.00 | | |
| 42450 | EXCISION OF SUBLINGUAL GLAND | | $228.76 | $228.76 | $0.00 | $0.00 | | |
| 42500 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE | | $254.93 | $254.93 | $0.00 | $0.00 | | |
| 42505 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLI | | $391.48 | $391.48 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 42507 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); | | $315.89 | $315.89 | $0.00 | $0.00 | | |
| 42508 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISIO | | $480.48 | $480.48 | $0.00 | $0.00 | | |
| 42509 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISIO | | $551.08 | $551.08 | $0.00 | $0.00 | | |
| 42510 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATIO | | $451.84 | $451.84 | $0.00 | $0.00 | | |
| 42550 | INJECTION PROCEDURE FOR SIALOGRAPHY | | $49.45 | $49.45 | $0.00 | $0.00 | | |
| 42600 | CLOSURE SALIVARY FISTULA | | $249.91 | $249.91 | $0.00 | $0.00 | | |
| 42650 | DILATION SALIVARY DUCT | | $28.80 | $34.03 | $0.00 | $0.00 | | |
| 42660 | DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTI | | $41.32 | $48.03 | $0.00 | $0.00 | | |
| 42665 | LIGATION SALIVARY DUCT, INTRAORAL | | $132.10 | $132.10 | $0.00 | $0.00 | | |
| 42699 | UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 42700 | INCISION AND DRAINAGE ABSCESS; PERITONSILLAR | | $59.90 | $71.30 | $0.00 | $0.00 | | |
| 42720 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTR | | $132.63 | $132.63 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 42725 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTE | | $355.25 | $355.25 | $0.00 | $0.00 | | |
| 42800 | BIOPSY; OROPHARYNX | | $51.19 | $61.11 | $0.00 | $0.00 | | |
| 42802 | BIOPSY; HYPOPHARYNX | | $74.00 | $74.00 | $0.00 | $0.00 | | |
| 42804 | BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE | | $67.31 | $67.31 | $0.00 | $0.00 | | |
| 42806 | BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION | | $86.33 | $86.33 | $0.00 | $0.00 | | |
| 42808 | EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD | | $140.66 | $140.66 | $0.00 | $0.00 | | |
| 42809 | REMOVAL OF FOREIGN BODY FROM PHARYNX | | $75.58 | $75.58 | $0.00 | $0.00 | | |
| 42810 | EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTA | | $189.54 | $189.54 | $0.00 | $0.00 | | |
| 42815 | EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH | | $452.46 | $452.46 | $0.00 | $0.00 | | |
| 42820 | TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12 | | $209.24 | $209.24 | $0.00 | $0.00 | | |
| 42821 | TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER | | $236.90 | $236.90 | $0.00 | $0.00 | | |
| 42825 | TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12 | | $173.02 | $173.02 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 42826 | TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER | | $207.59 | $207.59 | $0.00 | $0.00 | | |
| 42830 | ADENOIDECTOMY, PRIMARY; UNDER AGE 12 | | $147.88 | $147.88 | $0.00 | $0.00 | | |
| 42831 | ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER | | $145.96 | $145.96 | $0.00 | $0.00 | | |
| 42835 | ADENOIDECTOMY, SECONDARY; UNDER AGE 12 | | $117.46 | $117.46 | $0.00 | $0.00 | | |
| 42836 | ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER | | $173.33 | $173.33 | $0.00 | $0.00 | | |
| 42842 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG | | $435.74 | $435.74 | $0.00 | $0.00 | | |
| 42844 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG | | $695.42 | $695.42 | $0.00 | $0.00 | | |
| 42845 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIG | | $1,195.40 | $1,195.40 | $0.00 | $0.00 | | |
| 42860 | EXCISION OF TONSIL TAGS | | $118.59 | $118.59 | $0.00 | $0.00 | | |
| 42870 | EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE | | $219.96 | $219.96 | $0.00 | $0.00 | | |
| 42890 | LIMITED PHARYNGECTOMY | | $608.60 | $608.60 | $0.00 | $0.00 | | |
| 42892 | RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE | | $732.80 | $732.80 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 42894 | RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP | | $1,082.05 | $1,082.05 | $0.00 | $0.00 | | |
| 42900 | SUTURE PHARYNX FOR WOUND OR INJURY | | $272.06 | $272.06 | $0.00 | $0.00 | | |
| 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX) | | $517.14 | $517.14 | $0.00 | $0.00 | | |
| 42953 | PHARYNGOESOPHAGEAL REPAIR | | $433.56 | $433.56 | $0.00 | $0.00 | | |
| 42955 | PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING) | | $290.23 | $290.23 | $0.00 | $0.00 | | |
| 42960 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | $98.79 | $98.79 | $0.00 | $0.00 | | |
| 42961 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | $203.55 | $203.55 | $0.00 | $0.00 | | |
| 42962 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | $371.76 | $371.76 | $0.00 | $0.00 | | |
| 42970 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | $170.32 | $170.32 | $0.00 | $0.00 | | |
| 42971 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | $249.20 | $249.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 42972 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | | $331.98 | $331.98 | $0.00 | $0.00 | | |
| 42999 | UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS | R | $150.00 | $195.00 | $0.00 | $0.00 | | |
| 43020 | ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY | | $420.27 | $420.27 | $0.00 | $0.00 | | |
| 43030 | CRICOPHARYNGEAL MYOTOMY | | $484.63 | $484.63 | $0.00 | $0.00 | | |
| 43045 | ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY | | $943.82 | $943.82 | $0.00 | $0.00 | | |
| 43100 | EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH | | $437.65 | $437.65 | $0.00 | $0.00 | | |
| 43101 | EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMI | | $743.34 | $743.34 | $0.00 | $0.00 | | |
| 43107 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH | | $1,509.04 | $1,509.04 | $0.00 | $0.00 | | |
| 43108 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON | | $1,751.47 | $1,751.47 | $0.00 | $0.00 | | |
| 43112 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH | | $1,553.86 | $1,553.86 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43113 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON | | $1,780.52 | $1,780.52 | $0.00 | $0.00 | | |
| 43116 | PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING | | $1,664.32 | $1,664.32 | $0.00 | $0.00 | | |
| 43117 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT | | $1,629.11 | $1,629.11 | $0.00 | $0.00 | | |
| 43118 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARAT | | $1,722.42 | $1,722.42 | $0.00 | $0.00 | | |
| 43121 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH | | $1,487.25 | $1,487.25 | $0.00 | $0.00 | | |
| 43122 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR | | $1,487.25 | $1,487.25 | $0.00 | $0.00 | | |
| 43123 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR | | $1,722.42 | $1,722.42 | $0.00 | $0.00 | | |
| 43124 | TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), | | $1,436.56 | $1,436.56 | $0.00 | $0.00 | | |
| 43130 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; | | $634.17 | $634.17 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43135 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; | | $810.46 | $810.46 | $0.00 | $0.00 | | |
| 43200 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTI | | $107.69 | $107.69 | $0.00 | $0.00 | | |
| 43201 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S | | $95.90 | $177.35 | $0.00 | $0.00 | | |
| 43202 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE | | $127.63 | $127.63 | $0.00 | $0.00 | | |
| 43204 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGE | | $248.92 | $248.92 | $0.00 | $0.00 | | |
| 43205 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VAR | | $188.00 | $188.00 | $0.00 | $0.00 | | |
| 43215 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY | | $176.79 | $176.79 | $0.00 | $0.00 | | |
| 43216 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), | | $175.44 | $175.44 | $0.00 | $0.00 | | |
| 43217 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), | | $190.11 | $190.11 | $0.00 | $0.00 | | |
| 43219 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR ST | | $186.45 | $186.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43220 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 | | $140.06 | $140.06 | $0.00 | $0.00 | | |
| 43226 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWE | | $155.45 | $155.45 | $0.00 | $0.00 | | |
| 43227 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECT | | $237.55 | $237.55 | $0.00 | $0.00 | | |
| 43228 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), | | $248.34 | $248.34 | $0.00 | $0.00 | | |
| 43231 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATI | | $171.20 | $171.20 | $0.00 | $0.00 | | |
| 43232 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUID | | $198.82 | $198.82 | $0.00 | $0.00 | | |
| 43234 | UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH | | $135.20 | $135.20 | $0.00 | $0.00 | | |
| 43235 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $159.52 | $159.52 | $0.00 | $0.00 | | |
| 43236 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $120.05 | $208.44 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43237 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $162.89 | $162.89 | $0.00 | $0.00 | | |
| 43238 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $201.78 | $201.78 | $0.00 | $0.00 | | |
| 43239 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $179.22 | $179.22 | $0.00 | $0.00 | | |
| 43240 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $302.65 | $302.65 | $0.00 | $0.00 | | |
| 43241 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $174.01 | $174.01 | $0.00 | $0.00 | | |
| 43242 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $0.00 | $218.18 | $0.00 | $0.00 | | |
| 43243 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $294.58 | $294.58 | $0.00 | $0.00 | | |
| 43244 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $237.72 | $237.72 | $0.00 | $0.00 | | |
| 43245 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $225.60 | $225.60 | $0.00 | $0.00 | | |
| 43246 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $288.31 | $288.31 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43247 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $225.11 | $225.11 | $0.00 | $0.00 | | |
| 43248 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $209.03 | $209.03 | $0.00 | $0.00 | | |
| 43249 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $192.43 | $192.43 | $0.00 | $0.00 | | |
| 43250 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $227.73 | $227.73 | $0.00 | $0.00 | | |
| 43251 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $242.40 | $242.40 | $0.00 | $0.00 | | |
| 43255 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $289.35 | $289.35 | $0.00 | $0.00 | | |
| 43256 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $171.96 | $171.96 | $0.00 | $0.00 | | |
| 43257 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $228.65 | $228.65 | $0.00 | $0.00 | | |
| 43258 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $287.85 | $287.85 | $0.00 | $0.00 | | |
| 43259 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EIT | | $259.82 | $259.82 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

Note:

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 43260 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WIT | | $344.76 | $344.76 | $0.00 | $0.00 | | |
| 43261 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SI | | $353.86 | $353.86 | $0.00 | $0.00 | | |
| 43262 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH | | $472.34 | $472.34 | $0.00 | $0.00 | | |
| 43263 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE | | $347.24 | $347.24 | $0.00 | $0.00 | | |
| 43264 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | $515.23 | $515.23 | $0.00 | $0.00 | | |
| 43265 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | $455.99 | $455.99 | $0.00 | $0.00 | | |
| 43267 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | $427.26 | $427.26 | $0.00 | $0.00 | | |
| 43268 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | $464.34 | $464.34 | $0.00 | $0.00 | | |
| 43269 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | $386.77 | $386.77 | $0.00 | $0.00 | | |
| 43271 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC | | $433.65 | $433.65 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43272 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION O | | $377.26 | $377.26 | $0.00 | $0.00 | | |
| 43273 | ENDOSCOPIC CANNULATION OF PAPLLA W/DIRECT VISUAL | | $103.25 | $103.25 | | | | |
| 43279 | LAPAROSCOPY, SURG, ESOPHAGOMYOTOMY | | $969.91 | $969.91 | | | | |
| 43280 | LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET | | $820.29 | $820.29 | $0.00 | $0.00 | | |
| 43300 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; | | $596.78 | $596.78 | $0.00 | $0.00 | | |
| 43305 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; | | $884.58 | $884.58 | $0.00 | $0.00 | | |
| 43310 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; | | $1,244.30 | $1,244.30 | $0.00 | $0.00 | | |
| 43312 | ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; | | $1,223.79 | $1,223.79 | $0.00 | $0.00 | | |
| 43313 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION | | $2,006.95 | $2,006.95 | $0.00 | $0.00 | | |
| 43314 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION | | $2,206.23 | $2,206.23 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 43320 | ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND | | $788.28 | $788.28 | $0.00 | $0.00 | | |
| 43324 | ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES) | | $825.56 | $825.56 | $0.00 | $0.00 | | |
| 43325 | ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE) | | $796.34 | $796.34 | $0.00 | $0.00 | | |
| 43326 | ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS) | | $665.89 | $665.89 | $0.00 | $0.00 | | |
| 43330 | ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH | | $781.50 | $781.50 | $0.00 | $0.00 | | |
| 43331 | ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH | | $880.74 | $880.74 | $0.00 | $0.00 | | |
| 43340 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH | | $810.40 | $810.40 | $0.00 | $0.00 | | |
| 43341 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH | | $751.23 | $751.23 | $0.00 | $0.00 | | |
| 43350 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROAC | | $569.42 | $569.42 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 43351 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH | | $666.20 | $666.20 | $0.00 | $0.00 | | |
| 43352 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH | | $593.79 | $593.79 | $0.00 | $0.00 | | |
| 43360 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU | | $1,439.42 | $1,439.42 | $0.00 | $0.00 | | |
| 43361 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU | | $1,664.32 | $1,664.32 | $0.00 | $0.00 | | |
| 43400 | LIGATION, DIRECT, ESOPHAGEAL VARICES | | $786.11 | $786.11 | $0.00 | $0.00 | | |
| 43401 | TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES | | $781.25 | $781.25 | $0.00 | $0.00 | | |
| 43405 | LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING | | $883.97 | $883.97 | $0.00 | $0.00 | | |
| 43410 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH | | $558.13 | $558.13 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43415 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL | | $868.33 | $868.33 | $0.00 | $0.00 | | |
| 43420 | CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH | | $475.68 | $475.68 | $0.00 | $0.00 | | |
| 43425 | CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL | | $765.33 | $765.33 | $0.00 | $0.00 | | |
| 43450 | DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE | | $59.95 | $59.95 | $0.00 | $0.00 | | |
| 43453 | DILATION OF ESOPHAGUS, OVER GUIDE WIRE | | $87.48 | $87.48 | $0.00 | $0.00 | | |
| 43456 | DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE | | $175.37 | $175.37 | $0.00 | $0.00 | | |
| 43458 | DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHA | | $137.12 | $137.12 | $0.00 | $0.00 | | |
| 43460 | ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE) | | $159.94 | $159.94 | $0.00 | $0.00 | | |
| 43496 | FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43500 | GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL | | $416.59 | $416.59 | $0.00 | $0.00 | | |
| 43501 | GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER | | $681.01 | $681.01 | $0.00 | $0.00 | | |
| 43502 | GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERAT | | $738.81 | $738.81 | $0.00 | $0.00 | | |
| 43510 | GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT | | $517.21 | $517.21 | $0.00 | $0.00 | | |
| 43520 | PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATI | | $346.71 | $346.71 | $0.00 | $0.00 | | |
| 43600 | BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS) | | $70.67 | $70.67 | $0.00 | $0.00 | | |
| 43605 | BIOPSY OF STOMACH; BY LAPAROTOMY | | $431.36 | $431.36 | $0.00 | $0.00 | | |
| 43610 | EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH | | $557.35 | $557.35 | $0.00 | $0.00 | | |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH | | $625.43 | $625.43 | $0.00 | $0.00 | | |
| 43620 | GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY | | $1,107.13 | $1,107.13 | $0.00 | $0.00 | | |
| 43621 | GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION | | $1,120.04 | $1,120.04 | $0.00 | $0.00 | | |
| 43622 | GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE | | $1,159.66 | $1,159.66 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 43631 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY | | $928.88 | $928.88 | $0.00 | $0.00 | | |
| 43632 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY | | $928.88 | $928.88 | $0.00 | $0.00 | | |
| 43633 | GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION | | $941.79 | $941.79 | $0.00 | $0.00 | | |
| 43634 | GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH | | $1,253.39 | $1,253.39 | $0.00 | $0.00 | | |
| 43635 | VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATE | | $95.73 | $95.73 | $0.00 | $0.00 | | |
| 43640 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL | | $720.24 | $720.24 | $0.00 | $0.00 | | |
| 43641 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL | | $719.99 | $719.99 | $0.00 | $0.00 | | |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP | R | $1,202.92 | $1,202.92 | $0.00 | $0.00 | | |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP | R | $1,286.28 | $1,286.28 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43647 | LAPAROSCOPY, SURGICAL, IMPLANT GASTRIC ELECTRODE, ANTRUM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 43648 | REVISION OR REMOVAL GASTRIC ELECTRODE, ANTRUM | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 43651 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL | | $448.81 | $448.81 | $0.00 | $0.00 | | |
| 43652 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHL | | $536.93 | $536.93 | $0.00 | $0.00 | | |
| 43653 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TU | | $384.37 | $384.37 | $0.00 | $0.00 | | |
| 43659 | UNLISTED LAPAROSCOPY PROCEDURE, STOMACH | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 43752 | NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND | | $154.78 | $154.78 | $0.00 | $0.00 | | |
| 43760 | CHANGE OF GASTROSTOMY TUBE | | $52.97 | $52.97 | $0.00 | $0.00 | | |
| 43761 | REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUO | | $93.49 | $93.49 | $0.00 | $0.00 | | |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF | R | $749.49 | $749.49 | $0.00 | $0.00 | | |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF | R | $864.05 | $864.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS | R | $659.11 | $659.11 | $0.00 | $0.00 | | |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND | R | $864.31 | $864.31 | $0.00 | $0.00 | | |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS | R | $660.61 | $660.61 | $0.00 | $0.00 | | |
| 43800 | PYLOROPLASTY | | $495.57 | $495.57 | $0.00 | $0.00 | | |
| 43810 | GASTRODUODENOSTOMY | | $537.88 | $537.88 | $0.00 | $0.00 | | |
| 43820 | GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY | | $570.93 | $570.93 | $0.00 | $0.00 | | |
| 43825 | GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE | | $742.76 | $742.76 | $0.00 | $0.00 | | |
| 43830 | GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM | | $336.97 | $336.97 | $0.00 | $0.00 | | |
| 43831 | GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING | | $350.16 | $350.16 | $0.00 | $0.00 | | |
| 43832 | GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY | | $559.67 | $559.67 | $0.00 | $0.00 | | |
| 43840 | GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, | | $557.26 | $557.26 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43842 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES | R | $842.96 | $842.96 | $0.00 | $0.00 | | |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES | R | $842.96 | $842.96 | $0.00 | $0.00 | | |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESER | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; | R | $1,058.91 | $1,058.91 | $0.00 | $0.00 | | |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; | R | $1,060.21 | $1,060.21 | $0.00 | $0.00 | | |
| 43848 | REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, O | R | $1,125.64 | $1,125.64 | $0.00 | $0.00 | | |
| 43850 | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH | R | $899.17 | $899.17 | $0.00 | $0.00 | | |
| 43855 | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH | R | $897.35 | $897.35 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 43860 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH | R | $900.66 | $900.66 | $0.00 | $0.00 | | |
| 43865 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH | R | $993.49 | $993.49 | $0.00 | $0.00 | | |
| 43870 | CLOSURE OF GASTROSTOMY, SURGICAL | | $374.96 | $374.96 | $0.00 | $0.00 | | |
| 43880 | CLOSURE OF GASTROCOLIC FISTULA | | $796.34 | $796.34 | $0.00 | $0.00 | | |
| 43881 | IMPLANT GASTRIC ELECTRODE, ANTRUM, OPEN | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 43882 | REVISION/REMOVAL GASTRIC ELECTRODE, ANTRUM, OPEN | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT | | $205.28 | $205.28 | $0.00 | $0.00 | | |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMP | R | $201.34 | $201.34 | $0.00 | $0.00 | | |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF | R | $286.41 | $286.41 | $0.00 | $0.00 | | |
| 43999 | UNLISTED PROCEDURE, STOMACH | R | $75.00 | $100.00 | $0.00 | $0.00 | | |
| 44005 | ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE) | | $631.99 | $631.99 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44010 | DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL | | $490.98 | $490.98 | $0.00 | $0.00 | | |
| 44015 | TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, | | $174.18 | $174.18 | $0.00 | $0.00 | | |
| 44020 | ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, | | $563.26 | $563.26 | $0.00 | $0.00 | | |
| 44021 | ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (E | | $541.51 | $541.51 | $0.00 | $0.00 | | |
| 44025 | COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL | | $571.56 | $571.56 | $0.00 | $0.00 | | |
| 44050 | REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY | | $543.16 | $543.16 | $0.00 | $0.00 | | |
| 44055 | CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION | | $594.11 | $594.11 | $0.00 | $0.00 | | |
| 44100 | BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS) | | $99.15 | $99.15 | $0.00 | $0.00 | | |
| 44110 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIR | | $508.50 | $508.50 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 44111 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIR | | $635.61 | $635.61 | $0.00 | $0.00 | | |
| 44120 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTO | | $688.69 | $688.69 | $0.00 | $0.00 | | |
| 44121 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION A | | $205.93 | $205.93 | $0.00 | $0.00 | | |
| 44125 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY | | $729.61 | $729.61 | $0.00 | $0.00 | | |
| 44126 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING | | $1,496.09 | $1,496.09 | $0.00 | $0.00 | | |
| 44127 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING | | $1,720.93 | $1,720.93 | $0.00 | $0.00 | | |
| 44128 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SING | | $185.26 | $185.26 | $0.00 | $0.00 | | |
| 44130 | ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS | | $603.16 | $603.16 | $0.00 | $0.00 | | |
| 44135 | INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 44137 | REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44139 | MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION W | | $103.38 | $103.38 | $0.00 | $0.00 | | |
| 44140 | COLECTOMY, PARTIAL; WITH ANASTOMOSIS | | $920.07 | $920.07 | $0.00 | $0.00 | | |
| 44141 | COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY | | $889.47 | $889.47 | $0.00 | $0.00 | | |
| 44143 | COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT | | $832.65 | $832.65 | $0.00 | $0.00 | | |
| 44144 | COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND | | $825.10 | $825.10 | $0.00 | $0.00 | | |
| 44145 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) | | $1,047.67 | $1,047.67 | $0.00 | $0.00 | | |
| 44146 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WIT | | $1,130.11 | $1,130.11 | $0.00 | $0.00 | | |
| 44147 | COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH | | $967.88 | $967.88 | $0.00 | $0.00 | | |
| 44150 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR | | $1,033.77 | $1,033.77 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44151 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOS | | $854.51 | $854.51 | $0.00 | $0.00 | | |
| 44155 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY | | $1,179.83 | $1,179.83 | $0.00 | $0.00 | | |
| 44156 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOM | | $967.96 | $967.96 | $0.00 | $0.00 | | |
| 44157 | COLECTOMY, W/ILEOANAL ANASTOMOSIS | | $1,519.07 | $1,519.07 | $0.00 | $0.00 | | |
| 44158 | COLECTOMY, W/ILEOANAL ANASTOMOSIS AND RECTAL MUCOSECTOMY | | $1,558.78 | $1,558.78 | $0.00 | $0.00 | | |
| 44160 | COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY | | $812.24 | $812.24 | $0.00 | $0.00 | | |
| 44180 | LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) | | $635.24 | $635.24 | $0.00 | $0.00 | | |
| 44186 | LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING) | | $445.25 | $445.25 | $0.00 | $0.00 | | |
| 44187 | LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE | | $734.68 | $734.68 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44188 | LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY | | $806.58 | $806.58 | $0.00 | $0.00 | | |
| 44202 | LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SING | | $1,003.41 | $1,003.41 | $0.00 | $0.00 | | |
| 44203 | LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND | | $180.61 | $180.61 | $0.00 | $0.00 | | |
| 44204 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS | | $1,037.52 | $1,037.52 | $0.00 | $0.00 | | |
| 44205 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL IL | | $0.00 | $918.82 | $0.00 | $0.00 | | |
| 44206 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOS | | $1,117.91 | $1,117.91 | $0.00 | $0.00 | | |
| 44207 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH | | $1,224.87 | $1,224.87 | $0.00 | $0.00 | | |
| 44208 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH | | $1,323.02 | $1,323.02 | $0.00 | $0.00 | | |
| 44210 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOM | | $1,170.34 | $1,170.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44211 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, | | $1,453.85 | $1,453.85 | $0.00 | $0.00 | | |
| 44212 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, | | $1,357.98 | $1,357.98 | $0.00 | $0.00 | | |
| 44213 | LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE | | $146.37 | $146.37 | $0.00 | $0.00 | | |
| 44227 | LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTIN | | $1,145.29 | $1,145.29 | $0.00 | $0.00 | | |
| 44238 | UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM) | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 44300 | ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEP | | $421.08 | $421.08 | $0.00 | $0.00 | | |
| 44310 | ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE | | $547.18 | $547.18 | $0.00 | $0.00 | | |
| 44312 | REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE | | $250.24 | $250.24 | $0.00 | $0.00 | | |
| 44314 | REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE | | $495.26 | $495.26 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44316 | CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE) | | $692.09 | $692.09 | $0.00 | $0.00 | | |
| 44320 | COLOSTOMY OR SKIN LEVEL CECOSTOMY; | | $572.46 | $572.46 | $0.00 | $0.00 | | |
| 44322 | COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR | | $591.49 | $591.49 | $0.00 | $0.00 | | |
| 44340 | REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE | | $197.94 | $197.94 | $0.00 | $0.00 | | |
| 44345 | REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE | | $449.75 | $449.75 | $0.00 | $0.00 | | |
| 44346 | REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE | | $538.49 | $538.49 | $0.00 | $0.00 | | |
| 44360 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $193.77 | $193.77 | $0.00 | $0.00 | | |
| 44361 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $214.08 | $214.08 | $0.00 | $0.00 | | |
| 44363 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $204.56 | $204.56 | $0.00 | $0.00 | | |
| 44364 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $268.19 | $268.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44365 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $253.81 | $253.81 | $0.00 | $0.00 | | |
| 44366 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $313.95 | $313.95 | $0.00 | $0.00 | | |
| 44369 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $336.39 | $336.39 | $0.00 | $0.00 | | |
| 44370 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $171.38 | $171.38 | $0.00 | $0.00 | | |
| 44372 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $318.49 | $318.49 | $0.00 | $0.00 | | |
| 44373 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $262.68 | $262.68 | $0.00 | $0.00 | | |
| 44376 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $281.91 | $281.91 | $0.00 | $0.00 | | |
| 44377 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $296.54 | $296.54 | $0.00 | $0.00 | | |
| 44378 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $376.09 | $376.09 | $0.00 | $0.00 | | |
| 44379 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODE | | $279.76 | $279.76 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44380 | ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | $101.69 | $101.69 | $0.00 | $0.00 | | |
| 44382 | ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE | | $122.95 | $122.95 | $0.00 | $0.00 | | |
| 44383 | ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUD | | $95.56 | $95.56 | $0.00 | $0.00 | | |
| 44385 | ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; | | $124.16 | $124.16 | $0.00 | $0.00 | | |
| 44386 | ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; | | $107.16 | $107.16 | $0.00 | $0.00 | | |
| 44388 | COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | $191.73 | $191.73 | $0.00 | $0.00 | | |
| 44389 | COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE | | $210.07 | $210.07 | $0.00 | $0.00 | | |
| 44390 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY | | $189.73 | $189.73 | $0.00 | $0.00 | | |
| 44391 | COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BI | | $280.73 | $280.73 | $0.00 | $0.00 | | |
| 44392 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE | | $267.50 | $267.50 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44393 | COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTH | | $304.14 | $304.14 | $0.00 | $0.00 | | |
| 44394 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHE | | $285.40 | $285.40 | $0.00 | $0.00 | | |
| 44397 | COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLU | | $178.28 | $178.28 | $0.00 | $0.00 | | |
| 44500 | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARA | | $24.52 | $24.52 | $0.00 | $0.00 | | |
| 44602 | SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, | | $529.77 | $529.77 | $0.00 | $0.00 | | |
| 44603 | SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, | | $671.14 | $671.14 | $0.00 | $0.00 | | |
| 44604 | SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC | | $631.37 | $631.37 | $0.00 | $0.00 | | |
| 44605 | SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTIC | | $708.57 | $708.57 | $0.00 | $0.00 | | |
| 44615 | INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITH | | $597.17 | $597.17 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44620 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; | | $473.91 | $473.91 | $0.00 | $0.00 | | |
| 44625 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND | | $661.34 | $661.34 | $0.00 | $0.00 | | |
| 44626 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND | | $1,002.53 | $1,002.53 | $0.00 | $0.00 | | |
| 44640 | CLOSURE OF INTESTINAL CUTANEOUS FISTULA | | $599.66 | $599.66 | $0.00 | $0.00 | | |
| 44650 | CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA | | $635.85 | $635.85 | $0.00 | $0.00 | | |
| 44660 | CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECT | | $638.67 | $638.67 | $0.00 | $0.00 | | |
| 44661 | CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECT | | $888.20 | $888.20 | $0.00 | $0.00 | | |
| 44680 | INTESTINAL PLICATION (SEPARATE PROCEDURE) | | $676.59 | $676.59 | $0.00 | $0.00 | | |
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | $140.64 | $104.14 | | | | |
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | $589.54 | $589.54 | | | | |
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | $735.82 | $735.82 | | | | |
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | $676.48 | $676.48 | | | | |
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | $814.44 | $814.44 | | | | |

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|---|---|---|---|---|---|---|---|---|
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | $679.15 | $679.15 | | | | |
| 46930 | DESTRUCTION OF INTERNAL HEMMORHOIDS(S) BY THERMAL | | $980.59 | $980.59 | | | | |
| 44700 | EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, | | $765.14 | $765.14 | $0.00 | $0.00 | | |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR | | $122.17 | $122.17 | $0.00 | $0.00 | | |
| 44715 | BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 44720 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAF | | $201.57 | $201.57 | $0.00 | $0.00 | | |
| 44721 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAF | | $293.80 | $293.80 | $0.00 | $0.00 | | |
| 44799 | UNLISTED PROCEDURE, INTESTINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 44800 | EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTE | | $463.75 | $463.75 | $0.00 | $0.00 | | |
| 44820 | EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE) | | $458.16 | $458.16 | $0.00 | $0.00 | | |
| 44850 | SUTURE OF MESENTERY (SEPARATE PROCEDURE) | | $432.40 | $432.40 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 44899 | UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 44900 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN | | $366.82 | $366.82 | $0.00 | $0.00 | | |
| 44901 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS | | $170.77 | $170.77 | $0.00 | $0.00 | | |
| 44950 | APPENDECTOMY; | | $443.78 | $443.78 | $0.00 | $0.00 | | |
| 44955 | APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR | | $112.05 | $112.05 | $0.00 | $0.00 | | |
| 44960 | APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITO | | $475.09 | $475.09 | $0.00 | $0.00 | | |
| 44970 | LAPAROSCOPY, SURGICAL, APPENDECTOMY | | $395.19 | $395.19 | $0.00 | $0.00 | | |
| 44979 | UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 45000 | TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | | $174.07 | $174.07 | $0.00 | $0.00 | | |
| 45005 | INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM | | $97.22 | $97.22 | $0.00 | $0.00 | | |
| 45020 | INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTA | | $211.51 | $211.51 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 45100 | BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON) | | $158.11 | $158.11 | $0.00 | $0.00 | | |
| 45108 | ANORECTAL MYOMECTOMY | | $209.82 | $209.82 | $0.00 | $0.00 | | |
| 45110 | PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY | | $1,157.25 | $1,157.25 | $0.00 | $0.00 | | |
| 45111 | PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH | | $815.47 | $815.47 | $0.00 | $0.00 | | |
| 45112 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, | | $1,217.24 | $1,217.24 | $0.00 | $0.00 | | |
| 45113 | PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, | | $1,236.90 | $1,236.90 | $0.00 | $0.00 | | |
| 45114 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPR | | $1,113.60 | $1,113.60 | $0.00 | $0.00 | | |
| 45116 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSSACRAL APPROACH ONLY (KRA | | $905.90 | $905.90 | $0.00 | $0.00 | | |
| 45119 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, | | $1,251.18 | $1,251.18 | $0.00 | $0.00 | | |
| 45120 | PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE | | $1,194.08 | $1,194.08 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 45121 | PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINE | | $1,070.67 | $1,070.67 | $0.00 | $0.00 | | |
| 45123 | PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH | | $765.59 | $765.59 | $0.00 | $0.00 | | |
| 45126 | PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH | | $1,580.48 | $1,580.48 | $0.00 | $0.00 | | |
| 45130 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH | | $665.09 | $665.09 | $0.00 | $0.00 | | |
| 45135 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINE | | $963.57 | $963.57 | $0.00 | $0.00 | | |
| 45136 | EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY | | $1,167.19 | $1,167.19 | $0.00 | $0.00 | | |
| 45150 | DIVISION OF STRICTURE OF RECTUM | | $260.31 | $260.31 | $0.00 | $0.00 | | |
| 45160 | EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL | | $600.10 | $600.10 | $0.00 | $0.00 | | |
| 45170 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH | | $423.07 | $423.07 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 45190 | DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, L | | $394.39 | $394.39 | $0.00 | $0.00 | | |
| 45300 | PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | $29.62 | $36.99 | $0.00 | $0.00 | | |
| 45303 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BO | | $26.17 | $34.75 | $0.00 | $0.00 | | |
| 45305 | PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE | | $44.30 | $55.57 | $0.00 | $0.00 | | |
| 45307 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY | | $88.62 | $88.62 | $0.00 | $0.00 | | |
| 45308 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT | | $64.32 | $79.48 | $0.00 | $0.00 | | |
| 45309 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OT | | $78.99 | $94.15 | $0.00 | $0.00 | | |
| 45315 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, O | | $110.82 | $110.82 | $0.00 | $0.00 | | |
| 45317 | PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, | | $118.52 | $118.52 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 45320 | PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OT | | $142.93 | $142.93 | $0.00 | $0.00 | | |
| 45321 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS | | $108.20 | $108.20 | $0.00 | $0.00 | | |
| 45327 | PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCL | | $66.44 | $66.44 | $0.00 | $0.00 | | |
| 45330 | SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF | | $47.58 | $64.08 | $0.00 | $0.00 | | |
| 45331 | SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE | | $83.80 | $83.80 | $0.00 | $0.00 | | |
| 45332 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY | | $108.61 | $108.61 | $0.00 | $0.00 | | |
| 45333 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER | | $123.91 | $123.91 | $0.00 | $0.00 | | |
| 45334 | SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPO | | $166.01 | $166.01 | $0.00 | $0.00 | | |
| 45335 | SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY | | $57.66 | $104.68 | $0.00 | $0.00 | | |
| 45337 | SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD | | $159.75 | $159.75 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 45338 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER | | $141.81 | $141.81 | $0.00 | $0.00 | | |
| 45339 | SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER | | $186.57 | $186.57 | $0.00 | $0.00 | | |
| 45340 | SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURE | | $69.12 | $234.34 | $0.00 | $0.00 | | |
| 45341 | SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION | | $148.42 | $148.42 | $0.00 | $0.00 | | |
| 45342 | SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAM | | $171.39 | $171.39 | $0.00 | $0.00 | | |
| 45345 | SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDE | | $142.59 | $142.59 | $0.00 | $0.00 | | |
| 45355 | COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR | | $137.10 | $137.10 | $0.00 | $0.00 | | |
| 45378 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH O | | $228.82 | $228.82 | $0.00 | $0.00 | | |
| 45379 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FO | | $292.40 | $292.40 | $0.00 | $0.00 | | |
| 45380 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGL | | $255.86 | $255.86 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 45381 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED | | $170.02 | $284.36 | $0.00 | $0.00 | | |
| 45382 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF | | $335.55 | $335.55 | $0.00 | $0.00 | | |
| 45383 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF | | $343.18 | $343.18 | $0.00 | $0.00 | | |
| 45384 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF | | $330.37 | $330.37 | $0.00 | $0.00 | | |
| 45385 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF | | $348.27 | $348.27 | $0.00 | $0.00 | | |
| 45386 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY | | $184.55 | $530.14 | $0.00 | $0.00 | | |
| 45387 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOP | | $232.95 | $232.95 | $0.00 | $0.00 | | |
| 45391 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC | | $212.17 | $212.17 | $0.00 | $0.00 | | |
| 45392 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOP | | $268.20 | $268.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 45395 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEA | | $1,348.53 | $1,348.53 | $0.00 | $0.00 | | |
| 45397 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THR | | $1,468.46 | $1,468.46 | $0.00 | $0.00 | | |
| 45400 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE) | | $788.46 | $788.46 | $0.00 | $0.00 | | |
| 45402 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTI | | $1,071.14 | $1,071.14 | $0.00 | $0.00 | | |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE, RECTUM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 45500 | PROCTOPLASTY; FOR STENOSIS | | $382.37 | $382.37 | $0.00 | $0.00 | | |
| 45505 | PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE | | $361.16 | $361.16 | $0.00 | $0.00 | | |
| 45520 | PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE | | $26.75 | $34.93 | $0.00 | $0.00 | | |
| 45540 | PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH | | $667.83 | $667.83 | $0.00 | $0.00 | | |
| 45541 | PROCTOPEXY (EG, FOR PROLAPSE); PERINEAL APPROACH | | $609.62 | $609.62 | $0.00 | $0.00 | | |
| 45550 | PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPRO | | $758.63 | $758.63 | $0.00 | $0.00 | | |
| 45560 | REPAIR OF RECTOCELE (SEPARATE PROCEDURE) | | $371.78 | $371.78 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 45562 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; | | $581.98 | $581.98 | $0.00 | $0.00 | | |
| 45563 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH | | $918.00 | $918.00 | $0.00 | $0.00 | | |
| 45800 | CLOSURE OF RECTOVESICAL FISTULA; | | $672.75 | $672.75 | $0.00 | $0.00 | | |
| 45805 | CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY | | $831.02 | $831.02 | $0.00 | $0.00 | | |
| 45820 | CLOSURE OF RECTOURETHRAL FISTULA; | | $661.31 | $661.31 | $0.00 | $0.00 | | |
| 45825 | CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY | | $758.43 | $758.43 | $0.00 | $0.00 | | |
| 45900 | REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA | | $67.53 | $67.53 | $0.00 | $0.00 | | |
| 45905 | DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER | | $66.27 | $66.27 | $0.00 | $0.00 | | |
| 45910 | DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTH | | $81.07 | $81.07 | $0.00 | $0.00 | | |
| 45915 | REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER | | $84.44 | $84.44 | $0.00 | $0.00 | | |
| 45990 | ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR | | $77.97 | $77.97 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 45999 | UNLISTED PROCEDURE, RECTUM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 46020 | PLACEMENT OF SETON | | $149.88 | $168.72 | $0.00 | $0.00 | | |
| 46030 | REMOVAL OF ANAL SETON, OTHER MARKER | | $47.64 | $47.64 | $0.00 | $0.00 | | |
| 46040 | INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPAR | | $197.37 | $197.37 | $0.00 | $0.00 | | |
| 46045 | INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSC | | $173.59 | $173.59 | $0.00 | $0.00 | | |
| 46050 | INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL | | $44.17 | $52.22 | $0.00 | $0.00 | | |
| 46060 | INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH | | $318.31 | $318.31 | $0.00 | $0.00 | | |
| 46070 | INCISION, ANAL SEPTUM (INFANT) | | $121.94 | $121.94 | $0.00 | $0.00 | | |
| 46080 | SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE) | | $136.54 | $136.54 | $0.00 | $0.00 | | |
| 46083 | INCISION OF THROMBOSED HEMORRHOID, EXTERNAL | | $50.01 | $58.46 | $0.00 | $0.00 | | |
| 46200 | FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY | | $192.90 | $192.90 | $0.00 | $0.00 | | |
| 46210 | CRYPTECTOMY; SINGLE | | $98.00 | $98.00 | $0.00 | $0.00 | | |
| 46211 | CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE) | | $179.62 | $179.62 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 46220 | PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE) | | $64.12 | $64.12 | $0.00 | $0.00 | | |
| 46221 | HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND) | | $52.75 | $61.60 | $0.00 | $0.00 | | |
| 46230 | EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE | | $87.99 | $99.12 | $0.00 | $0.00 | | |
| 46250 | HEMORRHOIDECTOMY, EXTERNAL, COMPLETE | | $214.69 | $214.69 | $0.00 | $0.00 | | |
| 46255 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; | | $292.50 | $292.50 | $0.00 | $0.00 | | |
| 46257 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY | | $338.77 | $338.77 | $0.00 | $0.00 | | |
| 46258 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WI | | $370.78 | $370.78 | $0.00 | $0.00 | | |
| 46260 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; | | $389.78 | $389.78 | $0.00 | $0.00 | | |
| 46261 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH | | $402.03 | $402.03 | $0.00 | $0.00 | | |
| 46262 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH | | $412.67 | $412.67 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 46270 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTA | | $162.14 | $162.14 | $0.00 | $0.00 | | |
| 46275 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSC | | $302.62 | $302.62 | $0.00 | $0.00 | | |
| 46280 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX | | $358.41 | $358.41 | $0.00 | $0.00 | | |
| 46285 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND | | $185.46 | $185.46 | $0.00 | $0.00 | | |
| 46288 | CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP | | $316.34 | $316.34 | $0.00 | $0.00 | | |
| 46320 | ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID | | $58.42 | $67.81 | $0.00 | $0.00 | | |
| 46500 | INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS | | $50.65 | $54.94 | $0.00 | $0.00 | | |
| 46505 | CHEMODENERVATION OF INTERNAL ANAL SPHINCTER | | $138.75 | $166.31 | $0.00 | $0.00 | | |
| 46600 | ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRU | | $19.16 | $22.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 46604 | ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE) | | $44.99 | $50.09 | $0.00 | $0.00 | | |
| 46606 | ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE | | $30.05 | $34.88 | $0.00 | $0.00 | | |
| 46608 | ANOSCOPY; WITH REMOVAL OF FOREIGN BODY | | $75.92 | $75.92 | $0.00 | $0.00 | | |
| 46610 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT | | $65.18 | $65.18 | $0.00 | $0.00 | | |
| 46611 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNAR | | $68.16 | $79.56 | $0.00 | $0.00 | | |
| 46612 | ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY | | $110.81 | $110.81 | $0.00 | $0.00 | | |
| 46614 | ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, | | $85.84 | $106.63 | $0.00 | $0.00 | | |
| 46615 | ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT | | $105.50 | $126.29 | $0.00 | $0.00 | | |
| 46700 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT | | $382.62 | $382.62 | $0.00 | $0.00 | | |
| 46705 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT | | $302.48 | $302.48 | $0.00 | $0.00 | | |
| 46706 | REPAIR OF ANAL FISTULA WITH FIBRIN GLUE | | $105.07 | $105.07 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 46710 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUC | | $708.73 | $708.73 | $0.00 | $0.00 | | |
| 46712 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUC | | $1,488.37 | $1,488.37 | $0.00 | $0.00 | | |
| 46715 | REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CUT-BACK | | $311.55 | $311.55 | $0.00 | $0.00 | | |
| 46716 | REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR | | $536.09 | $536.09 | $0.00 | $0.00 | | |
| 46730 | REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERI | | $951.53 | $951.53 | $0.00 | $0.00 | | |
| 46735 | REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMIN | | $1,154.58 | $1,154.58 | $0.00 | $0.00 | | |
| 46740 | REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS | | $1,022.82 | $1,022.82 | $0.00 | $0.00 | | |
| 46742 | REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FIS | | $1,392.97 | $1,392.97 | $0.00 | $0.00 | | |
| 46744 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, | | $1,563.77 | $1,563.77 | $0.00 | $0.00 | | |
| 46746 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, | | $1,710.96 | $1,710.96 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 46748 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, | | $1,906.25 | $1,906.25 | $0.00 | $0.00 | | |
| 46750 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT | | $406.25 | $406.25 | $0.00 | $0.00 | | |
| 46751 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD | | $360.54 | $360.54 | $0.00 | $0.00 | | |
| 46753 | GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE | | $333.18 | $333.18 | $0.00 | $0.00 | | |
| 46754 | REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL | | $91.29 | $91.29 | $0.00 | $0.00 | | |
| 46760 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT | | $527.99 | $527.99 | $0.00 | $0.00 | | |
| 46761 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRIC | | $514.13 | $514.13 | $0.00 | $0.00 | | |
| 46762 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICI | | $454.54 | $454.54 | $0.00 | $0.00 | | |
| 46900 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $59.80 | $65.03 | $0.00 | $0.00 | | |
| 46910 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $63.64 | $72.22 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 46916 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $63.56 | $72.54 | $0.00 | $0.00 | | |
| 46917 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $86.66 | $112.68 | $0.00 | $0.00 | | |
| 46922 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $93.03 | $93.03 | $0.00 | $0.00 | | |
| 46924 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $159.36 | $159.36 | $0.00 | $0.00 | | |
| 46934 | DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL | | $132.77 | $148.73 | $0.00 | $0.00 | | |
| 46935 | DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL | | $97.50 | $119.22 | $0.00 | $0.00 | | |
| 46936 | DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL | | $158.91 | $189.62 | $0.00 | $0.00 | | |
| 46937 | CRYOSURGERY OF RECTAL TUMOR; BENIGN | | $152.02 | $152.02 | $0.00 | $0.00 | | |
| 46938 | CRYOSURGERY OF RECTAL TUMOR; MALIGNANT | | $209.39 | $209.39 | $0.00 | $0.00 | | |
| 46940 | CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN | | $76.22 | $83.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 46942 | CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHIN | | $67.09 | $73.26 | $0.00 | $0.00 | | |
| 46945 | LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE | | $101.16 | $109.61 | $0.00 | $0.00 | | |
| 46946 | LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES | | $135.29 | $147.89 | $0.00 | $0.00 | | |
| 46947 | HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING | | $242.86 | $242.86 | $0.00 | $0.00 | | |
| 46999 | UNLISTED PROCEDURE, ANUS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 47000 | BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS | | $96.46 | $96.46 | $0.00 | $0.00 | | |
| 47001 | BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OT | | $82.93 | $82.93 | $0.00 | $0.00 | | |
| 47010 | HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES | | $465.26 | $465.26 | $0.00 | $0.00 | | |
| 47011 | HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO S | | $186.91 | $186.91 | $0.00 | $0.00 | | |
| 47015 | LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, | | $466.14 | $466.14 | $0.00 | $0.00 | | |
| 47100 | BIOPSY OF LIVER, WEDGE | | $302.59 | $302.59 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 47120 | HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY | | $968.70 | $968.70 | $0.00 | $0.00 | | |
| 47122 | HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY | | $1,513.60 | $1,513.60 | $0.00 | $0.00 | | |
| 47125 | HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY | | $1,396.80 | $1,396.80 | $0.00 | $0.00 | | |
| 47130 | HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY | | $1,535.32 | $1,535.32 | $0.00 | $0.00 | | |
| 47135 | LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER | | $3,944.91 | $3,944.91 | $0.00 | $0.00 | | |
| 47136 | LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER | | $2,966.99 | $2,966.99 | $0.00 | $0.00 | | |
| 47140 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LE | | $2,288.26 | $2,288.26 | $0.00 | $0.00 | | |
| 47141 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO | R | $2,767.27 | $2,767.27 | $0.00 | $0.00 | | |
| 47142 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TO | | $3,048.23 | $3,048.23 | $0.00 | $0.00 | | |
| 47143 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 47144 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 47145 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIO | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 47146 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR | | $251.83 | $251.83 | $0.00 | $0.00 | | |
| 47147 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR | | $293.80 | $293.80 | $0.00 | $0.00 | | |
| 47300 | MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER | | $501.12 | $501.12 | $0.00 | $0.00 | | |
| 47350 | MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY | | $567.59 | $567.59 | $0.00 | $0.00 | | |
| 47360 | MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJUR | | $796.27 | $796.27 | $0.00 | $0.00 | | |
| 47361 | MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIV | | $1,297.15 | $1,297.15 | $0.00 | $0.00 | | |
| 47362 | MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR RE | | $463.36 | $463.36 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 47370 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); | | $724.87 | $724.87 | $0.00 | $0.00 | | |
| 47371 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSUR | | $683.26 | $683.26 | $0.00 | $0.00 | | |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDURE, LIVER | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 47380 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY | | $851.70 | $851.70 | $0.00 | $0.00 | | |
| 47381 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL | | $841.92 | $841.92 | $0.00 | $0.00 | | |
| 47382 | ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY | | $505.21 | $505.21 | $0.00 | $0.00 | | |
| 47399 | UNLISTED PROCEDURE, LIVER | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 47400 | HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL O | | $816.43 | $816.43 | $0.00 | $0.00 | | |
| 47420 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV | | $751.88 | $751.88 | $0.00 | $0.00 | | |
| 47425 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV | | $807.61 | $807.61 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 47460 | TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT | | $883.88 | $883.88 | $0.00 | $0.00 | | |
| 47480 | CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV | | $478.70 | $478.70 | $0.00 | $0.00 | | |
| 47490 | PERCUTANEOUS CHOLECYSTOSTOMY | | $282.22 | $282.22 | $0.00 | $0.00 | | |
| 47500 | INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY | | $101.42 | $101.42 | $0.00 | $0.00 | | |
| 47505 | INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER ( | | $51.99 | $51.99 | $0.00 | $0.00 | | |
| 47510 | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAG | | $299.90 | $299.90 | $0.00 | $0.00 | | |
| 47511 | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTER | | $373.85 | $373.85 | $0.00 | $0.00 | | |
| 47525 | CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER | | $205.28 | $205.28 | $0.00 | $0.00 | | |
| 47530 | REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE | | $203.87 | $203.87 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 47550 | BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY I | | $138.96 | $138.96 | $0.00 | $0.00 | | |
| 47552 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, | | $218.82 | $218.82 | $0.00 | $0.00 | | |
| 47553 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY | | $303.32 | $303.32 | $0.00 | $0.00 | | |
| 47554 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVA | | $387.54 | $387.54 | $0.00 | $0.00 | | |
| 47555 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI | | $299.67 | $299.67 | $0.00 | $0.00 | | |
| 47556 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATI | | $329.01 | $329.01 | $0.00 | $0.00 | | |
| 47560 | LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHO | | $216.06 | $216.06 | $0.00 | $0.00 | | |
| 47561 | LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH B | | $242.28 | $242.28 | $0.00 | $0.00 | | |
| 47562 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY | | $522.64 | $522.64 | $0.00 | $0.00 | | |
| 47563 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY | | $562.24 | $562.24 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 47564 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT | | $667.69 | $667.69 | $0.00 | $0.00 | | |
| 47570 | LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY | | $599.91 | $599.91 | $0.00 | $0.00 | | |
| 47600 | CHOLECYSTECTOMY; | | $553.75 | $553.75 | $0.00 | $0.00 | | |
| 47605 | CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY | | $599.19 | $599.19 | $0.00 | $0.00 | | |
| 47610 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; | | $706.62 | $706.62 | $0.00 | $0.00 | | |
| 47612 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTERO | | $888.61 | $888.61 | $0.00 | $0.00 | | |
| 47620 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL | | $821.89 | $821.89 | $0.00 | $0.00 | | |
| 47630 | BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, | | $354.15 | $354.15 | $0.00 | $0.00 | | |
| 47700 | EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH | | $646.52 | $646.52 | $0.00 | $0.00 | | |
| 47701 | PORTOENTEROSTOMY (EG, KASAI PROCEDURE) | | $1,046.04 | $1,046.04 | $0.00 | $0.00 | | |
| 47711 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU | | $916.13 | $916.13 | $0.00 | $0.00 | | |

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| 47712 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DU | | $1,079.86 | $1,079.86 | $0.00 | $0.00 | | |
| 47715 | EXCISION OF CHOLEDOCHAL CYST | | $687.51 | $687.51 | $0.00 | $0.00 | | |
| 47720 | CHOLECYSTOENTEROSTOMY; DIRECT | | $641.77 | $641.77 | $0.00 | $0.00 | | |
| 47721 | CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY | | $789.17 | $789.17 | $0.00 | $0.00 | | |
| 47740 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y | | $734.61 | $734.61 | $0.00 | $0.00 | | |
| 47741 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY | | $934.52 | $934.52 | $0.00 | $0.00 | | |
| 47760 | ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT | | $957.70 | $957.70 | $0.00 | $0.00 | | |
| 47765 | ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT | | $1,022.74 | $1,022.74 | $0.00 | $0.00 | | |
| 47780 | ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTEST | | $1,015.51 | $1,015.51 | $0.00 | $0.00 | | |
| 47785 | ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTEST | | $1,133.18 | $1,133.18 | $0.00 | $0.00 | | |
| 47800 | RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END | | $933.31 | $933.31 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 47801 | PLACEMENT OF CHOLEDOCHAL STENT | | $497.66 | $497.66 | $0.00 | $0.00 | | |
| 47802 | U-TUBE HEPATICOENTEROSTOMY | | $787.77 | $787.77 | $0.00 | $0.00 | | |
| 47900 | SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE | | $872.27 | $872.27 | $0.00 | $0.00 | | |
| 47999 | UNLISTED PROCEDURE, BILIARY TRACT | R | $500.00 | $650.00 | $0.00 | $0.00 | | |
| 48000 | PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; | | $607.51 | $607.51 | $0.00 | $0.00 | | |
| 48001 | PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH | | $719.99 | $719.99 | $0.00 | $0.00 | | |
| 48020 | REMOVAL OF PANCREATIC CALCULUS | | $600.88 | $600.88 | $0.00 | $0.00 | | |
| 48100 | BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOP | | $431.13 | $431.13 | $0.00 | $0.00 | | |
| 48102 | BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE | | $200.71 | $200.71 | $0.00 | $0.00 | | |
| 48105 | RESECT/DEBRIDE PANCREAS | | $1,969.65 | $1,969.65 | $0.00 | $0.00 | | |
| 48120 | EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA) | | $686.31 | $686.31 | $0.00 | $0.00 | | |
| 48140 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT | | $961.34 | $961.34 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 48145 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH | | $1,058.33 | $1,058.33 | $0.00 | $0.00 | | |
| 48146 | PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM | | $1,126.58 | $1,126.58 | $0.00 | $0.00 | | |
| 48148 | EXCISION OF AMPULLA OF VATER | | $684.41 | $684.41 | $0.00 | $0.00 | | |
| 48150 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL | | $1,901.07 | $1,901.07 | $0.00 | $0.00 | | |
| 48152 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL | | $1,791.03 | $1,791.03 | $0.00 | $0.00 | | |
| 48153 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, | | $1,901.07 | $1,901.07 | $0.00 | $0.00 | | |
| 48154 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, | | $1,791.03 | $1,791.03 | $0.00 | $0.00 | | |
| 48155 | PANCREATECTOMY, TOTAL | | $1,220.83 | $1,220.83 | $0.00 | $0.00 | | |
| 48160 | PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF | | $1,660.49 | $1,660.49 | $0.00 | $0.00 | | |
| 48400 | INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATEL | | $90.68 | $90.68 | $0.00 | $0.00 | | |
| 48500 | MARSUPIALIZATION OF PANCREATIC CYST | | $622.42 | $622.42 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 48510 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN | | $566.46 | $566.46 | $0.00 | $0.00 | | |
| 48511 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS | | $201.98 | $201.98 | $0.00 | $0.00 | | |
| 48520 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIR | | $742.72 | $742.72 | $0.00 | $0.00 | | |
| 48540 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; | | $866.71 | $866.71 | $0.00 | $0.00 | | |
| 48545 | PANCREATORRHAPHY FOR INJURY | | $678.83 | $678.83 | $0.00 | $0.00 | | |
| 48547 | DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY | | $981.38 | $981.38 | $0.00 | $0.00 | | |
| 48548 | PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS | | $1,144.24 | $1,144.24 | $0.00 | $0.00 | | |
| 48551 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRI | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 48552 | BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO | | $172.86 | $172.86 | $0.00 | $0.00 | | |
| 48554 | TRANSPLANTATION OF PANCREATIC ALLOGRAFT | | $1,583.06 | $1,583.06 | $0.00 | $0.00 | | |
| 48556 | REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT | | $643.37 | $643.37 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 48999 | UNLISTED PROCEDURE, PANCREAS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 49000 | EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S | | $479.94 | $479.94 | $0.00 | $0.00 | | |
| 49002 | REOPENING OF RECENT LAPAROTOMY | | $467.50 | $467.50 | $0.00 | $0.00 | | |
| 49010 | EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE | | $546.60 | $546.60 | $0.00 | $0.00 | | |
| 49020 | DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF | | $417.25 | $417.25 | $0.00 | $0.00 | | |
| 49021 | DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF | | $407.40 | $407.40 | $0.00 | $0.00 | | |
| 49040 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN | | $462.74 | $462.74 | $0.00 | $0.00 | | |
| 49041 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS | | $201.98 | $201.98 | $0.00 | $0.00 | | |
| 49060 | DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN | | $482.71 | $482.71 | $0.00 | $0.00 | | |
| 49061 | DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS | | $186.91 | $186.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 49062 | DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN | | $554.88 | $554.88 | $0.00 | $0.00 | | |
| 49080 | PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGN | | $64.89 | $64.89 | $0.00 | $0.00 | | |
| 49081 | PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGN | | $58.79 | $58.79 | $0.00 | $0.00 | | |
| 49180 | BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE | | $97.40 | $97.40 | $0.00 | $0.00 | | |
| 49203 | EXC ABD TUM 5 CM OR LESS | | $888.02 | $888.02 | $0.00 | $0.00 | | |
| 49204 | EXC ABD TUM OVER 5 CM | | $1,133.69 | $1,133.69 | $0.00 | $0.00 | | |
| 49205 | EXC ADB TUM OVER 10 CM | | $1,298.06 | $1,298.06 | $0.00 | $0.00 | | |
| 49215 | EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR | | $884.30 | $884.30 | $0.00 | $0.00 | | |
| 49220 | STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECT | | $792.22 | $792.22 | $0.00 | $0.00 | | |
| 49250 | UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE) | | $362.29 | $362.29 | $0.00 | $0.00 | | |
| 49255 | OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE) | | $284.89 | $284.89 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 49320 | LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WIT | | $258.39 | $258.39 | $0.00 | $0.00 | | |
| 49321 | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE) | | $275.28 | $275.28 | $0.00 | $0.00 | | |
| 49322 | LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN | | $286.25 | $286.26 | $0.00 | $0.00 | | |
| 49323 | LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVIT | | $444.79 | $444.79 | $0.00 | $0.00 | | |
| 49324 | LAPAROSCOPY, SURGICAL, REMOVAL OF FOREIGN BODY FROM PERITONEAL CAVIT | | $270.09 | $270.09 | $0.00 | $0.00 | | |
| 49325 | LAPAROSCOPY, SURGICAL, W/REVISION OF PREV PLACED INTRAPERITONEAL CATH | | $291.09 | $291.09 | $0.00 | $0.00 | | |
| 49326 | LAPAROSCOPY, SURGICAL, W/OMENTOPEXY | | $135.28 | $135.28 | $0.00 | $0.00 | | |
| 49329 | UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 49400 | INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDUR | | $89.34 | $89.34 | $0.00 | $0.00 | | |
| 49402 | REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY | | $584.27 | $584.27 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 49419 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS | | $303.59 | $303.59 | $0.00 | $0.00 | | |
| 49420 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALY | | $112.38 | $112.38 | $0.00 | $0.00 | | |
| 49421 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALY | | $274.21 | $274.21 | $0.00 | $0.00 | | |
| 49422 | REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER | | $302.38 | $302.38 | $0.00 | $0.00 | | |
| 49423 | EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER | | $73.62 | $73.62 | $0.00 | $0.00 | | |
| 49424 | CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PL | | $38.31 | $38.31 | $0.00 | $0.00 | | |
| 49425 | INSERTION OF PERITONEAL-VENOUS SHUNT | | $570.59 | $570.59 | $0.00 | $0.00 | | |
| 49426 | REVISION OF PERITONEAL-VENOUS SHUNT | | $422.04 | $422.04 | $0.00 | $0.00 | | |
| 49427 | INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY | | $39.99 | $39.99 | $0.00 | $0.00 | | |
| 49428 | LIGATION OF PERITONEAL-VENOUS SHUNT | | $91.83 | $91.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 49429 | REMOVAL OF PERITONEAL-VENOUS SHUNT | | $294.09 | $294.09 | $0.00 | $0.00 | | |
| 49435 | INSERT SUBCUT EXTENSION TO INTRAPERITONEAL CATH | | $87.11 | $87.11 | $0.00 | $0.00 | | |
| 49436 | EMBEDDED INTRAPERITONEAL CATH EXIT SITE | | $125.90 | $125.90 | $0.00 | $0.00 | | |
| 49440 | PLACE GASTROSTOMY TUBE PERC | | $192.26 | $882.09 | $0.00 | $0.00 | | |
| 49441 | PLACE DUOD/JEJ TUBE PERC | | $209.77 | $1,044.09 | $0.00 | $0.00 | | |
| 49442 | PLACE CECOSTOMY TUBE PERC | | $174.16 | $851.53 | $0.00 | $0.00 | | |
| 49446 | CHANGE G-TUBE TO G-J PERC | | $137.67 | $868.44 | $0.00 | $0.00 | | |
| 49450 | REPLACE G/C TUBE PERC | | $55.78 | $605.56 | $0.00 | $0.00 | | |
| 49451 | REPLACE DUOD/JEJ TUBE PERC | | $76.85 | $642.65 | $0.00 | $0.00 | | |
| 49452 | REPLACE G-J TUBE PERC | | $119.87 | $787.74 | $0.00 | $0.00 | | |
| 49460 | FIX B/COLON TUBE W/DEVICE | | $39.16 | $640.87 | $0.00 | $0.00 | | |
| 49465 | FLUORO EXAM OF G/COLON TUDE | | $25.81 | 134,70 | $0.00 | $0.00 | | |
| 49491 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS | | $604.46 | $491.15 | $0.00 | $0.00 | | |
| 49492 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS | | $604.46 | $604.46 | $0.00 | $0.00 | | |
| 49495 | REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, | | $326.56 | $326.56 | $0.00 | $0.00 | | |
| 49496 | REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, | | $407.03 | $407.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 49500 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR | | $286.06 | $286.06 | $0.00 | $0.00 | | |
| 49501 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR | | $374.46 | $374.46 | $0.00 | $0.00 | | |
| 49505 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | | $350.04 | $350.04 | $0.00 | $0.00 | | |
| 49507 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR | | $378.57 | $378.57 | $0.00 | $0.00 | | |
| 49520 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE | | $397.92 | $397.92 | $0.00 | $0.00 | | |
| 49521 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATE | | $438.14 | $438.14 | $0.00 | $0.00 | | |
| 49525 | REPAIR INGUINAL HERNIA, SLIDING, ANY AGE | | $381.57 | $381.57 | $0.00 | $0.00 | | |
| 49540 | REPAIR LUMBAR HERNIA | | $398.80 | $398.80 | $0.00 | $0.00 | | |
| 49550 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE | | $351.74 | $351.74 | $0.00 | $0.00 | | |
| 49553 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED | | $364.36 | $364.36 | $0.00 | $0.00 | | |
| 49555 | REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE | | $407.34 | $407.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 49557 | REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED | | $449.60 | $449.60 | $0.00 | $0.00 | | |
| 49560 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | | $517.20 | $517.20 | $0.00 | $0.00 | | |
| 49561 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULA | | $514.39 | $514.39 | $0.00 | $0.00 | | |
| 49565 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | | $482.91 | $482.91 | $0.00 | $0.00 | | |
| 49566 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGU | | $538.66 | $538.66 | $0.00 | $0.00 | | |
| 49568 | IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HER | | $226.49 | $226.49 | $0.00 | $0.00 | | |
| 49570 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE | | $270.46 | $270.46 | $0.00 | $0.00 | | |
| 49572 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR | | $335.86 | $335.86 | $0.00 | $0.00 | | |
| 49580 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE | | $229.23 | $229.23 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 49582 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULAT | | $297.02 | $297.02 | $0.00 | $0.00 | | |
| 49585 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | | $285.65 | $285.65 | $0.00 | $0.00 | | |
| 49587 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGUL | | $314.40 | $314.40 | $0.00 | $0.00 | | |
| 49590 | REPAIR SPIGELIAN HERNIA | | $372.85 | $372.85 | $0.00 | $0.00 | | |
| 49600 | REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE | | $437.97 | $437.97 | $0.00 | $0.00 | | |
| 49605 | REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHES | | $916.08 | $916.08 | $0.00 | $0.00 | | |
| 49606 | REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHES | | $772.35 | $772.35 | $0.00 | $0.00 | | |
| 49610 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE | | $466.29 | $466.29 | $0.00 | $0.00 | | |
| 49611 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE | | $497.57 | $497.57 | $0.00 | $0.00 | | |
| 49650 | LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA | | $302.13 | $302.13 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 49651 | LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA | | $387.99 | $387.99 | $0.00 | $0.00 | | |
| 49652 | LAPAROSCOPY, SURG, REPAIR, VENTRAL, UMBILICAL | | $589.54 | $589.54 | | | | |
| 49653 | INCARCERATED OR STRANGULATED | | $735.82 | $735.82 | | | | |
| 49654 | LAPAROSCOPY, SURG, REPAIR, INCISIONAL HERNIA | | $676.48 | $676.48 | | | | |
| 49655 | INCARCERATED OR STRANGULATED | | $814.44 | $814.44 | | | | |
| 49656 | INCARCERATED OR STRANGULATED | | $679.15 | $679.15 | | | | |
| 49657 | INCARCERATED OR STRANGULATED | | $980.59 | $980.59 | | | | |
| 49659 | UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 49900 | SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE | | $249.61 | $249.61 | $0.00 | $0.00 | | |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND C | | $1,035.89 | $1,035.89 | $0.00 | $0.00 | | |
| 49905 | OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR | | $303.37 | $303.37 | $0.00 | $0.00 | | |
| 49906 | FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS | | $0.00 | $0.00 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 50010 | RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES | | $579.10 | $579.10 | $0.00 | $0.00 | | |
| 50020 | DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN | | $567.20 | $567.20 | $0.00 | $0.00 | | |
| 50021 | DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS | | $170.77 | $170.77 | $0.00 | $0.00 | | |
| 50040 | NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE | | $612.59 | $612.59 | $0.00 | $0.00 | | |
| 50045 | NEPHROTOMY, WITH EXPLORATION | | $709.64 | $709.64 | $0.00 | $0.00 | | |
| 50060 | NEPHROLITHOTOMY; REMOVAL OF CALCULUS | | $886.15 | $886.15 | $0.00 | $0.00 | | |
| 50065 | NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS | | $982.15 | $982.15 | $0.00 | $0.00 | | |
| 50070 | NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY | | $939.93 | $939.93 | $0.00 | $0.00 | | |
| 50075 | NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELV | | $1,197.56 | $1,197.56 | $0.00 | $0.00 | | |
| 50080 | PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT | | $765.39 | $765.39 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 50081 | PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT | | $1,040.14 | $1,040.14 | $0.00 | $0.00 | | |
| 50100 | TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCE | | $753.52 | $753.52 | $0.00 | $0.00 | | |
| 50120 | PYELOTOMY; WITH EXPLORATION | | $762.91 | $762.91 | $0.00 | $0.00 | | |
| 50125 | PYELOTOMY; WITH DRAINAGE, PYELOSTOMY | | $777.51 | $777.51 | $0.00 | $0.00 | | |
| 50130 | PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY, | | $846.95 | $846.95 | $0.00 | $0.00 | | |
| 50135 | PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY | | $1,029.21 | $1,029.21 | $0.00 | $0.00 | | |
| 50200 | RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE | | $152.52 | $152.52 | $0.00 | $0.00 | | |
| 50205 | RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY | | $540.41 | $540.41 | $0.00 | $0.00 | | |
| 50220 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI | | $860.66 | $860.66 | $0.00 | $0.00 | | |
| 50225 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI | | $1,039.88 | $1,039.88 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50230 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDI | | $1,141.54 | $1,141.54 | $0.00 | $0.00 | | |
| 50234 | NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INC | | $1,106.12 | $1,106.12 | $0.00 | $0.00 | | |
| 50236 | NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE | | $1,202.69 | $1,202.69 | $0.00 | $0.00 | | |
| 50240 | NEPHRECTOMY, PARTIAL | | $1,064.37 | $1,064.37 | $0.00 | $0.00 | | |
| 50250 | ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUD | | $862.75 | $862.75 | $0.00 | $0.00 | | |
| 50280 | EXCISION OR UNROOFING OF CYST(S) OF KIDNEY | | $748.77 | $748.77 | $0.00 | $0.00 | | |
| 50290 | EXCISION OF PERINEPHRIC CYST | | $668.54 | $668.54 | $0.00 | $0.00 | | |
| 50300 | DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, | | $553.19 | $553.19 | $0.00 | $0.00 | | |
| 50320 | DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DON | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 50323 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50325 | BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN O | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 50327 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR | | $160.64 | $160.64 | $0.00 | $0.00 | | |
| 50328 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR | | $140.69 | $140.69 | $0.00 | $0.00 | | |
| 50329 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PR | | $134.41 | $134.41 | $0.00 | $0.00 | | |
| 50340 | RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE) | | $704.29 | $704.29 | $0.00 | $0.00 | | |
| 50360 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT | | $1,552.57 | $1,552.57 | $0.00 | $0.00 | | |
| 50365 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT | | $1,873.06 | $1,873.06 | $0.00 | $0.00 | | |
| 50370 | REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT | | $669.85 | $669.85 | $0.00 | $0.00 | | |
| 50380 | RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY | | $796.86 | $796.86 | $0.00 | $0.00 | | |
| 50382 | REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URE | | $219.71 | $1,096.19 | $0.00 | $0.00 | | |
| 50384 | REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA | | $200.01 | $1,057.61 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50385 | CHANGE STENT VIA TRANSURETH | | $200.57 | $1,048.83 | $0.00 | $0.00 | | |
| 50386 | REMOVE STENT VIA TRANSURETH | | $151.61 | $678.85 | $0.00 | $0.00 | | |
| 50387 | REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL | | $79.54 | $528.37 | $0.00 | $0.00 | | |
| 50389 | REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH | | $43.89 | $360.55 | $0.00 | $0.00 | | |
| 50390 | ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTA | | $144.05 | $144.05 | $0.00 | $0.00 | | |
| 50391 | INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/ OR URETER | | $77.85 | $102.10 | $0.00 | $0.00 | | |
| 50392 | INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINA | | $232.19 | $232.19 | $0.00 | $0.00 | | |
| 50393 | INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL P | | $288.94 | $288.94 | $0.00 | $0.00 | | |
| 50394 | INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM, | | $38.27 | $38.27 | $0.00 | $0.00 | | |
| 50395 | INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO | | $247.48 | $247.48 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50396 | MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLI | | $75.95 | $75.95 | $0.00 | $0.00 | | |
| 50398 | CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE | | $58.27 | $58.27 | $0.00 | $0.00 | | |
| 50400 | PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, | | $929.67 | $929.67 | $0.00 | $0.00 | | |
| 50405 | PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, | | $1,164.79 | $1,164.79 | $0.00 | $0.00 | | |
| 50500 | NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY | | $910.16 | $910.16 | $0.00 | $0.00 | | |
| 50520 | CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA | | $781.23 | $781.23 | $0.00 | $0.00 | | |
| 50525 | CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL | | $990.76 | $990.76 | $0.00 | $0.00 | | |
| 50526 | CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL | | $904.55 | $904.55 | $0.00 | $0.00 | | |
| 50540 | SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR | | $959.03 | $959.03 | $0.00 | $0.00 | | |
| 50541 | LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS | | $654.47 | $654.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50542 | LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S) | | $825.28 | $825.28 | $0.00 | $0.00 | | |
| 50543 | LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY | | $1,038.55 | $1,038.55 | $0.00 | $0.00 | | |
| 50544 | LAPAROSCOPY, SURGICAL; PYELOPLASTY | | $902.84 | $902.84 | $0.00 | $0.00 | | |
| 50545 | LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA | | $978.83 | $978.83 | $0.00 | $0.00 | | |
| 50546 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY | | $836.59 | $836.59 | $0.00 | $0.00 | | |
| 50547 | LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION) | | $1,071.99 | $1,071.99 | $0.00 | $0.00 | | |
| 50548 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY | | $982.90 | $982.90 | $0.00 | $0.00 | | |
| 50551 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | $228.17 | $228.17 | $0.00 | $0.00 | | |
| 50553 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | $224.42 | $224.42 | $0.00 | $0.00 | | |
| 50555 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | $328.61 | $328.61 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50557 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | $332.49 | $332.49 | $0.00 | $0.00 | | |
| 50561 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | $371.95 | $371.95 | $0.00 | $0.00 | | |
| 50562 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR | | $439.42 | $439.42 | $0.00 | $0.00 | | |
| 50570 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | $322.23 | $322.23 | $0.00 | $0.00 | | |
| 50572 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | $516.39 | $516.39 | $0.00 | $0.00 | | |
| 50574 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | $528.82 | $528.82 | $0.00 | $0.00 | | |
| 50575 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | $700.13 | $700.13 | $0.00 | $0.00 | | |
| 50576 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | $574.28 | $574.28 | $0.00 | $0.00 | | |
| 50580 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT | | $452.54 | $452.54 | $0.00 | $0.00 | | |
| 50590 | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE | | $577.02 | $577.02 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50592 | ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, | | $287.70 | $4,024.81 | $0.00 | $0.00 | | |
| 50593 | PERC CYRO ABLATE RENAL TUM | | $388.97 | $3,687.39 | $0.00 | $0.00 | | |
| 50600 | URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE) | | $718.14 | $718.14 | $0.00 | $0.00 | | |
| 50605 | URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES | | $601.01 | $601.01 | $0.00 | $0.00 | | |
| 50610 | URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER | | $780.17 | $780.17 | $0.00 | $0.00 | | |
| 50620 | URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER | | $752.17 | $752.17 | $0.00 | $0.00 | | |
| 50630 | URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER | | $780.62 | $780.62 | $0.00 | $0.00 | | |
| 50650 | URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE) | | $833.50 | $833.50 | $0.00 | $0.00 | | |
| 50660 | URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AN | | $913.28 | $913.28 | $0.00 | $0.00 | | |
| 50684 | INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH | | $36.66 | $36.66 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50686 | MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETE | | $55.20 | $55.20 | $0.00 | $0.00 | | |
| 50688 | CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VI | | $44.88 | $44.88 | $0.00 | $0.00 | | |
| 50690 | INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR | | $43.35 | $43.35 | $0.00 | $0.00 | | |
| 50700 | URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE) | | $782.24 | $782.24 | $0.00 | $0.00 | | |
| 50715 | URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITON | | $854.13 | $854.13 | $0.00 | $0.00 | | |
| 50722 | URETEROLYSIS FOR OVARIAN VEIN SYNDROME | | $768.05 | $768.05 | $0.00 | $0.00 | | |
| 50725 | URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINAR | | $868.09 | $868.09 | $0.00 | $0.00 | | |
| 50727 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); | | $378.56 | $378.56 | $0.00 | $0.00 | | |
| 50728 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH RE | | $557.20 | $557.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50740 | URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS | | $897.53 | $897.53 | $0.00 | $0.00 | | |
| 50750 | URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX | | $939.49 | $939.49 | $0.00 | $0.00 | | |
| 50760 | URETEROURETEROSTOMY | | $899.61 | $899.61 | $0.00 | $0.00 | | |
| 50770 | TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETE | | $977.97 | $977.97 | $0.00 | $0.00 | | |
| 50780 | URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER | | $907.44 | $907.44 | $0.00 | $0.00 | | |
| 50782 | URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER | | $940.01 | $940.01 | $0.00 | $0.00 | | |
| 50783 | URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING | | $967.60 | $967.60 | $0.00 | $0.00 | | |
| 50785 | URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP | | $1,019.26 | $1,019.26 | $0.00 | $0.00 | | |
| 50800 | URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE | | $814.57 | $814.57 | $0.00 | $0.00 | | |
| 50810 | URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHME | | $911.97 | $911.97 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 50815 | URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS | | $1,129.11 | $1,129.11 | $0.00 | $0.00 | | |
| 50820 | URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS | | $1,160.83 | $1,160.83 | $0.00 | $0.00 | | |
| 50825 | CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT | | $1,668.56 | $1,668.56 | $0.00 | $0.00 | | |
| 50830 | URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, | | $1,476.01 | $1,476.01 | $0.00 | $0.00 | | |
| 50840 | REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING | | $922.36 | $922.36 | $0.00 | $0.00 | | |
| 50845 | CUTANEOUS APPENDICO-VESICOSTOMY | | $977.61 | $977.61 | $0.00 | $0.00 | | |
| 50860 | URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN | | $731.60 | $731.60 | $0.00 | $0.00 | | |
| 50900 | URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE) | | $664.77 | $664.77 | $0.00 | $0.00 | | |
| 50920 | CLOSURE OF URETEROCUTANEOUS FISTULA | | $667.32 | $667.32 | $0.00 | $0.00 | | |
| 50930 | CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR) | | $881.66 | $881.66 | $0.00 | $0.00 | | |
| 50940 | DELIGATION OF URETER | | $683.88 | $683.88 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 50945 | LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY | | $692.25 | $692.25 | $0.00 | $0.00 | | |
| 50947 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETER | | $1,051.02 | $1,051.02 | $0.00 | $0.00 | | |
| 50948 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URE | | $961.31 | $961.31 | $0.00 | $0.00 | | |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE, URETER | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 50951 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | $220.29 | $220.29 | $0.00 | $0.00 | | |
| 50953 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | $231.52 | $231.52 | $0.00 | $0.00 | | |
| 50955 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | $272.54 | $272.54 | $0.00 | $0.00 | | |
| 50957 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | $272.37 | $272.37 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 50961 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | | $254.12 | $254.12 | $0.00 | $0.00 | | |
| 50970 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | $360.82 | $360.82 | $0.00 | $0.00 | | |
| 50972 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | $247.37 | $247.37 | $0.00 | $0.00 | | |
| 50974 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | $472.90 | $472.90 | $0.00 | $0.00 | | |
| 50976 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | $452.26 | $452.26 | $0.00 | $0.00 | | |
| 50980 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | | $292.25 | $292.25 | $0.00 | $0.00 | | |
| 51020 | CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACT | | $378.22 | $378.22 | $0.00 | $0.00 | | |
| 51030 | CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL | | $309.19 | $309.19 | $0.00 | $0.00 | | |
| 51040 | CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE | | $278.22 | $278.22 | $0.00 | $0.00 | | |
| 51045 | CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE | | $322.42 | $322.42 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 51050 | CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NE | | $385.22 | $385.22 | $0.00 | $0.00 | | |
| 51060 | TRANSVESICAL URETEROLITHOTOMY | | $541.66 | $541.66 | $0.00 | $0.00 | | |
| 51065 | CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR | | $443.37 | $443.37 | $0.00 | $0.00 | | |
| 51080 | DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS | | $311.54 | $311.54 | $0.00 | $0.00 | | |
| 51100 | DRAIN BLADDER BY NEEDLE | | $32.64 | $51.92 | $0.00 | $0.00 | | |
| 51101 | DRAIN BLADDER BY TROCAR/CATH | | $43.32 | $104.74 | $0.00 | $0.00 | | |
| 51102 | DRAIN BLADDER WITH CATH INSERTION | | $205.32 | $275.93 | $0.00 | $0.00 | | |
| 51500 | EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA RE | | $493.34 | $493.34 | $0.00 | $0.00 | | |
| 51520 | CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE) | | $504.93 | $504.93 | $0.00 | $0.00 | | |
| 51525 | CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE | | $686.96 | $686.96 | $0.00 | $0.00 | | |
| 51530 | CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR | | $605.06 | $605.06 | $0.00 | $0.00 | | |
| 51535 | CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE | | $571.44 | $571.44 | $0.00 | $0.00 | | |
| 51550 | CYSTECTOMY, PARTIAL; SIMPLE | | $736.48 | $736.48 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 51555 | CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, | | $935.80 | $935.80 | $0.00 | $0.00 | | |
| 51565 | CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER | | $1,052.60 | $1,052.60 | $0.00 | $0.00 | | |
| 51570 | CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE) | | $1,109.65 | $1,109.65 | $0.00 | $0.00 | | |
| 51575 | CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING | | $1,487.65 | $1,487.65 | $0.00 | $0.00 | | |
| 51580 | CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS | | $1,412.15 | $1,412.15 | $0.00 | $0.00 | | |
| 51585 | CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS | | $1,678.02 | $1,678.02 | $0.00 | $0.00 | | |
| 51590 | CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, | | $1,606.35 | $1,606.35 | $0.00 | $0.00 | | |
| 51595 | CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, | | $1,992.75 | $1,992.75 | $0.00 | $0.00 | | |
| 51596 | CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, US | | $2,083.94 | $2,083.94 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 51597 | PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL | | $1,961.23 | $1,961.23 | $0.00 | $0.00 | | |
| 51600 | INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY | | $34.06 | $34.06 | $0.00 | $0.00 | | |
| 51605 | INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN | | $41.93 | $41.93 | $0.00 | $0.00 | | |
| 51610 | INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY | | $54.38 | $54.38 | $0.00 | $0.00 | | |
| 51700 | BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION | | $29.26 | $32.21 | $0.00 | $0.00 | | |
| 51701 | INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZA | | $20.31 | $42.41 | $0.00 | $0.00 | | |
| 51702 | INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY) | | $22.11 | $65.79 | $0.00 | $0.00 | | |
| 51703 | INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, | | $59.81 | $93.72 | $0.00 | $0.00 | | |
| 51705 | CHANGE OF CYSTOSTOMY TUBE; SIMPLE | | $35.12 | $40.21 | $0.00 | $0.00 | | |
| 51710 | CHANGE OF CYSTOSTOMY TUBE; COMPLICATED | | $51.94 | $59.59 | $0.00 | $0.00 | | |
| 51715 | ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES O | | $187.38 | $187.38 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 51720 | BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TI | | $64.76 | $70.80 | $0.00 | $0.00 | | |
| 51725 | SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER) | | $74.07 | $74.07 | $11.16 | $62.91 | | |
| 51726 | COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) | | $87.94 | $87.94 | $14.09 | $73.85 | | |
| 51736 | SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL | | $36.62 | $36.62 | $4.27 | $32.35 | | |
| 51741 | COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) | | $62.55 | $62.55 | $6.12 | $56.43 | | |
| 51772 | URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE | | $75.13 | $75.13 | $12.48 | $62.65 | | |
| 51784 | ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER TH | | $75.46 | $75.46 | $11.43 | $64.03 | | |
| 51785 | NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, A | | $75.46 | $75.46 | $11.43 | $64.03 | | |
| 51792 | STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LA | | $88.90 | $88.90 | $39.34 | $49.56 | | |
| 51795 | VOIDING PRESSURE STUDIES (VP); BLADDER VOIDING PRESSURE, ANY TECHNIQUE | | $87.41 | $87.41 | $25.76 | $61.64 | | |

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|---|---|---|---|---|---|---|---|---|
| 51797 | VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) | | $75.13 | $75.13 | $13.28 | $61.84 | | |
| 51798 | MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY | | $14.15 | $14.15 | $0.00 | $0.00 | | |
| 51800 | CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR | | $836.71 | $836.71 | $0.00 | $0.00 | | |
| 51820 | CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY | | $719.45 | $719.45 | $0.00 | $0.00 | | |
| 51840 | ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA | | $564.89 | $564.89 | $0.00 | $0.00 | | |
| 51841 | ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRA | | $686.33 | $686.33 | $0.00 | $0.00 | | |
| 51845 | ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC | | $579.60 | $579.60 | $0.00 | $0.00 | | |
| 51860 | CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE | | $554.26 | $554.26 | $0.00 | $0.00 | | |
| 51865 | CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED | | $735.34 | $735.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 51880 | CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE) | | $357.24 | $357.24 | $0.00 | $0.00 | | |
| 51900 | CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH | | $689.18 | $689.18 | $0.00 | $0.00 | | |
| 51920 | CLOSURE OF VESICOUTERINE FISTULA; | | $529.33 | $529.33 | $0.00 | $0.00 | | |
| 51925 | CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY | R | $740.46 | $740.46 | $0.00 | $0.00 | | |
| 51940 | CLOSURE, EXSTROPHY OF BLADDER | | $1,295.81 | $1,295.81 | $0.00 | $0.00 | | |
| 51960 | ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS | | $1,249.76 | $1,249.76 | $0.00 | $0.00 | | |
| 51980 | CUTANEOUS VESICOSTOMY | | $524.37 | $524.37 | $0.00 | $0.00 | | |
| 51990 | LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE | | $534.61 | $534.61 | $0.00 | $0.00 | | |
| 51992 | LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FA | | $583.28 | $583.28 | $0.00 | $0.00 | | |
| 51999 | UNLISTED LAPAROSCOPY PROCEDURE, BLADDER | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 52000 | CYSTOURETHROSCOPY (SEPARATE PROCEDURE) | | $83.27 | $83.27 | $0.00 | $0.00 | | |
| 52001 | CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTI | | $101.50 | $101.50 | $0.00 | $0.00 | | |
| 52005 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT | | $133.90 | $133.90 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 52007 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT | | $171.06 | $171.06 | $0.00 | $0.00 | | |
| 52010 | CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITH | | $118.96 | $144.44 | $0.00 | $0.00 | | |
| 52204 | CYSTOURETHROSCOPY, WITH BIOPSY | | $139.21 | $139.21 | $0.00 | $0.00 | | |
| 52214 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | $190.77 | $190.77 | $0.00 | $0.00 | | |
| 52224 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | $176.97 | $176.97 | $0.00 | $0.00 | | |
| 52234 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | $273.13 | $273.13 | $0.00 | $0.00 | | |
| 52235 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | $366.55 | $366.55 | $0.00 | $0.00 | | |
| 52240 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER | | $596.14 | $596.14 | $0.00 | $0.00 | | |
| 52250 | CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WIT | | $215.80 | $215.80 | $0.00 | $0.00 | | |
| 52260 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; | | $176.97 | $176.97 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 52265 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; | | $107.78 | $125.88 | $0.00 | $0.00 | | |
| 52270 | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE | | $214.26 | $214.26 | $0.00 | $0.00 | | |
| 52275 | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE | | $237.91 | $237.91 | $0.00 | $0.00 | | |
| 52276 | CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY | | $249.10 | $249.10 | $0.00 | $0.00 | | |
| 52277 | CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOM | | $321.75 | $321.75 | $0.00 | $0.00 | | |
| 52281 | CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICT | | $118.73 | $149.71 | $0.00 | $0.00 | | |
| 52282 | CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT | | $313.59 | $313.59 | $0.00 | $0.00 | | |
| 52283 | CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE | | $153.89 | $153.89 | $0.00 | $0.00 | | |
| 52285 | CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH A | | $152.65 | $192.08 | $0.00 | $0.00 | | |
| 52290 | CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL | | $203.28 | $203.28 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 52300 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC | | $258.81 | $258.81 | $0.00 | $0.00 | | |
| 52301 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCEL | | $256.96 | $256.96 | $0.00 | $0.00 | | |
| 52305 | CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER | | $258.20 | $258.20 | $0.00 | $0.00 | | |
| 52310 | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL | | $169.94 | $169.94 | $0.00 | $0.00 | | |
| 52315 | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL | | $271.76 | $271.76 | $0.00 | $0.00 | | |
| 52317 | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA | | $377.55 | $377.55 | $0.00 | $0.00 | | |
| 52318 | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLA | | $499.73 | $499.73 | $0.00 | $0.00 | | |
| 52320 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL O | | $279.69 | $279.69 | $0.00 | $0.00 | | |
| 52325 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTA | | $385.30 | $385.30 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 52327 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETER | | $260.01 | $260.01 | $0.00 | $0.00 | | |
| 52330 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULAT | | $249.47 | $249.47 | $0.00 | $0.00 | | |
| 52332 | CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GI | | $176.92 | $176.92 | $0.00 | $0.00 | | |
| 52334 | CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY | | $239.31 | $239.31 | $0.00 | $0.00 | | |
| 52341 | CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON | | $243.12 | $243.12 | $0.00 | $0.00 | | |
| 52342 | CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE | | $263.18 | $263.18 | $0.00 | $0.00 | | |
| 52343 | CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOO | | $291.55 | $291.55 | $0.00 | $0.00 | | |
| 52344 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICT | | $311.60 | $311.60 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 52345 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC | | $332.15 | $332.15 | $0.00 | $0.00 | | |
| 52346 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL | | $373.63 | $373.63 | $0.00 | $0.00 | | |
| 52351 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC | | $247.37 | $247.37 | $0.00 | $0.00 | | |
| 52352 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL O | | $305.07 | $305.07 | $0.00 | $0.00 | | |
| 52353 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIP | | $353.43 | $353.43 | $0.00 | $0.00 | | |
| 52354 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AN | | $310.28 | $310.28 | $0.00 | $0.00 | | |
| 52355 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION | | $364.94 | $364.94 | $0.00 | $0.00 | | |
| 52400 | CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENIT | | $431.74 | $431.74 | $0.00 | $0.00 | | |
| 52402 | CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULAT | | $210.10 | $210.10 | $0.00 | $0.00 | | |
| 52450 | TRANSURETHRAL INCISION OF PROSTATE | | $352.62 | $352.62 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 52500 | TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE) | | $446.52 | $446.52 | $0.00 | $0.00 | | |
| 52601 | TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL | | $684.31 | $684.31 | $0.00 | $0.00 | | |
| 52630 | TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN | | $444.43 | $444.43 | $0.00 | $0.00 | | |
| 52640 | TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE | | $364.76 | $364.76 | $0.00 | $0.00 | | |
| 52647 | LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEE | | $635.30 | $635.30 | $0.00 | $0.00 | | |
| 52648 | LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE | | $497.86 | $497.86 | $0.00 | $0.00 | | |
| 52649 | PROSTATE LASER ENUCLEATION | | $818.60 | $818.60 | $0.00 | $0.00 | | |
| 52700 | TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS | | $281.93 | $281.93 | $0.00 | $0.00 | | |
| 53000 | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS | | $110.32 | $110.32 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 53010 | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL | | $192.02 | $192.02 | $0.00 | $0.00 | | |
| 53020 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT | | $76.12 | $76.12 | $0.00 | $0.00 | | |
| 53025 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT | | $56.56 | $56.56 | $0.00 | $0.00 | | |
| 53040 | DRAINAGE OF DEEP PERIURETHRAL ABSCESS | | $230.59 | $230.59 | $0.00 | $0.00 | | |
| 53060 | DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST | | $91.09 | $91.09 | $0.00 | $0.00 | | |
| 53080 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE | | $289.93 | $289.93 | $0.00 | $0.00 | | |
| 53085 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED | | $481.81 | $481.81 | $0.00 | $0.00 | | |
| 53200 | BIOPSY OF URETHRA | | $108.42 | $108.42 | $0.00 | $0.00 | | |
| 53210 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE | | $537.99 | $537.99 | $0.00 | $0.00 | | |
| 53215 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE | | $719.67 | $719.67 | $0.00 | $0.00 | | |
| 53220 | EXCISION OR FULGURATION OF CARCINOMA OF URETHRA | | $332.93 | $332.93 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 53230 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE | | $497.16 | $497.16 | $0.00 | $0.00 | | |
| 53235 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE | | $428.25 | $428.25 | $0.00 | $0.00 | | |
| 53240 | MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE | | $304.01 | $304.01 | $0.00 | $0.00 | | |
| 53250 | EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND) | | $285.31 | $285.31 | $0.00 | $0.00 | | |
| 53260 | EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA | | $119.91 | $119.91 | $0.00 | $0.00 | | |
| 53265 | EXCISION OR FULGURATION; URETHRAL CARUNCLE | | $145.86 | $145.86 | $0.00 | $0.00 | | |
| 53270 | EXCISION OR FULGURATION; SKENE'S GLANDS | | $101.62 | $112.88 | $0.00 | $0.00 | | |
| 53275 | EXCISION OR FULGURATION; URETHRAL PROLAPSE | | $197.87 | $197.87 | $0.00 | $0.00 | | |
| 53400 | URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (E | | $564.79 | $564.79 | $0.00 | $0.00 | | |
| 53405 | URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY | | $709.82 | $709.82 | $0.00 | $0.00 | | |
| 53410 | URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA | | $707.47 | $707.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 53415 | URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION O | | $889.18 | $889.18 | $0.00 | $0.00 | | |
| 53420 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR | | $561.11 | $707.02 | $0.00 | $0.00 | | |
| 53425 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR | | $714.92 | $714.92 | $0.00 | $0.00 | | |
| 53430 | URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA | | $666.51 | $666.51 | $0.00 | $0.00 | | |
| 53431 | URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/ OR LOWER | | $808.61 | $808.61 | $0.00 | $0.00 | | |
| 53440 | SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCI | | $723.37 | $723.37 | $0.00 | $0.00 | | |
| 53442 | REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA | | $397.99 | $397.99 | $0.00 | $0.00 | | |
| 53444 | INSERTION OF TANDEM CUFF (DUAL CUFF) | | $577.30 | $577.30 | $0.00 | $0.00 | | |
| 53445 | INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING | | $886.61 | $886.61 | $0.00 | $0.00 | | |
| 53446 | REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, | | $528.03 | $528.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 53447 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER | | $630.29 | $630.29 | $0.00 | $0.00 | | |
| 53448 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER | | $959.21 | $959.21 | $0.00 | $0.00 | | |
| 53449 | REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, | | $514.28 | $514.28 | $0.00 | $0.00 | | |
| 53450 | URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT | | $247.90 | $247.90 | $0.00 | $0.00 | | |
| 53460 | URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT | | $268.12 | $268.12 | $0.00 | $0.00 | | |
| 53500 | URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCO | | $533.60 | $533.60 | $0.00 | $0.00 | | |
| 53502 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE | | $358.48 | $358.48 | $0.00 | $0.00 | | |
| 53505 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE | | $362.90 | $362.90 | $0.00 | $0.00 | | |
| 53510 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL | | $484.07 | $484.07 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 53515 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS | | $636.54 | $636.54 | $0.00 | $0.00 | | |
| 53520 | CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE | | $412.50 | $412.50 | $0.00 | $0.00 | | |
| 53600 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR | | $40.66 | $45.09 | $0.00 | $0.00 | | |
| 53601 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR | | $33.37 | $37.26 | $0.00 | $0.00 | | |
| 53605 | DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR | | $51.11 | $51.11 | $0.00 | $0.00 | | |
| 53620 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA | | $55.05 | $61.36 | $0.00 | $0.00 | | |
| 53621 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MA | | $45.68 | $50.78 | $0.00 | $0.00 | | |
| 53660 | DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; | | $25.32 | $29.07 | $0.00 | $0.00 | | |
| 53661 | DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; | | $25.21 | $28.56 | $0.00 | $0.00 | | |
| 53665 | DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA | | $32.93 | $32.93 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 53850 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERA | | $461.57 | $461.57 | $0.00 | $0.00 | | |
| 53852 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY | | $482.44 | $482.44 | $0.00 | $0.00 | | |
| 53899 | UNLISTED PROCEDURE, URINARY SYSTEM | | $50.00 | $0.00 | $0.00 | $0.00 | | |
| 54000 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN | | $62.32 | $62.32 | $0.00 | $0.00 | | |
| 54001 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NE | | $87.51 | $87.51 | $0.00 | $0.00 | | |
| 54015 | INCISION AND DRAINAGE OF PENIS, DEEP | | $175.86 | $175.86 | $0.00 | $0.00 | | |
| 54050 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $40.74 | $45.84 | $0.00 | $0.00 | | |
| 54055 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $44.56 | $52.74 | $0.00 | $0.00 | | |
| 54056 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $43.00 | $50.11 | $0.00 | $0.00 | | |
| 54057 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $80.79 | $80.79 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54060 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $89.46 | $89.46 | $0.00 | $0.00 | | |
| 54065 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | | $108.74 | $141.87 | $0.00 | $0.00 | | |
| 54100 | BIOPSY OF PENIS; (SEPARATE PROCEDURE) | | $74.89 | $74.89 | $0.00 | $0.00 | | |
| 54105 | BIOPSY OF PENIS; DEEP STRUCTURES | | $131.00 | $131.00 | $0.00 | $0.00 | | |
| 54110 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); | | $460.02 | $460.02 | $0.00 | $0.00 | | |
| 54111 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LE | | $652.14 | $652.14 | $0.00 | $0.00 | | |
| 54112 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN | | $762.71 | $762.71 | $0.00 | $0.00 | | |
| 54115 | REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT) | | $289.48 | $289.48 | $0.00 | $0.00 | | |
| 54120 | AMPUTATION OF PENIS; PARTIAL | | $459.74 | $459.74 | $0.00 | $0.00 | | |
| 54125 | AMPUTATION OF PENIS; COMPLETE | | $714.09 | $714.09 | $0.00 | $0.00 | | |
| 54130 | AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENE | | $980.46 | $980.46 | $0.00 | $0.00 | | |
| 54135 | AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC | | $1,252.25 | $1,252.25 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54150 | CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN | | $76.27 | $76.27 | $0.00 | $0.00 | | |
| 54160 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLI | | $120.93 | $120.93 | $0.00 | $0.00 | | |
| 54161 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLI | | $158.28 | $158.28 | $0.00 | $0.00 | | |
| 54162 | LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS | | $165.95 | $165.95 | $0.00 | $0.00 | | |
| 54163 | REPAIR INCOMPLETE CIRCUMCISION | | $156.40 | $156.40 | $0.00 | $0.00 | | |
| 54164 | FRENULOTOMY OF PENIS | | $136.87 | $136.87 | $0.00 | $0.00 | | |
| 54200 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; | | $34.66 | $38.95 | $0.00 | $0.00 | | |
| 54205 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PL | | $360.48 | $360.48 | $0.00 | $0.00 | | |
| 54220 | IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM | | $117.52 | $117.52 | $0.00 | $0.00 | | |
| 54230 | INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY | | $60.45 | $78.42 | $0.00 | $0.00 | | |
| 54231 | DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACT | R | $101.89 | $101.89 | $0.00 | $0.00 | | |
| 54235 | INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVE | | $41.66 | $47.42 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54240 | PENILE PLETHYSMOGRAPHY | | $67.91 | $67.91 | $14.33 | $53.58 | | |
| 54250 | NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST | | $88.54 | $88.54 | $8.78 | $79.77 | | |
| 54300 | PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADI | | $500.58 | $500.58 | $0.00 | $0.00 | | |
| 54304 | PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAG | | $610.08 | $610.08 | $0.00 | $0.00 | | |
| 54308 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | | $514.42 | $514.42 | $0.00 | $0.00 | | |
| 54312 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | | $659.59 | $659.59 | $0.00 | $0.00 | | |
| 54316 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | | $799.99 | $799.99 | $0.00 | $0.00 | | |
| 54318 | URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM | | $536.17 | $536.17 | $0.00 | $0.00 | | |
| 54322 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | $584.20 | $584.20 | $0.00 | $0.00 | | |
| 54324 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | $774.40 | $774.40 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54326 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | $741.50 | $741.50 | $0.00 | $0.00 | | |
| 54328 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR | | $751.95 | $751.95 | $0.00 | $0.00 | | |
| 54332 | ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING | | $837.75 | $837.75 | $0.00 | $0.00 | | |
| 54336 | ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION T | | $1,094.06 | $1,094.06 | $0.00 | $0.00 | | |
| 54340 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU | | $428.03 | $428.03 | $0.00 | $0.00 | | |
| 54344 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU | | $918.85 | $918.85 | $0.00 | $0.00 | | |
| 54348 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICU | | $819.72 | $819.72 | $0.00 | $0.00 | | |
| 54352 | REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCIS | | $1,169.73 | $1,169.73 | $0.00 | $0.00 | | |
| 54360 | PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION | | $540.25 | $540.25 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 54380 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER | | $640.32 | $640.32 | $0.00 | $0.00 | | |
| 54385 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER | | $735.00 | $735.00 | $0.00 | $0.00 | | |
| 54390 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER | | $1,017.70 | $1,017.70 | $0.00 | $0.00 | | |
| 54400 | INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID) | R | $577.40 | $577.40 | $0.00 | $0.00 | | |
| 54401 | INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED) | R | $657.84 | $657.84 | $0.00 | $0.00 | | |
| 54405 | INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING | R | $855.35 | $855.35 | $0.00 | $0.00 | | |
| 54406 | REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE | | $525.42 | $525.42 | $0.00 | $0.00 | | |
| 54408 | REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHE | | $553.68 | $553.68 | $0.00 | $0.00 | | |
| 54410 | REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, | R | $656.06 | $656.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54411 | REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATA | R | $712.26 | $712.26 | $0.00 | $0.00 | | |
| 54415 | REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) | | $387.83 | $387.83 | $0.00 | $0.00 | | |
| 54416 | REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE | R | $505.72 | $505.72 | $0.00 | $0.00 | | |
| 54417 | REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE | R | $625.79 | $625.79 | $0.00 | $0.00 | | |
| 54420 | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERA | | $544.18 | $544.18 | $0.00 | $0.00 | | |
| 54430 | CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILAT | | $484.48 | $484.48 | $0.00 | $0.00 | | |
| 54435 | CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER | | $285.99 | $285.99 | $0.00 | $0.00 | | |
| 54440 | PLASTIC OPERATION OF PENIS FOR INJURY | | $683.52 | $683.52 | $0.00 | $0.00 | | |
| 54450 | FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRET | | $52.80 | $52.80 | $0.00 | $0.00 | | |
| 54500 | BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE) | | $51.46 | $51.46 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54505 | BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE) | | $155.30 | $155.30 | $0.00 | $0.00 | | |
| 54512 | EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS | | $385.12 | $385.12 | $0.00 | $0.00 | | |
| 54520 | ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULA | | $299.72 | $299.72 | $0.00 | $0.00 | | |
| 54522 | ORCHIECTOMY, PARTIAL | | $437.11 | $437.11 | $0.00 | $0.00 | | |
| 54530 | ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH | | $450.97 | $450.97 | $0.00 | $0.00 | | |
| 54535 | ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION | | $589.24 | $589.24 | $0.00 | $0.00 | | |
| 54550 | EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA) | | $371.61 | $371.61 | $0.00 | $0.00 | | |
| 54560 | EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION | | $520.54 | $520.54 | $0.00 | $0.00 | | |
| 54600 | REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF | | $328.95 | $328.95 | $0.00 | $0.00 | | |
| 54620 | FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE) | | $234.69 | $234.69 | $0.00 | $0.00 | | |
| 54640 | ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR | | $424.06 | $424.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54650 | ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, | | $552.58 | $552.58 | $0.00 | $0.00 | | |
| 54660 | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE) | | $240.31 | $240.31 | $0.00 | $0.00 | | |
| 54670 | SUTURE OR REPAIR OF TESTICULAR INJURY | | $303.60 | $303.60 | $0.00 | $0.00 | | |
| 54680 | TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION | | $577.44 | $577.44 | $0.00 | $0.00 | | |
| 54690 | LAPAROSCOPY, SURGICAL; ORCHIECTOMY | R | $516.32 | $516.32 | $0.00 | $0.00 | | |
| 54692 | LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS | R | $535.70 | $535.70 | $0.00 | $0.00 | | |
| 54700 | INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, | | $125.99 | $125.99 | $0.00 | $0.00 | | |
| 54800 | BIOPSY OF EPIDIDYMIS, NEEDLE | | $125.83 | $125.83 | $0.00 | $0.00 | | |
| 54830 | EXCISION OF LOCAL LESION OF EPIDIDYMIS | | $252.39 | $252.39 | $0.00 | $0.00 | | |
| 54840 | EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY | | $288.49 | $288.49 | $0.00 | $0.00 | | |
| 54860 | EPIDIDYMECTOMY; UNILATERAL | | $327.17 | $327.17 | $0.00 | $0.00 | | |
| 54861 | EPIDIDYMECTOMY; BILATERAL | | $463.89 | $463.89 | $0.00 | $0.00 | | |
| 54865 | EXPLORATION EPIDIDYMIS | | $256.84 | $256.84 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 54900 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATE | | $631.22 | $631.22 | $0.00 | $0.00 | | |
| 54901 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATER | | $866.44 | $866.44 | $0.00 | $0.00 | | |
| 55000 | PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT | | $48.30 | $53.66 | $0.00 | $0.00 | | |
| 55040 | EXCISION OF HYDROCELE; UNILATERAL | | $295.37 | $295.37 | $0.00 | $0.00 | | |
| 55041 | EXCISION OF HYDROCELE; BILATERAL | | $436.60 | $436.60 | $0.00 | $0.00 | | |
| 55060 | REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE) | | $275.80 | $275.80 | $0.00 | $0.00 | | |
| 55100 | DRAINAGE OF SCROTAL WALL ABSCESS | | $78.17 | $78.17 | $0.00 | $0.00 | | |
| 55110 | SCROTAL EXPLORATION | | $257.26 | $257.26 | $0.00 | $0.00 | | |
| 55120 | REMOVAL OF FOREIGN BODY IN SCROTUM | | $193.38 | $193.38 | $0.00 | $0.00 | | |
| 55150 | RESECTION OF SCROTUM | | $354.28 | $354.28 | $0.00 | $0.00 | | |
| 55175 | SCROTOPLASTY; SIMPLE | | $276.76 | $276.76 | $0.00 | $0.00 | | |
| 55180 | SCROTOPLASTY; COMPLICATED | | $498.61 | $498.61 | $0.00 | $0.00 | | |
| 55200 | VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR | | $179.18 | $179.18 | $0.00 | $0.00 | | |
| 55250 | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING | R | $136.27 | $171.54 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 55300 | VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, | | $182.24 | $182.24 | $0.00 | $0.00 | | |
| 55400 | VASOVASOSTOMY, VASOVASORRHAPHY | | $433.10 | $433.10 | $0.00 | $0.00 | | |
| 55450 | LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPA | R | $192.51 | $192.51 | $0.00 | $0.00 | | |
| 55500 | EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDUR | | $282.95 | $282.95 | $0.00 | $0.00 | | |
| 55520 | EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE) | | $263.92 | $263.92 | $0.00 | $0.00 | | |
| 55530 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; | | $313.98 | $313.98 | $0.00 | $0.00 | | |
| 55535 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; | | $312.35 | $312.35 | $0.00 | $0.00 | | |
| 55540 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; | | $356.62 | $356.62 | $0.00 | $0.00 | | |
| 55550 | LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE | R | $304.18 | $304.18 | $0.00 | $0.00 | | |
| 55600 | VESICULOTOMY; | | $307.08 | $307.08 | $0.00 | $0.00 | | |
| 55605 | VESICULOTOMY; COMPLICATED | | $387.55 | $387.55 | $0.00 | $0.00 | | |
| 55650 | VESICULECTOMY, ANY APPROACH | | $542.53 | $542.53 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 55680 | EXCISION OF MULLERIAN DUCT CYST | | $269.49 | $269.49 | $0.00 | $0.00 | | |
| 55700 | BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH | | $69.83 | $89.95 | $0.00 | $0.00 | | |
| 55705 | BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH | | $228.06 | $228.06 | $0.00 | $0.00 | | |
| 55706 | BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL | | $324.29 | $324.29 | | | | |
| 55720 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SI | | $324.39 | $324.39 | $0.00 | $0.00 | | |
| 55725 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; | | $389.81 | $389.81 | $0.00 | $0.00 | | |
| 55801 | PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE | | $854.07 | $854.07 | $0.00 | $0.00 | | |
| 55810 | PROSTATECTOMY, PERINEAL RADICAL; | | $1,144.96 | $1,144.96 | $0.00 | $0.00 | | |
| 55812 | PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PE | | $1,274.01 | $1,274.01 | $0.00 | $0.00 | | |
| 55815 | PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY | | $1,570.12 | $1,570.12 | $0.00 | $0.00 | | |
| 55821 | PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, | | $778.78 | $778.78 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 55831 | PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, | | $845.13 | $845.13 | $0.00 | $0.00 | | |
| 55840 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; | | $1,106.74 | $1,106.74 | $0.00 | $0.00 | | |
| 55842 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH | | $1,225.69 | $1,225.69 | $0.00 | $0.00 | | |
| 55845 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH | | $1,516.87 | $1,516.87 | $0.00 | $0.00 | | |
| 55860 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST | | $599.40 | $599.40 | $0.00 | $0.00 | | |
| 55862 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST | | $844.19 | $844.19 | $0.00 | $0.00 | | |
| 55865 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBST | | $1,351.03 | $1,351.03 | $0.00 | $0.00 | | |
| 55866 | LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NER | | $1,223.28 | $1,223.28 | $0.00 | $0.00 | | |
| 55873 | CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FO | | $799.77 | $799.77 | $0.00 | $0.00 | | |
| 55875 | TRANSPERINEAL NEEDLE PLACEMENT PROSTATE | | $567.59 | $567.59 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 55876 | PLACEMENT INTERSTITIAL DEVICE FOR PROSTATE RADIATION THERAPY | | $83.05 | $108.68 | $0.00 | $0.00 | | |
| 55899 | UNLISTED PROCEDURE, MALE GENITAL SYSTEM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 55920 | PLACE NEEDLES PELVIC FOR RT | | $356.93 | $356.93 | $0.00 | $0.00 | | |
| 56405 | INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS | | $54.62 | $64.82 | $0.00 | $0.00 | | |
| 56420 | INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS | | $53.21 | $63.94 | $0.00 | $0.00 | | |
| 56440 | MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST | | $165.05 | $165.05 | $0.00 | $0.00 | | |
| 56441 | LYSIS OF LABIAL ADHESIONS | | $107.89 | $107.89 | $0.00 | $0.00 | | |
| 56442 | HYMENOTOMY, SIMPLE INCISION | | $34.55 | $34.55 | $0.00 | $0.00 | | |
| 56501 | DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSUR | | $53.34 | $60.59 | $0.00 | $0.00 | | |
| 56515 | DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, | | $133.62 | $133.62 | $0.00 | $0.00 | | |
| 56605 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION | | $38.00 | $47.12 | $0.00 | $0.00 | | |
| 56606 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITI | | $19.26 | $23.95 | $0.00 | $0.00 | | |
| 56620 | VULVECTOMY SIMPLE; PARTIAL | | $403.28 | $403.28 | $0.00 | $0.00 | | |
| 56625 | VULVECTOMY SIMPLE; COMPLETE | | $524.54 | $524.54 | $0.00 | $0.00 | | |
| 56630 | VULVECTOMY, RADICAL, PARTIAL; | | $747.95 | $747.95 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 56631 | VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL | | $1,038.69 | $1,038.69 | $0.00 | $0.00 | | |
| 56632 | VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENE | | $1,228.98 | $1,228.98 | $0.00 | $0.00 | | |
| 56633 | VULVECTOMY, RADICAL, COMPLETE; | | $864.57 | $864.57 | $0.00 | $0.00 | | |
| 56634 | VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL | | $1,155.31 | $1,155.31 | $0.00 | $0.00 | | |
| 56637 | VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL | | $1,280.96 | $1,280.96 | $0.00 | $0.00 | | |
| 56640 | VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC | | $1,230.55 | $1,230.55 | $0.00 | $0.00 | | |
| 56700 | PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING | | $128.33 | $128.33 | $0.00 | $0.00 | | |
| 56740 | EXCISION OF BARTHOLIN'S GLAND OR CYST | | $195.98 | $195.98 | $0.00 | $0.00 | | |
| 56800 | PLASTIC REPAIR OF INTROITUS | | $201.62 | $201.62 | $0.00 | $0.00 | | |
| 56805 | CLITOROPLASTY FOR INTERSEX STATE | | $802.98 | $802.98 | $0.00 | $0.00 | | |
| 56810 | PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE) | | $199.16 | $199.16 | $0.00 | $0.00 | | |
| 56820 | COLPOSCOPY OF THE VULVA; | | $62.47 | $87.91 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 56821 | COLPOSCOPY OF THE VULVA; WITH BIOPSY(S) | | $86.02 | $114.28 | $0.00 | $0.00 | | |
| 57000 | COLPOTOMY; WITH EXPLORATION | | $148.64 | $148.64 | $0.00 | $0.00 | | |
| 57010 | COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS | | $242.22 | $242.22 | $0.00 | $0.00 | | |
| 57020 | COLPOCENTESIS (SEPARATE PROCEDURE) | | $64.85 | $64.85 | $0.00 | $0.00 | | |
| 57022 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM | | $118.47 | $118.47 | $0.00 | $0.00 | | |
| 57023 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, | | $118.47 | $118.47 | $0.00 | $0.00 | | |
| 57061 | DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, | | $50.34 | $61.34 | $0.00 | $0.00 | | |
| 57065 | DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, | | $181.08 | $181.08 | $0.00 | $0.00 | | |
| 57100 | BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE) | | $39.94 | $48.25 | $0.00 | $0.00 | | |
| 57105 | BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS | | $98.25 | $98.25 | $0.00 | $0.00 | | |
| 57106 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; | | $265.09 | $267.16 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 57107 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI | | $903.73 | $908.39 | $0.00 | $0.00 | | |
| 57109 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGI | | $1,092.33 | $1,103.74 | $0.00 | $0.00 | | |
| 57110 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; | | $649.67 | $649.67 | $0.00 | $0.00 | | |
| 57111 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG | | $1,094.14 | $1,094.14 | $0.00 | $0.00 | | |
| 57112 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAG | | $1,165.45 | $1,166.48 | $0.00 | $0.00 | | |
| 57120 | COLPOCLEISIS (LE FORT TYPE) | | $421.66 | $421.66 | $0.00 | $0.00 | | |
| 57130 | EXCISION OF VAGINAL SEPTUM | | $154.06 | $154.06 | $0.00 | $0.00 | | |
| 57135 | EXCISION OF VAGINAL CYST OR TUMOR | | $138.47 | $138.47 | $0.00 | $0.00 | | |
| 57150 | IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF | | $31.10 | $33.65 | $0.00 | $0.00 | | |
| 57155 | INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL | | $290.92 | $290.92 | $0.00 | $0.00 | | |
| 57160 | FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE | | $30.68 | $34.04 | $0.00 | $0.00 | | |
| 57170 | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | | $32.45 | $36.74 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 57180 | INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMA | | $54.94 | $62.32 | $0.00 | $0.00 | | |
| 57200 | COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL) | | $195.25 | $195.25 | $0.00 | $0.00 | | |
| 57210 | COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM | | $242.30 | $242.30 | $0.00 | $0.00 | | |
| 57220 | PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY | | $252.09 | $252.09 | $0.00 | $0.00 | | |
| 57230 | PLASTIC REPAIR OF URETHROCELE | | $267.32 | $267.32 | $0.00 | $0.00 | | |
| 57240 | ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF | | $382.11 | $382.11 | $0.00 | $0.00 | | |
| 57250 | POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRH | | $357.20 | $357.20 | $0.00 | $0.00 | | |
| 57260 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; | | $500.41 | $500.41 | $0.00 | $0.00 | | |
| 57265 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR | | $519.90 | $519.90 | $0.00 | $0.00 | | |
| 57267 | INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFEC | | $211.63 | $211.63 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 57268 | REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE) | | $404.91 | $404.91 | $0.00 | $0.00 | | |
| 57270 | REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE) | | $434.15 | $434.15 | $0.00 | $0.00 | | |
| 57280 | COLPOPEXY, ABDOMINAL APPROACH | | $518.76 | $518.76 | $0.00 | $0.00 | | |
| 57282 | COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCY | | $516.32 | $516.32 | $0.00 | $0.00 | | |
| 57283 | COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR | | $498.84 | $498.84 | $0.00 | $0.00 | | |
| 57284 | PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINA | | $605.87 | $605.87 | $0.00 | $0.00 | | |
| 57285 | REPAIR PARAVAG DEFECT, VAG | | $513.59 | $513.59 | $0.00 | $0.00 | | |
| 57287 | REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR | | $505.43 | $505.43 | $0.00 | $0.00 | | |
| 57288 | SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) | | $682.68 | $682.68 | $0.00 | $0.00 | | |
| 57289 | PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY | | $434.93 | $434.93 | $0.00 | $0.00 | | |
| 57291 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT | | $391.32 | $391.32 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 57292 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT | | $571.32 | $571.32 | $0.00 | $0.00 | | |
| 57295 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPR | | $357.90 | $357.90 | $0.00 | $0.00 | | |
| 57296 | REVISION PROSTHETIC VAGINAL GRAFT, OPEN ABD APPROACH | | $687.77 | $687.77 | $0.00 | $0.00 | | |
| 57300 | CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH | | $452.33 | $452.33 | $0.00 | $0.00 | | |
| 57305 | CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH | | $495.41 | $495.41 | $0.00 | $0.00 | | |
| 57307 | CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT | | $489.89 | $489.89 | $0.00 | $0.00 | | |
| 57308 | CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL | | $507.22 | $507.22 | $0.00 | $0.00 | | |
| 57310 | CLOSURE OF URETHROVAGINAL FISTULA; | | $306.53 | $306.53 | $0.00 | $0.00 | | |
| 57311 | CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT | | $371.78 | $371.78 | $0.00 | $0.00 | | |
| 57320 | CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH | | $499.48 | $499.48 | $0.00 | $0.00 | | |
| 57330 | CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH | | $584.47 | $584.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 57335 | VAGINOPLASTY FOR INTERSEX STATE | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 57400 | DILATION OF VAGINA UNDER ANESTHESIA | | $34.66 | $34.66 | $0.00 | $0.00 | | |
| 57410 | PELVIC EXAMINATION UNDER ANESTHESIA | | $28.18 | $28.18 | $0.00 | $0.00 | | |
| 57415 | REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER | | $37.57 | $37.57 | $0.00 | $0.00 | | |
| 57420 | COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; | | $66.38 | $91.82 | $0.00 | $0.00 | | |
| 57421 | COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S | | $91.88 | $120.14 | $0.00 | $0.00 | | |
| 57423 | REPAIR PARAVAG DEFECT, LAP | | $717.12 | $717.12 | $0.00 | $0.00 | | |
| 57425 | LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX) | | $0.00 | $669.30 | $0.00 | $0.00 | | |
| 57452 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; | | $41.17 | $49.89 | $0.00 | $0.00 | | |
| 57454 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY( | | $59.81 | $76.04 | $0.00 | $0.00 | | |
| 57455 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY( | | $83.52 | $110.50 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 57456 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCER | | $78.21 | $104.42 | $0.00 | $0.00 | | |
| 57460 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP | | $121.31 | $148.40 | $0.00 | $0.00 | | |
| 57461 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP | | $144.83 | $242.98 | $0.00 | $0.00 | | |
| 57500 | BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO | | $39.02 | $46.67 | $0.00 | $0.00 | | |
| 57505 | ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE) | | $43.59 | $52.04 | $0.00 | $0.00 | | |
| 57510 | CAUTERY OF CERVIX; ELECTRO OR THERMAL | | $63.45 | $70.42 | $0.00 | $0.00 | | |
| 57511 | CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT | | $69.82 | $81.22 | $0.00 | $0.00 | | |
| 57513 | CAUTERY OF CERVIX; LASER ABLATION | | $133.87 | $133.87 | $0.00 | $0.00 | | |
| 57520 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DIL | | $226.47 | $226.47 | $0.00 | $0.00 | | |
| 57522 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DIL | | $205.93 | $205.93 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 57530 | TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE | | $245.48 | $245.48 | $0.00 | $0.00 | | |
| 57531 | RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND | | $1,187.54 | $1,187.54 | $0.00 | $0.00 | | |
| 57540 | EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; | | $393.83 | $393.83 | $0.00 | $0.00 | | |
| 57545 | EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPA | | $342.42 | $342.42 | $0.00 | $0.00 | | |
| 57550 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; | | $349.94 | $349.94 | $0.00 | $0.00 | | |
| 57555 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR | | $562.49 | $562.49 | $0.00 | $0.00 | | |
| 57556 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCEL | | $521.69 | $521.69 | $0.00 | $0.00 | | |
| 57558 | D&C CERVICAL STUMP | | $82.15 | $90.27 | $0.00 | $0.00 | | |
| 57700 | CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL | | $169.20 | $169.20 | $0.00 | $0.00 | | |
| 57720 | TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH | | $199.74 | $199.74 | $0.00 | $0.00 | | |
| 57800 | DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE) | | $31.46 | $37.90 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58100 | ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING | | $33.09 | $41.94 | $0.00 | $0.00 | | |
| 58110 | ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY | | $33.09 | $39.21 | $0.00 | $0.00 | | |
| 58120 | DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL) | | $157.92 | $157.92 | $0.00 | $0.00 | | |
| 58140 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL | | $488.28 | $488.28 | $0.00 | $0.00 | | |
| 58145 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL | | $474.40 | $474.40 | $0.00 | $0.00 | | |
| 58146 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMUR | | $819.91 | $819.91 | $0.00 | $0.00 | | |
| 58150 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO | R | $695.52 | $695.52 | $0.00 | $0.00 | | |
| 58152 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO | R | $798.27 | $798.27 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58180 | SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR | R | $578.91 | $578.91 | $0.00 | $0.00 | | |
| 58200 | TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH | R | $1,013.03 | $1,013.03 | $0.00 | $0.00 | | |
| 58210 | RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENE | R | $1,274.03 | $1,274.03 | $0.00 | $0.00 | | |
| 58240 | PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL | R | $1,764.83 | $1,764.83 | $0.00 | $0.00 | | |
| 58260 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; | R | $636.38 | $636.38 | $0.00 | $0.00 | | |
| 58262 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF | R | $685.38 | $685.38 | $0.00 | $0.00 | | |
| 58263 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF | R | $749.48 | $749.48 | $0.00 | $0.00 | | |
| 58267 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH | R | $778.08 | $778.08 | $0.00 | $0.00 | | |
| 58270 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF | R | $700.47 | $700.47 | $0.00 | $0.00 | | |
| 58275 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; | R | $762.47 | $762.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58280 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR O | R | $758.60 | $758.60 | $0.00 | $0.00 | | |
| 58285 | VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION) | R | $888.79 | $888.79 | $0.00 | $0.00 | | |
| 58290 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; | R | $819.58 | $819.58 | $0.00 | $0.00 | | |
| 58291 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL | R | $900.96 | $900.96 | $0.00 | $0.00 | | |
| 58292 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL | R | $954.57 | $954.57 | $0.00 | $0.00 | | |
| 58293 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH | R | $992.02 | $992.02 | $0.00 | $0.00 | | |
| 58294 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR O | R | $878.82 | $878.82 | $0.00 | $0.00 | | |
| 58300 | INSERTION OF INTRAUTERINE DEVICE (IUD) | | $47.06 | $59.25 | $0.00 | $0.00 | | |
| 58301 | REMOVAL OF INTRAUTERINE DEVICE (IUD) | | $29.40 | $35.43 | $0.00 | $0.00 | | |
| 58340 | CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SA | | $43.05 | $43.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58345 | TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AN | R | $238.84 | $238.84 | $0.00 | $0.00 | | |
| 58346 | INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY | | $310.37 | $310.37 | $0.00 | $0.00 | | |
| 58350 | CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS | R | $50.56 | $50.56 | $0.00 | $0.00 | | |
| 58353 | ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE | | $162.96 | $162.96 | $0.00 | $0.00 | | |
| 58356 | ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRI | | $278.58 | $1,777.40 | $0.00 | $0.00 | | |
| 58400 | UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT | | $345.55 | $345.55 | $0.00 | $0.00 | | |
| 58410 | UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WIT | | $367.69 | $367.69 | $0.00 | $0.00 | | |
| 58520 | HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL) | | $324.11 | $324.11 | $0.00 | $0.00 | | |
| 58540 | HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE) | | $450.69 | $450.69 | $0.00 | $0.00 | | |
| 58541 | LAPAROSCOPY, SURGICAL, HYSTERECTOMY UTERUS LESS THAN 250G | R | $617.90 | $617.90 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58542 | LAPAROSCOPY, SURGICAL, HYST W/REMOVAL OF TUBES UTERUS LESS THAN 250G | R | $684.88 | $684.88 | $0.00 | $0.00 | | |
| 58543 | LAPAROSCOPY, SURGICAL, HYSTERECTOMY UTERUS GREATER THAN 250G | R | $696.59 | $696.59 | $0.00 | $0.00 | | |
| 58544 | LAPAROSCOPY, SURGICAL, HYST W/REMOVAL OF TUBES UTERUS GREATER THAN 250G | R | $754.75 | $754.75 | $0.00 | $0.00 | | |
| 58545 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS | | $657.30 | $657.30 | $0.00 | $0.00 | | |
| 58546 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOM | | $829.93 | $829.93 | $0.00 | $0.00 | | |
| 58548 | LAPAROSCOPY, SURGICAL, RADICAL HYSTERECTOMY | R | $1,318.03 | $1,318.03 | $0.00 | $0.00 | | |
| 58550 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS | R | $649.94 | $649.94 | $0.00 | $0.00 | | |
| 58552 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS | R | $640.10 | $640.10 | $0.00 | $0.00 | | |
| 58553 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T | R | $824.72 | $824.72 | $0.00 | $0.00 | | |
| 58554 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T | R | $816.75 | $816.75 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 58555 | HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE) | | $162.74 | $162.74 | $0.00 | $0.00 | | |
| 58558 | HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR | | $213.26 | $213.26 | $0.00 | $0.00 | | |
| 58559 | HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METH | | $273.34 | $273.34 | $0.00 | $0.00 | | |
| 58560 | HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEP | | $302.82 | $302.82 | $0.00 | $0.00 | | |
| 58561 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA | | $426.04 | $426.04 | $0.00 | $0.00 | | |
| 58562 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY | | $213.72 | $213.72 | $0.00 | $0.00 | | |
| 58563 | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL | | $281.64 | $281.64 | $0.00 | $0.00 | | |
| 58565 | HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO I | R | $338.62 | $1,503.69 | $0.00 | $0.00 | | |
| 58570 | TLH FOR UTERUS 250G OR LESS | R | $712.97 | $712.97 | $0.00 | $0.00 | | |
| 58571 | TLH W/T/O 250G OR LESS | R | $780.91 | $780.91 | $0.00 | $0.00 | | |
| 58572 | TLH, UTERUS OVER 250G | R | $886.24 | $886.24 | $0.00 | $0.00 | | |
| 58573 | TLH W/T/O UTERUS OVER 250G | R | $999.29 | $999.29 | $0.00 | $0.00 | | |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE, UTERUS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58600 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL | R | $271.75 | $271.75 | $0.00 | $0.00 | | |
| 58605 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL | R | $234.00 | $234.00 | $0.00 | $0.00 | | |
| 58611 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF | R | $33.52 | $33.52 | $0.00 | $0.00 | | |
| 58615 | OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) | R | $199.53 | $199.53 | $0.00 | $0.00 | | |
| 58660 | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOL | R | $497.38 | $497.38 | $0.00 | $0.00 | | |
| 58661 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR | R | $503.77 | $503.77 | $0.00 | $0.00 | | |
| 58662 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE | R | $507.04 | $507.04 | $0.00 | $0.00 | | |
| 58670 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT | R | $280.12 | $280.12 | $0.00 | $0.00 | | |
| 58671 | LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, | R | $287.90 | $287.90 | $0.00 | $0.00 | | |
| 58672 | LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY | R | $548.20 | $548.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58673 | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY) | R | $583.55 | $583.55 | $0.00 | $0.00 | | |
| 58700 | SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE | R | $375.33 | $375.33 | $0.00 | $0.00 | | |
| 58720 | SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL | R | $422.70 | $422.70 | $0.00 | $0.00 | | |
| 58740 | LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) | R | $381.93 | $381.93 | $0.00 | $0.00 | | |
| 58750 | TUBOTUBAL ANASTOMOSIS | R | $463.53 | $463.53 | $0.00 | $0.00 | | |
| 58752 | TUBOUTERINE IMPLANTATION | R | $436.37 | $436.37 | $0.00 | $0.00 | | |
| 58760 | FIMBRIOPLASTY | R | $376.08 | $376.08 | $0.00 | $0.00 | | |
| 58770 | SALPINGOSTOMY (SALPINGONEOSTOMY) | R | $372.82 | $372.82 | $0.00 | $0.00 | | |
| 58800 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED | | $195.39 | $195.39 | $0.00 | $0.00 | | |
| 58805 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCED | | $363.80 | $363.80 | $0.00 | $0.00 | | |
| 58820 | DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN | | $202.14 | $202.14 | $0.00 | $0.00 | | |
| 58822 | DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH | | $296.24 | $296.24 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58823 | DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, | | $170.77 | $170.77 | $0.00 | $0.00 | | |
| 58825 | TRANSPOSITION, OVARY(S) | | $295.89 | $295.89 | $0.00 | $0.00 | | |
| 58900 | BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | | $326.30 | $326.30 | $0.00 | $0.00 | | |
| 58920 | WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL | R | $400.39 | $400.39 | $0.00 | $0.00 | | |
| 58925 | OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL | | $397.28 | $397.28 | $0.00 | $0.00 | | |
| 58940 | OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; | R | $398.30 | $398.30 | $0.00 | $0.00 | | |
| 58943 | OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, | R | $901.94 | $901.94 | $0.00 | $0.00 | | |
| 58950 | RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA | | $773.05 | $773.05 | $0.00 | $0.00 | | |
| 58951 | RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA | R | $1,184.26 | $1,184.26 | $0.00 | $0.00 | | |
| 58952 | RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILA | R | $1,207.48 | $1,207.48 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 58953 | BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL | R | $1,403.32 | $1,403.32 | $0.00 | $0.00 | | |
| 58954 | BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL | R | $1,526.07 | $1,526.07 | $0.00 | $0.00 | | |
| 58956 | BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINA | | $982.70 | $982.70 | $0.00 | $0.00 | | |
| 58957 | RESECTION RECURRENT OVARIAN MALIGNANCY | | $1,069.48 | $1,069.48 | $0.00 | $0.00 | | |
| 58958 | RESECTION RECURRENT OVARIAN MALIGNANCY W/PELVIC LYMPHADENECTOMY | | $1,185.03 | $1,185.03 | $0.00 | $0.00 | | |
| 58960 | LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY | | $717.37 | $717.37 | $0.00 | $0.00 | | |
| 58999 | UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL) | R | $570.00 | $741.00 | $0.00 | $0.00 | | |
| 59000 | AMNIOCENTESIS; DIAGNOSTIC | | $68.54 | $68.54 | $0.00 | $0.00 | | |
| 59001 | AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOU | | $127.45 | $127.45 | $0.00 | $0.00 | | |
| 59012 | CORDOCENTESIS (INTRAUTERINE), ANY METHOD | | $162.34 | $162.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 59015 | CHORIONIC VILLUS SAMPLING, ANY METHOD | | $99.17 | $99.17 | $0.00 | $0.00 | | |
| 59020 | FETAL CONTRACTION STRESS TEST | | $62.62 | $62.62 | $15.84 | $46.78 | | |
| 59025 | FETAL NON-STRESS TEST | | $34.83 | $34.83 | $6.87 | $27.96 | | |
| 59030 | FETAL SCALP BLOOD SAMPLING | | $105.88 | $105.88 | $0.00 | $0.00 | | |
| 59050 | FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI | | $51.49 | $51.49 | $0.00 | $0.00 | | |
| 59051 | FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDI | | $47.08 | $47.08 | $0.00 | $0.00 | | |
| 59070 | TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE | | $219.94 | $290.85 | $0.00 | $0.00 | | |
| 59072 | FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE | | $356.42 | $356.42 | $0.00 | $0.00 | | |
| 59074 | FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESI | | $219.94 | $277.24 | $0.00 | $0.00 | | |
| 59076 | FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE | | $356.42 | $356.42 | $0.00 | $0.00 | | |
| 59100 | HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION) | | $309.26 | $309.26 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 59120 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING | | $455.90 | $455.90 | $0.00 | $0.00 | | |
| 59121 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT | | $375.41 | $375.41 | $0.00 | $0.00 | | |
| 59130 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY | | $408.09 | $408.09 | $0.00 | $0.00 | | |
| 59135 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN | | $673.61 | $673.61 | $0.00 | $0.00 | | |
| 59136 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNAN | | $456.82 | $456.82 | $0.00 | $0.00 | | |
| 59140 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION | | $281.40 | $281.40 | $0.00 | $0.00 | | |
| 59150 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND | | $333.06 | $333.06 | $0.00 | $0.00 | | |
| 59151 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR | | $458.93 | $458.93 | $0.00 | $0.00 | | |
| 59160 | CURETTAGE, POSTPARTUM | | $169.28 | $169.28 | $0.00 | $0.00 | | |
| 59200 | INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE | | $33.10 | $40.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 59300 | EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN | | $86.42 | $99.70 | $0.00 | $0.00 | | |
| 59320 | CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL | | $130.48 | $130.48 | $0.00 | $0.00 | | |
| 59325 | CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL | | $203.99 | $203.99 | $0.00 | $0.00 | | |
| 59350 | HYSTERORRHAPHY OF RUPTURED UTERUS | | $260.13 | $260.13 | $0.00 | $0.00 | | |
| 59409 | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); | | $870.00 | $870.00 | $0.00 | $0.00 | | |
| 59410 | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); | | $900.00 | $900.00 | $0.00 | $0.00 | | |
| 59414 | DELIVERY OF PLACENTA (SEPARATE PROCEDURE) | | $84.65 | $84.65 | $0.00 | $0.00 | | |
| 59430 | POSTPARTUM CARE ONLY (SEPARATE PROCEDURE) | | $65.78 | $70.87 | $0.00 | $0.00 | | |
| 59514 | CESAREAN DELIVERY ONLY; | | $870.00 | $870.00 | $0.00 | $0.00 | | |
| 59515 | CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE | | $900.00 | $900.00 | $0.00 | $0.00 | | |
| 59525 | SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATEL | | $374.17 | $374.17 | $0.00 | $0.00 | | |
| 59612 | VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO | | $870.00 | $870.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 59614 | VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHO | | $900.00 | $900.00 | $0.00 | $0.00 | | |
| 59620 | CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE | | $870.00 | $870.00 | $0.00 | $0.00 | | |
| 59622 | CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PRE | | $900.00 | $900.00 | $0.00 | $0.00 | | |
| 59812 | TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY | | $206.50 | $206.50 | $0.00 | $0.00 | | |
| 59820 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER | | $228.74 | $228.74 | $0.00 | $0.00 | | |
| 59821 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER | | $213.02 | $213.02 | $0.00 | $0.00 | | |
| 59830 | TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY | | $309.03 | $309.03 | $0.00 | $0.00 | | |
| 59840 | INDUCED ABORTION, BY DILATION AND CURETTAGE | R | $188.52 | $188.52 | $0.00 | $0.00 | | |
| 59841 | INDUCED ABORTION, BY DILATION AND EVACUATION | R | $214.12 | $214.12 | $0.00 | $0.00 | | |
| 59850 | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS | R | $288.16 | $288.16 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 59851 | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS | R | $301.09 | $301.09 | $0.00 | $0.00 | | |
| 59852 | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS | R | $404.59 | $404.59 | $0.00 | $0.00 | | |
| 59855 | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN | R | $304.56 | $304.56 | $0.00 | $0.00 | | |
| 59856 | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN | R | $376.08 | $376.08 | $0.00 | $0.00 | | |
| 59857 | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLAN | R | $457.41 | $457.41 | $0.00 | $0.00 | | |
| 59866 | MULTIFETAL PREGNANCY REDUCTION(S) (MPR) | R | $0.00 | $205.02 | $0.00 | $0.00 | | |
| 59870 | UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE | | $214.05 | $214.05 | $0.00 | $0.00 | | |
| 59871 | REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL) | | $117.25 | $117.25 | $0.00 | $0.00 | | |
| 59897 | UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 59899 | UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 60000 | INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED | | $60.41 | $68.46 | $0.00 | $0.00 | | |
| 60100 | BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE | | $45.46 | $59.54 | $0.00 | $0.00 | | |
| 60200 | EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS | | $445.84 | $445.84 | $0.00 | $0.00 | | |
| 60210 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY | | $581.31 | $581.31 | $0.00 | $0.00 | | |
| 60212 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL | | $738.99 | $738.99 | $0.00 | $0.00 | | |
| 60220 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY | | $557.51 | $557.51 | $0.00 | $0.00 | | |
| 60225 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBEC | | $669.87 | $669.87 | $0.00 | $0.00 | | |
| 60240 | THYROIDECTOMY, TOTAL OR COMPLETE | | $790.92 | $790.92 | $0.00 | $0.00 | | |
| 60252 | THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK | | $879.97 | $879.97 | $0.00 | $0.00 | | |
| 60254 | THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK | | $1,079.54 | $1,079.54 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 60260 | THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVI | | $517.67 | $517.67 | $0.00 | $0.00 | | |
| 60270 | THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHO | | $918.83 | $918.83 | $0.00 | $0.00 | | |
| 60271 | THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH | | $795.80 | $795.80 | $0.00 | $0.00 | | |
| 60280 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; | | $380.26 | $380.26 | $0.00 | $0.00 | | |
| 60281 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT | | $393.02 | $393.02 | $0.00 | $0.00 | | |
| 60300 | ASPIR/INIJ THYROID CYST | | $39.76 | $88.42 | $0.00 | $0.00 | | |
| 60500 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); | | $812.72 | $812.72 | $0.00 | $0.00 | | |
| 60502 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION | | $926.98 | $926.98 | $0.00 | $0.00 | | |
| 60505 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL | | $999.46 | $999.46 | $0.00 | $0.00 | | |
| 60512 | PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE F | | $205.93 | $205.93 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 60520 | THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDU | | $887.16 | $887.16 | $0.00 | $0.00 | | |
| 60521 | THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, | | $945.26 | $945.26 | $0.00 | $0.00 | | |
| 60522 | THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, | | $1,061.46 | $1,061.46 | $0.00 | $0.00 | | |
| 60540 | ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI | | $835.03 | $835.03 | $0.00 | $0.00 | | |
| 60545 | ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WI | | $982.76 | $982.76 | $0.00 | $0.00 | | |
| 60600 | EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY | | $826.37 | $826.37 | $0.00 | $0.00 | | |
| 60605 | EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY | | $875.02 | $875.02 | $0.00 | $0.00 | | |
| 60650 | LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR | | $739.73 | $739.73 | $0.00 | $0.00 | | |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE SYSTEM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 61000 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR | | $79.19 | $79.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61001 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR | | $59.65 | $71.46 | $0.00 | $0.00 | | |
| 61020 | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, O | | $82.96 | $82.96 | $0.00 | $0.00 | | |
| 61026 | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, O | | $109.38 | $109.38 | $0.00 | $0.00 | | |
| 61050 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEP | | $80.94 | $80.94 | $0.00 | $0.00 | | |
| 61055 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF | | $116.66 | $116.66 | $0.00 | $0.00 | | |
| 61070 | PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROC | | $33.42 | $39.99 | $0.00 | $0.00 | | |
| 61105 | TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; | | $455.26 | $455.26 | $0.00 | $0.00 | | |
| 61107 | TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING | | $307.66 | $307.66 | $0.00 | $0.00 | | |
| 61108 | TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION | | $694.06 | $694.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61120 | BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CON | | $459.02 | $459.02 | $0.00 | $0.00 | | |
| 61140 | BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION | | $876.66 | $876.66 | $0.00 | $0.00 | | |
| 61150 | BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST | | $937.20 | $937.20 | $0.00 | $0.00 | | |
| 61151 | BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF | | $400.64 | $400.64 | $0.00 | $0.00 | | |
| 61154 | BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL O | | $949.97 | $949.97 | $0.00 | $0.00 | | |
| 61156 | BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL | | $955.26 | $955.26 | $0.00 | $0.00 | | |
| 61210 | BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG | | $337.68 | $337.68 | $0.00 | $0.00 | | |
| 61215 | INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTE | | $575.91 | $575.91 | $0.00 | $0.00 | | |
| 61250 | BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY | | $574.03 | $574.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61253 | BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL | | $680.56 | $680.56 | $0.00 | $0.00 | | |
| 61304 | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL | | $1,419.68 | $1,419.68 | $0.00 | $0.00 | | |
| 61305 | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSS | | $1,630.33 | $1,630.33 | $0.00 | $0.00 | | |
| 61312 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; | | $1,358.30 | $1,358.30 | $0.00 | $0.00 | | |
| 61313 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; | | $1,353.94 | $1,353.94 | $0.00 | $0.00 | | |
| 61314 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; | | $1,469.34 | $1,469.34 | $0.00 | $0.00 | | |
| 61315 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; | | $1,523.63 | $1,523.63 | $0.00 | $0.00 | | |
| 61316 | INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARA | | $65.84 | $65.84 | $0.00 | $0.00 | | |
| 61320 | CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENT | | $1,285.74 | $1,285.74 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61321 | CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENT | | $1,400.20 | $1,400.20 | $0.00 | $0.00 | | |
| 61322 | CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, | | $1,335.49 | $1,335.49 | $0.00 | $0.00 | | |
| 61323 | CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, | | $1,383.79 | $1,383.79 | $0.00 | $0.00 | | |
| 61330 | DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH | | $836.75 | $836.75 | $0.00 | $0.00 | | |
| 61332 | EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY | | $1,388.09 | $1,388.09 | $0.00 | $0.00 | | |
| 61333 | EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION | | $1,412.93 | $1,412.93 | $0.00 | $0.00 | | |
| 61334 | EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN | | $938.06 | $938.06 | $0.00 | $0.00 | | |
| 61340 | SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE | | $797.89 | $797.89 | $0.00 | $0.00 | | |
| 61343 | CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION | | $1,752.10 | $1,752.10 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61345 | OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA | | $1,342.43 | $1,342.43 | $0.00 | $0.00 | | |
| 61440 | CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE) | | $1,356.88 | $1,356.88 | $0.00 | $0.00 | | |
| 61450 | CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION O | | $1,344.07 | $1,344.07 | $0.00 | $0.00 | | |
| 61458 | CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL | | $1,612.09 | $1,612.09 | $0.00 | $0.00 | | |
| 61460 | CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES | | $1,553.54 | $1,553.54 | $0.00 | $0.00 | | |
| 61470 | CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY | | $1,043.28 | $1,043.28 | $0.00 | $0.00 | | |
| 61480 | CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTO | | $939.55 | $939.55 | $0.00 | $0.00 | | |
| 61490 | CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY | | $825.48 | $825.48 | $0.00 | $0.00 | | |
| 61500 | CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL | | $1,122.09 | $1,122.09 | $0.00 | $0.00 | | |
| 61501 | CRANIECTOMY; FOR OSTEOMYELITIS | | $946.40 | $946.40 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61510 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN | | $1,530.67 | $1,530.67 | $0.00 | $0.00 | | |
| 61512 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF | | $1,618.54 | $1,618.54 | $0.00 | $0.00 | | |
| 61514 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN | | $1,488.95 | $1,488.95 | $0.00 | $0.00 | | |
| 61516 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR | | $1,491.50 | $1,491.50 | $0.00 | $0.00 | | |
| 61517 | IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATEL | | $56.19 | $56.19 | $0.00 | $0.00 | | |
| 61518 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | $1,884.78 | $1,884.78 | $0.00 | $0.00 | | |
| 61519 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | $1,970.57 | $1,970.57 | $0.00 | $0.00 | | |
| 61520 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | $2,176.37 | $2,176.37 | $0.00 | $0.00 | | |
| 61521 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR F | | $2,184.95 | $2,184.95 | $0.00 | $0.00 | | |
| 61522 | CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN | | $1,435.87 | $1,435.87 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61524 | CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR | | $1,624.92 | $1,624.92 | $0.00 | $0.00 | | |
| 61526 | CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO | | $1,900.40 | $1,900.40 | $0.00 | $0.00 | | |
| 61530 | CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISIO | | $2,271.30 | $2,271.30 | $0.00 | $0.00 | | |
| 61531 | SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR | | $1,045.86 | $1,045.86 | $0.00 | $0.00 | | |
| 61533 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF A | | $1,224.36 | $1,224.36 | $0.00 | $0.00 | | |
| 61534 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC | | $781.31 | $781.31 | $0.00 | $0.00 | | |
| 61535 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUB | | $536.01 | $536.01 | $0.00 | $0.00 | | |
| 61536 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL | | $1,549.54 | $1,549.54 | $0.00 | $0.00 | | |
| 61537 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, | | $1,258.82 | $1,258.82 | $0.00 | $0.00 | | |
| 61538 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, | | $1,723.83 | $1,723.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61539 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP | | $1,596.50 | $1,596.50 | $0.00 | $0.00 | | |
| 61540 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMP | | $1,518.91 | $1,518.91 | $0.00 | $0.00 | | |
| 61541 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALL | | $1,413.73 | $1,413.73 | $0.00 | $0.00 | | |
| 61542 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY | | $1,432.51 | $1,432.51 | $0.00 | $0.00 | | |
| 61543 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL | | $1,127.98 | $1,127.98 | $0.00 | $0.00 | | |
| 61544 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF | | $1,503.11 | $1,503.11 | $0.00 | $0.00 | | |
| 61545 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGI | | $1,817.24 | $1,817.24 | $0.00 | $0.00 | | |
| 61546 | CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRA | | $1,701.25 | $1,701.25 | $0.00 | $0.00 | | |
| 61548 | HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPT | | $1,353.84 | $1,353.84 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61550 | CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE | | $761.59 | $761.59 | $0.00 | $0.00 | | |
| 61552 | CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES | | $994.67 | $994.67 | $0.00 | $0.00 | | |
| 61556 | CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP | | $1,116.90 | $1,116.90 | $0.00 | $0.00 | | |
| 61557 | CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP | | $1,123.08 | $1,123.08 | $0.00 | $0.00 | | |
| 61558 | EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG | | $1,276.41 | $1,276.41 | $0.00 | $0.00 | | |
| 61559 | EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG | | $1,655.24 | $1,655.24 | $0.00 | $0.00 | | |
| 61563 | EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI | | $1,353.06 | $1,353.06 | $0.00 | $0.00 | | |
| 61564 | EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FI | | $1,707.01 | $1,707.01 | $0.00 | $0.00 | | |
| 61566 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE | | $1,507.18 | $1,507.18 | $0.00 | $0.00 | | |
| 61567 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTI | | $1,722.45 | $1,722.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61570 | CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN | | $1,188.32 | $1,188.32 | $0.00 | $0.00 | | |
| 61571 | CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAI | | $1,289.76 | $1,289.76 | $0.00 | $0.00 | | |
| 61575 | TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR | | $1,956.24 | $1,956.24 | $0.00 | $0.00 | | |
| 61576 | TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR | | $1,844.59 | $1,844.59 | $0.00 | $0.00 | | |
| 61580 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING | | $1,511.18 | $1,511.18 | $0.00 | $0.00 | | |
| 61581 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING | | $1,715.14 | $1,715.14 | $0.00 | $0.00 | | |
| 61582 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING | | $1,556.79 | $1,556.79 | $0.00 | $0.00 | | |
| 61583 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING | | $1,776.67 | $1,776.67 | $0.00 | $0.00 | | |
| 61584 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDIN | | $1,720.14 | $1,720.14 | $0.00 | $0.00 | | |
| 61585 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDIN | | $1,924.41 | $1,924.41 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 61586 | BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERI | | $1,287.53 | $1,287.53 | $0.00 | $0.00 | | |
| 61590 | INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA | | $2,092.87 | $2,092.87 | $0.00 | $0.00 | | |
| 61591 | INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNA | | $2,194.98 | $2,194.98 | $0.00 | $0.00 | | |
| 61592 | ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SI | | $1,991.00 | $1,991.00 | $0.00 | $0.00 | | |
| 61595 | TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR | | $1,470.58 | $1,470.58 | $0.00 | $0.00 | | |
| 61596 | TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR | | $1,787.02 | $1,787.02 | $0.00 | $0.00 | | |
| 61597 | TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGUL | | $1,888.89 | $1,888.89 | $0.00 | $0.00 | | |
| 61598 | TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN | | $1,664.23 | $1,664.23 | $0.00 | $0.00 | | |
| 61600 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $1,276.17 | $1,276.17 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61601 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $1,368.44 | $1,368.44 | $0.00 | $0.00 | | |
| 61605 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $1,444.82 | $1,444.82 | $0.00 | $0.00 | | |
| 61606 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $1,934.79 | $1,934.79 | $0.00 | $0.00 | | |
| 61607 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $1,807.46 | $1,807.46 | $0.00 | $0.00 | | |
| 61608 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $2,102.92 | $2,102.92 | $0.00 | $0.00 | | |
| 61609 | TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT RE | | $517.08 | $517.08 | $0.00 | $0.00 | | |
| 61610 | TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAI | | $1,551.47 | $1,551.47 | $0.00 | $0.00 | | |
| 61611 | TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPA | | $388.06 | $388.06 | $0.00 | $0.00 | | |
| 61612 | TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR | | $1,458.00 | $1,458.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61613 | OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR | | $2,062.32 | $2,062.32 | $0.00 | $0.00 | | |
| 61615 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $1,587.56 | $1,587.56 | $0.00 | $0.00 | | |
| 61616 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF | | $2,159.45 | $2,159.45 | $0.00 | $0.00 | | |
| 61618 | SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDL | | $816.72 | $816.72 | $0.00 | $0.00 | | |
| 61619 | SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDL | | $1,020.70 | $1,020.70 | $0.00 | $0.00 | | |
| 61623 | ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK | | $408.34 | $408.34 | $0.00 | $0.00 | | |
| 61624 | TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR | | $1,044.61 | $1,044.61 | $0.00 | $0.00 | | |
| 61626 | TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR | | $861.36 | $861.36 | $0.00 | $0.00 | | |
| 61630 | BALLOON ANGIOPLASTY,INTRACRANIAL | | $1,056.84 | | | | | |
| 61635 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, | | | | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61640 | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VE | | | | $0.00 | $0.00 | | |
| 61641 | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDIT | | | | $0.00 | $0.00 | | |
| 61642 | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDIT | | | | $0.00 | $0.00 | | |
| 61680 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SI | | $2,043.35 | $2,043.35 | $0.00 | $0.00 | | |
| 61682 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, CO | | $2,340.21 | $2,340.21 | $0.00 | $0.00 | | |
| 61684 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SI | | $2,034.27 | $2,034.27 | $0.00 | $0.00 | | |
| 61686 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, CO | | $2,459.46 | $2,459.46 | $0.00 | $0.00 | | |
| 61690 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE | | $1,828.31 | $1,828.31 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61692 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX | | $1,967.73 | $1,967.73 | $0.00 | $0.00 | | |
| 61697 | SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROT | | $2,409.61 | $2,409.61 | $0.00 | $0.00 | | |
| 61698 | SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; | | $2,318.66 | $2,318.66 | $0.00 | $0.00 | | |
| 61700 | SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTI | | $2,009.80 | $2,009.80 | $0.00 | $0.00 | | |
| 61702 | SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; | | $2,284.79 | $2,284.79 | $0.00 | $0.00 | | |
| 61703 | SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF | | $859.34 | $859.34 | $0.00 | $0.00 | | |
| 61705 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL | | $1,955.28 | $1,955.28 | $0.00 | $0.00 | | |
| 61708 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL | | $1,717.93 | $1,717.93 | $0.00 | $0.00 | | |
| 61710 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTUL | | $1,314.30 | $1,314.30 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61711 | ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE | | $2,052.72 | $2,052.72 | $0.00 | $0.00 | | |
| 61720 | CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND | | $1,107.72 | $1,107.72 | $0.00 | $0.00 | | |
| 61735 | CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND | | $885.49 | $885.49 | $0.00 | $0.00 | | |
| 61750 | STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), | | $762.21 | $762.21 | $0.00 | $0.00 | | |
| 61751 | STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), | | $1,074.47 | $1,074.47 | $0.00 | $0.00 | | |
| 61760 | STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LO | | $1,172.92 | $1,172.92 | $0.00 | $0.00 | | |
| 61770 | STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF | | $1,047.41 | $1,047.41 | $0.00 | $0.00 | | |
| 61790 | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC | | $729.94 | $729.94 | $0.00 | $0.00 | | |
| 61791 | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC | | $552.75 | $552.75 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61795 | STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCEDURE, | | $296.76 | $296.76 | $0.00 | $0.00 | | |
| 61796 | STEREOTACTIC RADIOSURGERY | | $601.71 | $601.71 | | | | |
| 61797 | EACH ADDITIONAL CRANIAL LESION, SIMPLE | | $164.37 | $164.37 | | | | |
| 61798 | 1 COMPLEX CRANIAL LESION | | $601.71 | $601.71 | | | | |
| 61799 | EACH ADDITIONAL CRANIAL LESION, COMPLEX | | $227.27 | $227.27 | | | | |
| 61800 | APPLICATION OF STEREOTACTIC HEADFRAME | | $116.60 | $116.60 | | | | |
| 61850 | TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTR | | $835.76 | $835.76 | $0.00 | $0.00 | | |
| 61860 | CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTROD | | $585.61 | $585.61 | $0.00 | $0.00 | | |
| 61863 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | $761.87 | $761.87 | $0.00 | $0.00 | | |
| 61864 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | $217.34 | $217.34 | $0.00 | $0.00 | | |
| 61867 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | $1,139.83 | $1,139.83 | $0.00 | $0.00 | | |
| 61868 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC | | $362.23 | $362.23 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 61870 | CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR | | $301.62 | $301.62 | $0.00 | $0.00 | | |
| 61875 | CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR | | $481.23 | $481.23 | $0.00 | $0.00 | | |
| 61880 | REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES | | $312.36 | $312.36 | $0.00 | $0.00 | | |
| 61885 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR | | $128.57 | $128.57 | $0.00 | $0.00 | | |
| 61886 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR | | $419.55 | $419.55 | $0.00 | $0.00 | | |
| 61888 | REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECE | | $162.01 | $162.01 | $0.00 | $0.00 | | |
| 62000 | ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL | | $507.18 | $507.18 | $0.00 | $0.00 | | |
| 62005 | ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADU | | $780.51 | $780.51 | $0.00 | $0.00 | | |
| 62010 | ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR | | $1,138.16 | $1,138.16 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 62100 | CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SUR | | $1,280.04 | $1,280.04 | $0.00 | $0.00 | | |
| 62115 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQU | | $1,061.77 | $1,061.77 | $0.00 | $0.00 | | |
| 62116 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIM | | $1,162.55 | $1,162.55 | $0.00 | $0.00 | | |
| 62117 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRIN | | $1,314.39 | $1,314.39 | $0.00 | $0.00 | | |
| 62120 | REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY | | $1,156.94 | $1,156.94 | $0.00 | $0.00 | | |
| 62121 | CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE | | $1,146.72 | $1,146.72 | $0.00 | $0.00 | | |
| 62140 | CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER | | $788.90 | $788.90 | $0.00 | $0.00 | | |
| 62141 | CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER | | $963.13 | $963.13 | $0.00 | $0.00 | | |
| 62142 | REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL | | $695.31 | $695.31 | $0.00 | $0.00 | | |
| 62143 | REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL | | $641.40 | $641.40 | $0.00 | $0.00 | | |
| 62145 | CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY | | $927.42 | $927.42 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 62146 | CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 | | $790.40 | $790.40 | $0.00 | $0.00 | | |
| 62147 | CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER T | | $947.99 | $947.99 | $0.00 | $0.00 | | |
| 62148 | INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPL | | $89.82 | $89.82 | $0.00 | $0.00 | | |
| 62160 | NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICU | | $129.68 | $129.68 | $0.00 | $0.00 | | |
| 62161 | NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATI | | $921.37 | $921.37 | $0.00 | $0.00 | | |
| 62162 | NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID | | $1,182.34 | $1,182.34 | $0.00 | $0.00 | | |
| 62163 | NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY | | $747.15 | $747.15 | $0.00 | $0.00 | | |
| 62164 | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING | | $1,278.69 | $1,278.69 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 62165 | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSN | | $1,002.03 | $1,002.03 | $0.00 | $0.00 | | |
| 62180 | VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION) | | $820.00 | $820.00 | $0.00 | $0.00 | | |
| 62190 | CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR | | $723.13 | $723.13 | $0.00 | $0.00 | | |
| 62192 | CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER | | $786.84 | $786.84 | $0.00 | $0.00 | | |
| 62194 | REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER | | $139.93 | $139.93 | $0.00 | $0.00 | | |
| 62200 | VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; | | $918.22 | $918.22 | $0.00 | $0.00 | | |
| 62201 | VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPI | | $632.35 | $632.35 | $0.00 | $0.00 | | |
| 62220 | CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR | | $843.56 | $843.56 | $0.00 | $0.00 | | |
| 62223 | CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS | | $889.15 | $889.15 | $0.00 | $0.00 | | |
| 62225 | REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER | | $281.05 | $281.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 62230 | REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE | | $592.81 | $592.81 | $0.00 | $0.00 | | |
| 62252 | REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT | | $58.43 | $58.43 | $28.89 | $29.54 | | |
| 62256 | REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEM | | $372.68 | $372.68 | $0.00 | $0.00 | | |
| 62258 | REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT | | $857.46 | $857.46 | $0.00 | $0.00 | | |
| 62263 | PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, | | $313.87 | $313.87 | $0.00 | $0.00 | | |
| 62264 | PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, | | $169.22 | $427.70 | $0.00 | $0.00 | | |
| 62267 | PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS | | $196.12 | $129.95 | | | | |
| 62268 | PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX | | $202.24 | $202.24 | $0.00 | $0.00 | | |
| 62269 | BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE | | $173.17 | $173.17 | $0.00 | $0.00 | | |
| 62270 | SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC | | $53.66 | $53.66 | $0.00 | $0.00 | | |
| 62272 | SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY | | $69.62 | $69.62 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 62273 | INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH | | $99.45 | $99.45 | $0.00 | $0.00 | | |
| 62280 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED | | $98.15 | $98.15 | $0.00 | $0.00 | | |
| 62281 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED | | $106.73 | $106.73 | $0.00 | $0.00 | | |
| 62282 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED | | $122.22 | $122.22 | $0.00 | $0.00 | | |
| 62284 | INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL | | $106.56 | $106.56 | $0.00 | $0.00 | | |
| 62287 | ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOS | | $372.26 | $372.26 | $0.00 | $0.00 | | |
| 62290 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR | | $160.77 | $160.77 | $0.00 | $0.00 | | |
| 62291 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC | | $142.61 | $142.61 | $0.00 | $0.00 | | |
| 62292 | INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, | | $793.50 | $793.50 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 62294 | INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMA | | $409.38 | $409.38 | $0.00 | $0.00 | | |
| 62310 | INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLY | | $145.21 | $145.21 | $0.00 | $0.00 | | |
| 62311 | INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLY | | $145.22 | $145.22 | $0.00 | $0.00 | | |
| 62318 | INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR | | $151.69 | $151.69 | $0.00 | $0.00 | | |
| 62319 | INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR | | $147.39 | $147.39 | $0.00 | $0.00 | | |
| 62350 | IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI | | $301.79 | $301.79 | $0.00 | $0.00 | | |
| 62351 | IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPI | | $446.28 | $446.28 | $0.00 | $0.00 | | |
| 62355 | REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER | | $250.98 | $250.98 | $0.00 | $0.00 | | |
| 62360 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | | $96.75 | $96.75 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 62361 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | | $231.69 | $231.69 | $0.00 | $0.00 | | |
| 62362 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | | $303.50 | $303.50 | $0.00 | $0.00 | | |
| 62365 | REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR | | $249.56 | $249.56 | $0.00 | $0.00 | | |
| 62367 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR | | $17.57 | $30.58 | $0.00 | $25.17 | | |
| 62368 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR | | $30.53 | $39.43 | $0.00 | $39.43 | | |
| 63001 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | $1,006.13 | $1,006.13 | $0.00 | $0.00 | | |
| 63003 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | $988.70 | $988.70 | $0.00 | $0.00 | | |
| 63005 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | $936.90 | $936.90 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63011 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | $639.40 | $639.40 | $0.00 | $0.00 | | |
| 63012 | LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULA | | $978.18 | $978.18 | $0.00 | $0.00 | | |
| 63015 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | $1,157.81 | $1,157.81 | $0.00 | $0.00 | | |
| 63016 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | $1,209.45 | $1,209.45 | $0.00 | $0.00 | | |
| 63017 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/O | | $1,106.51 | $1,106.51 | $0.00 | $0.00 | | |
| 63020 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | $880.03 | $880.03 | $0.00 | $0.00 | | |
| 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | $839.37 | $839.37 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63035 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | $219.26 | $219.26 | $0.00 | $0.00 | | |
| 63040 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | $1,222.71 | $1,222.71 | $0.00 | $0.00 | | |
| 63042 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | $1,205.96 | $1,205.96 | $0.00 | $0.00 | | |
| 63043 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | $283.74 | $283.74 | $0.00 | $0.00 | | |
| 63044 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), | | $269.57 | $269.57 | $0.00 | $0.00 | | |
| 63045 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | $1,081.12 | $1,081.12 | $0.00 | $0.00 | | |
| 63046 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | $1,041.57 | $1,041.57 | $0.00 | $0.00 | | |
| 63047 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | $921.29 | $921.29 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63048 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WIT | | $232.54 | $232.54 | $0.00 | $0.00 | | |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR | | $1,037.95 | $1,037.95 | $0.00 | $0.00 | | |
| 63051 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR | | $1,183.39 | $1,183.39 | $0.00 | $0.00 | | |
| 63055 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/ | | $1,344.58 | $1,344.58 | $0.00 | $0.00 | | |
| 63056 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/ | | $1,237.91 | $1,237.91 | $0.00 | $0.00 | | |
| 63057 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/ | | $211.68 | $211.68 | $0.00 | $0.00 | | |
| 63064 | COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO | | $1,420.20 | $1,420.20 | $0.00 | $0.00 | | |
| 63066 | COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROO | | $173.11 | $173.11 | $0.00 | $0.00 | | |
| 63075 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | $1,129.38 | $1,129.38 | $0.00 | $0.00 | | |
| 63076 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | $281.62 | $281.62 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63077 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | $1,165.29 | $1,165.29 | $0.00 | $0.00 | | |
| 63078 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE | | $177.19 | $177.19 | $0.00 | $0.00 | | |
| 63081 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,461.59 | $1,461.59 | $0.00 | $0.00 | | |
| 63082 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $308.08 | $308.08 | $0.00 | $0.00 | | |
| 63085 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,584.26 | $1,584.26 | $0.00 | $0.00 | | |
| 63086 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $229.04 | $229.04 | $0.00 | $0.00 | | |
| 63087 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,684.28 | $1,684.28 | $0.00 | $0.00 | | |
| 63088 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $304.59 | $304.59 | $0.00 | $0.00 | | |
| 63090 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,672.09 | $1,672.09 | $0.00 | $0.00 | | |
| 63091 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $173.31 | $173.31 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63101 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,565.55 | $1,565.55 | $0.00 | $0.00 | | |
| 63102 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,565.55 | $1,565.55 | $0.00 | $0.00 | | |
| 63103 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $183.56 | $183.56 | $0.00 | $0.00 | | |
| 63170 | LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORA | | $1,119.56 | $1,119.56 | $0.00 | $0.00 | | |
| 63172 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNO | | $1,134.34 | $1,134.34 | $0.00 | $0.00 | | |
| 63173 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL | | $1,057.52 | $1,057.52 | $0.00 | $0.00 | | |
| 63180 | LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR | | $852.72 | $852.72 | $0.00 | $0.00 | | |
| 63182 | LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GR | | $1,049.54 | $1,049.54 | $0.00 | $0.00 | | |
| 63185 | LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS | | $894.68 | $894.68 | $0.00 | $0.00 | | |
| 63190 | LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS | | $1,130.30 | $1,130.30 | $0.00 | $0.00 | | |
| 63191 | LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE | | $885.28 | $885.28 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63194 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O | | $920.23 | $920.23 | $0.00 | $0.00 | | |
| 63195 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, O | | $926.56 | $926.56 | $0.00 | $0.00 | | |
| 63196 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, | | $1,066.22 | $1,066.22 | $0.00 | $0.00 | | |
| 63197 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, | | $1,017.50 | $1,017.50 | $0.00 | $0.00 | | |
| 63198 | LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, | | $1,174.01 | $1,174.01 | $0.00 | $0.00 | | |
| 63199 | LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, | | $1,338.43 | $1,338.43 | $0.00 | $0.00 | | |
| 63200 | LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR | | $897.68 | $897.68 | $0.00 | $0.00 | | |
| 63250 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF | | $2,012.30 | $2,012.30 | $0.00 | $0.00 | | |
| 63251 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF | | $1,855.19 | $1,855.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63252 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF | | $2,031.85 | $2,031.85 | $0.00 | $0.00 | | |
| 63265 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | $1,273.16 | $1,273.16 | $0.00 | $0.00 | | |
| 63266 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | $1,377.70 | $1,377.70 | $0.00 | $0.00 | | |
| 63267 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | $1,165.55 | $1,165.55 | $0.00 | $0.00 | | |
| 63268 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THA | | $903.42 | $903.42 | $0.00 | $0.00 | | |
| 63270 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | $1,298.55 | $1,298.55 | $0.00 | $0.00 | | |
| 63271 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | $1,562.27 | $1,562.27 | $0.00 | $0.00 | | |
| 63272 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | $1,419.59 | $1,419.59 | $0.00 | $0.00 | | |
| 63273 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, | | $1,211.73 | $1,211.73 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63275 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, | | $1,516.89 | $1,516.89 | $0.00 | $0.00 | | |
| 63276 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, | | $1,429.64 | $1,429.64 | $0.00 | $0.00 | | |
| 63277 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, L | | $1,312.78 | $1,312.78 | $0.00 | $0.00 | | |
| 63278 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, S | | $1,295.56 | $1,295.56 | $0.00 | $0.00 | | |
| 63280 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | $1,658.47 | $1,658.47 | $0.00 | $0.00 | | |
| 63281 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | $1,637.94 | $1,637.94 | $0.00 | $0.00 | | |
| 63282 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | $1,486.98 | $1,486.98 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63283 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, S | | $1,278.66 | $1,278.66 | $0.00 | $0.00 | | |
| 63285 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | $1,770.69 | $1,770.69 | $0.00 | $0.00 | | |
| 63286 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | $1,886.87 | $1,886.87 | $0.00 | $0.00 | | |
| 63287 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, | | $1,810.23 | $1,810.23 | $0.00 | $0.00 | | |
| 63290 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED | | $1,869.67 | $1,869.67 | $0.00 | $0.00 | | |
| 63295 | OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMA | | $237.05 | $237.05 | $0.00 | $0.00 | | |
| 63300 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,180.74 | $1,180.74 | $0.00 | $0.00 | | |
| 63301 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,317.79 | $1,317.79 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 63302 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,397.49 | $1,397.49 | $0.00 | $0.00 | | |
| 63303 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,413.99 | $1,413.99 | $0.00 | $0.00 | | |
| 63304 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,456.63 | $1,456.63 | $0.00 | $0.00 | | |
| 63305 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,557.63 | $1,557.63 | $0.00 | $0.00 | | |
| 63306 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,555.46 | $1,555.46 | $0.00 | $0.00 | | |
| 63307 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $1,590.69 | $1,590.69 | $0.00 | $0.00 | | |
| 63308 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, | | $280.42 | $280.42 | $0.00 | $0.00 | | |
| 63600 | CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS | | $734.71 | $734.71 | $0.00 | $0.00 | | |
| 63610 | STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCED | | $486.74 | $486.74 | $0.00 | $0.00 | | |
| 63615 | STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD | | $811.01 | $811.01 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63620 | STEREOTACTIC RADIOSURGERY; 1 SPINAL LESION | | $601.71 | $601.71 | | | | |
| 63621 | STEREOTACTIC RADIOSURGERY; 1 SPINAL LESION | | $189.00 | $189.00 | | | | |
| 63650 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL | | $433.25 | $433.25 | $0.00 | $0.00 | | |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADD | | $671.06 | $671.06 | $0.00 | $0.00 | | |
| 63660 | REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS | | $390.64 | $390.64 | $0.00 | $0.00 | | |
| 63685 | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR | | $418.53 | $418.53 | $0.00 | $0.00 | | |
| 63688 | REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATO | | $334.20 | $334.20 | $0.00 | $0.00 | | |
| 63700 | REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER | | $816.72 | $816.72 | $0.00 | $0.00 | | |
| 63702 | REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER | | $918.85 | $918.85 | $0.00 | $0.00 | | |
| 63704 | REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER | | $1,020.70 | $1,020.70 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 63706 | REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER | | $1,174.04 | $1,174.04 | $0.00 | $0.00 | | |
| 63707 | REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY | | $707.90 | $707.90 | $0.00 | $0.00 | | |
| 63709 | REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH | | $924.45 | $924.45 | $0.00 | $0.00 | | |
| 63710 | DURAL GRAFT, SPINAL | | $681.67 | $681.67 | $0.00 | $0.00 | | |
| 63740 | CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER | | $736.78 | $736.78 | $0.00 | $0.00 | | |
| 63741 | CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER | | $512.18 | $512.18 | $0.00 | $0.00 | | |
| 63744 | REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT | | $459.84 | $459.84 | $0.00 | $0.00 | | |
| 63746 | REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT | | $338.62 | $338.62 | $0.00 | $0.00 | | |
| 64400 | INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH | | $40.22 | $46.66 | $0.00 | $0.00 | | |
| 64402 | INJECTION, ANESTHETIC AGENT; FACIAL NERVE | | $55.50 | $55.50 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64405 | INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE | | $49.02 | $57.60 | $0.00 | $0.00 | | |
| 64408 | INJECTION, ANESTHETIC AGENT; VAGUS NERVE | | $57.99 | $71.94 | $0.00 | $0.00 | | |
| 64410 | INJECTION, ANESTHETIC AGENT; PHRENIC NERVE | | $64.65 | $64.65 | $0.00 | $0.00 | | |
| 64412 | INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE | | $44.88 | $53.20 | $0.00 | $0.00 | | |
| 64413 | INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS | | $52.95 | $62.87 | $0.00 | $0.00 | | |
| 64415 | INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE | | $52.10 | $52.10 | $0.00 | $0.00 | | |
| 64416 | INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY | | $122.08 | $122.08 | $0.00 | $0.00 | | |
| 64417 | INJECTION, ANESTHETIC AGENT; AXILLARY NERVE | | $62.80 | $62.80 | $0.00 | $0.00 | | |
| 64418 | INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE | | $52.56 | $63.96 | $0.00 | $0.00 | | |
| 64420 | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE | | $53.49 | $53.49 | $0.00 | $0.00 | | |
| 64421 | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BL | | $75.69 | $75.69 | $0.00 | $0.00 | | |
| 64425 | INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES | | $69.07 | $69.07 | $0.00 | $0.00 | | |
| 64430 | INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE | | $64.53 | $64.53 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64435 | INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE | | $51.04 | $57.34 | $0.00 | $0.00 | | |
| 64445 | INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE | | $51.46 | $58.03 | | | | |
| 64446 | INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY | | $125.16 | $125.16 | $0.00 | $0.00 | | |
| 64447 | INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE | | $58.61 | $58.61 | $0.00 | $0.00 | | |
| 64448 | INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CAT | | $115.14 | $115.14 | $0.00 | $0.00 | | |
| 64449 | INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTIN | | $113.54 | $113.54 | $0.00 | $0.00 | | |
| 64450 | INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | | $45.59 | $52.70 | $0.00 | $0.00 | | |
| 64455 | STEREOTACTIC RADIOSURGERY; 1 SPINAL LESION | | $40.35 | $32.04 | | | | |
| 64470 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT | | $149.47 | $149.47 | $0.00 | $0.00 | | |
| 64472 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT | | $124.60 | $124.60 | $0.00 | $0.00 | | |
| 64475 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT | | $132.18 | $132.18 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64476 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT | | $124.01 | $124.01 | $0.00 | $0.00 | | |
| 64479 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; | | $162.85 | $162.85 | $0.00 | $0.00 | | |
| 64480 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; | | $145.49 | $145.49 | $0.00 | $0.00 | | |
| 64483 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L | | $149.91 | $149.91 | $0.00 | $0.00 | | |
| 64484 | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; L | | $137.14 | $137.14 | $0.00 | $0.00 | | |
| 64505 | INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION | | $49.68 | $57.99 | $0.00 | $0.00 | | |
| 64508 | INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE) | | $48.76 | $62.70 | $0.00 | $0.00 | | |
| 64510 | INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC) | | $59.22 | $59.22 | $0.00 | $0.00 | | |
| 64517 | INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS | | $89.27 | $137.32 | $0.00 | $0.00 | | |
| 64520 | INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATH | | $63.06 | $63.06 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64530 | INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC | | $84.55 | $84.55 | $0.00 | $0.00 | | |
| 64550 | APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR | | $12.15 | $18.06 | $0.00 | $0.00 | | |
| 64553 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE | | $82.43 | $96.10 | $0.00 | $0.00 | | |
| 64555 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NE | | $73.21 | $78.84 | $0.00 | $0.00 | | |
| 64560 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NER | | $93.06 | $112.51 | $0.00 | $0.00 | | |
| 64561 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE | | $295.59 | $591.15 | $0.00 | $0.00 | | |
| 64565 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR | | $62.31 | $72.51 | $0.00 | $0.00 | | |
| 64573 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE | | $227.22 | $227.22 | $0.00 | $0.00 | | |
| 64575 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NE | | $217.36 | $217.36 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64577 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NER | | $218.18 | $218.18 | $0.00 | $0.00 | | |
| 64580 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR | | $201.46 | $201.46 | $0.00 | $0.00 | | |
| 64581 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE | | $571.23 | $571.23 | $0.00 | $0.00 | | |
| 64585 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES | | $87.18 | $87.18 | $0.00 | $0.00 | | |
| 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR | | $126.81 | $126.81 | $0.00 | $0.00 | | |
| 64595 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR | | $84.44 | $84.44 | $0.00 | $0.00 | | |
| 64600 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, | | $149.23 | $149.23 | $0.00 | $0.00 | | |
| 64605 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD | | $213.01 | $213.01 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64610 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD | | $436.16 | $436.16 | $0.00 | $0.00 | | |
| 64612 | CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E | | $79.62 | $99.07 | $0.00 | $0.00 | | |
| 64613 | CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASMODIC | | $79.62 | $99.07 | $0.00 | $0.00 | | |
| 64614 | CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG | | $88.22 | $154.30 | $0.00 | $0.00 | | |
| 64620 | DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE | | $113.31 | $113.31 | $0.00 | $0.00 | | |
| 64622 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMB | | $143.88 | $143.88 | $0.00 | $0.00 | | |
| 64623 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMB | | $55.98 | $55.98 | $0.00 | $0.00 | | |
| 64626 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERV | | $192.76 | $192.76 | $0.00 | $0.00 | | |
| 64627 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERV | | $112.84 | $112.84 | $0.00 | $0.00 | | |
| 64630 | DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE | | $142.47 | $142.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64632 | DESTRUCTION BY NEUROLYTIC AGENT, PLANTAR | | $65.27 | $55.78 | | | | |
| 64640 | DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | | $99.93 | $99.93 | $0.00 | $0.00 | | |
| 64650 | CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE | | $29.98 | $44.52 | $0.00 | $0.00 | | |
| 64653 | CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NE | | $37.88 | $51.66 | $0.00 | $0.00 | | |
| 64680 | DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING | | $126.95 | $126.95 | $0.00 | $0.00 | | |
| 64681 | DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING | | $160.99 | $332.63 | $0.00 | $0.00 | | |
| 64702 | NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT | | $248.16 | $248.16 | $0.00 | $0.00 | | |
| 64704 | NEUROPLASTY; NERVE OF HAND OR FOOT | | $292.57 | $292.57 | $0.00 | $0.00 | | |
| 64708 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED | | $394.24 | $394.24 | $0.00 | $0.00 | | |
| 64712 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE | | $498.00 | $498.00 | $0.00 | $0.00 | | |
| 64713 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS | | $597.33 | $597.33 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64714 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS | | $488.30 | $488.30 | $0.00 | $0.00 | | |
| 64716 | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY) | | $316.02 | $316.02 | $0.00 | $0.00 | | |
| 64718 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW | | $368.50 | $368.50 | $0.00 | $0.00 | | |
| 64719 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST | | $291.92 | $291.92 | $0.00 | $0.00 | | |
| 64721 | NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL | | $284.77 | $284.77 | $0.00 | $0.00 | | |
| 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY) | | $311.00 | $311.00 | $0.00 | $0.00 | | |
| 64726 | DECOMPRESSION; PLANTAR DIGITAL NERVE | | $137.51 | $137.51 | $0.00 | $0.00 | | |
| 64727 | INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPAR | | $191.23 | $191.23 | $0.00 | $0.00 | | |
| 64732 | TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE | | $254.87 | $254.87 | $0.00 | $0.00 | | |
| 64734 | TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE | | $275.50 | $275.50 | $0.00 | $0.00 | | |
| 64736 | TRANSECTION OR AVULSION OF; MENTAL NERVE | | $258.94 | $258.94 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64738 | TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY | | $309.85 | $309.85 | $0.00 | $0.00 | | |
| 64740 | TRANSECTION OR AVULSION OF; LINGUAL NERVE | | $308.94 | $308.94 | $0.00 | $0.00 | | |
| 64742 | TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE | | $318.22 | $318.22 | $0.00 | $0.00 | | |
| 64744 | TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE | | $333.25 | $333.25 | $0.00 | $0.00 | | |
| 64746 | TRANSECTION OR AVULSION OF; PHRENIC NERVE | | $284.74 | $284.74 | $0.00 | $0.00 | | |
| 64752 | TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC | | $320.91 | $320.91 | $0.00 | $0.00 | | |
| 64755 | TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH | | $720.38 | $720.38 | $0.00 | $0.00 | | |
| 64760 | TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL | | $406.72 | $406.72 | $0.00 | $0.00 | | |
| 64761 | TRANSECTION OR AVULSION OF; PUDENDAL NERVE | | $316.14 | $316.14 | $0.00 | $0.00 | | |
| 64763 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHO | | $348.29 | $348.29 | $0.00 | $0.00 | | |
| 64766 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHO | | $451.91 | $451.91 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 64771 | TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL | | $395.05 | $395.05 | $0.00 | $0.00 | | |
| 64772 | TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL | | $412.42 | $412.42 | $0.00 | $0.00 | | |
| 64774 | EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE | | $227.04 | $227.04 | $0.00 | $0.00 | | |
| 64776 | EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT | | $227.14 | $227.14 | $0.00 | $0.00 | | |
| 64778 | EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARA | | $174.93 | $174.93 | $0.00 | $0.00 | | |
| 64782 | EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE | | $307.73 | $307.73 | $0.00 | $0.00 | | |
| 64783 | EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME | | $208.02 | $208.02 | $0.00 | $0.00 | | |
| 64784 | EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC | | $452.19 | $452.19 | $0.00 | $0.00 | | |
| 64786 | EXCISION OF NEUROMA; SCIATIC NERVE | | $834.65 | $834.65 | $0.00 | $0.00 | | |
| 64787 | IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDI | | $233.83 | $233.83 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 64788 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE | | $235.69 | $235.69 | $0.00 | $0.00 | | |
| 64790 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE | | $541.66 | $541.66 | $0.00 | $0.00 | | |
| 64792 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNA | | $704.01 | $704.01 | $0.00 | $0.00 | | |
| 64795 | BIOPSY OF NERVE | | $161.64 | $161.64 | $0.00 | $0.00 | | |
| 64802 | SYMPATHECTOMY, CERVICAL | | $412.77 | $412.77 | $0.00 | $0.00 | | |
| 64804 | SYMPATHECTOMY, CERVICOTHORACIC | | $802.34 | $802.34 | $0.00 | $0.00 | | |
| 64809 | SYMPATHECTOMY, THORACOLUMBAR | | $707.85 | $707.85 | $0.00 | $0.00 | | |
| 64818 | SYMPATHECTOMY, LUMBAR | | $548.07 | $548.07 | $0.00 | $0.00 | | |
| 64820 | SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT | | $522.94 | $522.94 | $0.00 | $0.00 | | |
| 64821 | SYMPATHECTOMY; RADIAL ARTERY | | $459.57 | $459.57 | $0.00 | $0.00 | | |
| 64822 | SYMPATHECTOMY; ULNAR ARTERY | | $459.57 | $459.57 | $0.00 | $0.00 | | |
| 64823 | SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH | | $531.34 | $531.34 | $0.00 | $0.00 | | |
| 64831 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE | | $363.66 | $363.66 | $0.00 | $0.00 | | |
| 64832 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE ( | | $209.47 | $209.47 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 64834 | SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE | | $394.17 | $394.17 | $0.00 | $0.00 | | |
| 64835 | SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR | | $492.11 | $492.11 | $0.00 | $0.00 | | |
| 64836 | SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR | | $516.58 | $516.58 | $0.00 | $0.00 | | |
| 64837 | SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDI | | $323.70 | $323.70 | $0.00 | $0.00 | | |
| 64840 | SUTURE OF POSTERIOR TIBIAL NERVE | | $655.22 | $655.22 | $0.00 | $0.00 | | |
| 64856 | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDIN | | $631.58 | $631.58 | $0.00 | $0.00 | | |
| 64857 | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT | | $687.12 | $687.12 | $0.00 | $0.00 | | |
| 64858 | SUTURE OF SCIATIC NERVE | | $798.55 | $798.55 | $0.00 | $0.00 | | |
| 64859 | SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN | | $232.97 | $232.97 | $0.00 | $0.00 | | |
| 64861 | SUTURE OF; BRACHIAL PLEXUS | | $919.91 | $919.91 | $0.00 | $0.00 | | |
| 64862 | SUTURE OF; LUMBAR PLEXUS | | $1,149.69 | $1,149.69 | $0.00 | $0.00 | | |
| 64864 | SUTURE OF FACIAL NERVE; EXTRACRANIAL | | $587.31 | $587.31 | $0.00 | $0.00 | | |
| 64865 | SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING | | $798.78 | $798.78 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 64866 | ANASTOMOSIS; FACIAL-SPINAL ACCESSORY | | $783.24 | $783.24 | $0.00 | $0.00 | | |
| 64868 | ANASTOMOSIS; FACIAL-HYPOGLOSSAL | | $727.89 | $727.89 | $0.00 | $0.00 | | |
| 64870 | ANASTOMOSIS; FACIAL-PHRENIC | | $860.13 | $860.13 | $0.00 | $0.00 | | |
| 64872 | SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATEL | | $104.06 | $104.06 | $0.00 | $0.00 | | |
| 64874 | SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF | | $156.10 | $156.10 | $0.00 | $0.00 | | |
| 64876 | SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPAR | | $176.83 | $176.83 | $0.00 | $0.00 | | |
| 64885 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LE | | $867.25 | $867.25 | $0.00 | $0.00 | | |
| 64886 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM L | | $1,034.23 | $1,034.23 | $0.00 | $0.00 | | |
| 64890 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; U | | $801.43 | $801.43 | $0.00 | $0.00 | | |
| 64891 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; M | | $767.84 | $767.84 | $0.00 | $0.00 | | |
| 64892 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP | | $743.59 | $743.59 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 64893 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MOR | | $857.50 | $857.50 | $0.00 | $0.00 | | |
| 64895 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND | | $954.57 | $954.57 | $0.00 | $0.00 | | |
| 64896 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND | | $1,085.03 | $1,085.03 | $0.00 | $0.00 | | |
| 64897 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM | | $908.77 | $908.77 | $0.00 | $0.00 | | |
| 64898 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM | | $982.97 | $982.97 | $0.00 | $0.00 | | |
| 64901 | NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN | | $593.54 | $593.54 | $0.00 | $0.00 | | |
| 64902 | NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST | | $690.91 | $690.91 | $0.00 | $0.00 | | |
| 64905 | NERVE PEDICLE TRANSFER; FIRST STAGE | | $657.06 | $657.06 | $0.00 | $0.00 | | |
| 64907 | NERVE PEDICLE TRANSFER; SECOND STAGE | | $936.43 | $936.43 | $0.00 | $0.00 | | |
| 64910 | NERVE REPAIR W/ALLOGRAFT | | $499.14 | $499.14 | $0.00 | $0.00 | | |
| 64911 | NERVE REPAIR W/VEIN AUTOGRAFT | | $609.09 | $609.09 | $0.00 | $0.00 | | |
| 64999 | UNLISTED PROCEDURE, NERVOUS SYSTEM | R | $2,800.00 | $3,640.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 65091 | EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT | | $399.41 | $399.41 | $0.00 | $0.00 | | |
| 65093 | EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT | | $424.57 | $424.57 | $0.00 | $0.00 | | |
| 65101 | ENUCLEATION OF EYE; WITHOUT IMPLANT | | $426.70 | $426.70 | $0.00 | $0.00 | | |
| 65103 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT | | $461.78 | $461.78 | $0.00 | $0.00 | | |
| 65105 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT | | $511.32 | $511.32 | $0.00 | $0.00 | | |
| 65110 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA | | $843.33 | $843.33 | $0.00 | $0.00 | | |
| 65112 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA | | $805.70 | $805.70 | $0.00 | $0.00 | | |
| 65114 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITA | | $877.46 | $877.46 | $0.00 | $0.00 | | |
| 65125 | MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS ( | | $156.56 | $156.56 | $0.00 | $0.00 | | |
| 65130 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL | | $441.96 | $441.96 | $0.00 | $0.00 | | |
| 65135 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT | | $357.23 | $357.23 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 65140 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTA | | $393.75 | $393.75 | $0.00 | $0.00 | | |
| 65150 | REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT | | $393.71 | $393.71 | $0.00 | $0.00 | | |
| 65155 | REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR | | $544.41 | $544.41 | $0.00 | $0.00 | | |
| 65175 | REMOVAL OF OCULAR IMPLANT | | $384.62 | $384.62 | $0.00 | $0.00 | | |
| 65205 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL | | $28.34 | $33.30 | $0.00 | $0.00 | | |
| 65210 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES | | $31.55 | $37.72 | $0.00 | $0.00 | | |
| 65220 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP | | $28.78 | $35.75 | $0.00 | $0.00 | | |
| 65222 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP | | $35.66 | $43.31 | $0.00 | $0.00 | | |
| 65235 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR | | $366.69 | $366.69 | $0.00 | $0.00 | | |
| 65260 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC | | $546.11 | $546.11 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 65265 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNE | | $634.98 | $634.98 | $0.00 | $0.00 | | |
| 65270 | REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING | | $87.37 | $87.37 | $0.00 | $0.00 | | |
| 65272 | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, | | $151.17 | $151.17 | $0.00 | $0.00 | | |
| 65273 | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, | | $205.62 | $205.62 | $0.00 | $0.00 | | |
| 65275 | REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL | | $166.57 | $166.57 | $0.00 | $0.00 | | |
| 65280 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING | | $464.06 | $464.06 | $0.00 | $0.00 | | |
| 65285 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITI | | $698.27 | $698.27 | $0.00 | $0.00 | | |
| 65286 | REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND | | $221.73 | $285.96 | $0.00 | $0.00 | | |
| 65290 | REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE | | $323.76 | $323.76 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 65400 | EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT | | $346.39 | $346.39 | $0.00 | $0.00 | | |
| 65410 | BIOPSY OF CORNEA | | $88.45 | $88.45 | $0.00 | $0.00 | | |
| 65420 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT | | $236.88 | $236.88 | $0.00 | $0.00 | | |
| 65426 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT | | $330.96 | $330.96 | $0.00 | $0.00 | | |
| 65430 | SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE | | $33.50 | $40.74 | $0.00 | $0.00 | | |
| 65435 | REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION | | $38.29 | $48.62 | $0.00 | $0.00 | | |
| 65436 | REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG | | $139.54 | $160.06 | $0.00 | $0.00 | | |
| 65450 | DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR | | $182.19 | $182.19 | $0.00 | $0.00 | | |
| 65600 | MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO | | $130.97 | $166.11 | $0.00 | $0.00 | | |
| 65710 | KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR | | $640.47 | $640.47 | $0.00 | $0.00 | | |
| 65730 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA) | | $784.56 | $784.56 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 65750 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA) | | $833.29 | $833.29 | $0.00 | $0.00 | | |
| 65755 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA) | | $834.75 | $834.75 | $0.00 | $0.00 | | |
| 65756 | KERATOPLASTY, ENDOTHELIAL | | $815.33 | $815.33 | | | | |
| 65757 | BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL | | $0.00 | $0.00 | | | | |
| 65760 | KERATOMILEUSIS | R | $964.08 | $964.08 | $0.00 | $0.00 | | |
| 65765 | KERATOPHAKIA | R | $992.66 | $992.66 | $0.00 | $0.00 | | |
| 65767 | EPIKERATOPLASTY | | $646.76 | $646.76 | $0.00 | $0.00 | | |
| 65770 | KERATOPROSTHESIS | | $873.59 | $873.59 | $0.00 | $0.00 | | |
| 65771 | RADIAL KERATOTOMY | | $367.58 | $367.58 | $0.00 | $0.00 | | |
| 65772 | CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMA | | $195.28 | $264.48 | $0.00 | $0.00 | | |
| 65775 | CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATI | | $358.46 | $358.46 | $0.00 | $0.00 | | |
| 65780 | OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION | | $560.32 | $560.32 | $0.00 | $0.00 | | |
| 65781 | OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVER | | $860.34 | $860.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 65782 | OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES | | $741.13 | $741.13 | $0.00 | $0.00 | | |
| 65800 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH | | $104.61 | $104.61 | $0.00 | $0.00 | | |
| 65805 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH | | $82.75 | $107.02 | $0.00 | $0.00 | | |
| 65810 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REM | | $287.57 | $287.57 | $0.00 | $0.00 | | |
| 65815 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REM | | $265.64 | $265.64 | $0.00 | $0.00 | | |
| 65820 | GONIOTOMY | | $491.28 | $491.28 | $0.00 | $0.00 | | |
| 65850 | TRABECULOTOMY AB EXTERNO | | $664.97 | $664.97 | $0.00 | $0.00 | | |
| 65855 | TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATM | | $229.68 | $310.28 | $0.00 | $0.00 | | |
| 65860 | SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE | | $165.68 | $223.48 | $0.00 | $0.00 | | |
| 65865 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | $354.88 | $354.88 | $0.00 | $0.00 | | |
| 65870 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | $338.42 | $338.42 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 65875 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | $356.87 | $356.87 | $0.00 | $0.00 | | |
| 65880 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W | | $389.03 | $389.03 | $0.00 | $0.00 | | |
| 65900 | REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE | | $540.57 | $540.57 | $0.00 | $0.00 | | |
| 65920 | REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE | | $466.74 | $466.74 | $0.00 | $0.00 | | |
| 65930 | REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE | | $422.24 | $422.24 | $0.00 | $0.00 | | |
| 66020 | INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID | | $101.70 | $101.70 | $0.00 | $0.00 | | |
| 66130 | EXCISION OF LESION, SCLERA | | $369.67 | $369.67 | $0.00 | $0.00 | | |
| 66150 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY | | $498.06 | $498.06 | $0.00 | $0.00 | | |
| 66155 | FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECT | | $488.32 | $488.32 | $0.00 | $0.00 | | |
| 66160 | FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSO | | $580.12 | $580.12 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 66165 | FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS | | $479.40 | $479.40 | $0.00 | $0.00 | | |
| 66170 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABS | | $673.07 | $673.07 | $0.00 | $0.00 | | |
| 66172 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH | | $742.32 | $742.32 | $0.00 | $0.00 | | |
| 66180 | AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, | | $829.35 | $829.35 | $0.00 | $0.00 | | |
| 66185 | REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR | | $503.94 | $503.94 | $0.00 | $0.00 | | |
| 66220 | REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT | | $382.65 | $382.65 | $0.00 | $0.00 | | |
| 66225 | REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT | | $692.83 | $692.83 | $0.00 | $0.00 | | |
| 66250 | REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, E | | $367.55 | $367.55 | $0.00 | $0.00 | | |
| 66500 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION | | $234.45 | $234.45 | $0.00 | $0.00 | | |
| 66505 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS F | | $207.16 | $207.16 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 66600 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESI | | $504.94 | $504.94 | $0.00 | $0.00 | | |
| 66605 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY | | $696.75 | $696.75 | $0.00 | $0.00 | | |
| 66625 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAU | | $326.70 | $326.70 | $0.00 | $0.00 | | |
| 66630 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA | | $380.71 | $380.71 | $0.00 | $0.00 | | |
| 66635 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE | | $387.81 | $387.81 | $0.00 | $0.00 | | |
| 66680 | REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS) | | $331.53 | $331.53 | $0.00 | $0.00 | | |
| 66682 | SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SU | | $377.79 | $377.79 | $0.00 | $0.00 | | |
| 66710 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL | | $299.85 | $299.85 | $0.00 | $0.00 | | |
| 66711 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC | | $368.68 | $368.68 | $0.00 | $0.00 | | |
| 66720 | CILIARY BODY DESTRUCTION; CRYOTHERAPY | | $299.12 | $299.12 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 66740 | CILIARY BODY DESTRUCTION; CYCLODIALYSIS | | $299.36 | $299.36 | $0.00 | $0.00 | | |
| 66761 | IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE | | $190.44 | $258.84 | $0.00 | $0.00 | | |
| 66762 | IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV | | $219.81 | $299.21 | $0.00 | $0.00 | | |
| 66770 | DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL | | $237.82 | $321.50 | $0.00 | $0.00 | | |
| 66820 | DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS | | $246.39 | $246.39 | $0.00 | $0.00 | | |
| 66821 | DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS | | $192.76 | $192.76 | $0.00 | $0.00 | | |
| 66825 | REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION | | $432.66 | $432.66 | $0.00 | $0.00 | | |
| 66830 | REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAP | | $444.32 | $444.32 | $0.00 | $0.00 | | |
| 66840 | REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES | | $491.25 | $491.25 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 66850 | REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR | | $568.58 | $568.58 | $0.00 | $0.00 | | |
| 66852 | REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECT | | $628.18 | $628.18 | $0.00 | $0.00 | | |
| 66920 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR | | $553.04 | $553.04 | $0.00 | $0.00 | | |
| 66930 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS | | $580.72 | $580.72 | $0.00 | $0.00 | | |
| 66940 | REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 6685 | | $554.92 | $554.92 | $0.00 | $0.00 | | |
| 66982 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS | | $636.91 | $636.91 | $0.00 | $0.00 | | |
| 66983 | INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS | | $567.11 | $567.11 | $0.00 | $0.00 | | |
| 66984 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS | | $652.61 | $652.61 | $0.00 | $0.00 | | |
| 66985 | INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT | | $517.73 | $517.73 | $0.00 | $0.00 | | |
| 66986 | EXCHANGE OF INTRAOCULAR LENS | | $688.20 | $688.20 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 66990 | USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR | | $63.00 | $63.00 | $0.00 | $0.00 | | |
| 66999 | UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 67005 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL | | $497.73 | $497.73 | $0.00 | $0.00 | | |
| 67010 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL | | $488.67 | $488.67 | $0.00 | $0.00 | | |
| 67015 | ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS | | $377.81 | $377.81 | $0.00 | $0.00 | | |
| 67025 | INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUI | | $378.77 | $378.77 | $0.00 | $0.00 | | |
| 67027 | IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR | | $557.54 | $557.54 | $0.00 | $0.00 | | |
| 67028 | INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE) | | $164.69 | $164.69 | $0.00 | $0.00 | | |
| 67030 | DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH | | $296.66 | $296.66 | $0.00 | $0.00 | | |
| 67031 | SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRAN | | $201.06 | $283.53 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67036 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; | | $788.97 | $788.97 | $0.00 | $0.00 | | |
| 67039 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER | | $928.59 | $928.59 | $0.00 | $0.00 | | |
| 67040 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL | | $1,077.81 | $1,077.81 | $0.00 | $0.00 | | |
| 67041 | VITRECTOMY FOR MACULAR PUCKER | | $896.92 | $896.92 | $0.00 | $0.00 | | |
| 67042 | VITRECTOMY FOR MACULAR HOLE | | $1,027.18 | $1,027.18 | $0.00 | $0.00 | | |
| 67043 | VITRECTOMY FOR MEMBRANE DISSEC | | $1,077.91 | $1,077.91 | $0.00 | $0.00 | | |
| 67101 | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR | | $342.59 | $463.16 | $0.00 | $0.00 | | |
| 67105 | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, | | $349.18 | $471.76 | $0.00 | $0.00 | | |
| 67107 | REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLER | | $917.62 | $917.62 | $0.00 | $0.00 | | |
| 67108 | REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WIT | | $1,309.85 | $1,309.85 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67110 | REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, | | $546.74 | $546.74 | $0.00 | $0.00 | | |
| 67112 | REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PA | | $937.62 | $937.62 | $0.00 | $0.00 | | |
| 67113 | REPAIR OF TETINAL DETACHMENT, CPLX | | $1,183.24 | $1,183.24 | $0.00 | $0.00 | | |
| 67115 | RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT) | | $305.90 | $305.90 | $0.00 | $0.00 | | |
| 67120 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR | | $366.21 | $366.21 | $0.00 | $0.00 | | |
| 67121 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR | | $562.99 | $562.99 | $0.00 | $0.00 | | |
| 67141 | PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA | | $239.53 | $323.62 | $0.00 | $0.00 | | |
| 67145 | PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERA | | $247.85 | $335.02 | $0.00 | $0.00 | | |
| 67208 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), | | $310.27 | $420.10 | $0.00 | $0.00 | | |
| 67210 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), | | $410.56 | $531.53 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67218 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), | | $747.55 | $747.55 | $0.00 | $0.00 | | |
| 67220 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL | | $556.33 | $558.15 | $0.00 | $0.00 | | |
| 67221 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL | | $179.52 | $179.52 | $0.00 | $0.00 | | |
| 67225 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL | | $30.92 | $32.21 | $0.00 | $0.00 | | |
| 67227 | DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC | | $412.32 | $412.32 | $0.00 | $0.00 | | |
| 67228 | DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC | | $691.57 | $691.57 | $0.00 | $0.00 | | |
| 67229 | TR RETINAL LES PRETERM INF | | $778.24 | $778.24 | $0.00 | $0.00 | | |
| 67250 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT | | $442.52 | $442.52 | $0.00 | $0.00 | | |
| 67255 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT | | $555.13 | $555.13 | $0.00 | $0.00 | | |
| 67299 | UNLISTED PROCEDURE, POSTERIOR SEGMENT | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67311 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL M | | $412.47 | $412.47 | $0.00 | $0.00 | | |
| 67312 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL | | $493.52 | $493.52 | $0.00 | $0.00 | | |
| 67314 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUS | | $467.63 | $467.63 | $0.00 | $0.00 | | |
| 67316 | STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERT | | $527.08 | $527.08 | $0.00 | $0.00 | | |
| 67318 | STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE | | $393.19 | $393.19 | $0.00 | $0.00 | | |
| 67320 | TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY | | $542.65 | $542.65 | $0.00 | $0.00 | | |
| 67331 | STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT | | $504.92 | $504.92 | $0.00 | $0.00 | | |
| 67332 | STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG | | $561.19 | $561.19 | $0.00 | $0.00 | | |
| 67334 | STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WIT | | $398.83 | $398.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67335 | PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING | | $187.85 | $187.85 | $0.00 | $0.00 | | |
| 67340 | STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED | | $498.62 | $498.62 | $0.00 | $0.00 | | |
| 67343 | RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE | | $369.31 | $369.31 | $0.00 | $0.00 | | |
| 67345 | CHEMODENERVATION OF EXTRAOCULAR MUSCLE | | $121.48 | $151.25 | $0.00 | $0.00 | | |
| 67346 | BIOPSY EXTRAOCULAR MUSCLE | | $132.84 | $132.84 | $0.00 | $0.00 | | |
| 67399 | UNLISTED PROCEDURE, OCULAR MUSCLE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 67400 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | $577.65 | $577.65 | $0.00 | $0.00 | | |
| 67405 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | $488.55 | $488.55 | $0.00 | $0.00 | | |
| 67412 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | $598.30 | $598.30 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67413 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | $516.94 | $516.94 | $0.00 | $0.00 | | |
| 67414 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); | | $531.22 | $531.22 | $0.00 | $0.00 | | |
| 67415 | FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS | | $108.74 | $108.74 | $0.00 | $0.00 | | |
| 67420 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | $869.07 | $869.07 | $0.00 | $0.00 | | |
| 67430 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | $674.08 | $674.08 | $0.00 | $0.00 | | |
| 67440 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | $815.04 | $815.04 | $0.00 | $0.00 | | |
| 67445 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | $704.41 | $704.41 | $0.00 | $0.00 | | |
| 67450 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); | | $806.84 | $806.84 | $0.00 | $0.00 | | |
| 67500 | RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUD | | $44.22 | $44.22 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

Note:

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 67505 | RETROBULBAR INJECTION; ALCOHOL | | $39.47 | $53.41 | $0.00 | $0.00 | | |
| 67515 | INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE | | $26.14 | $33.65 | $0.00 | $0.00 | | |
| 67550 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION | | $559.37 | $559.37 | $0.00 | $0.00 | | |
| 67560 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION | | $530.65 | $530.65 | $0.00 | $0.00 | | |
| 67570 | OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE | | $579.63 | $579.63 | $0.00 | $0.00 | | |
| 67599 | UNLISTED PROCEDURE, ORBIT | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 67700 | BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID | | $45.45 | $52.02 | $0.00 | $0.00 | | |
| 67710 | SEVERING OF TARSORRHAPHY | | $43.47 | $57.01 | $0.00 | $0.00 | | |
| 67715 | CANTHOTOMY (SEPARATE PROCEDURE) | | $76.48 | $76.48 | $0.00 | $0.00 | | |
| 67800 | EXCISION OF CHALAZION; SINGLE | | $53.44 | $66.04 | $0.00 | $0.00 | | |
| 67801 | EXCISION OF CHALAZION; MULTIPLE, SAME LID | | $74.87 | $93.51 | $0.00 | $0.00 | | |
| 67805 | EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS | | $84.13 | $102.63 | $0.00 | $0.00 | | |
| 67808 | EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING | | $164.46 | $164.46 | $0.00 | $0.00 | | |
| 67810 | BIOPSY OF EYELID | | $55.51 | $66.37 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 67820 | CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY | | $31.70 | $36.79 | $0.00 | $0.00 | | |
| 67825 | CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY | | $52.31 | $64.38 | $0.00 | $0.00 | | |
| 67830 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN | | $109.41 | $109.41 | $0.00 | $0.00 | | |
| 67835 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEM | | $355.29 | $355.29 | $0.00 | $0.00 | | |
| 67840 | EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WIT | | $76.46 | $92.82 | $0.00 | $0.00 | | |
| 67850 | DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM) | | $60.34 | $71.33 | $0.00 | $0.00 | | |
| 67875 | TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE) | | $88.91 | $88.91 | $0.00 | $0.00 | | |
| 67880 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR | | $215.44 | $215.44 | $0.00 | $0.00 | | |
| 67882 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR | | $312.57 | $312.57 | $0.00 | $0.00 | | |
| 67900 | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) | R | $239.47 | $239.47 | $0.00 | $0.00 | | |
| 67901 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OT | R | $449.83 | $449.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67902 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS | R | $455.68 | $455.68 | $0.00 | $0.00 | | |
| 67903 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, | R | $413.76 | $413.76 | $0.00 | $0.00 | | |
| 67904 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, | R | $397.06 | $397.06 | $0.00 | $0.00 | | |
| 67906 | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING | R | $350.04 | $350.04 | $0.00 | $0.00 | | |
| 67908 | REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR | R | $328.42 | $328.42 | $0.00 | $0.00 | | |
| 67909 | REDUCTION OF OVERCORRECTION OF PTOSIS | | $344.27 | $344.27 | $0.00 | $0.00 | | |
| 67911 | CORRECTION OF LID RETRACTION | R | $345.04 | $345.04 | $0.00 | $0.00 | | |
| 67912 | CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOA | | $306.83 | $698.92 | $0.00 | $0.00 | | |
| 67914 | REPAIR OF ECTROPION; SUTURE | | $238.76 | $238.76 | $0.00 | $0.00 | | |
| 67915 | REPAIR OF ECTROPION; THERMOCAUTERIZATION | | $109.43 | $126.19 | $0.00 | $0.00 | | |
| 67916 | REPAIR OF ECTROPION; EXCISION TARSAL WEDGE | | $334.11 | $334.11 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67917 | REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS) | | $383.41 | $383.41 | $0.00 | $0.00 | | |
| 67921 | REPAIR OF ENTROPION; SUTURE | | $204.74 | $204.74 | $0.00 | $0.00 | | |
| 67922 | REPAIR OF ENTROPION; THERMOCAUTERIZATION | | $105.10 | $121.06 | $0.00 | $0.00 | | |
| 67923 | REPAIR OF ENTROPION; EXCISION TARSAL WEDGE | | $361.03 | $361.03 | $0.00 | $0.00 | | |
| 67924 | REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL F | | $369.60 | $369.60 | $0.00 | $0.00 | | |
| 67930 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR | | $123.44 | $140.47 | $0.00 | $0.00 | | |
| 67935 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR | | $285.60 | $285.60 | $0.00 | $0.00 | | |
| 67938 | REMOVAL OF EMBEDDED FOREIGN BODY, EYELID | | $45.26 | $52.24 | $0.00 | $0.00 | | |
| 67950 | CANTHOPLASTY (RECONSTRUCTION OF CANTHUS) | | $370.09 | $370.09 | $0.00 | $0.00 | | |
| 67961 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI | | $362.93 | $362.93 | $0.00 | $0.00 | | |
| 67966 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTI | | $422.94 | $422.94 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 67971 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | $582.53 | $582.53 | $0.00 | $0.00 | | |
| 67973 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | $754.71 | $754.71 | $0.00 | $0.00 | | |
| 67974 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | $767.08 | $767.08 | $0.00 | $0.00 | | |
| 67975 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTI | | $378.30 | $378.30 | $0.00 | $0.00 | | |
| 67999 | UNLISTED PROCEDURE, EYELIDS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 68020 | INCISION OF CONJUNCTIVA, DRAINAGE OF CYST | | $46.30 | $53.14 | $0.00 | $0.00 | | |
| 68040 | EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA) | | $31.46 | $37.50 | $0.00 | $0.00 | | |
| 68100 | BIOPSY OF CONJUNCTIVA | | $54.35 | $67.63 | $0.00 | $0.00 | | |
| 68110 | EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM | | $68.80 | $85.43 | $0.00 | $0.00 | | |
| 68115 | EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM | | $122.22 | $122.22 | $0.00 | $0.00 | | |
| 68130 | EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA | | $254.43 | $254.43 | $0.00 | $0.00 | | |
| 68135 | DESTRUCTION OF LESION, CONJUNCTIVA | | $63.42 | $73.35 | $0.00 | $0.00 | | |
| 68200 | SUBCONJUNCTIVAL INJECTION | | $22.08 | $29.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 68320 | CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT | | $326.90 | $326.90 | $0.00 | $0.00 | | |
| 68325 | CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINI | | $458.28 | $458.28 | $0.00 | $0.00 | | |
| 68326 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT | | $441.18 | $441.18 | $0.00 | $0.00 | | |
| 68328 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBR | | $515.36 | $515.36 | $0.00 | $0.00 | | |
| 68330 | REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT | | $297.00 | $297.00 | $0.00 | $0.00 | | |
| 68335 | REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS | | $448.85 | $448.85 | $0.00 | $0.00 | | |
| 68340 | REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSE | | $203.38 | $203.38 | $0.00 | $0.00 | | |
| 68360 | CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE) | | $270.53 | $270.53 | $0.00 | $0.00 | | |
| 68362 | CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING | | $428.69 | $428.69 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 68371 | HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR | | $265.09 | $265.09 | $0.00 | $0.00 | | |
| 68399 | UNLISTED PROCEDURE, CONJUNCTIVA | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 68400 | INCISION, DRAINAGE OF LACRIMAL GLAND | | $62.99 | $76.40 | $0.00 | $0.00 | | |
| 68420 | INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOM | | $81.16 | $94.84 | $0.00 | $0.00 | | |
| 68440 | SNIP INCISION OF LACRIMAL PUNCTUM | | $37.28 | $47.47 | $0.00 | $0.00 | | |
| 68500 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL | | $529.57 | $529.57 | $0.00 | $0.00 | | |
| 68505 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTI | | $549.87 | $549.87 | $0.00 | $0.00 | | |
| 68510 | BIOPSY OF LACRIMAL GLAND | | $241.05 | $241.05 | $0.00 | $0.00 | | |
| 68520 | EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY) | | $465.10 | $465.10 | $0.00 | $0.00 | | |
| 68525 | BIOPSY OF LACRIMAL SAC | | $234.29 | $234.29 | $0.00 | $0.00 | | |
| 68530 | REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES | | $148.28 | $186.50 | $0.00 | $0.00 | | |
| 68540 | EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH | | $531.41 | $531.41 | $0.00 | $0.00 | | |
| 68550 | EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY | | $693.63 | $693.63 | $0.00 | $0.00 | | |
| 68700 | PLASTIC REPAIR OF CANALICULI | | $257.73 | $257.73 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 68705 | CORRECTION OF EVERTED PUNCTUM, CAUTERY | | $73.87 | $87.55 | $0.00 | $0.00 | | |
| 68720 | DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY) | | $507.27 | $507.27 | $0.00 | $0.00 | | |
| 68745 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); | | $428.38 | $428.38 | $0.00 | $0.00 | | |
| 68750 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); | | $542.71 | $542.71 | $0.00 | $0.00 | | |
| 68760 | CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR | | $62.61 | $74.95 | $0.00 | $0.00 | | |
| 68761 | CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH | | $51.75 | $64.09 | $0.00 | $0.00 | | |
| 68770 | CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE) | | $256.71 | $313.57 | $0.00 | $0.00 | | |
| 68801 | DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION | | $36.96 | $36.96 | $0.00 | $0.00 | | |
| 68810 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; | | $51.50 | $51.50 | $0.00 | $0.00 | | |
| 68811 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GE | | $105.43 | $105.43 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 68815 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTI | | $138.62 | $138.62 | $0.00 | $0.00 | | |
| 68816 | PROBE NL DUCT W/BALLOON | | $168.23 | $472.05 | $0.00 | $0.00 | | |
| 68840 | PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION | | $43.10 | $49.67 | $0.00 | $0.00 | | |
| 68850 | INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY | | $38.13 | $38.13 | $0.00 | $0.00 | | |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SYSTEM | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 69000 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE | | $46.50 | $51.20 | $0.00 | $0.00 | | |
| 69005 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED | | $79.16 | $94.72 | $0.00 | $0.00 | | |
| 69020 | DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS | | $48.97 | $55.00 | $0.00 | $0.00 | | |
| 69100 | BIOPSY EXTERNAL EAR | | $32.85 | $41.70 | $0.00 | $0.00 | | |
| 69105 | BIOPSY EXTERNAL AUDITORY CANAL | | $37.86 | $48.59 | $0.00 | $0.00 | | |
| 69110 | EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR | R | $177.54 | $177.54 | $0.00 | $0.00 | | |
| 69120 | EXCISION EXTERNAL EAR; COMPLETE AMPUTATION | | $138.53 | $138.53 | $0.00 | $0.00 | | |
| 69140 | EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL | | $461.32 | $461.32 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69145 | EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL | | $148.66 | $148.66 | $0.00 | $0.00 | | |
| 69150 | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTI | | $692.69 | $692.69 | $0.00 | $0.00 | | |
| 69155 | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION | | $965.85 | $965.85 | $0.00 | $0.00 | | |
| 69200 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL | | $29.20 | $34.83 | $0.00 | $0.00 | | |
| 69205 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTH | | $65.12 | $65.12 | $0.00 | $0.00 | | |
| 69210 | REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS | | $21.47 | $24.55 | $0.00 | $0.00 | | |
| 69220 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING) | | $32.28 | $38.98 | $0.00 | $0.00 | | |
| 69222 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MOR | | $51.48 | $61.41 | $0.00 | $0.00 | | |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION | R | $335.58 | $335.58 | $0.00 | $0.00 | | |
| 69310 | RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENO | | $600.92 | $600.92 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69320 | RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE | | $920.38 | $920.38 | $0.00 | $0.00 | | |
| 69399 | UNLISTED PROCEDURE, EXTERNAL EAR | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 69400 | EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION | | $31.61 | $37.64 | $0.00 | $0.00 | | |
| 69401 | EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITHOUT CATHETERIZATION | | $22.57 | $25.92 | $0.00 | $0.00 | | |
| 69405 | EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC | | $83.12 | $89.55 | $0.00 | $0.00 | | |
| 69420 | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION | | $48.76 | $58.01 | $0.00 | $0.00 | | |
| 69421 | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQU | | $83.03 | $83.03 | $0.00 | $0.00 | | |
| 69424 | VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA | | $34.45 | $42.49 | $0.00 | $0.00 | | |
| 69433 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPIC | | $64.62 | $82.45 | $0.00 | $0.00 | | |
| 69436 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTH | | $122.45 | $122.45 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 69440 | MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION | | $470.18 | $470.18 | $0.00 | $0.00 | | |
| 69450 | TYMPANOLYSIS, TRANSCANAL | | $374.25 | $374.25 | $0.00 | $0.00 | | |
| 69501 | TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY) | | $579.30 | $579.30 | $0.00 | $0.00 | | |
| 69502 | MASTOIDECTOMY; COMPLETE | | $744.52 | $744.52 | $0.00 | $0.00 | | |
| 69505 | MASTOIDECTOMY; MODIFIED RADICAL | | $843.91 | $843.91 | $0.00 | $0.00 | | |
| 69511 | MASTOIDECTOMY; RADICAL | | $878.91 | $878.91 | $0.00 | $0.00 | | |
| 69530 | PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY | | $1,019.34 | $1,019.34 | $0.00 | $0.00 | | |
| 69535 | RESECTION TEMPORAL BONE, EXTERNAL APPROACH | | $1,759.39 | $1,759.39 | $0.00 | $0.00 | | |
| 69540 | EXCISION AURAL POLYP | | $54.18 | $71.21 | $0.00 | $0.00 | | |
| 69550 | EXCISION AURAL GLOMUS TUMOR; TRANSCANAL | | $730.03 | $730.03 | $0.00 | $0.00 | | |
| 69552 | EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID | | $1,046.76 | $1,046.76 | $0.00 | $0.00 | | |
| 69554 | EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL) | | $1,433.80 | $1,433.80 | $0.00 | $0.00 | | |
| 69601 | REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY | | $789.01 | $789.01 | $0.00 | $0.00 | | |
| 69602 | REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY | | $865.08 | $865.08 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69603 | REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY | | $909.84 | $909.84 | $0.00 | $0.00 | | |
| 69604 | REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY | | $931.65 | $931.65 | $0.00 | $0.00 | | |
| 69605 | REVISION MASTOIDECTOMY; WITH APICECTOMY | | $975.54 | $975.54 | $0.00 | $0.00 | | |
| 69610 | TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORAT | | $143.43 | $155.90 | $0.00 | $0.00 | | |
| 69620 | MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA) | | $393.49 | $393.49 | $0.00 | $0.00 | | |
| 69631 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY | | $647.12 | $647.12 | $0.00 | $0.00 | | |
| 69632 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY | | $832.12 | $832.12 | $0.00 | $0.00 | | |
| 69633 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY | | $792.00 | $792.00 | $0.00 | $0.00 | | |
| 69635 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, | | $875.05 | $875.05 | $0.00 | $0.00 | | |
| 69636 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, | | $998.86 | $998.86 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69637 | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, | | $994.28 | $994.28 | $0.00 | $0.00 | | |
| 69641 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | $827.98 | $827.98 | $0.00 | $0.00 | | |
| 69642 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | $1,087.12 | $1,087.12 | $0.00 | $0.00 | | |
| 69643 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | $1,003.84 | $1,003.84 | $0.00 | $0.00 | | |
| 69644 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | $1,113.74 | $1,113.74 | $0.00 | $0.00 | | |
| 69645 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | $1,067.22 | $1,067.22 | $0.00 | $0.00 | | |
| 69646 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR | | $1,156.70 | $1,156.70 | $0.00 | $0.00 | | |
| 69650 | STAPES MOBILIZATION | | $630.81 | $630.81 | $0.00 | $0.00 | | |
| 69660 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUI | | $785.43 | $785.43 | $0.00 | $0.00 | | |
| 69661 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUI | | $991.03 | $991.03 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69662 | REVISION OF STAPEDECTOMY OR STAPEDOTOMY | | $971.80 | $971.80 | $0.00 | $0.00 | | |
| 69666 | REPAIR OVAL WINDOW FISTULA | | $640.11 | $640.11 | $0.00 | $0.00 | | |
| 69667 | REPAIR ROUND WINDOW FISTULA | | $638.27 | $638.27 | $0.00 | $0.00 | | |
| 69670 | MASTOID OBLITERATION (SEPARATE PROCEDURE) | | $623.54 | $623.54 | $0.00 | $0.00 | | |
| 69676 | TYMPANIC NEURECTOMY | | $520.53 | $520.53 | $0.00 | $0.00 | | |
| 69700 | CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE) | | $465.10 | $465.10 | $0.00 | $0.00 | | |
| 69710 | IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING | | $775.35 | $775.35 | $0.00 | $0.00 | | |
| 69711 | REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN | | $534.32 | $534.32 | $0.00 | $0.00 | | |
| 69714 | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU | | $0.00 | $651.98 | $0.00 | $0.00 | | |
| 69715 | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU | | $827.24 | $827.24 | $0.00 | $0.00 | | |
| 69717 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED | | $673.16 | $673.16 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69718 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED | | $837.26 | $837.26 | $0.00 | $0.00 | | |
| 69720 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGL | | $933.77 | $933.77 | $0.00 | $0.00 | | |
| 69725 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICUL | | $986.57 | $986.57 | $0.00 | $0.00 | | |
| 69740 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES | | $809.97 | $809.97 | $0.00 | $0.00 | | |
| 69745 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRES | | $937.42 | $937.42 | $0.00 | $0.00 | | |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR | R | $0.00 | $650.00 | $0.00 | $0.00 | | |
| 69801 | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIO | | $566.13 | $566.13 | $0.00 | $0.00 | | |
| 69802 | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIO | | $696.16 | $696.16 | $0.00 | $0.00 | | |
| 69805 | ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT | | $702.40 | $702.40 | $0.00 | $0.00 | | |
| 69806 | ENDOLYMPHATIC SAC OPERATION; WITH SHUNT | | $814.38 | $814.38 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69820 | FENESTRATION SEMICIRCULAR CANAL | | $559.22 | $559.22 | $0.00 | $0.00 | | |
| 69840 | REVISION FENESTRATION OPERATION | | $535.31 | $535.31 | $0.00 | $0.00 | | |
| 69905 | LABYRINTHECTOMY; TRANSCANAL | | $731.73 | $731.73 | $0.00 | $0.00 | | |
| 69910 | LABYRINTHECTOMY; WITH MASTOIDECTOMY | | $891.06 | $891.06 | $0.00 | $0.00 | | |
| 69915 | VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH | | $1,107.74 | $1,107.74 | $0.00 | $0.00 | | |
| 69930 | COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY | | $989.78 | $989.78 | $0.00 | $0.00 | | |
| 69949 | UNLISTED PROCEDURE, INNER EAR | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 69950 | VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH | | $1,159.27 | $1,159.27 | $0.00 | $0.00 | | |
| 69955 | TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT) | | $1,247.70 | $1,247.70 | $0.00 | $0.00 | | |
| 69960 | DECOMPRESSION INTERNAL AUDITORY CANAL | | $1,105.20 | $1,105.20 | $0.00 | $0.00 | | |
| 69970 | REMOVAL OF TUMOR, TEMPORAL BONE | | $1,237.40 | $1,237.40 | $0.00 | $0.00 | | |
| 69979 | UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 69990 | MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST | | $162.90 | $162.90 | $0.00 | $0.00 | | |
| 70010 | MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETAT | | $167.90 | $167.90 | $117.09 | $50.81 | | |
| 70015 | CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND | | $87.60 | $87.60 | $36.79 | $50.81 | | |
| 70030 | RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY | | $18.83 | $18.83 | $11.46 | $7.38 | | |
| 70100 | RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS | | $22.08 | $22.08 | $14.14 | $7.94 | | |
| 70110 | RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS | | $27.84 | $27.84 | $16.80 | $11.04 | | |
| 70120 | RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE | | $24.74 | $24.74 | $16.80 | $7.94 | | |
| 70130 | RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER | | $36.09 | $36.09 | $21.33 | $14.75 | | |
| 70134 | RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE | | $34.74 | $34.74 | $19.99 | $14.75 | | |

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|---|---|---|---|---|---|---|---|---|
| 70140 | RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS | | $25.03 | $25.03 | $16.80 | $8.23 | | |
| 70150 | RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS | | $32.67 | $32.67 | $21.33 | $11.33 | | |
| 70160 | RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS | | $21.52 | $21.52 | $14.14 | $7.38 | | |
| 70170 | DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND | | $38.64 | $38.64 | $25.60 | $13.04 | | |
| 70190 | RADIOLOGIC EXAMINATION; OPTIC FORAMINA | | $25.88 | $25.88 | $16.80 | $9.09 | | |
| 70200 | RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS | | $33.52 | $33.52 | $21.33 | $12.19 | | |
| 70210 | RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS | | $24.17 | $24.17 | $16.80 | $7.38 | | |
| 70220 | RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE | | $32.37 | $32.37 | $21.33 | $11.04 | | |
| 70240 | RADIOLOGIC EXAMINATION, SELLA TURCICA | | $19.69 | $19.69 | $11.46 | $8.23 | | |
| 70250 | RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS | | $27.28 | $27.28 | $16.80 | $10.48 | | |

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|---|---|---|---|---|---|---|---|---|
| 70260 | RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS | | $39.01 | $39.01 | $24.26 | $14.75 | | |
| 70300 | RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW | | $11.71 | $11.71 | $7.19 | $4.52 | | |
| 70310 | RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOU | | $18.27 | $18.27 | $11.46 | $6.82 | | |
| 70320 | RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH | | $30.96 | $30.96 | $21.33 | $9.62 | | |
| 70328 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH | | $21.27 | $21.27 | $13.34 | $7.94 | | |
| 70330 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH | | $33.15 | $33.15 | $22.67 | $10.48 | | |
| 70332 | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | | $80.33 | $80.33 | $56.80 | $23.52 | | |
| 70336 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S) | R | $343.60 | $343.60 | $302.74 | $40.87 | | |
| 70350 | CEPHALOGRAM, ORTHODONTIC | | $17.52 | $17.52 | $10.14 | $7.38 | | |
| 70355 | ORTHOPANTOGRAM | | $23.98 | $23.98 | $15.46 | $8.53 | | |
| 70360 | RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE | | $18.83 | $18.83 | $11.46 | $7.38 | | |
| 70370 | RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/O | | $49.10 | $49.10 | $35.20 | $13.90 | | |

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|---|---|---|---|---|---|---|---|---|
| 70371 | COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECO | R | $93.10 | $93.10 | $56.80 | $36.30 | | |
| 70373 | LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $67.27 | $67.27 | $48.27 | $19.00 | | |
| 70380 | RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS | | $25.52 | $25.52 | $18.14 | $7.38 | | |
| 70390 | SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $64.71 | $64.71 | $48.27 | $16.44 | | |
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL | | $164.34 | $164.34 | $127.74 | $36.59 | | |
| 70460 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S) | | $201.59 | $201.59 | $153.07 | $48.51 | | |
| 70470 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWE | | $245.70 | $245.70 | $191.23 | $54.47 | | |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE | | $182.78 | $182.78 | $127.74 | $55.04 | | |
| 70481 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE | | $212.12 | $212.12 | $153.07 | $59.04 | | |

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|---|---|---|---|---|---|---|---|---|
| 70482 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE | | $253.37 | $253.37 | $191.23 | $62.14 | | |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL | | $176.55 | $176.55 | $127.74 | $48.81 | | |
| 70487 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S) | | $208.70 | $208.70 | $153.07 | $55.62 | | |
| 70488 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, | | $252.22 | $252.22 | $191.23 | $61.00 | | |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL | | $182.78 | $182.78 | $127.74 | $55.04 | | |
| 70491 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S) | | $212.12 | $212.12 | $153.07 | $59.04 | | |
| 70492 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLO | | $253.37 | $253.37 | $191.23 | $62.14 | | |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), | | $262.87 | $262.87 | $192.94 | $69.93 | | |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), | | $262.87 | $262.87 | $192.94 | $69.93 | | |
| 70540 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU | R | $366.30 | $366.30 | $302.74 | $63.56 | | |

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|---|---|---|---|---|---|---|---|---|
| 70542 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH | R | $399.60 | $399.60 | $354.09 | $45.51 | | |
| 70543 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOU | R | $716.67 | $716.67 | $655.32 | $61.35 | | |
| 70544 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S) | R | $350.41 | $350.41 | $299.54 | $47.38 | | |
| 70545 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S) | R | $346.92 | $346.92 | $299.54 | $47.38 | | |
| 70546 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), | R | $656.65 | $656.65 | $586.58 | $70.07 | | |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S) | R | $349.76 | $349.76 | $299.54 | $47.38 | | |
| 70548 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S) | R | $346.92 | $346.92 | $299.54 | $47.38 | | |
| 70549 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), | R | $656.65 | $656.65 | $586.58 | $70.07 | | |
| 70551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); | R | $366.30 | $366.30 | $302.74 | $63.56 | | |
| 70552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); | R | $439.87 | $439.87 | $363.27 | $76.60 | | |

# Physician Fee Schedule 2009

Note:

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 70553 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); | R | $774.25 | $774.25 | $672.42 | $101.84 | | |
| 70555 | MAGNETIC RESONANCE IMAGING, BRAIN | R | $0.00 | $0.00 | $0.00 | $94.17 | | |
| 70557 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A | R | $0.00 | $0.00 | $0.00 | $110.40 | | |
| 70558 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A | R | $0.00 | $0.00 | $0.00 | $122.12 | | |
| 70559 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM A | R | $0.00 | $0.00 | $0.00 | $122.64 | | |
| 71010 | RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL | | $20.47 | $20.47 | $12.80 | $7.67 | | |
| 71015 | RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL | | $23.23 | $23.23 | $14.14 | $9.09 | | |
| 71020 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; | | $26.18 | $26.18 | $16.80 | $9.38 | | |
| 71021 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH AP | | $31.62 | $31.62 | $19.99 | $11.63 | | |
| 71022 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OB | | $33.33 | $33.33 | $19.99 | $13.34 | | |
| 71023 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH | | $37.77 | $37.77 | $21.33 | $16.44 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 71030 | RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; | | $34.67 | $34.67 | $21.33 | $13.34 | | |
| 71034 | RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH | | $58.79 | $58.79 | $38.93 | $19.86 | | |
| 71035 | RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, B | | $21.81 | $21.81 | $14.14 | $7.67 | | |
| 71040 | BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $64.70 | $64.70 | $39.47 | $25.23 | | |
| 71060 | BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $91.78 | $91.78 | $59.73 | $32.05 | | |
| 71090 | INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVI | | $69.11 | $69.11 | $45.59 | $23.52 | | |
| 71100 | RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS | | $25.08 | $25.08 | $15.46 | $9.62 | | |
| 71101 | RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CH | | $30.03 | $30.03 | $18.14 | $11.90 | | |
| 71110 | RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS | | $33.23 | $33.23 | $21.33 | $11.90 | | |
| 71111 | RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHE | | $38.16 | $38.16 | $24.26 | $13.90 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 71120 | RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS | | $26.13 | $26.13 | $17.60 | $8.53 | | |
| 71130 | RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF T | | $28.32 | $28.32 | $18.94 | $9.38 | | |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL | | $209.42 | $209.42 | $159.75 | $49.66 | | |
| 71260 | COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S) | | $244.31 | $244.31 | $191.23 | $53.08 | | |
| 71270 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | | $297.79 | $297.79 | $238.74 | $59.04 | | |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), | | $282.81 | $282.81 | $234.63 | $48.18 | | |
| 71550 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF | R | $371.67 | $371.67 | $302.74 | $68.93 | | |
| 71551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF | R | $405.62 | $405.62 | $355.09 | $50.54 | | |
| 71552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF | R | $717.99 | $717.99 | $651.83 | $66.16 | | |

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|---|---|---|---|---|---|---|---|---|
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR | R | $377.83 | $377.83 | $302.74 | $75.10 | | |
| 72010 | RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR A | | $47.04 | $47.04 | $27.74 | $19.30 | | |
| 72020 | RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL | | $17.98 | $17.98 | $11.46 | $6.52 | | |
| 72040 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS | | $25.64 | $25.64 | $16.26 | $9.38 | | |
| 72050 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS | | $37.59 | $37.59 | $24.26 | $13.34 | | |
| 72052 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE A | | $46.28 | $46.28 | $30.67 | $15.61 | | |
| 72069 | RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS) | | $22.72 | $22.72 | $13.34 | $9.38 | | |
| 72070 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS | | $26.98 | $26.98 | $17.60 | $9.38 | | |
| 72072 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS | | $29.37 | $29.37 | $19.99 | $9.38 | | |
| 72074 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS | | $34.17 | $34.17 | $24.79 | $9.38 | | |

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|---|---|---|---|---|---|---|---|---|
| 72080 | RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS | | $27.52 | $27.52 | $18.14 | $9.38 | | |
| 72090 | RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND E | | $30.33 | $30.33 | $18.14 | $12.19 | | |
| 72100 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS | | $27.52 | $27.52 | $18.14 | $9.38 | | |
| 72110 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS | | $38.13 | $38.13 | $24.79 | $13.34 | | |
| 72114 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDIN | | $47.62 | $47.62 | $32.01 | $15.61 | | |
| 72120 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMU | | $33.64 | $33.64 | $24.26 | $9.38 | | |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL | | $209.42 | $209.42 | $159.75 | $49.66 | | |
| 72126 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL | | $243.19 | $243.19 | $191.23 | $51.96 | | |
| 72127 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW | | $293.22 | $293.22 | $238.74 | $54.47 | | |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL | | $209.42 | $209.42 | $159.75 | $49.66 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 72129 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL | | $243.19 | $243.19 | $191.23 | $51.96 | | |
| 72130 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW | | $293.22 | $293.22 | $238.74 | $54.47 | | |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL | | $209.42 | $209.42 | $159.75 | $49.66 | | |
| 72132 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL | | $243.19 | $243.19 | $191.23 | $51.96 | | |
| 72133 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED | | $293.22 | $293.22 | $238.74 | $54.47 | | |
| 72141 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | $371.67 | $371.67 | $302.74 | $68.93 | | |
| 72142 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | $445.83 | $445.83 | $363.27 | $82.57 | | |
| 72146 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | $405.02 | $405.02 | $336.09 | $68.93 | | |
| 72147 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, | R | $445.83 | $445.83 | $363.27 | $82.57 | | |

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|---|---|---|---|---|---|---|---|---|
| 72148 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU | R | $399.65 | $399.65 | $336.09 | $63.56 | | |
| 72149 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU | R | $439.87 | $439.87 | $363.27 | $76.60 | | |
| 72156 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI | R | $782.81 | $782.81 | $672.42 | $110.39 | | |
| 72157 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI | R | $782.81 | $782.81 | $672.42 | $110.39 | | |
| 72158 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI | R | $774.25 | $774.25 | $672.42 | $101.84 | | |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WIT | R | $409.04 | $409.04 | $336.09 | $72.95 | | |
| 72170 | RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS | | $21.25 | $21.25 | $14.14 | $7.11 | | |
| 72190 | RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS | | $27.23 | $27.23 | $18.14 | $9.09 | | |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S) | | $273.77 | $273.77 | $225.60 | $48.18 | | |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL | | $206.31 | $206.31 | $159.75 | $46.56 | | |

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|---|---|---|---|---|---|---|---|---|
| 72193 | COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S) | | $234.50 | $234.50 | $184.84 | $49.66 | | |
| 72194 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | | $281.10 | $281.10 | $229.14 | $51.96 | | |
| 72195 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST | R | $356.44 | $356.44 | $296.54 | $42.72 | | |
| 72196 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA | R | $371.67 | $371.67 | $302.74 | $68.93 | | |
| 72197 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST | R | $723.49 | $723.49 | $656.82 | $66.66 | | |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST | R | $377.54 | $377.54 | $302.74 | $74.80 | | |
| 72200 | RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS | | $21.52 | $21.52 | $14.14 | $7.38 | | |
| 72202 | RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS | | $25.03 | $25.03 | $16.80 | $8.23 | | |
| 72220 | RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS | | $22.83 | $22.83 | $15.46 | $7.38 | | |
| 72240 | MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $167.44 | $167.44 | $128.28 | $39.16 | | |

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|---|---|---|---|---|---|---|---|---|
| 72255 | MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $156.25 | $156.25 | $117.09 | $39.16 | | |
| 72265 | MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $146.15 | $146.15 | $110.14 | $36.01 | | |
| 72270 | MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/ THORA | | $221.86 | $221.86 | $164.82 | $57.04 | | |
| 72275 | EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $79.63 | $79.63 | $59.26 | $20.37 | | |
| 72285 | DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND | | $262.46 | $262.46 | $226.46 | $36.01 | | |
| 72291 | PERCUTANEOUS VERTEBROPLASTY, FLUOROSCOPIC | | $0.00 | $0.00 | $0.00 | $51.92 | | |
| 72292 | PERCUTANEOUS VERTEBROPLASTY, FLUOROSCOPIC, UNDER CT GUIDANCE | | $0.00 | $0.00 | $0.00 | $53.17 | | |
| 72295 | DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $248.08 | $248.08 | $212.07 | $36.01 | | |
| 73000 | RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE | | $20.96 | $20.96 | $14.14 | $6.82 | | |
| 73010 | RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE | | $21.52 | $21.52 | $14.14 | $7.38 | | |

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|---|---|---|---|---|---|---|---|---|
| 73020 | RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW | | $19.32 | $19.32 | $12.80 | $6.52 | | |
| 73030 | RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS | | $23.13 | $23.13 | $15.46 | $7.67 | | |
| 73040 | RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISI | | $80.33 | $80.33 | $56.80 | $23.52 | | |
| 73050 | RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR | | $26.66 | $26.66 | $18.14 | $8.53 | | |
| 73060 | RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS | | $22.83 | $22.83 | $15.46 | $7.38 | | |
| 73070 | RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS | | $20.66 | $20.66 | $14.14 | $6.52 | | |
| 73080 | RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS | | $22.83 | $22.83 | $15.46 | $7.38 | | |
| 73085 | RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION | | $80.33 | $80.33 | $56.80 | $23.52 | | |
| 73090 | RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS | | $20.96 | $20.96 | $14.14 | $6.82 | | |
| 73092 | RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | | $20.15 | $20.15 | $13.34 | $6.82 | | |
| 73100 | RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS | | $20.15 | $20.15 | $13.34 | $6.82 | | |

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|---|---|---|---|---|---|---|---|---|
| 73110 | RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS | | $21.79 | $21.79 | $14.41 | $7.38 | | |
| 73115 | RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION | | $66.19 | $66.19 | $42.66 | $23.52 | | |
| 73120 | RADIOLOGIC EXAMINATION, HAND; TWO VIEWS | | $20.15 | $20.15 | $13.34 | $6.82 | | |
| 73130 | RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS | | $21.79 | $21.79 | $14.41 | $7.38 | | |
| 73140 | RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS | | $17.12 | $17.12 | $11.46 | $5.67 | | |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL | | $180.72 | $180.72 | $134.16 | $46.56 | | |
| 73201 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S) | | $209.42 | $209.42 | $159.75 | $49.66 | | |
| 73202 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO | | $252.79 | $252.79 | $200.83 | $51.96 | | |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST | | $246.41 | $246.41 | $198.24 | $48.18 | | |
| 73218 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J | R | $333.53 | $333.53 | $295.29 | $38.24 | | |

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|---|---|---|---|---|---|---|---|---|
| 73219 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J | R | $399.60 | $399.60 | $354.09 | $45.51 | | |
| 73220 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J | R | $366.30 | $366.30 | $302.74 | $63.56 | | |
| 73221 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; | R | $350.55 | $350.55 | $302.74 | $40.87 | | |
| 73222 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; | R | $399.60 | $399.60 | $354.09 | $45.51 | | |
| 73223 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; | R | $716.67 | $716.67 | $655.32 | $61.35 | | |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTR | R | $373.63 | $373.63 | $302.74 | $70.90 | | |
| 73500 | RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW | | $20.18 | $20.18 | $12.80 | $7.38 | | |
| 73510 | RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEW | | $24.54 | $24.54 | $15.46 | $9.09 | | |
| 73520 | RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH | | $29.47 | $29.47 | $18.14 | $11.33 | | |
| 73525 | RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AN | | $80.33 | $80.33 | $56.80 | $23.52 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 73530 | RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE | | $26.62 | $26.62 | $14.14 | $12.48 | | |
| 73540 | RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF T | | $24.25 | $24.25 | $15.46 | $8.79 | | |
| 73542 | RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL | | $77.50 | $77.50 | $57.11 | $20.39 | | |
| 73550 | RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS | | $22.83 | $22.83 | $15.46 | $7.38 | | |
| 73560 | RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS | | $21.25 | $21.25 | $14.14 | $7.11 | | |
| 73562 | RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS | | $23.39 | $23.39 | $15.46 | $7.94 | | |
| 73564 | RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS | | $26.42 | $26.42 | $16.80 | $9.62 | | |
| 73565 | RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR | | $20.44 | $20.44 | $13.34 | $7.11 | | |
| 73580 | RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION A | | $94.71 | $94.71 | $71.19 | $23.52 | | |
| 73590 | RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS | | $21.25 | $21.25 | $14.14 | $7.11 | | |
| 73592 | RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | | $20.15 | $20.15 | $13.34 | $6.82 | | |

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|---|---|---|---|---|---|---|---|---|
| 73600 | RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS | | $20.15 | $20.15 | $13.34 | $6.82 | | |
| 73610 | RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS | | $21.79 | $21.79 | $14.41 | $7.38 | | |
| 73615 | RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION | | $80.33 | $80.33 | $56.80 | $23.52 | | |
| 73620 | RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS | | $20.15 | $20.15 | $13.34 | $6.82 | | |
| 73630 | RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS | | $21.79 | $21.79 | $14.41 | $7.38 | | |
| 73650 | RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS | | $19.61 | $19.61 | $12.80 | $6.82 | | |
| 73660 | RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS | | $17.12 | $17.12 | $11.46 | $5.67 | | |
| 73700 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL | | $180.72 | $180.72 | $134.16 | $46.56 | | |
| 73701 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S) | | $209.42 | $209.42 | $159.75 | $49.66 | | |
| 73702 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO | | $252.79 | $252.79 | $200.83 | $51.96 | | |

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|---|---|---|---|---|---|---|---|---|
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST | | $246.41 | $246.41 | $198.24 | $48.18 | | |
| 73718 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO | R | $333.53 | $338.24 | $295.29 | $38.24 | | |
| 73719 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO | R | $399.60 | $399.60 | $354.09 | $45.51 | | |
| 73720 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO | R | $366.30 | $366.30 | $302.74 | $63.56 | | |
| 73721 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; | R | $350.55 | $350.55 | $302.74 | $40.87 | | |
| 73722 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; | R | $399.60 | $399.60 | $354.09 | $45.51 | | |
| 73723 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; | R | $716.67 | $716.67 | $655.32 | $61.35 | | |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTR | R | $376.27 | $376.27 | $302.74 | $73.54 | | |
| 74000 | RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW | | $21.81 | $21.81 | $14.14 | $7.67 | | |

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|---|---|---|---|---|---|---|---|---|
| 74010 | RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQU | | $25.64 | $25.64 | $15.46 | $10.19 | | |
| 74020 | RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR | | $28.69 | $28.69 | $16.80 | $11.90 | | |
| 74022 | RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUD | | $33.89 | $33.89 | $19.99 | $13.90 | | |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL | | $203.88 | $203.88 | $153.07 | $50.81 | | |
| 74160 | COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S) | | $239.31 | $239.31 | $184.84 | $54.47 | | |
| 74170 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | | $289.28 | $289.28 | $229.14 | $60.14 | | |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S | | $273.77 | $273.77 | $225.60 | $48.18 | | |
| 74181 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST | R | $371.67 | $371.67 | $302.74 | $68.93 | | |
| 74182 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERI | R | $405.62 | $405.62 | $355.09 | $50.54 | | |

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|---|---|---|---|---|---|---|---|---|
| 74183 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST | R | $723.49 | $723.49 | $656.82 | $66.66 | | |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST | R | $377.54 | $377.54 | $302.74 | $74.80 | | |
| 74190 | PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL | | $53.26 | $53.26 | $35.20 | $18.06 | | |
| 74210 | RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS | | $47.35 | $47.35 | $32.01 | $15.34 | | |
| 74220 | RADIOLOGIC EXAMINATION; ESOPHAGUS | | $51.87 | $51.87 | $32.01 | $19.86 | | |
| 74230 | SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY | R | $58.43 | $58.43 | $35.20 | $23.23 | | |
| 74235 | REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, | | $122.00 | $122.00 | $71.19 | $50.81 | | |
| 74240 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT | | $69.51 | $69.51 | $39.47 | $30.05 | | |
| 74241 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT | | $70.32 | $70.32 | $40.27 | $30.05 | | |
| 74245 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL | | $103.69 | $103.69 | $64.53 | $39.16 | | |

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|---|---|---|---|---|---|---|---|---|
| 74246 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, | | $74.59 | $74.59 | $44.54 | $30.05 | | |
| 74247 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, | | $75.63 | $75.63 | $45.59 | $30.05 | | |
| 74249 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, | | $108.76 | $108.76 | $69.60 | $39.16 | | |
| 74250 | RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM | | $55.36 | $55.36 | $35.20 | $20.15 | | |
| 74251 | RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILM | | $61.81 | $61.81 | $35.20 | $26.61 | | |
| 74260 | DUODENOGRAPHY, HYPOTONIC | | $61.84 | $61.84 | $40.27 | $21.57 | | |
| 74270 | RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB | | $76.17 | $76.17 | $46.12 | $30.05 | | |
| 74280 | RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY | | $103.35 | $103.35 | $60.53 | $42.82 | | |
| 74283 | THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION O | | $156.15 | $156.15 | $69.33 | $86.82 | | |
| 74290 | CHOLECYSTOGRAPHY, ORAL CONTRAST; | | $33.89 | $33.89 | $19.99 | $13.90 | | |

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|---|---|---|---|---|---|---|---|---|
| 74291 | CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR | | $19.98 | $19.98 | $11.46 | $8.53 | | |
| 74300 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL | | $39.94 | $39.94 | $25.98 | $13.96 | | |
| 74301 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, | | $23.19 | $23.19 | $15.08 | $8.10 | | |
| 74305 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, | | $39.48 | $39.48 | $21.33 | $18.15 | | |
| 74320 | CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION | | $108.60 | $108.60 | $85.08 | $23.52 | | |
| 74327 | POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE T | | $78.07 | $78.07 | $47.73 | $30.34 | | |
| 74328 | ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL | | $115.42 | $115.42 | $85.08 | $30.34 | | |
| 74329 | ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGIC | | $115.42 | $115.42 | $85.08 | $30.34 | | |
| 74330 | COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCT | | $115.42 | $115.42 | $85.08 | $30.34 | | |

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|---|---|---|---|---|---|---|---|---|
| 74340 | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUD | | $94.71 | $94.71 | $71.19 | $23.52 | | |
| 74355 | PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION | | $104.09 | $104.09 | $71.19 | $32.90 | | |
| 74360 | INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS | | $108.60 | $108.60 | $85.08 | $23.52 | | |
| 74363 | PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR | | $202.83 | $202.83 | $164.82 | $38.01 | | |
| 74400 | UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WIT | | $66.60 | $66.60 | $45.59 | $21.01 | | |
| 74410 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; | | $73.81 | $73.81 | $52.80 | $21.01 | | |
| 74415 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH | | $78.35 | $78.35 | $57.34 | $21.01 | | |
| 74420 | UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB | | $86.53 | $86.53 | $71.19 | $15.34 | | |
| 74425 | UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), | | $50.54 | $50.54 | $35.20 | $15.34 | | |

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|---|---|---|---|---|---|---|---|---|
| 74430 | CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND | | $42.42 | $42.42 | $28.52 | $13.90 | | |
| 74440 | VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISI | | $47.11 | $47.11 | $30.67 | $16.44 | | |
| 74445 | CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $79.47 | $79.47 | $30.67 | $48.81 | | |
| 74450 | URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRET | | $53.66 | $53.66 | $39.47 | $14.19 | | |
| 74455 | URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATI | | $56.86 | $56.86 | $42.66 | $14.19 | | |
| 74470 | RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST | | $57.38 | $57.38 | $33.86 | $23.52 | | |
| 74475 | INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINA | | $133.67 | $133.67 | $110.14 | $23.52 | | |
| 74480 | INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL P | | $133.67 | $133.67 | $110.14 | $23.52 | | |
| 74485 | DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION | | $108.60 | $108.60 | $85.08 | $23.52 | | |

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|---|---|---|---|---|---|---|---|---|
| 74740 | HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $51.64 | $51.64 | $35.20 | $16.44 | | |
| 74742 | TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVIS | | $110.66 | $110.66 | $85.08 | $25.58 | | |
| 74775 | PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMAL | | $66.41 | $66.41 | $39.47 | $26.94 | | |
| 75557 | CARDIAC MRI FOR MORPH W/O CONTRAST | | $309.93 | $309.93 | $170.24 | $51.53 | | |
| 75558 | CARDIAC MRI FLOW/VELOCITY W/O CONSTRAST | | $0.00 | $0.00 | $193.83 | $50.31 | | |
| 75559 | CARDIAC MRI W/STRESS IMG W/O CONTRAST | | $311.88 | $311.88 | $256.27 | $65.66 | | |
| 75560 | CARDIAC MRI FLOW/VEL/STRESS W/O CONTRAST | | $0.00 | $0.00 | $259.01 | $57.76 | | |
| 75561 | CARDIAC MRI FOR MORPH W/DYE W/O CONTRAST | | $475.58 | $475.58 | $241.68 | $57.00 | | |
| 75562 | CARDIAC MRI FLOW/VEL W/DYE W & W/O CONTRAST | | $0.00 | $0.00 | $258.86 | $55.18 | | |
| 75563 | CARDIAC MRI W/STRESS IMG & DYE W & W/O CONTRAST | | $477.59 | $477.59 | $301.00 | $68.25 | | |
| 75564 | CARDIAC MRI FLOW/VEL/STRESS & DYE W & W/O CONTRAST | | $0.00 | $0.00 | $304.61 | $64.60 | | |
| 75600 | AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION | | $361.36 | $361.36 | $340.35 | $21.01 | | |

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|---|---|---|---|---|---|---|---|---|
| 75605 | AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75625 | AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75630 | AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, | | $410.92 | $410.92 | $354.74 | $56.18 | | |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFE | | $300.86 | $300.86 | $225.60 | $75.26 | | |
| 75650 | ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, | | $404.21 | $404.21 | $340.35 | $63.85 | | |
| 75658 | ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND | | $396.54 | $396.54 | $340.35 | $56.18 | | |
| 75660 | ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL | | $396.54 | $396.54 | $340.35 | $56.18 | | |
| 75662 | ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL | | $411.58 | $411.58 | $340.35 | $71.23 | | |
| 75665 | ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION A | | $396.54 | $396.54 | $340.35 | $56.18 | | |

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|---|---|---|---|---|---|---|---|---|
| 75671 | ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AN | | $411.58 | $411.58 | $340.35 | $71.23 | | |
| 75676 | ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION A | | $396.54 | $396.54 | $340.35 | $56.18 | | |
| 75680 | ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AN | | $411.58 | $411.58 | $340.35 | $71.23 | | |
| 75685 | ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL | | $396.54 | $396.54 | $340.35 | $56.18 | | |
| 75705 | ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRET | | $434.25 | $434.25 | $340.35 | $93.90 | | |
| 75710 | ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75716 | ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND | | $396.54 | $396.54 | $340.35 | $56.18 | | |
| 75722 | ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75724 | ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), | | $404.21 | $404.21 | $340.35 | $63.85 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 75726 | ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT F | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75731 | ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75733 | ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A | | $396.54 | $396.54 | $340.35 | $56.18 | | |
| 75736 | ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVI | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75741 | ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISIO | | $396.54 | $396.54 | $340.35 | $56.18 | | |
| 75743 | ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION | | $411.58 | $411.58 | $340.35 | $71.23 | | |
| 75746 | ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75756 | ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETA | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75774 | ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC | | $355.69 | $355.69 | $340.35 | $15.34 | | |

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|---|---|---|---|---|---|---|---|---|
| 75790 | ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL | | $115.96 | $115.96 | $36.79 | $79.17 | | |
| 75801 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION | | $181.33 | $181.33 | $146.42 | $34.91 | | |
| 75803 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION | | $196.37 | $196.37 | $146.42 | $49.96 | | |
| 75805 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISI | | $199.73 | $199.73 | $164.82 | $34.91 | | |
| 75807 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISIO | | $214.78 | $214.78 | $164.82 | $49.96 | | |
| 75809 | SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCUL | | $40.95 | $40.95 | $21.33 | $19.62 | | |
| 75810 | SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75820 | VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND | | $55.94 | $55.94 | $25.60 | $30.34 | | |
| 75822 | VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND | | $85.42 | $85.42 | $40.01 | $45.41 | | |

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|---|---|---|---|---|---|---|---|---|
| 75825 | VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75827 | VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVIS | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75831 | VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75833 | VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | | $404.21 | $404.21 | $340.35 | $63.85 | | |
| 75840 | VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75842 | VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AN | | $404.21 | $404.21 | $340.35 | $63.85 | | |
| 75860 | VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGUL | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75870 | VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75872 | VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $389.16 | $389.16 | $340.35 | $48.81 | | |

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|---|---|---|---|---|---|---|---|---|
| 75880 | VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $55.94 | $55.94 | $25.60 | $30.34 | | |
| 75885 | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, | | $402.20 | $402.20 | $340.35 | $61.85 | | |
| 75887 | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, | | $402.20 | $402.20 | $340.35 | $61.85 | | |
| 75889 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75891 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, | | $389.16 | $389.16 | $340.35 | $48.81 | | |
| 75893 | VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR | | $363.88 | $363.88 | $340.35 | $23.52 | | |
| 75894 | TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVIS | | $708.07 | $708.07 | $651.89 | $56.18 | | |
| 75896 | TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER TH | | $622.99 | $622.99 | $566.81 | $56.18 | | |
| 75898 | ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCAT | | $99.46 | $99.46 | $28.52 | $70.94 | | |

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|---|---|---|---|---|---|---|---|---|
| 75900 | EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOL | | $588.06 | $588.06 | $566.78 | $21.28 | | |
| 75901 | MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SH | | $70.35 | $70.35 | $51.36 | $18.99 | | |
| 75902 | MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIA | | $66.44 | $66.44 | $51.36 | $15.08 | | |
| 75940 | PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND | | $363.88 | $363.88 | $340.35 | $23.52 | | |
| 75945 | INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISI | | $133.72 | $133.72 | $118.96 | $14.76 | | |
| 75946 | INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISI | | $74.37 | $74.37 | $59.61 | $14.76 | | |
| 75952 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECT | | $173.41 | $173.41 | $0.00 | $0.00 | | |
| 75953 | PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR | | $70.07 | $70.07 | $0.00 | $0.00 | | |
| 75954 | ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOV | | $691.68 | $691.68 | $622.51 | $69.17 | | |

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|---|---|---|---|---|---|---|---|---|
| 75957 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, | | $252.50 | $252.50 | $0.00 | $252.50 | | |
| 75958 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF | | $168.33 | $168.33 | $0.00 | $168.33 | | |
| 75959 | PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCUL | | $147.35 | $147.35 | $0.00 | $147.35 | | |
| 75960 | TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY | | $437.70 | $437.70 | $402.25 | $35.44 | | |
| 75961 | TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY ( | | $466.03 | $466.03 | $283.55 | $182.48 | | |
| 75962 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL | | $448.69 | $448.69 | $425.17 | $23.52 | | |
| 75964 | TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, | | $242.06 | $242.06 | $226.72 | $15.34 | | |
| 75966 | TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, | | $481.35 | $481.35 | $425.17 | $56.18 | | |
| 75968 | TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, | | $242.06 | $242.06 | $226.72 | $15.34 | | |

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|---|---|---|---|---|---|---|---|---|
| 75970 | TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | $347.81 | $347.81 | $311.81 | $36.01 | | |
| 75978 | TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), | | $454.86 | $454.86 | $425.17 | $29.69 | | |
| 75980 | PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, | | $208.27 | $208.27 | $146.42 | $61.85 | | |
| 75982 | PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND | | $226.68 | $226.68 | $164.82 | $61.85 | | |
| 75984 | CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITOR | | $84.00 | $84.00 | $52.80 | $31.19 | | |
| 75989 | RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED | | $135.89 | $135.89 | $85.08 | $50.81 | | |
| 75992 | TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION | | $448.69 | $448.69 | $425.17 | $23.52 | | |
| 75993 | TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGI | | $242.06 | $242.06 | $226.72 | $15.34 | | |
| 75994 | TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND | | $481.35 | $481.35 | $425.17 | $56.18 | | |

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|---|---|---|---|---|---|---|---|---|
| 75995 | TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND | | $481.35 | $481.35 | $425.17 | $56.18 | | |
| 75996 | TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICA | | $242.06 | $242.06 | $226.72 | $15.34 | | |
| 76000 | FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER | | $42.31 | $42.31 | $35.20 | $7.11 | | |
| 76001 | FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOL | | $100.38 | $100.38 | $71.19 | $29.19 | | |
| 76010 | RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VI | | $21.81 | $21.81 | $14.14 | $7.67 | | |
| 76080 | RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLO | | $52.05 | $52.05 | $28.52 | $23.52 | | |
| 76098 | RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN | | $18.27 | $18.27 | $11.46 | $6.82 | | |
| 76100 | RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OT | | $59.09 | $59.09 | $33.86 | $25.23 | | |
| 76101 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI | | $63.63 | $63.63 | $38.40 | $25.23 | | |
| 76102 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTI | | $72.16 | $72.16 | $46.93 | $25.23 | | |

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|---|---|---|---|---|---|---|---|---|
| 76120 | CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED | R | $44.96 | $44.96 | $28.52 | $16.44 | | |
| 76125 | CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LI | R | $32.96 | $32.96 | $21.33 | $11.63 | | |
| 76140 | CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT | | $19.86 | $19.86 | $0.00 | $0.00 | | |
| 76150 | XERORADIOGRAPHY | R | $11.46 | $11.46 | $0.00 | $0.00 | | |
| 76350 | SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES | | $27.75 | $37.00 | $0.00 | $0.00 | | |
| 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, | R | $97.83 | $97.83 | $89.59 | $8.24 | | |
| 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, | R | $127.95 | $127.95 | $95.55 | $32.40 | | |
| 76380 | COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY | | $136.95 | $136.95 | $94.69 | $42.26 | | |
| 76390 | MAGNETIC RESONANCE SPECTROSCOPY | R | $351.96 | $351.96 | $292.16 | $59.80 | | |
| 76496 | UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 76499 | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 76506 | ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION | | $65.63 | $65.63 | $38.40 | $27.24 | | |
| 76510 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERF | | $121.56 | $121.56 | $57.44 | $64.12 | | |
| 76513 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERS | | $69.95 | $69.95 | $41.32 | $28.63 | | |
| 76514 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR | | $9.01 | $9.01 | $1.80 | $7.21 | | |
| 76519 | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR | | $57.89 | $57.89 | $33.86 | $23.52 | | |
| 76536 | ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, | | $62.77 | $62.77 | $38.40 | $24.38 | | |
| 76604 | ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH | | $59.29 | $59.29 | $35.20 | $24.08 | | |

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|---|---|---|---|---|---|---|---|---|
| 76645 | ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL T | | $52.05 | $52.05 | $28.52 | $23.52 | | |
| 76700 | ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO | | $88.25 | $88.25 | $53.34 | $34.91 | | |
| 76705 | ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO | | $63.92 | $63.92 | $38.40 | $25.53 | | |
| 76770 | ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R | | $85.39 | $85.39 | $53.34 | $32.05 | | |
| 76775 | ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR R | | $63.63 | $63.63 | $38.40 | $25.23 | | |
| 76776 | ULTRASOUND, TRANSPLANTED KIDNEY, DOPPLER W/IMAGE | | $87.59 | $87.59 | $59.12 | $28.47 | | |
| 76778 | ULTRASOUND, TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE | | $85.39 | $85.39 | $53.34 | $32.05 | | |
| 76800 | ULTRASOUND, SPINAL CANAL AND CONTENTS | | $86.91 | $86.91 | $38.40 | $48.51 | | |
| 76801 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $68.11 | $68.11 | $29.32 | $38.78 | | |
| 76802 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $53.48 | $53.48 | $20.84 | $32.64 | | |

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|---|---|---|---|---|---|---|---|---|
| 76805 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $99.62 | $99.62 | $56.80 | $42.82 | | |
| 76810 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $197.93 | $197.93 | $113.36 | $84.57 | | |
| 76811 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $179.14 | $179.14 | $99.55 | $76.06 | | |
| 76812 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $106.62 | $106.62 | $35.57 | $71.05 | | |
| 76813 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $91.06 | $91.06 | $47.45 | $43.61 | | |
| 76814 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL | | $61.49 | $61.49 | $24.88 | $36.62 | | |
| 76815 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMIT | | $66.49 | $66.49 | $38.40 | $28.09 | | |
| 76816 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLO | | $64.62 | $64.62 | $30.13 | $24.67 | | |
| 76817 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, | | $70.32 | $70.32 | $40.10 | $29.30 | | |
| 76818 | FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING | | $76.93 | $76.93 | $43.74 | $33.20 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 76819 | FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING | | $68.38 | $68.38 | $43.30 | $25.08 | | |
| 76820 | DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY | | $64.65 | $64.65 | $44.19 | $20.46 | | |
| 76821 | DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY | | $72.62 | $72.62 | $44.19 | $28.44 | | |
| 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE | | $92.70 | $92.70 | $53.34 | $39.36 | | |
| 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE | | $62.99 | $62.99 | $19.19 | $43.81 | | |
| 76827 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI | | $83.89 | $83.89 | $47.15 | $36.74 | | |
| 76828 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WI | | $55.05 | $55.05 | $30.62 | $24.43 | | |
| 76830 | ULTRASOUND, TRANSVAGINAL | | $71.37 | $71.37 | $41.32 | $30.05 | | |
| 76831 | SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, | | $0.00 | $70.10 | $39.88 | $0.00 | | |
| 76856 | ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE | | $71.37 | $71.37 | $41.32 | $30.05 | | |

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|---|---|---|---|---|---|---|---|---|
| 76857 | ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE | | $44.96 | $44.96 | $28.52 | $16.44 | | |
| 76870 | ULTRASOUND, SCROTUM AND CONTENTS | | $68.85 | $68.85 | $41.32 | $27.53 | | |
| 76872 | ULTRASOUND, TRANSRECTAL; | | $71.37 | $71.37 | $41.32 | $30.05 | | |
| 76873 | ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREAT | | $110.37 | $110.37 | $57.83 | $52.54 | | |
| 76880 | ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAG | | $63.92 | $63.92 | $38.40 | $25.53 | | |
| 76885 | ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC | | $70.68 | $70.68 | $39.88 | $30.79 | | |
| 76886 | ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED | | $62.86 | $62.86 | $37.06 | $25.80 | | |
| 76930 | ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND | | $70.51 | $70.51 | $41.32 | $29.19 | | |
| 76932 | ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND | | $70.51 | $70.51 | $41.32 | $29.19 | | |
| 76936 | ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR | | $264.25 | $264.25 | $170.16 | $94.08 | | |

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|---|---|---|---|---|---|---|---|---|
| 76937 | ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATIO | | $24.86 | $24.86 | $12.36 | $12.50 | | |
| 76940 | ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION | | $123.68 | $123.68 | $46.33 | $77.35 | | |
| 76941 | ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESI | | $99.46 | $99.46 | $41.35 | $58.11 | | |
| 76942 | ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, | | $70.51 | $70.51 | $41.32 | $29.19 | | |
| 76945 | ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION | | $79.80 | $79.80 | $41.35 | $38.45 | | |
| 76946 | ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND | | $57.76 | $57.76 | $41.32 | $16.44 | | |
| 76948 | ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND | | $57.76 | $57.76 | $41.32 | $16.44 | | |
| 76950 | ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS | | $60.44 | $60.44 | $35.20 | $25.23 | | |
| 76965 | ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | | $249.90 | $249.90 | $150.44 | $99.46 | | |
| 76970 | ULTRASOUND STUDY FOLLOW-UP (SPECIFY) | | $45.82 | $45.82 | $28.52 | $17.29 | | |

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|---|---|---|---|---|---|---|---|---|
| 76975 | GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION | | $75.42 | $75.42 | $41.32 | $34.10 | | |
| 76977 | ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SIT | | $0.00 | $32.14 | $23.26 | $8.88 | | |
| 76998 | ULTRASONIC GUIDANCE, INTRAOPERATIVE | | $0.00 | $0.00 | $0.00 | $47.74 | | |
| 77001 | FLUOROSCOPIC GUIDANCE FOR VEIN DEVICE PLACEMENT | | $57.63 | $57.63 | $43.14 | $14.49 | | |
| 77002 | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT | | $53.35 | $53.35 | $33.24 | $20.11 | | |
| 77003 | FLUOROSCOPICE GUIDANCE FOR SPINE INJECTION | | $52.29 | $52.29 | $30.45 | $21.84 | | |
| 77011 | CT SCAN FOR LOCALIZATION | | $335.49 | $335.49 | $289.50 | $45.99 | | |
| 77012 | CT SCAN FOR NEEDLE BIOPSY | | $223.45 | $223.45 | $179.40 | $44.05 | | |
| 77013 | CT GUIDANCE FOR TISSUE ABLATION | | $0.00 | $0.00 | $0.00 | $151.64 | | |
| 77014 | CT GUIDANCE FOR PLACEMENT RADIATION THERAPY | | $119.11 | $119.11 | $86.52 | $32.59 | | |
| 77021 | MRI GUIDANCE FOR NEEDLE PLACEMENT | | $340.56 | $340.56 | $282.66 | $57.89 | | |
| 77022 | MRI GUIDANCE FOR TISSUE ABLATION | | $0.00 | $0.00 | $0.00 | $162.14 | | |
| 77031 | STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY/NEEDLE PLACEMENT | | $214.51 | $214.51 | $153.77 | $60.74 | | |

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|---|---|---|---|---|---|---|---|---|
| 77032 | MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT | | $50.37 | $50.37 | $29.18 | $21.19 | | |
| 77051 | COMPUTER AIDED DETECTION DIAGNOSTIC MAMMOGRAPHY | | $11.88 | $11.88 | $9.39 | $2.49 | | |
| 77052 | COMPUTER AIDED DETECTION SCREENING MAMMOGRAPHY | | $11.88 | $11.88 | $9.39 | $2.49 | | |
| 77053 | MAMMARY DUCTOGRAM, SINGLE DUCT | | $70.50 | $70.50 | $56.59 | $13.91 | | |
| 77054 | MAMMARY DUCTOGRAM, MULTIPLE DUCTS | | $100.75 | $100.75 | $83.48 | $17.27 | | |
| 77055 | MAMMOGRAPHY, UNILATERAL | | $56.43 | $56.43 | $29.94 | $26.49 | | |
| 77056 | MAMMOGRAPHY, BILATERAL | | $70.46 | $70.46 | $37.55 | $32.91 | | |
| 77057 | SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEWS | | $58.97 | $58.97 | $32.48 | $26.49 | | |
| 77058 | MRI, BREAST, UNILATERAL | R | $548.04 | $548.04 | $486.41 | $61.83 | | |
| 77059 | MRI, BREAST, BILATERAL | R | $675.43 | $675.43 | $613.80 | $61.63 | | |
| 77071 | MANUAL APPLICATION OF STRESS FOR JOINT RADIOGRAPHY | | $21.70 | $21.70 | $0.00 | $0.00 | | |
| 77072 | BONE AGE STUDIES | | $16.13 | $16.13 | $9.13 | $6.99 | | |
| 77073 | BONE LENGTH STUDIES | | $29.85 | $29.85 | $19.54 | $10.31 | | |
| 77074 | X-RAY, BONE SURVEY, LIMITED | | $45.43 | $45.43 | $28.17 | $17.27 | | |
| 77075 | X-RAY, BONE SURVEY, COMPLETE | | $62.74 | $62.74 | $42.12 | $20.62 | | |
| 77076 | X-RAY, BONE SUVEY, INFANT | | $52.63 | $52.63 | $26.13 | $26.49 | | |
| 77077 | JOINT SURVEY, 2 OR MORE JOINTS | | $38.10 | $38.10 | $26.14 | $11.97 | | |
| 77078 | CT SCAN, BONE MINERAL DENSITY, AXIAL SKELETON | | $98.03 | $98.03 | $88.55 | $9.48 | | |

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|---|---|---|---|---|---|---|---|---|
| 77079 | CT SCAN, BONE MINERAL DENSITY, APPENDICULAR SKELETON | | $70.01 | $70.01 | $61.65 | $8.36 | | |
| 77080 | DXA, BONE DENSITY STUDY, AXIAL SKELETON | | $76.05 | $76.05 | $67.75 | $8.29 | | |
| 77081 | DXA, BONE DENSITY STUDY, APPENDICULAR SKELETON | | $28.16 | $28.16 | $19.54 | $8.62 | | |
| 77082 | DXA, BONE DENSITY STUDY, VERTEBRAL FRACTURE | | $24.43 | $24.43 | $17.76 | $6.67 | | |
| 77083 | RADIOGRAPHIC ABSORPTIOMTRY | | $25.30 | $25.30 | $17.51 | $7.79 | | |
| 77084 | MRI, BONE MARROW | R | $373.37 | $373.37 | $312.60 | $60.77 | | |
| 77261 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE | | $59.60 | $59.60 | $0.00 | $0.00 | | |
| 77262 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE | | $90.53 | $90.53 | $0.00 | $0.00 | | |
| 77263 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX | | $134.55 | $134.55 | $0.00 | $0.00 | | |
| 77280 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE | | $124.22 | $124.22 | $93.88 | $30.34 | | |
| 77285 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE | | $195.53 | $195.53 | $150.69 | $44.85 | | |
| 77290 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX | | $243.00 | $243.00 | $175.77 | $67.22 | | |

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|---|---|---|---|---|---|---|---|---|
| 77295 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL | | $950.24 | $950.24 | $755.30 | $194.94 | | |
| 77299 | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING | R | $56.25 | $75.00 | $0.00 | $0.00 | | |
| 77300 | BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULA | | $62.95 | $62.95 | $36.28 | $26.68 | | |
| 77301 | INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAM | | $1,032.62 | $1,032.62 | $715.54 | $317.08 | | |
| 77305 | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPL | | $80.73 | $80.73 | $50.39 | $30.34 | | |
| 77310 | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); | | $108.04 | $108.04 | $63.19 | $44.85 | | |
| 77315 | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPL | | $139.21 | $139.21 | $71.99 | $67.22 | | |
| 77321 | SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | | $149.96 | $149.96 | $109.10 | $40.87 | | |
| 77326 | BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION MADE FROM SINGLE PLANE | | $104.01 | $104.01 | $63.99 | $40.01 | | |

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|---|---|---|---|---|---|---|---|---|
| 77327 | BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIO | | $153.49 | $153.49 | $93.88 | $59.60 | | |
| 77328 | BRACHYTHERAPY ISODOSE PLAN; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME | | $223.83 | $223.83 | $134.16 | $89.67 | | |
| 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESC | | $51.05 | $51.05 | $13.60 | $37.45 | | |
| 77332 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMP | | $59.80 | $59.80 | $36.28 | $23.52 | | |
| 77333 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLO | | $87.76 | $87.76 | $51.46 | $36.30 | | |
| 77334 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, | | $140.58 | $140.58 | $87.76 | $52.81 | | |
| 77336 | CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREAT | | $80.55 | $80.55 | $0.00 | $0.00 | | |
| 77370 | SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | | $94.42 | $94.42 | $0.00 | $0.00 | | |
| 77371 | STEREOTACTIC RADIOSURGERY, MULTI-SOURCE COBALT 60 BASED | | $770.69 | $770.69 | $0.00 | $0.00 | | |
| 77372 | STEREOTACTIC RADIOSURGERY, LINEAR ACCELERATOR BASED | | $585.00 | $585.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 77373 | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY | | $1,090.83 | $1,090.83 | $0.00 | $0.00 | | |
| 77399 | UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 77401 | RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE | | $48.00 | $48.00 | $0.00 | $0.00 | | |
| 77402 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR | | $48.00 | $48.00 | $0.00 | $0.00 | | |
| 77403 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR | | $48.00 | $48.00 | $0.00 | $0.00 | | |
| 77404 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR | | $48.00 | $48.00 | $0.00 | $0.00 | | |
| 77406 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR | | $48.00 | $48.00 | $0.00 | $0.00 | | |
| 77407 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M | | $56.53 | $56.53 | $0.00 | $0.00 | | |
| 77408 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M | | $56.53 | $56.53 | $0.00 | $0.00 | | |
| 77409 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M | | $56.53 | $56.53 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 77411 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR M | | $56.53 | $56.53 | $0.00 | $0.00 | | |
| 77412 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, | | $63.19 | $63.19 | $0.00 | $0.00 | | |
| 77413 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, | | $63.22 | $63.22 | $0.00 | $0.00 | | |
| 77414 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, | | $63.86 | $63.86 | $0.00 | $0.00 | | |
| 77416 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, | | $63.19 | $63.19 | $0.00 | $0.00 | | |
| 77417 | THERAPEUTIC RADIOLOGY PORT FILM(S) | | $15.99 | $15.99 | $0.00 | $0.00 | | |
| 77418 | INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS | | $465.41 | $465.41 | $417.56 | $0.00 | | |
| 77421 | STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE | | $103.73 | $103.73 | $88.32 | $15.41 | | |
| 77422 | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT ARE | | $47.00 | $47.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 77423 | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER( | | $61.03 | $61.03 | $0.00 | $0.00 | | |
| 77427 | RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS | | $130.64 | $130.64 | $0.00 | $0.00 | | |
| 77431 | RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTIN | | $77.75 | $77.75 | $0.00 | $0.00 | | |
| 77432 | STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COM | | $374.91 | $374.91 | $0.00 | $0.00 | | |
| 77435 | STEREOTACTIC RADIATION THERAPY, TREATMENT MANAGEMENT | | $508.67 | $508.67 | $0.00 | $0.00 | | |
| 77470 | SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY | | $390.56 | $390.56 | $300.88 | $89.67 | | |
| 77499 | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 77522 | PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 77525 | PROTON TREATMENT DELIVERY; COMPLEX | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 77600 | HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPT | | $149.38 | $149.38 | $82.16 | $67.22 | | |

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|---|---|---|---|---|---|---|---|---|
| 77605 | HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATE | | $199.55 | $199.55 | $109.87 | $89.67 | | |
| 77610 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITI | | $149.38 | $149.38 | $82.16 | $67.22 | | |
| 77615 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTIT | | $199.55 | $199.55 | $109.87 | $89.67 | | |
| 77620 | HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S) | | $149.38 | $149.38 | $82.16 | $67.22 | | |
| 77750 | INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS | | $232.97 | $232.97 | $36.01 | $196.96 | | |
| 77761 | INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE | | $220.69 | $220.69 | $67.99 | $152.70 | | |
| 77762 | INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE | | $327.21 | $327.21 | $97.61 | $229.60 | | |
| 77763 | INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX | | $464.57 | $464.57 | $121.36 | $343.21 | | |
| 77776 | INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE | | $259.25 | $259.25 | $58.92 | $200.33 | | |
| 77777 | INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE | | $414.68 | $414.68 | $114.68 | $300.00 | | |
| 77778 | INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX | | $587.70 | $587.70 | $138.69 | $449.01 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 77785 | REMOTE AFTERLOADING HIGH DOSE RATE | | $153.10 | $153.10 | $58.75 | $94.35 | | |
| 77786 | 2-12 CHANNELS | | $365.53 | $365.53 | $94.75 | $230.83 | | |
| 77787 | OVER 12 CHANNELS | | $634.34 | $634.34 | $202.35 | $432.00 | | |
| 77789 | SURFACE APPLICATION OF RADIATION SOURCE | | $57.11 | $57.11 | $12.26 | $44.85 | | |
| 77790 | SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE | | $58.45 | $58.45 | $13.60 | $44.85 | | |
| 77799 | UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78000 | THYROID UPTAKE; SINGLE DETERMINATION | | $34.37 | $34.37 | $26.13 | $8.23 | | |
| 78001 | THYROID UPTAKE; MULTIPLE DETERMINATIONS | | $46.54 | $46.54 | $35.20 | $11.33 | | |
| 78003 | THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING | | $40.33 | $40.33 | $26.13 | $14.19 | | |
| 78006 | THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION | | $85.54 | $85.54 | $64.53 | $21.01 | | |
| 78007 | THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS | | $91.17 | $91.17 | $69.60 | $21.57 | | |
| 78010 | THYROID IMAGING; ONLY | | $65.81 | $65.81 | $49.07 | $16.73 | | |
| 78011 | THYROID IMAGING; WITH VASCULAR FLOW | | $84.63 | $84.63 | $65.07 | $19.57 | | |
| 78015 | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST | | $98.79 | $98.79 | $69.60 | $29.19 | | |

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|---|---|---|---|---|---|---|---|---|
| 78016 | THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URI | | $129.86 | $129.86 | $94.15 | $35.71 | | |
| 78018 | THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY | | $187.55 | $187.55 | $146.69 | $40.87 | | |
| 78020 | THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CO | | $23.59 | $23.59 | $14.98 | $8.61 | | |
| 78070 | PARATHYROID IMAGING | | $71.18 | $71.18 | $49.07 | $22.11 | | |
| 78075 | ADRENAL IMAGING, CORTEX AND/OR MEDULLA | | $178.74 | $178.74 | $146.69 | $32.05 | | |
| 78099 | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78102 | BONE MARROW IMAGING; LIMITED AREA | | $79.01 | $79.01 | $55.19 | $23.82 | | |
| 78103 | BONE MARROW IMAGING; MULTIPLE AREAS | | $117.96 | $117.96 | $85.62 | $32.34 | | |
| 78104 | BONE MARROW IMAGING; WHOLE BODY | | $144.76 | $144.76 | $110.14 | $34.61 | | |
| 78110 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE | | $33.83 | $33.83 | $25.60 | $8.23 | | |
| 78111 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE | | $79.22 | $79.22 | $69.60 | $9.62 | | |

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|---|---|---|---|---|---|---|---|---|
| 78120 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING | | $57.11 | $57.11 | $46.93 | $10.19 | | |
| 78121 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | | $92.33 | $92.33 | $78.43 | $13.90 | | |
| 78122 | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PL | | $143.85 | $143.85 | $124.55 | $19.30 | | |
| 78130 | RED CELL SURVIVAL STUDY; | | $103.47 | $103.47 | $77.09 | $26.38 | | |
| 78135 | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLE | | $159.27 | $159.27 | $131.74 | $27.53 | | |
| 78140 | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENI | | $132.79 | $132.79 | $106.41 | $26.38 | | |
| 78185 | SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW | | $81.29 | $81.29 | $63.99 | $17.29 | | |
| 78190 | KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL | | $201.24 | $201.24 | $154.68 | $46.56 | | |
| 78191 | PLATELET SURVIVAL STUDY | | $224.56 | $224.56 | $198.18 | $26.38 | | |
| 78195 | LYMPHATICS AND LYMPH NODES IMAGING | | $140.48 | $140.48 | $110.14 | $30.34 | | |
| 78199 | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78201 | LIVER IMAGING; STATIC ONLY | | $82.73 | $82.73 | $63.99 | $18.74 | | |

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|---|---|---|---|---|---|---|---|---|
| 78202 | LIVER IMAGING; WITH VASCULAR FLOW | | $100.00 | $100.00 | $77.89 | $22.11 | | |
| 78205 | LIVER IMAGING (SPECT); | | $190.65 | $190.65 | $159.75 | $30.90 | | |
| 78206 | LIVER IMAGING (SPECT); WITH VASCULAR FLOW | | $0.00 | $196.72 | $161.12 | $35.61 | | |
| 78215 | LIVER AND SPLEEN IMAGING; STATIC ONLY | | $100.24 | $100.24 | $79.23 | $21.01 | | |
| 78216 | LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW | | $118.82 | $118.82 | $94.15 | $24.67 | | |
| 78223 | HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WI | | $135.25 | $135.25 | $98.95 | $36.30 | | |
| 78230 | SALIVARY GLAND IMAGING; | | $78.49 | $78.49 | $58.92 | $19.57 | | |
| 78231 | SALIVARY GLAND IMAGING; WITH SERIAL IMAGES | | $108.29 | $108.29 | $85.62 | $22.67 | | |
| 78232 | SALIVARY GLAND FUNCTION STUDY | | $115.91 | $115.91 | $95.49 | $20.42 | | |
| 78258 | ESOPHAGEAL MOTILITY | | $109.94 | $109.94 | $77.89 | $32.05 | | |
| 78261 | GASTRIC MUCOSA IMAGING | | $140.99 | $140.99 | $110.95 | $30.05 | | |
| 78262 | GASTROESOPHAGEAL REFLUX STUDY | | $144.43 | $144.43 | $114.95 | $29.48 | | |
| 78264 | GASTRIC EMPTYING STUDY | | $145.24 | $145.24 | $111.48 | $33.76 | | |
| 78270 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC | | $50.65 | $50.65 | $41.86 | $8.79 | | |
| 78271 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FAC | | $53.33 | $53.33 | $44.54 | $8.79 | | |

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|---|---|---|---|---|---|---|---|---|
| 78272 | VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC F | | $74.82 | $74.82 | $62.92 | $11.90 | | |
| 78278 | ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING | | $174.56 | $174.56 | $131.74 | $42.82 | | |
| 78282 | GASTROINTESTINAL PROTEIN LOSS | | $0.00 | $0.00 | $0.00 | $16.44 | | |
| 78290 | INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, | | $111.64 | $111.64 | $82.16 | $29.48 | | |
| 78291 | PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) | | $120.43 | $120.43 | $82.69 | $37.74 | | |
| 78299 | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78300 | BONE AND/OR JOINT IMAGING; LIMITED AREA | | $94.40 | $94.40 | $67.46 | $26.94 | | |
| 78305 | BONE AND/OR JOINT IMAGING; MULTIPLE AREAS | | $134.96 | $134.96 | $98.95 | $36.01 | | |
| 78306 | BONE AND/OR JOINT IMAGING; WHOLE BODY | | $152.64 | $152.64 | $115.48 | $37.15 | | |
| 78315 | BONE AND/OR JOINT IMAGING; THREE PHASE STUDY | | $172.79 | $172.79 | $129.09 | $43.70 | | |
| 78320 | BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) | | $204.31 | $204.31 | $159.75 | $44.56 | | |
| 78350 | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE P | | $30.15 | $30.15 | $20.53 | $9.62 | | |

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|---|---|---|---|---|---|---|---|---|
| 78351 | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHO | | $14.39 | $14.39 | $0.00 | $0.00 | | |
| 78399 | UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78414 | DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION | | $0.00 | $0.00 | $0.00 | $19.30 | | |
| 78428 | CARDIAC SHUNT DETECTION | | $94.83 | $94.83 | $61.07 | $33.76 | | |
| 78445 | NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY) | | $71.93 | $71.93 | $50.15 | $21.79 | | |
| 78456 | ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE | | $147.47 | $147.47 | $109.71 | $37.76 | | |
| 78457 | VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL | | $105.19 | $105.19 | $71.99 | $33.20 | | |
| 78458 | VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL | | $147.15 | $147.15 | $108.56 | $38.60 | | |
| 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC | R | $0.00 | $0.00 | $0.00 | $93.54 | | |
| 78460 | MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS | R | $101.15 | $101.15 | $63.99 | $37.15 | | |
| 78461 | MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/O | R | $180.26 | $180.26 | $127.74 | $52.52 | | |

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|---|---|---|---|---|---|---|---|---|
| 78464 | MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY (INCLU | R | $237.79 | $237.79 | $191.23 | $46.56 | | |
| 78465 | MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES | R | $381.19 | $381.19 | $318.49 | $62.71 | | |
| 78466 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE | R | $101.23 | $101.23 | $71.19 | $30.05 | | |
| 78468 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FI | R | $133.30 | $133.30 | $98.95 | $34.35 | | |
| 78469 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WI | R | $180.80 | $180.80 | $141.35 | $39.45 | | |
| 78472 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT | R | $191.34 | $191.34 | $149.08 | $42.26 | | |
| 78473 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL | R | $285.99 | $285.99 | $222.99 | $63.00 | | |
| 78478 | MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATI | | $68.80 | $68.80 | $42.13 | $26.68 | | |
| 78480 | MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN | | $68.80 | $68.80 | $42.13 | $26.68 | | |
| 78481 | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STU | R | $183.61 | $183.61 | $141.35 | $42.26 | | |

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|---|---|---|---|---|---|---|---|---|
| 78483 | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE | R | $275.58 | $275.58 | $212.58 | $63.00 | | |
| 78491 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SIN | R | $0.00 | $0.00 | $0.00 | $80.26 | | |
| 78492 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MUL | R | $0.00 | $0.00 | $0.00 | $90.92 | | |
| 78494 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MO | R | $0.00 | $199.31 | $154.53 | $44.78 | | |
| 78496 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, | R | $0.00 | $68.73 | $48.21 | $20.51 | | |
| 78499 | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78580 | PULMONARY PERFUSION IMAGING, PARTICULATE | | $124.86 | $124.86 | $92.81 | $32.05 | | |
| 78584 | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BRE | | $129.24 | $129.24 | $86.42 | $42.82 | | |
| 78585 | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHIN | | $198.85 | $198.85 | $152.29 | $46.56 | | |

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|---|---|---|---|---|---|---|---|---|
| 78586 | PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION | | $87.43 | $87.43 | $70.14 | $17.29 | | |
| 78587 | PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTE | | $96.75 | $96.75 | $75.74 | $21.01 | | |
| 78588 | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, | | $0.00 | $136.25 | $96.15 | $40.11 | | |
| 78591 | PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTI | | $94.38 | $94.38 | $77.09 | $17.29 | | |
| 78593 | PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT W | | $114.35 | $114.35 | $93.35 | $21.01 | | |
| 78594 | PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT W | | $157.92 | $157.92 | $134.69 | $23.23 | | |
| 78596 | PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/ PERFUSION) | | $245.70 | $245.70 | $191.23 | $54.47 | | |
| 78599 | UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78600 | BRAIN IMAGING, LIMITED PROCEDURE; STATIC | | $96.90 | $96.90 | $77.89 | $19.00 | | |
| 78601 | BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW | | $114.14 | $114.14 | $91.76 | $22.37 | | |

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|---|---|---|---|---|---|---|---|---|
| 78605 | BRAIN IMAGING, COMPLETE STUDY; STATIC | | $114.99 | $114.99 | $91.76 | $23.23 | | |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW | | $132.09 | $132.09 | $104.56 | $27.53 | | |
| 78607 | BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT) | | $229.63 | $229.63 | $177.11 | $52.52 | | |
| 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATIO | R | $60.65 | $60.65 | $0.00 | $0.00 | | |
| 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATIO | R | $62.66 | $62.66 | $0.00 | $0.00 | | |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ONLY | | $55.71 | $55.71 | $42.66 | $13.04 | | |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER | | $165.76 | $165.76 | $136.28 | $29.48 | | |
| 78635 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER | | $95.18 | $95.18 | $68.80 | $26.38 | | |
| 78645 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER | | $117.48 | $117.48 | $92.81 | $24.67 | | |
| 78647 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATER | | $198.62 | $198.62 | $159.75 | $38.86 | | |
| 78650 | CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION | | $151.74 | $151.74 | $125.36 | $26.38 | | |

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|---|---|---|---|---|---|---|---|---|
| 78660 | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | R | $80.57 | $80.57 | $57.34 | $23.23 | | |
| 78699 | UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78700 | KIDNEY IMAGING; STATIC ONLY | | $101.45 | $101.45 | $82.16 | $19.30 | | |
| 78701 | KIDNEY IMAGING; WITH VASCULAR FLOW | | $117.04 | $117.04 | $96.03 | $21.01 | | |
| 78707 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT | | $161.13 | $161.13 | $120.82 | $40.31 | | |
| 78708 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH | | $0.00 | $163.76 | $116.60 | $47.16 | | |
| 78709 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH | | $0.00 | $169.52 | $116.60 | $52.92 | | |
| 78710 | KIDNEY IMAGING, TOMOGRAPHIC (SPECT) | | $188.38 | $188.38 | $159.75 | $28.63 | | |
| 78725 | KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY | | $64.71 | $64.71 | $48.27 | $16.44 | | |
| 78730 | URINARY BLADDER RESIDUAL STUDY | | $54.81 | $54.81 | $39.47 | $15.34 | | |
| 78740 | URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM) | | $82.01 | $82.01 | $57.34 | $24.67 | | |
| 78761 | TESTICULAR IMAGING; WITH VASCULAR FLOW | | $117.32 | $117.32 | $86.42 | $30.90 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 78799 | UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | $120.15 | $120.15 | $91.76 | $28.39 | | |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | $148.46 | $148.46 | $114.41 | $34.05 | | |
| 78802 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | $186.77 | $186.77 | $149.61 | $37.15 | | |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | $223.67 | $223.67 | $177.11 | $46.56 | | |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | R | $158.04 | $158.04 | $116.73 | $41.31 | | |
| 78805 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA | R | $123.25 | $123.25 | $91.76 | $31.49 | | |
| 78806 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY | R | $210.78 | $210.78 | $173.89 | $36.89 | | |
| 78807 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC | R | $223.67 | $223.67 | $177.11 | $46.56 | | |

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|---|---|---|---|---|---|---|---|---|
| 78808 | INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL | | $36.49 | $36.49 | | | | |
| 78811 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (EG, C | R | $0.00 | $0.00 | $0.00 | $62.06 | | |
| 78812 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-T | R | $0.00 | $0.00 | $0.00 | $76.95 | | |
| 78813 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY | R | $0.00 | $0.00 | $0.00 | $62.19 | | |
| 78814 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY | R | $0.00 | $0.00 | $0.00 | $68.12 | | |
| 78815 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY | R | $0.00 | $0.00 | $0.00 | $75.24 | | |
| 78816 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY | R | $0.00 | $0.00 | $0.00 | $77.02 | | |
| 78999 | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 79005 | RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION | R | $141.27 | $141.27 | $70.48 | $70.79 | | |
| 79101 | RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION | R | $147.80 | $147.80 | $70.48 | $77.32 | | |

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|---|---|---|---|---|---|---|---|---|
| 79200 | RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION | R | $156.85 | $156.85 | $71.19 | $85.67 | | |
| 79300 | RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID | R | $0.00 | $0.00 | $0.00 | $68.67 | | |
| 79403 | RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY | R | $203.02 | $203.02 | $112.58 | $90.44 | | |
| 79440 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION | R | $156.85 | $156.85 | $71.19 | $85.67 | | |
| 79445 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRAT | R | $166.24 | $166.24 | $71.00 | $95.24 | | |
| 79999 | RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| | **Please use lab fee schedule for covered codes not listed below in the 8000-89240 range. G, P, & Q codes shown on Lab fee schedule are currently non-covered for physicians** | | | | | | | |
| 80050 | GENERAL HEALTH PANEL | | $48.45 | $48.45 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 80055 | OBSTETRIC PANEL | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 80103 | TISSUE PREPARATION FOR DRUG ANALYSIS | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 80500 | CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S | | $15.54 | $15.80 | $0.00 | $0.00 | | |
| 80502 | CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOST | | $53.21 | $53.98 | $0.00 | $0.00 | | |
| 81099 | UNLISTED URINALYSIS PROCEDURE | R | $0.01 | $0.01 | $0.00 | $0.00 | | |
| 82107 | ALPHA-FETOPROTEIN-L3 FRACTION ISOFORM AND TOTAL AFP | | $89.99 | $89.99 | $0.00 | $0.00 | | |
| 83698 | LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE | | $47.43 | $47.43 | $0.00 | $0.00 | | |
| 83913 | MOLECULAR DIAGNOSTICS, RNA STABILIZATION | | $12.56 | $12.56 | $0.00 | $0.00 | | |
| 84999 | UNLISTED CHEMISTRY PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 85060 | BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPO | | $18.61 | $18.61 | $0.00 | $0.00 | | |
| 85097 | BONE MARROW, SMEAR INTERPRETATION | | $38.90 | $66.01 | $0.00 | $0.00 | | |
| 85999 | UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 86077 | BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION | | $37.61 | $39.16 | $0.00 | $0.00 | | |
| 86078 | BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION | | $37.87 | $39.93 | $0.00 | $0.00 | | |
| 86079 | BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDA | | $38.13 | $39.93 | $0.00 | $0.00 | | |
| 86485 | SKIN TEST; CANDIDA | | $5.68 | $5.68 | $0.00 | $0.00 | | |
| 86486 | SKIN TEST, NOS ANTIGEN | | $4.45 | $4.45 | | | | |
| 86490 | SKIN TEST; COCCIDIOIDOMYCOSIS | | $7.99 | $7.99 | $0.00 | $0.00 | | |
| 86510 | SKIN TEST; HISTOPLASMOSIS | | $8.76 | $8.76 | $0.00 | $0.00 | | |
| 86580 | SKIN TEST; TUBERCULOSIS, INTRADERMAL | | $6.95 | $6.95 | $0.00 | $0.00 | | |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE | | $110.00 | $110.00 | $0.00 | $0.00 | | |
| 86850 | ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE | | $47.17 | $47.17 | $0.00 | $0.00 | | |
| 86860 | ANTIBODY ELUTION (RBC), EACH ELUTION | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86870 | ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86890 | AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 86891 | AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTR | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86910 | BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN | | $26.06 | $26.06 | $0.00 | $0.00 | | |
| 86911 | BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86920 | COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86921 | COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE | | $21.18 | $21.18 | $0.00 | $0.00 | | |
| 86922 | COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE | | $31.00 | $31.00 | $0.00 | $0.00 | | |
| 86923 | COMPATIBILITY TEST EACH UNIT; ELECTRONIC | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86927 | FRESH FROZEN PLASMA, THAWING, EACH UNIT | | $31.13 | $31.13 | $0.00 | $0.00 | | |
| 86930 | FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86931 | FROZEN BLOOD, EACH UNIT; THAWING | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86932 | FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86945 | IRRADIATION OF BLOOD PRODUCT, EACH UNIT | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 86950 | LEUKOCYTE TRANSFUSION | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86960 | VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86965 | POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86970 | PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86971 | PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86972 | PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86975 | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATI | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86976 | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUT | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86977 | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATI | | $50.00 | $50.00 | $0.00 | $0.00 | | |
| 86978 | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 86985 | SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 86999 | UNLISTED TRANSFUSION MEDICINE PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 87305 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, ASPERGILLUS | | $16.01 | $16.01 | $0.00 | $0.00 | | |
| 87640 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPH AUREUS | | $49.04 | $49.04 | $0.00 | $0.00 | | |
| 87641 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPH AUREUS, METH RESIST | | $49.04 | $49.04 | $0.00 | $0.00 | | |
| 87653 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B | | $49.04 | $49.04 | $0.00 | $0.00 | | |
| 87808 | INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY, TRICHOMONAS VAGINALIS | | $16.01 | $16.01 | $0.00 | $0.00 | | |
| 87999 | UNLISTED MICROBIOLOGY PROCEDURE | R | $0.01 | $0.01 | $0.00 | $0.00 | | |
| 88104 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGIN | | $35.44 | $35.44 | $6.87 | $22.81 | | |
| 88106 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGIN | | $30.28 | $30.28 | $7.47 | $22.81 | | |
| 88107 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGIN | | $43.26 | $43.26 | $12.63 | $30.62 | | |

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| 88108 | CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, | | $34.15 | $34.15 | $11.08 | $23.07 | | |
| 88112 | CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRET | | $87.65 | $87.65 | $38.80 | $48.26 | | |
| 88125 | CYTOPATHOLOGY, FORENSIC (EG, SPERM) | | $14.95 | $14.95 | $4.64 | $10.31 | | |
| 88141 | CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING | | $18.02 | $18.02 | $0.00 | $0.00 | | |
| 88160 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION | | $36.56 | $36.56 | $16.25 | $20.31 | | |
| 88161 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND | | $36.81 | $36.81 | $16.50 | $20.31 | | |
| 88162 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER | | $45.06 | $45.06 | $13.15 | $31.91 | | |
| 88172 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTO | | $44.34 | $44.34 | $19.08 | $25.25 | | |
| 88173 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND | | $98.16 | $98.16 | $17.28 | $55.97 | | |
| 88182 | FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS | | $62.64 | $62.64 | $30.18 | $32.46 | | |

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| 88187 | FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS | | $52.09 | $52.09 | $0.00 | $0.00 | | |
| 88188 | FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS | | $64.95 | $64.95 | $0.00 | $0.00 | | |
| 88189 | FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS | | $85.56 | $85.56 | $0.00 | $0.00 | | |
| 88199 | UNLISTED CYTOPATHOLOGY PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 88291 | CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT | | $21.14 | $0.00 | $0.00 | $0.00 | | |
| 88299 | UNLISTED CYTOGENETIC STUDY | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 88300 | LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY | | $12.35 | $12.35 | $8.51 | $3.84 | | |
| 88302 | LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | $31.01 | $31.01 | $22.44 | $6.31 | | |
| 88304 | LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | $41.12 | $41.12 | $18.05 | $10.20 | | |
| 88305 | LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | $61.81 | $61.81 | $29.66 | $32.15 | | |
| 88307 | LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | $131.54 | $131.54 | $40.48 | $66.10 | | |

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|---|---|---|---|---|---|---|---|---|
| 88309 | LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | $184.42 | $184.42 | $55.71 | $93.69 | | |
| 88311 | DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SUR | | $12.57 | $12.57 | $2.57 | $10.00 | | |
| 88312 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC | | $55.81 | $55.81 | $27.35 | $21.46 | | |
| 88313 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC | | $39.67 | $39.67 | $20.38 | $10.00 | | |
| 88314 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVIC | | $38.47 | $38.47 | $18.83 | $19.65 | | |
| 88318 | DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONENTS (EG, COPP | | $47.69 | $47.69 | $30.97 | $16.73 | | |
| 88319 | DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME | | $52.13 | $52.13 | $30.18 | $21.95 | | |
| 88321 | CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE | | $52.09 | $53.13 | $0.00 | $0.00 | | |
| 88323 | CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF | | $88.10 | $88.10 | $33.80 | $54.30 | | |

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|---|---|---|---|---|---|---|---|---|
| 88325 | CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WIT | | $87.31 | $87.31 | $0.00 | $0.00 | | |
| 88329 | PATHOLOGY CONSULTATION DURING SURGERY; | | $28.04 | $29.85 | $0.00 | $0.00 | | |
| 88331 | PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN | | $65.85 | $65.85 | $10.30 | $49.19 | | |
| 88332 | PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WI | | $30.37 | $30.37 | $5.92 | $24.45 | | |
| 88333 | PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC | | $65.23 | $65.23 | $15.07 | $50.16 | | |
| 88334 | PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUC | | $33.85 | $33.85 | $9.19 | $24.66 | | |
| 88342 | IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBOD | | $64.08 | $64.08 | $20.89 | $34.76 | | |
| 88346 | IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD | | $55.43 | $55.43 | $20.63 | $34.79 | | |
| 88347 | IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD | | $64.20 | $64.20 | $30.44 | $33.76 | | |
| 88348 | ELECTRON MICROSCOPY; DIAGNOSTIC | | $182.50 | $182.50 | $116.88 | $65.62 | | |

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|---|---|---|---|---|---|---|---|---|
| 88349 | ELECTRON MICROSCOPY; SCANNING | | $185.20 | $185.20 | $150.71 | $34.50 | | |
| 88355 | MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE | | $144.26 | $144.26 | $67.33 | $76.93 | | |
| 88356 | MORPHOMETRIC ANALYSIS; NERVE | | $195.20 | $195.20 | $70.94 | $124.26 | | |
| 88358 | MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY) | | $133.68 | $133.68 | $18.28 | $115.41 | | |
| 88360 | MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, EST | | $78.85 | $78.85 | $32.67 | $46.18 | | |
| 88361 | MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, EST | | $99.02 | $99.06 | $58.34 | $40.67 | | |
| 88362 | NERVE TEASING PREPARATIONS | | $131.79 | $131.79 | $42.55 | $89.24 | | |
| 88365 | IN SITU HYBRIDIZATION (EG, FISH), EACH PROBE | | $64.41 | $64.41 | $26.57 | $37.84 | | |
| 88380 | MICRODISSECTION (EG, MECHANICAL, LASER CAPTURE) | | | | $0.00 | $0.00 | | |
| 88381 | MICRODISSECTION, MANUAL | | $170.01 | $170.01 | $0.00 | $0.00 | | |
| 88384 | ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 11 THROUGH 50 PRO | | | | $0.00 | $0.00 | | |
| 88385 | ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 51 THROUGH 250 PR | | $0.00 | $258.72 | $193.15 | $65.57 | | |

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|---|---|---|---|---|---|---|---|---|
| 88386 | ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 251 THROUGH 500 P | | $0.00 | $269.70 | $187.21 | $82.48 | | |
| 88399 | UNLISTED SURGICAL PATHOLOGY PROCEDURE | R | | | $0.00 | $0.00 | | |
| 89049 | CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA | | $49.98 | $133.93 | $0.00 | $0.00 | | |
| 89100 | DUODENAL INTUBATION AND ASPIRATION; SINGLE SPECIMEN (EG, SIMPLE BILE S | | $25.00 | $57.26 | $0.00 | $0.00 | | |
| 89105 | DUODENAL INTUBATION AND ASPIRATION; COLLECTION OF MULTIPLE FRACTIONAL | | $21.08 | $59.55 | $0.00 | $0.00 | | |
| 89130 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEM | | $18.61 | $49.59 | $0.00 | $0.00 | | |
| 89132 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEM | | $8.56 | $41.86 | $0.00 | $0.00 | | |
| 89135 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRI | | $33.04 | $62.98 | $0.00 | $0.00 | | |
| 89136 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRI | | $9.39 | $34.69 | $0.00 | $0.00 | | |
| 89140 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRI | | $38.64 | $76.07 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 89141 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRI | | $36.83 | $82.00 | $0.00 | $0.00 | | |
| 89220 | SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCED | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 89230 | SWEAT COLLECTION BY IONTOPHORESIS | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 89240 | UNLISTED MISCELLANEOUS PATHOLOGY TEST | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 89310 | SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST) | | $12.17 | $12.17 | $0.00 | $0.00 | | |
| 89320 | SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL) | | $16.96 | $16.96 | $0.00 | $0.00 | | |
| 89325 | SPERM ANTIBODIES | | $15.10 | $15.10 | $0.00 | $0.00 | | |
| 90283 | IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 90288 | BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 90379 | RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIV), HUMAN, FOR | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 90385 | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE | | | | | $3.30 | | |
| 90386 | RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE | | | | | $3.30 | | |

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|---|---|---|---|---|---|---|---|---|
| 90633 | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR | | | | | $3.30 | | |
| 90645 | HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE) | | | | | $3.30 | | |
| 90646 | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-D CONJUGATE, FOR BOOSTER USE | | | | | $3.30 | | |
| 90647 | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDU | | | | | $3.30 | | |
| 90648 | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE | | | | | $3.30 | | |
| 90649 | HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT | | | | | $3.30 | | |
| 90655 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR CHILDREN | | | | | $3.30 | | |
| 90656 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN | | | | | $3.30 | | |
| 90657 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR CHILDREN 6-35 MONTHS OF AGE, | | | | | $3.30 | | |

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|---|---|---|---|---|---|---|---|---|
| 90658 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR USE IN INDIVIDUALS 3 YEARS O | | | | | $3.30 | | |
| 90658 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR USE IN INDIVIDUALS 3 YEARS O | | | | | $3.30 | | |
| 90660 | INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE | | | | | $3.30 | | |
| 90669 | PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, FOR CHILDREN UNDER 5 YEARS | | | | | $3.30 | | |
| 90696 | DIPHTHERIA,TETANUS TOXOIDS,ACELLULAR PERTUSSIS VAC | | | | | $3.30 | | |
| 90700 | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), F | | | | | $3.30 | | |
| 90701 | DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE (DTP), F | | | | | $3.30 | | |
| 90702 | DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED FOR USE IN INDIVIDUALS YO | | | | | $3.30 | | |
| 90703 | TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE | | | | | $3.30 | | |
| 90707 | MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS | | | | | $3.30 | | |

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|---|---|---|---|---|---|---|---|---|
| 90713 | POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCU | | | | | $3.30 | | |
| 90715 | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), FO | | | | | $3.30 | | |
| 90716 | VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE | | | | | $3.30 | | |
| 90718 | TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS 7 | | | | | $3.30 | | |
| 90720 | DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE AND | | | | | $3.30 | | |
| 90721 | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOP | | | | | $0.00 | | |
| 90723 | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, | | | | | $3.30 | | |
| 90725 | CHOLERA VACCINE FOR INJECTABLE USE | | | | | $0.00 | | |
| 90732 | PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRES | | | | | $3.30 | | |

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|---|---|---|---|---|---|---|---|---|
| 90733 | MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS | | | | | $3.30 | | |
| 90734 | MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 | | | | | $3.30 | | |
| 90736 | ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION | | | | | $3.30 | | |
| 90743 | HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR U | | | | | $3.30 | | |
| 90744 | HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FO | | | | | $3.30 | | |
| 90746 | HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE | | | | | $3.30 | | |
| 90747 | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DO | | | | | $3.30 | | |
| 90748 | HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR | | | | | $3.30 | | |
| 90801 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | | | | | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 90802 | INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY | | $97.74 | $97.74 | $0.00 | $0.00 | | |
| 90804 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $0.00 | $42.23 | $0.00 | $0.00 | | |
| 90805 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $0.00 | $54.58 | $0.00 | $0.00 | | |
| 90806 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $0.00 | $71.48 | $0.00 | $0.00 | | |
| 90807 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $0.00 | $77.22 | $0.00 | $0.00 | | |
| 90808 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $0.00 | $110.27 | $0.00 | $0.00 | | |
| 90809 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $0.00 | $121.50 | $0.00 | $0.00 | | |
| 90810 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $0.00 | $51.70 | $0.00 | $0.00 | | |
| 90811 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $0.00 | $62.94 | $0.00 | $0.00 | | |
| 90812 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $0.00 | $71.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 90813 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $0.00 | $79.36 | $0.00 | $0.00 | | |
| 90814 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $0.00 | $102.98 | $0.00 | $0.00 | | |
| 90815 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $0.00 | $115.08 | $0.00 | $0.00 | | |
| 90816 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $45.97 | $45.97 | $0.00 | $0.00 | | |
| 90817 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $57.79 | $0.00 | $0.00 | $0.00 | | |
| 90818 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $71.78 | $0.00 | $0.00 | $0.00 | | |
| 90819 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $80.42 | $0.00 | $0.00 | $0.00 | | |
| 90821 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $119.77 | $0.00 | $0.00 | $0.00 | | |
| 90822 | INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR | | $132.45 | $0.00 | $0.00 | $0.00 | | |
| 90823 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $55.73 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 90824 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $68.41 | $0.00 | $0.00 | $0.00 | | |
| 90826 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $77.34 | $0.00 | $0.00 | $0.00 | | |
| 90827 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $86.85 | $0.00 | $0.00 | $0.00 | | |
| 90828 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $113.07 | $0.00 | $0.00 | $0.00 | | |
| 90829 | INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL | | $126.89 | $0.00 | $0.00 | $0.00 | | |
| 90845 | PSYCHOANALYSIS | | $64.74 | $64.74 | $0.00 | $0.00 | | |
| 90847 | FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT) | | $86.15 | $86.15 | $0.00 | $0.00 | | |
| 90849 | MULTIPLE-FAMILY GROUP PSYCHOTHERAPY | | $0.00 | $25.02 | $0.00 | $0.00 | | |
| 90853 | GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | $20.32 | $20.32 | $0.00 | $0.00 | | |
| 90857 | INTERACTIVE GROUP PSYCHOTHERAPY | | $17.13 | $17.13 | $0.00 | $0.00 | | |
| 90862 | PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF | | $39.19 | $39.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 90865 | NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG | | $96.43 | $96.43 | $0.00 | $0.00 | | |
| 90870 | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING) | | $71.86 | $71.86 | $0.00 | $0.00 | | |
| 90875 | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN | | $42.22 | $42.22 | $0.00 | $0.00 | | |
| 90876 | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN | | $65.71 | $65.71 | $0.00 | $0.00 | | |
| 90899 | UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 90901 | BIOFEEDBACK TRAINING BY ANY MODALITY | | $19.78 | $19.78 | $0.00 | $0.00 | | |
| 90911 | BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTE | | $99.96 | $99.96 | $0.00 | $0.00 | | |
| 90935 | HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION | | $78.19 | $78.19 | $0.00 | $0.00 | | |
| 90937 | HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOU | | $137.37 | $137.37 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 90940 | HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND | | $55.62 | $55.62 | $32.72 | $22.90 | | |
| 90945 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, | | $73.57 | $73.57 | $0.00 | $0.00 | | |
| 90947 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, | | $122.84 | $122.84 | $0.00 | $0.00 | | |
| 90951 | ESRD RELATED SERVICES MONTHLY FOR PATIENTS < 2 | | $781.51 | $781.51 | | | | |
| 90952 | ESRD RELATED SERVICES MONTHLY WITH 2-3 | | $0.00 | $0.00 | | | | |
| 90953 | ESRD RELATED SERVICES MONTHLY WITH 1 | | $0.00 | $0.00 | | | | |
| 90954 | ESRD RELATED SERVICES MONTLY FOR PATIENTS 2-11 | | $653.63 | $653.63 | | | | |
| 90955 | ESRD RELATED SERVICES MONTLY WITH 2-3 | | $361.08 | $361.08 | | | | |
| 90956 | ESRD RELATED SERVICES MONTLY WITH 1 | | $239.73 | $239.73 | | | | |
| 90957 | ESRD RELATED SERVICES MONTHLY FOR PATIENTS 12-19 | | $522.49 | $522.49 | | | | |
| 90958 | ESRD RELATED SERVICES MONTLY WITH 2-3 | | $346.84 | $346.84 | | | | |
| 90959 | ESRD RELATED SERVICES MONTLY WITH 1 | | $221.93 | $221.93 | | | | |
| 90960 | ESRD RELATED SERVICES MONTHLY FOR PATIENTS >20 | | $227.27 | $227.27 | | | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 90961 | ESRD RELATED SERVICES MONTLY WITH 2-3 | | $181.88 | $181.88 | | | | |
| 90962 | ESRD RELATED SERVICES MONTLY WITH 1 | | $129.06 | $129.06 | | | | |
| 90963 | ESRD RELATED SERVICES FOR HOME DIALYSIS PATIENTS<2 | | $417.16 | $417.16 | | | | |
| 90964 | ESRD RELATED SERVICES FOR HOME DIALYSIS PTS 2-11 | | $363.75 | $363.75 | | | | |
| 90965 | ESRD RELATED SERVICES FOR HOME DIALYSIS PTS 12-19 | | $346.55 | $346.55 | | | | |
| 90966 | ESRD RELATED SERVICES FOR HOME DIALYSIS PTS >20 | | $179.21 | $179.21 | | | | |
| 90967 | ESRD RELATED SERVICES FOR DIALYSIS < FULL MONTH | | $15.43 | $15.43 | | | | |
| 90968 | ESRD RELATED SERVICES FOR DIALYSIS < MONTH,AGE 2-11 | | $12.46 | $12.46 | | | | |
| 90969 | ESRD RELATED SERVICES FOR DIALYSIS <MONTH,AGE12-19 | | $12.16 | $12.16 | | | | |
| 90970 | ESRD RELATED SERVICES FOR DIALYSIS <MONTH,AGE >20 | | $6.23 | $6.23 | | | | |
| 90989 | DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MOD | | $394.96 | $394.96 | $0.00 | $0.00 | | |
| 90997 | HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN) | | $120.91 | $120.91 | $0.00 | $0.00 | | |
| 90999 | UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 91000 | ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDI | | $48.21 | $48.21 | $2.12 | $46.09 | | |
| 91010 | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR | | $113.70 | $113.70 | $22.38 | $91.32 | | |
| 91011 | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR | | $133.82 | $133.82 | $27.99 | $105.83 | | |
| 91012 | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR | | $145.61 | $145.61 | $31.45 | $114.16 | | |
| 91020 | GASTRIC MOTILITY (MANOMETRIC) STUDIES | | $126.89 | $126.89 | $21.04 | $105.85 | | |
| 91022 | DUODENAL MOTILITY (MANOMETRIC) STUDY | | $158.62 | $158.62 | $101.07 | $57.55 | | |
| 91030 | ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS | | $51.45 | $51.45 | $6.12 | $45.33 | | |
| 91034 | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH | | $165.59 | $165.59 | $126.58 | $39.01 | | |
| 91035 | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMET | | $325.86 | $325.86 | $262.84 | $63.02 | | |
| 91037 | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH | | $106.65 | $106.65 | $67.64 | $39.01 | | |

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|---|---|---|---|---|---|---|---|---|
| 91038 | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATH | | $92.39 | $92.39 | $48.25 | $44.14 | | |
| 91040 | ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY | | $315.88 | $315.88 | $276.87 | $39.01 | | |
| 91052 | GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION | | $73.87 | $73.87 | $9.31 | $64.56 | | |
| 91055 | GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPAR | | $60.48 | $60.48 | $8.26 | $52.21 | | |
| 91065 | BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY, FRUCTOS | | $36.68 | $36.68 | $9.61 | $27.08 | | |
| 91105 | GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR | | $24.17 | $24.17 | $0.00 | $0.00 | | |
| 91110 | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), | | $656.41 | $656.41 | $517.76 | $138.65 | | |
| 91111 | ENDOSCOPY, ESOPHAGEAL CAPSULE | | $503.16 | $503.16 | $0.00 | $0.00 | | |
| 91120 | RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BA | | $311.80 | $311.80 | $272.53 | $39.27 | | |
| 91122 | ANORECTAL MANOMETRY | | $103.69 | $103.69 | $20.16 | $83.53 | | |
| 91123 | PULSED IRRIGATION OF FECAL IMPACTION | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 91132 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; | | $9.63 | $9.63 | $3.35 | $6.28 | | |
| 91133 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TEST | | $9.63 | $9.63 | $3.35 | $6.28 | | |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 92002 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH | | $51.67 | $51.67 | $0.00 | $0.00 | | |
| 92004 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH | | $94.51 | $94.51 | $0.00 | $0.00 | | |
| 92012 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH | | $46.92 | $46.92 | $0.00 | $0.00 | | |
| 92014 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH | | $69.80 | $69.80 | | | | |
| 92015 | DETERMINATION OF REFRACTIVE STATE | | $20.22 | $20.22 | $0.00 | $0.00 | | |
| 92018 | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, | | $57.64 | $57.64 | $0.00 | $0.00 | | |
| 92019 | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, | | $45.47 | $51.78 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92020 | GONIOSCOPY (SEPARATE PROCEDURE) | | $14.99 | $18.88 | $0.00 | $0.00 | | |
| 92025 | CORNEAL TOPOGRAPHY | | $21.74 | $21.74 | $8.37 | $13.37 | | |
| 92060 | SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATIO | | $40.11 | $40.11 | $5.07 | $20.55 | | |
| 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION | | $25.15 | $25.15 | $4.29 | $16.46 | | |
| 92070 | FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF | R | $38.09 | $54.18 | $0.00 | $0.00 | | |
| 92081 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION | | $35.34 | $35.34 | $4.02 | $15.37 | | |
| 92082 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION | | $45.14 | $45.14 | $5.34 | $21.20 | | |
| 92083 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION | | $52.05 | $52.05 | $7.75 | $30.15 | | |
| 92100 | SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF | | $30.59 | $33.94 | $0.00 | $0.00 | | |
| 92120 | TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOM | | $28.41 | $32.57 | $0.00 | $0.00 | | |
| 92130 | TONOGRAPHY WITH WATER PROVOCATION | | $30.83 | $37.40 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92135 | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING LASE | | $0.00 | $41.29 | $26.84 | $14.45 | | |
| 92136 | OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCUL | | $56.53 | $21.47 | $35.06 | $21.47 | | |
| 92140 | PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOU | | $18.94 | $22.96 | $0.00 | $0.00 | | |
| 92225 | OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH | | $23.54 | $29.58 | $0.00 | $0.00 | | |
| 92226 | OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH | | $20.52 | $25.89 | $0.00 | $0.00 | | |
| 92230 | FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT | | $27.83 | $37.09 | $0.00 | $0.00 | | |
| 92235 | FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETAT | | $68.33 | $68.33 | $28.01 | $40.32 | | |
| 92240 | INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH | | $0.00 | $74.62 | $26.98 | $47.64 | | |
| 92250 | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT | | $52.81 | $52.81 | $4.80 | $19.86 | | |
| 92260 | OPHTHALMODYNAMOMETRY | | $22.64 | $29.88 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92265 | NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR | | $32.03 | $32.03 | $6.39 | $25.65 | | |
| 92270 | ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT | | $42.95 | $42.95 | $8.53 | $34.42 | | |
| 92275 | ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT | | $54.99 | $54.99 | $10.95 | $44.05 | | |
| 92283 | COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT | | $15.65 | $15.65 | $3.22 | $12.43 | | |
| 92284 | DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT | | $23.41 | $23.41 | $4.80 | $18.61 | | |
| 92285 | EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR | | $13.89 | $13.89 | $2.95 | $10.94 | | |
| 92286 | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W | | $53.79 | $53.79 | $10.95 | $42.84 | | |
| 92287 | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W | | $46.10 | $66.48 | $0.00 | $0.00 | | |
| 92310 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | R | $69.74 | $69.74 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92311 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | R | $44.49 | $56.56 | $0.00 | $0.00 | | |
| 92312 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | R | $53.26 | $68.82 | $0.00 | $0.00 | | |
| 92313 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF | R | $39.53 | $51.33 | $0.00 | $0.00 | | |
| 92340 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL | | $33.00 | $33.00 | $0.00 | $0.00 | | |
| 92341 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL | | $38.00 | $38.00 | $0.00 | $0.00 | | |
| 92352 | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL | | $33.00 | $33.00 | $0.00 | $0.00 | | |
| 92353 | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL | | $39.00 | $39.00 | $0.00 | $0.00 | | |
| 92370 | REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA | | $29.00 | $29.00 | $0.00 | $0.00 | | |
| 92371 | REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA | | $8.40 | $16.31 | $0.00 | $0.00 | | |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92502 | OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA | | $77.27 | $77.27 | $0.00 | $0.00 | | |
| 92504 | BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE) | | $9.25 | $12.74 | $0.00 | $0.00 | | |
| 92506 | EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY | | $33.42 | $40.40 | $0.00 | $0.00 | | |
| 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY | | $20.41 | $24.84 | $0.00 | $0.00 | | |
| 92508 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY | | $10.53 | $12.94 | $0.00 | $0.00 | | |
| 92511 | NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE) | | $38.23 | $49.63 | $0.00 | $0.00 | | |
| 92512 | NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY) | | $23.66 | $29.96 | $0.00 | $0.00 | | |
| 92516 | FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY) | | $18.82 | $24.05 | $0.00 | $0.00 | | |
| 92520 | LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTI | | $30.62 | $37.73 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92526 | TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | | $29.08 | $29.08 | $0.00 | $0.00 | | |
| 92531 | SPONTANEOUS NYSTAGMUS, INCLUDING GAZE | | $6.96 | $6.96 | $0.00 | $0.00 | | |
| 92532 | POSITIONAL NYSTAGMUS TEST | | $5.83 | $5.83 | $0.00 | $0.00 | | |
| 92533 | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULAT | | $6.69 | $6.69 | $0.00 | $0.00 | | |
| 92534 | OPTOKINETIC NYSTAGMUS TEST | | $2.76 | $2.76 | $0.00 | $0.00 | | |
| 92541 | SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WIT | | $31.41 | $31.41 | $6.39 | $25.02 | | |
| 92542 | POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING | | $27.75 | $27.75 | $7.43 | $20.31 | | |
| 92543 | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULAT | | $35.33 | $35.33 | $11.70 | $23.63 | | |
| 92544 | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL | | $21.45 | $21.45 | $5.85 | $15.60 | | |
| 92545 | OSCILLATING TRACKING TEST, WITH RECORDING | | $18.45 | $18.45 | $5.85 | $12.60 | | |
| 92546 | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING | | $23.94 | $23.94 | $6.65 | $17.29 | | |
| 92547 | USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PR | | $15.67 | $15.67 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92548 | COMPUTERIZED DYNAMIC POSTUROGRAPHY | | $0.00 | $66.72 | $39.50 | $27.22 | | |
| 92551 | SCREENING TEST, PURE TONE, AIR ONLY | | $12.24 | $12.24 | $0.00 | $0.00 | | |
| 92552 | PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY | | $12.24 | $12.24 | $0.00 | $0.00 | | |
| 92553 | PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE | | $18.60 | $18.60 | $0.00 | $0.00 | | |
| 92555 | SPEECH AUDIOMETRY THRESHOLD; | | $10.63 | $10.63 | $0.00 | $0.00 | | |
| 92556 | SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION | | $15.94 | $15.94 | $0.00 | $0.00 | | |
| 92557 | COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION ( | | $33.50 | $33.50 | $0.00 | $0.00 | | |
| 92559 | AUDIOMETRIC TESTING OF GROUPS | | $22.26 | $22.26 | $0.00 | $0.00 | | |
| 92560 | BEKESY AUDIOMETRY; SCREENING | | $14.21 | $14.21 | $0.00 | $0.00 | | |
| 92561 | BEKESY AUDIOMETRY; DIAGNOSTIC | | $19.94 | $19.94 | $0.00 | $0.00 | | |
| 92562 | LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL | | $11.43 | $11.43 | $0.00 | $0.00 | | |
| 92563 | TONE DECAY TEST | | $10.63 | $10.63 | $0.00 | $0.00 | | |
| 92564 | SHORT INCREMENT SENSITIVITY INDEX (SISI) | | $13.28 | $13.28 | $0.00 | $0.00 | | |
| 92565 | STENGER TEST, PURE TONE | | $6.07 | $11.16 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92567 | TYMPANOMETRY (IMPEDANCE TESTING) | | $14.87 | $14.87 | $0.00 | $0.00 | | |
| 92568 | ACOUSTIC REFLEX TESTING; THRESHOLD | | $10.63 | $10.63 | $0.00 | $0.00 | | |
| 92569 | ACOUSTIC REFLEX TESTING; DECAY | | $11.43 | $11.43 | $0.00 | $0.00 | | |
| 92571 | FILTERED SPEECH TEST | | $5.93 | $10.90 | $0.00 | $0.00 | | |
| 92572 | STAGGERED SPONDAIC WORD TEST | | $2.39 | $2.39 | $0.00 | $0.00 | | |
| 92575 | SENSORINEURAL ACUITY LEVEL TEST | | $4.62 | $8.51 | $0.00 | $0.00 | | |
| 92576 | SYNTHETIC SENTENCE IDENTIFICATION TEST | | $6.85 | $12.48 | $0.00 | $0.00 | | |
| 92577 | STENGER TEST, SPEECH | | $11.06 | $20.18 | $0.00 | $0.00 | | |
| 92579 | VISUAL REINFORCEMENT AUDIOMETRY (VRA) | | $20.21 | $20.21 | $0.00 | $0.00 | | |
| 92582 | CONDITIONING PLAY AUDIOMETRY | | $10.95 | $20.21 | $0.00 | $0.00 | | |
| 92583 | SELECT PICTURE AUDIOMETRY | | $24.99 | $24.99 | $0.00 | $0.00 | | |
| 92584 | ELECTROCOCHLEOGRAPHY | | $69.37 | $69.37 | $0.00 | $0.00 | | |
| 92585 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI | | $109.38 | $109.38 | $51.34 | $58.04 | | |
| 92586 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTI | | $50.49 | $50.49 | $0.00 | $0.00 | | |
| 92587 | EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER | | $43.18 | $43.18 | $36.17 | $7.01 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 92588 | EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION | | $60.05 | $60.05 | $40.95 | $19.10 | | |
| 92590 | HEARING AID EXAMINATION AND SELECTION; MONAURAL | | $33.75 | $45.00 | $0.00 | $0.00 | | |
| 92591 | HEARING AID EXAMINATION AND SELECTION; BINAURAL | | $123.75 | $165.00 | $0.00 | $0.00 | | |
| 92592 | HEARING AID CHECK; MONAURAL | | $18.75 | $25.00 | $0.00 | $0.00 | | |
| 92593 | HEARING AID CHECK; BINAURAL | | $18.75 | $25.00 | $0.00 | $0.00 | | |
| 92594 | ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL | | $14.17 | $14.17 | $0.00 | $0.00 | | |
| 92595 | ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL | | $28.34 | $28.34 | $0.00 | $0.00 | | |
| 92596 | EAR PROTECTOR ATTENUATION MEASUREMENTS | | $16.48 | $16.48 | $0.00 | $0.00 | | |
| 92597 | EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLE | | $62.33 | $62.33 | $0.00 | $0.00 | | |
| 92601 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; | | $91.49 | $91.49 | $0.00 | $0.00 | | |
| 92602 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; | | $64.26 | $64.26 | $0.00 | $0.00 | | |
| 92603 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH | | $61.69 | $61.69 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92604 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQU | | $42.16 | $42.16 | $0.00 | $0.00 | | |
| 92605 | EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 92606 | THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 92607 | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND | | $76.32 | $76.32 | $0.00 | $0.00 | | |
| 92608 | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND | | $15.17 | $15.17 | $0.00 | $0.00 | | |
| 92609 | THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDIN | | $41.38 | $41.38 | $0.00 | $0.00 | | |
| 92610 | EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION | | $29.57 | $29.57 | $0.00 | $0.00 | | |
| 92611 | MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO | | $32.14 | $32.14 | $0.00 | $0.00 | | |
| 92612 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VID | | $51.22 | $124.70 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92613 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VID | | $32.31 | $32.57 | $0.00 | $0.00 | | |
| 92614 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B | | $51.22 | $97.21 | $0.00 | $0.00 | | |
| 92615 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING B | | $28.92 | $28.92 | $0.00 | $0.00 | | |
| 92616 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL | | $74.68 | $133.52 | $0.00 | $0.00 | | |
| 92617 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL | | $35.96 | $35.96 | $0.00 | $0.00 | | |
| 92620 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUT | | $30.64 | $30.64 | $0.00 | $0.00 | | |
| 92621 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL | | $7.93 | $7.93 | $0.00 | $0.00 | | |
| 92625 | ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING | | $30.13 | $30.13 | $0.00 | $0.00 | | |
| 92626 | EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR | | $0.00 | $67.05 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92627 | EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUT | | $0.00 | $16.91 | $0.00 | $0.00 | | |
| 92630 | AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 92633 | AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 92640 | AUDITORY BRAINSTEM IMPLANT PROGRAMMING, PER HOUR | | $35.77 | $35.77 | $0.00 | $0.00 | | |
| 92700 | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 92950 | CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST) | | $176.52 | $176.52 | $0.00 | $0.00 | | |
| 92953 | TEMPORARY TRANSCUTANEOUS PACING | | $28.10 | $28.10 | $0.00 | $0.00 | | |
| 92960 | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL | | $120.34 | $120.34 | $0.00 | $0.00 | | |
| 92961 | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL | | $179.74 | $179.74 | $0.00 | $0.00 | | |
| 92970 | CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL | | $206.32 | $206.32 | $0.00 | $0.00 | | |
| 92971 | CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL | | $83.65 | $83.65 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92973 | PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN | | $134.01 | $134.01 | $0.00 | $0.00 | | |
| 92974 | TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT | | $148.34 | $148.34 | $0.00 | $0.00 | | |
| 92975 | THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE | | $376.10 | $376.10 | $0.00 | $0.00 | | |
| 92977 | THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION | | $219.11 | $219.11 | $0.00 | $0.00 | | |
| 92978 | INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC | | $200.09 | $200.09 | $118.96 | $81.13 | | |
| 92979 | INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC | | $124.47 | $124.47 | $59.61 | $64.86 | | |
| 92980 | TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WI | | $905.25 | $905.25 | $0.00 | $0.00 | | |
| 92981 | TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WI | | $278.43 | $278.43 | $0.00 | $0.00 | | |
| 92982 | PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; SINGLE VESSEL | | $728.68 | $728.68 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92984 | PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONA | | $199.76 | $199.76 | $0.00 | $0.00 | | |
| 92986 | PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE | | $941.65 | $941.65 | $0.00 | $0.00 | | |
| 92987 | PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE | | $956.46 | $956.46 | $0.00 | $0.00 | | |
| 92990 | PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE | | $750.43 | $750.43 | $0.00 | $0.00 | | |
| 92992 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASH | | $799.78 | $799.78 | $0.00 | $0.00 | | |
| 92993 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLU | | $50.00 | $65.00 | $0.00 | $0.00 | | |
| 92995 | PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER | | $799.34 | $799.34 | $0.00 | $0.00 | | |
| 92996 | PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER | | $218.20 | $218.20 | $0.00 | $0.00 | | |
| 92997 | PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE | | $716.27 | $716.27 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 92998 | PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH | | $281.67 | $281.67 | $0.00 | $0.00 | | |
| 93000 | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETA | | $21.79 | $21.79 | $0.00 | $0.00 | | |
| 93005 | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, | | $12.26 | $12.26 | $0.00 | $0.00 | | |
| 93010 | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION | | $9.52 | $9.52 | $0.00 | $0.00 | | |
| 93012 | TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP | | $65.69 | $65.69 | $0.00 | $0.00 | | |
| 93014 | TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP | | $27.20 | $27.20 | $0.00 | $0.00 | | |
| 93015 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | $89.95 | $89.95 | $0.00 | $41.55 | | |
| 93016 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | $24.39 | $24.39 | $0.00 | $0.00 | | |
| 93017 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | $45.83 | $45.83 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 93018 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BI | | $19.72 | $19.72 | $0.00 | $0.00 | | |
| 93024 | ERGONOVINE PROVOCATION TEST | | $108.58 | $108.58 | $30.89 | $77.70 | | |
| 93025 | MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS | | $0.00 | $190.05 | $0.00 | $0.00 | | |
| 93040 | RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT | | $12.15 | $12.15 | $0.00 | $0.00 | | |
| 93041 | RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AN | | $4.00 | $4.00 | $0.00 | $0.00 | | |
| 93042 | RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY | | $8.16 | $8.16 | $0.00 | $0.00 | | |
| 93224 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $128.20 | $128.20 | $0.00 | $0.00 | | |
| 93225 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $33.84 | $33.84 | $0.00 | $0.00 | | |
| 93226 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $59.68 | $59.68 | $0.00 | $0.00 | | |
| 93227 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $34.69 | $34.69 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 93228 | WEARABLE MOBILE CARDIOVASCULAR TELEMETRY | | $21.07 | $21.07 | | | | |
| 93229 | WEARABLE MOBILE CARCIOVASULAR TELE TECH SUP | | $0.00 | $0.00 | | | | |
| 93230 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $135.90 | $135.90 | $0.00 | $0.00 | | |
| 93231 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $41.56 | $41.56 | $0.00 | $0.00 | | |
| 93232 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $59.17 | $59.17 | $0.00 | $0.00 | | |
| 93233 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL EC | | $35.17 | $35.17 | $0.00 | $0.00 | | |
| 93235 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZE | | $101.14 | $101.14 | $0.00 | $0.00 | | |
| 93236 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZE | | $71.19 | $71.19 | $0.00 | $0.00 | | |
| 93237 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZE | | $29.95 | $29.95 | $0.00 | $0.00 | | |
| 93268 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | $126.73 | $126.73 | $99.53 | $27.20 | | |

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|---|---|---|---|---|---|---|---|---|
| 93270 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | $33.84 | $33.84 | $0.00 | $0.00 | | |
| 93271 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | $65.69 | $65.69 | $0.00 | $0.00 | | |
| 93272 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMO | | $27.20 | $27.20 | $0.00 | $0.00 | | |
| 93278 | SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG | | $56.22 | $56.22 | $32.42 | $23.80 | | |
| 93279 | PROGRAMMING DEVICE EVALUATION | | $47.18 | $47.18 | | | | |
| 93280 | DUAL LEAD PACEMAKER SYSTEM | | $54.30 | $54.30 | | | | |
| 93281 | MULTIPLE LEAD PACEMAKER SYSTEM | | $63.49 | $63.49 | | | | |
| 93282 | SINGLE LEAD IMPLANTABLE CARDIOVERTER | | $59.04 | $59.04 | | | | |
| 93283 | DUAL LEAD IMPLANTABLE CARDIOVERTER | | $71.50 | $71.50 | | | | |
| 93284 | MULTIPLE LEAD IMPLANTABLE CARDIOVERTER | | $83.67 | $83.67 | | | | |
| 93285 | IMPLANTABLE LOOP RECORDER | | $39.76 | $39.76 | | | | |
| 93286 | PER-PROCEDURAL DEVICE EVALUATION AND PROGRAM | | $22.55 | $22.55 | | | | |
| 93287 | SINGLE, DUAL, OR MULT LEAD IMPLANTABLE | | $29.67 | $29.67 | | | | |
| 93288 | INTERROGATION DEVICE EVAL (IN PERSON) WITH PHYS | | $35.60 | $35.60 | | | | |

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|---|---|---|---|---|---|---|---|---|
| 93289 | SINGLE, DUAL, OR MULT LEAD IMPLANTABLE | | $54.59 | $54.59 | | | | |
| 93290 | IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM | | $26.41 | $26.41 | | | | |
| 93291 | IMPLANTABLE LOOP RECORDER SYSTEM | | $34.12 | $34.12 | | | | |
| 93292 | WEARABLE DEFIBRILLATOR SYSTEM | | $30.86 | $30.86 | | | | |
| 93293 | TRANSTELEPHONIC RHYTHM STRIP PACEMAKER | | $53.11 | $53.11 | | | | |
| 93294 | INTERROGATION DEVICE EVALUATIONS(S) (REMOTE) | | $30.26 | $30.26 | | | | |
| 93295 | SINGLE,DUAL, OR MULT LEAD IMPLANTABLE CARDIOVERTER | | $54.59 | $54.59 | | | | |
| 93296 | SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYS | | $29.97 | $29.97 | | | | |
| 93297 | INTERROGATION DEVICE EVALUATION(S), REMOTE) UP TO 30 | | $21.07 | $21.07 | | | | |
| 93298 | IMPLANTABLE LOOP RECORDER SYSTEM | | $24.33 | $24.33 | | | | |
| 93299 | IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM | | $0.00 | $0.00 | | | | |
| 93303 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPL | | $166.87 | $166.87 | $101.44 | $65.42 | | |

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|---|---|---|---|---|---|---|---|---|
| 93304 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLO | | $91.46 | $91.46 | $51.10 | $40.35 | | |
| 93306 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME (2D) | | $220.15 | $220.15 | | | | |
| 93307 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2 | | $157.16 | $157.16 | $105.26 | $51.90 | | |
| 93308 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2 | | $88.03 | $88.03 | $53.02 | $35.01 | | |
| 93312 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION | | $189.77 | $189.77 | $104.58 | $85.19 | | |
| 93313 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION | | $47.30 | $47.30 | $0.00 | $0.00 | | |
| 93314 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION | | $151.88 | $151.88 | $104.58 | $47.30 | | |
| 93315 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; | | $218.65 | $218.65 | $100.84 | $117.81 | | |
| 93316 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; | | $46.10 | $46.10 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 93317 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMA | | $172.29 | $172.29 | $100.84 | $71.45 | | |
| 93318 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLU | | $203.83 | $203.83 | $109.26 | $94.56 | | |
| 93320 | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC | | $72.12 | $72.12 | $46.88 | $25.24 | | |
| 93321 | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPEC | | $40.60 | $40.60 | $30.62 | $9.98 | | |
| 93325 | DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY | | $83.23 | $83.23 | $79.86 | $3.37 | | |
| 93350 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2 | | $126.08 | $126.08 | $48.46 | $77.62 | | |
| 93351 | INCLUDING PERFORMANCE OF CONTINUOUS | | $227.87 | $227.87 | | | | |
| 93352 | USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT | | $31.75 | $31.75 | | | | |
| 93501 | RIGHT HEART CATHETERIZATION | | $654.96 | $654.96 | $461.26 | $193.71 | | |
| 93503 | INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR | | $143.62 | $143.62 | $0.00 | $0.00 | | |
| 93505 | ENDOMYOCARDIAL BIOPSY | | $276.95 | $276.95 | $55.07 | $221.88 | | |

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|---|---|---|---|---|---|---|---|---|
| 93508 | CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S) | | $523.97 | $523.97 | $328.46 | $195.51 | | |
| 93510 | LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXIL | | $1,223.29 | $1,223.29 | $1,008.57 | $214.72 | | |
| 93511 | LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXIL | | $1,204.65 | $1,204.65 | $981.92 | $222.73 | | |
| 93514 | LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE | | $1,320.07 | $1,320.07 | $981.92 | $338.15 | | |
| 93524 | COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION | | $1,619.94 | $1,619.94 | $1,283.02 | $336.92 | | |
| 93526 | COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART | | $1,649.62 | $1,649.62 | $1,318.19 | $331.42 | | |
| 93527 | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART | | $1,700.29 | $1,700.29 | $1,283.02 | $417.28 | | |
| 93528 | COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (W | | $1,673.95 | $1,673.95 | $1,283.02 | $390.93 | | |
| 93529 | COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION TH | | $1,507.80 | $1,507.80 | $1,283.02 | $224.78 | | |

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|---|---|---|---|---|---|---|---|---|
| 93530 | RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES | | $668.63 | $668.63 | $445.27 | $223.36 | | |
| 93531 | COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART | | $1,663.32 | $1,663.32 | $1,272.51 | $390.81 | | |
| 93532 | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART | | $1,723.23 | $1,723.23 | $1,238.55 | $484.67 | | |
| 93533 | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART | | $1,512.60 | $1,512.60 | $1,238.55 | $274.05 | | |
| 93539 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE | | $36.97 | $36.97 | $0.00 | $0.00 | | |
| 93540 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE | | $41.08 | $41.08 | $0.00 | $0.00 | | |
| 93541 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY | | $31.98 | $31.98 | $0.00 | $0.00 | | |
| 93542 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGH | | $31.71 | $31.71 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 93543 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT | | $26.47 | $26.47 | $0.00 | $0.00 | | |
| 93544 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY | | $26.47 | $26.47 | $0.00 | $0.00 | | |
| 93545 | INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORO | | $41.97 | $41.97 | $0.00 | $0.00 | | |
| 93555 | IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE | | $226.63 | $226.63 | $169.63 | $31.98 | | |
| 93556 | IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE | | $305.15 | $305.15 | $267.02 | $38.13 | | |
| 93561 | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING | | $71.16 | $71.16 | $15.11 | $56.05 | | |
| 93562 | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING | | $33.67 | $33.67 | $9.02 | $24.65 | | |
| 93571 | INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW | | $0.00 | $198.80 | $127.92 | $70.87 | | |
| 93572 | INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW | | $0.00 | $182.19 | $125.29 | $56.90 | | |

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|---|---|---|---|---|---|---|---|---|
| 93580 | PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICA | | $736.30 | $736.30 | $0.00 | $0.00 | | |
| 93581 | PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL | | $985.59 | $985.59 | $0.00 | $0.00 | | |
| 93600 | BUNDLE OF HIS RECORDING | | $194.02 | $194.02 | $53.29 | $140.73 | | |
| 93602 | INTRA-ATRIAL RECORDING | | $143.46 | $143.46 | $30.37 | $113.08 | | |
| 93603 | RIGHT VENTRICULAR RECORDING | | $170.67 | $170.67 | $45.83 | $124.84 | | |
| 93609 | INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WI | | $479.37 | $479.37 | $74.09 | $405.29 | | |
| 93610 | INTRA-ATRIAL PACING | | $191.74 | $191.74 | $37.03 | $154.71 | | |
| 93612 | INTRAVENTRICULAR PACING | | $199.73 | $199.73 | $44.22 | $155.51 | | |
| 93613 | INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY | | $286.47 | $286.47 | $0.00 | $286.47 | | |
| 93615 | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR | | $47.46 | $47.46 | $8.53 | $38.92 | | |
| 93616 | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR | | $90.68 | $90.68 | $8.53 | $82.14 | | |
| 93618 | INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING | | $390.33 | $390.33 | $108.19 | $282.14 | | |

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|---|---|---|---|---|---|---|---|---|
| 93619 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING A | | $697.01 | $697.01 | $209.99 | $487.01 | | |
| 93620 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND | | $969.71 | $969.71 | $243.64 | $726.07 | | |
| 93621 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND | | $0.00 | $0.00 | $0.00 | $799.18 | | |
| 93622 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND | | $0.00 | $0.00 | $0.00 | $795.19 | | |
| 93623 | PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIS | | $0.00 | $0.00 | $0.00 | $163.05 | | |
| 93624 | ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST | | $280.54 | $280.54 | $54.09 | $226.44 | | |
| 93631 | INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCAL | | $567.97 | $567.97 | $174.18 | $393.79 | | |
| 93640 | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING | | $438.49 | $438.49 | $195.12 | $243.37 | | |

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|---|---|---|---|---|---|---|---|---|
| 93641 | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING | | $571.97 | $571.97 | $195.12 | $376.85 | | |
| 93642 | ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING | | $521.07 | $521.07 | $195.12 | $325.95 | | |
| 93650 | INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, | | $701.98 | $701.98 | $0.00 | $908.07 | | |
| 93651 | INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT | | $987.63 | $987.63 | $0.00 | $0.00 | | |
| 93652 | INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT | | $1,029.59 | $1,029.59 | $0.00 | $0.00 | | |
| 93660 | EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH | | $0.00 | $125.57 | $43.61 | $81.96 | | |
| 93662 | INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTI | | $219.37 | $219.37 | $104.55 | $114.82 | | |
| 93668 | PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION | | $36.51 | $36.51 | $0.00 | $0.00 | | |
| 93701 | BIOIMPEDANCE, THORACIC, ELECTRICAL | | $25.35 | $25.53 | $18.58 | $6.95 | | |

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|---|---|---|---|---|---|---|---|---|
| 93720 | PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT | | $31.29 | $31.29 | $0.00 | $0.00 | | |
| 93721 | PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND | | $10.69 | $19.67 | $0.00 | $0.00 | | |
| 93722 | PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND REPORT ONLY | | $11.62 | $11.62 | $0.00 | $0.00 | | |
| 93724 | ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES | | $334.27 | $334.27 | $108.19 | $226.08 | | |
| 93740 | TEMPERATURE GRADIENT STUDIES | | $17.74 | $17.74 | $4.27 | $13.47 | | |
| 93745 | INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 93770 | DETERMINATION OF VENOUS PRESSURE | | $10.55 | $10.55 | $0.80 | $9.74 | | |
| 93784 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | $54.62 | $54.62 | $0.00 | $0.00 | | |
| 93786 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | $6.75 | $9.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 93788 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | $35.70 | $35.70 | $0.00 | $0.00 | | |
| 93790 | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNE | | $29.93 | $29.93 | $0.00 | $0.00 | | |
| 93797 | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT | | $2.06 | $8.77 | $0.00 | $0.00 | | |
| 93798 | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINU | | $3.09 | $11.61 | $0.00 | $0.00 | | |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 93875 | NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, COMPLETE | | $47.31 | $47.31 | $31.08 | $16.23 | | |
| 93880 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY | | $170.57 | $170.57 | $104.94 | $29.04 | | |
| 93882 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY | | $89.06 | $89.06 | $69.62 | $19.44 | | |
| 93886 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUD | | $158.82 | $158.82 | $118.76 | $40.06 | | |

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|---|---|---|---|---|---|---|---|---|
| 93888 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY | | $105.85 | $105.85 | $79.42 | $26.43 | | |
| 93892 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT | | $177.44 | $177.44 | $130.03 | $47.41 | | |
| 93893 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECT | | $174.12 | $174.12 | $126.71 | $47.41 | | |
| 93922 | NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, | | $48.97 | $48.97 | $32.91 | $16.06 | | |
| 93923 | NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, | | $91.18 | $91.18 | $62.11 | $29.07 | | |
| 93924 | NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST | | $100.05 | $100.05 | $67.66 | $32.39 | | |
| 93925 | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM | | $133.93 | $133.93 | $105.47 | $28.45 | | |
| 93926 | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; | | $89.54 | $89.54 | $70.40 | $19.15 | | |
| 93930 | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COM | | $137.03 | $137.03 | $111.86 | $25.17 | | |
| 93931 | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; | | $91.19 | $91.19 | $74.39 | $16.80 | | |

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| 93965 | NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERA | | $54.85 | $54.85 | $31.05 | $23.80 | | |
| 93970 | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND | | $166.87 | $166.87 | $116.59 | $31.90 | | |
| 93971 | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND | | $98.98 | $98.98 | $77.81 | $21.18 | | |
| 93975 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC | | $197.61 | $197.61 | $132.31 | $65.30 | | |
| 93976 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC | | $132.20 | $132.20 | $88.46 | $43.74 | | |
| 93978 | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS | | $139.39 | $139.39 | $108.64 | $30.75 | | |
| 93979 | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS | | $92.86 | $92.86 | $72.25 | $20.61 | | |
| 93980 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; | | $175.65 | $175.65 | $98.55 | $77.10 | | |
| 93981 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; | | $121.33 | $121.33 | $91.09 | $30.24 | | |
| 93982 | ANEURYSM PRESSURE SENS STUDY | | $32.93 | $32.93 | $0.00 | $0.00 | | |

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| 93990 | DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF | | $83.31 | $83.31 | $70.40 | $12.92 | | |
| 94002 | VENTILATION MANAGEMENT, INPATIENT, INITIAL DAY | | $68.19 | $0.00 | $0.00 | $0.00 | | |
| 94003 | VENTILATION MANAGEMENT, INPATIENT, SUBSEQUENT DAY | | $49.33 | $0.00 | $0.00 | $0.00 | | |
| 94004 | VENTILATION MANAGEMENT, NURSING FACILITY, PER DAY | | $35.89 | $35.89 | $0.00 | $0.00 | | |
| 94010 | SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, | | $24.44 | $24.44 | $11.46 | $12.98 | | |
| 94014 | PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INC | | $12.62 | $12.62 | $0.00 | $0.00 | | |
| 94016 | PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; | | $4.89 | $4.89 | $0.00 | $0.00 | | |
| 94060 | BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND | | $45.35 | $45.35 | $25.33 | $20.02 | | |
| 94070 | BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIO | | $68.24 | $68.24 | $39.71 | $28.53 | | |
| 94150 | VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE) | | $9.08 | $9.08 | $2.39 | $6.69 | | |
| 94200 | MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION | | $14.15 | $14.15 | $6.92 | $7.23 | | |

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| 94240 | FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROG | | $32.93 | $32.93 | $18.65 | $14.28 | | |
| 94250 | EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCE | | $10.96 | $10.96 | $3.73 | $7.23 | | |
| 94260 | THORACIC GAS VOLUME | | $23.78 | $23.78 | $14.92 | $8.86 | | |
| 94350 | DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITR | | $28.42 | $28.42 | $14.92 | $13.50 | | |
| 94360 | DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHI | | $39.10 | $39.10 | $26.13 | $12.97 | | |
| 94370 | DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS | | $19.09 | $19.09 | $7.46 | $11.63 | | |
| 94375 | RESPIRATORY FLOW VOLUME LOOP | | $28.04 | $28.04 | $13.07 | $14.97 | | |
| 94400 | BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE) | | $37.01 | $37.01 | $9.50 | $27.50 | | |
| 94450 | BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE) | | $29.31 | $29.31 | $10.65 | $18.66 | | |
| 94452 | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN | | $36.26 | $36.26 | $24.25 | $12.01 | | |

# Physician Fee Schedule 2009

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 94453 | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AN | | $51.43 | $51.43 | $35.99 | $15.45 | | |
| 94610 | INTRAPULMONARY SURFACTANT THROUGH ENDOTRACHEAL TUBE | | $48.89 | $48.89 | $0.00 | $0.00 | | |
| 94620 | PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST FOR | | $84.45 | $84.45 | $38.64 | $45.81 | | |
| 94621 | PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 | | $0.00 | $73.32 | $40.03 | $33.29 | | |
| 94640 | PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY | | $11.19 | $11.19 | $0.00 | $0.00 | | |
| 94642 | AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA | | $43.41 | $43.41 | $0.00 | $0.00 | | |
| 94644 | CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, FIRST HOUR | | $23.85 | $23.85 | $0.00 | $0.00 | | |
| 94645 | CONTINUOUS AEROSOL INHALATION TREATMENT FOR ACUTE AIRWAY OBST, SUBSEQ. HOUR | | $9.13 | $9.13 | $0.00 | $0.00 | | |
| 94660 | CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND | | $42.80 | $42.80 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 94662 | CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEM | | $30.83 | $30.83 | $0.00 | $0.00 | | |
| 94664 | DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL | | $14.38 | $14.38 | $0.00 | $0.00 | | |
| 94667 | MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO | | $15.97 | $15.97 | $0.00 | $0.00 | | |
| 94668 | MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO | | $9.85 | $9.85 | $0.00 | $0.00 | | |
| 94680 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE | | $32.05 | $32.05 | $14.84 | $17.21 | | |
| 94681 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE | | $52.38 | $52.38 | $38.56 | $13.81 | | |
| 94690 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDUR | | $18.05 | $18.05 | $14.65 | $3.40 | | |
| 94720 | CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE) | | $37.20 | $37.20 | $22.92 | $14.28 | | |
| 94725 | MEMBRANE DIFFUSION CAPACITY | | $60.38 | $60.38 | $47.68 | $12.70 | | |

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|---|---|---|---|---|---|---|---|---|
| 94750 | PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE | | $30.47 | $30.47 | $15.72 | $14.75 | | |
| 94760 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE | | $7.19 | $7.19 | $0.00 | $0.00 | | |
| 94761 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE | | $18.62 | $18.62 | $0.00 | $0.00 | | |
| 94762 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS | | $31.40 | $31.40 | $0.00 | $0.00 | | |
| 94770 | CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER | | $19.27 | $19.27 | $9.72 | $9.55 | | |
| 94772 | CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO | | $207.47 | $207.47 | $77.76 | $129.71 | | |
| 94775 | PEDICATRIC HOME APNENA RECORDING, HOOK-UP | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 94776 | PEDICATRIC HOME APNENA RECORDING, DOWNLOAD | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 94777 | PEDICATRIC HOME APNENA RECORDING, REPORT | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 94799 | UNLISTED PULMONARY SERVICE OR PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 95004 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS | | $2.82 | $2.82 | $0.00 | $0.00 | | |
| 95010 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENT | | $6.12 | $7.59 | $0.00 | $0.00 | | |
| 95012 | NITRIC OXIDE EXPIRED GAS DETERMINATION | | $12.43 | $12.43 | $0.00 | $0.00 | | |
| 95015 | INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH D | | $6.12 | $7.59 | $0.00 | $0.00 | | |
| 95024 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE | | $4.10 | $4.10 | $0.00 | $0.00 | | |
| 95027 | INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH | | $4.00 | $4.00 | $0.00 | $0.00 | | |
| 95028 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED T | | $6.14 | $6.14 | $0.00 | $0.00 | | |
| 95044 | PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS) | | $5.34 | $5.34 | $0.00 | $0.00 | | |
| 95052 | PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS) | | $6.68 | $6.68 | $0.00 | $0.00 | | |
| 95056 | PHOTO TESTS | | $2.52 | $4.80 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 95060 | OPHTHALMIC MUCOUS MEMBRANE TESTS | | $9.34 | $9.34 | $0.00 | $0.00 | | |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE TEST | | $2.79 | $5.34 | $0.00 | $0.00 | | |
| 95070 | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON | | $58.69 | $58.69 | $0.00 | $0.00 | | |
| 95071 | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMON | | $75.05 | $75.05 | $0.00 | $0.00 | | |
| 95075 | INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST | | $54.78 | $81.20 | $0.00 | $0.00 | | |
| 95115 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI | | $0.00 | $10.54 | $0.00 | $0.00 | | |
| 95117 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISI | | $0.00 | $13.37 | $0.00 | $0.00 | | |
| 95144 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $0.00 | $8.41 | $0.00 | $0.00 | | |
| 95145 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $0.00 | $10.47 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 95146 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $0.00 | $13.27 | $0.00 | $0.00 | | |
| 95147 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $0.00 | $14.76 | $0.00 | $0.00 | | |
| 95148 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $0.00 | $16.84 | $0.00 | $0.00 | | |
| 95149 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $2.80 | $22.45 | $0.00 | $0.00 | | |
| 95165 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $0.00 | $7.15 | $0.00 | $0.00 | | |
| 95170 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION | | $0.00 | $8.67 | $0.00 | $0.00 | | |
| 95180 | RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, E | | $0.00 | $100.00 | $0.00 | $0.00 | | |
| 95250 | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID | | $37.42 | $37.42 | $37.42 | $0.00 | | |
| 95251 | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID | | $20.79 | $20.79 | $0.00 | $0.00 | | |
| 95803 | ACTIGRAPHY TESTING | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 95805 | MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDIN | R | $213.89 | $213.89 | $142.00 | $71.89 | | |
| 95806 | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT | R | $246.64 | $246.64 | $130.92 | $115.72 | | |
| 95807 | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT | R | $299.68 | $299.68 | $180.64 | $119.04 | | |
| 95808 | POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP | R | $328.73 | $328.73 | $180.64 | $148.09 | | |
| 95810 | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF | R | $569.27 | $569.27 | $180.64 | $173.91 | | |
| 95811 | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF | R | $621.34 | $621.34 | $183.14 | $180.72 | | |
| 95812 | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES | | $84.96 | $84.96 | $38.88 | $46.07 | | |
| 95813 | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR | | $104.03 | $104.03 | $38.88 | $65.15 | | |
| 95816 | ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY | | $85.97 | $85.97 | $36.23 | $39.93 | | |

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|---|---|---|---|---|---|---|---|---|
| 95819 | ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP | | $112.96 | $112.96 | $37.30 | $46.07 | | |
| 95822 | ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY | | $97.22 | $97.22 | $49.54 | $47.68 | | |
| 95824 | ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY | | $49.70 | $49.70 | $11.46 | $38.24 | | |
| 95827 | ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING | | $119.60 | $119.60 | $62.60 | $57.00 | | |
| 95829 | ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE) | | $199.26 | $199.26 | $4.24 | $195.02 | | |
| 95830 | INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGR | | $72.51 | $72.51 | $0.00 | $0.00 | | |
| 95831 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY | | $12.83 | $16.72 | $0.00 | $0.00 | | |
| 95832 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR | | $12.35 | $15.70 | $0.00 | $0.00 | | |
| 95833 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT | | $20.10 | $25.20 | $0.00 | $0.00 | | |
| 95834 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT | | $27.24 | $35.43 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 95851 | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH | | $11.92 | $15.14 | $0.00 | $0.00 | | |
| 95852 | RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WI | | $8.07 | $10.08 | $0.00 | $0.00 | | |
| 95857 | TENSILON TEST FOR MYASTHENIA GRAVIS | | $23.23 | $29.93 | $0.00 | $0.00 | | |
| 95860 | NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT RELATED PARASPI | | $59.59 | $59.59 | $10.38 | $49.21 | | |
| 95861 | NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARAS | | $101.92 | $101.92 | $20.23 | $81.68 | | |
| 95863 | NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED | | $120.94 | $120.94 | $25.57 | $95.36 | | |
| 95864 | NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED | | $157.49 | $157.49 | $48.76 | $108.73 | | |
| 95865 | NEEDLE ELECTROMYOGRAPHY; LARYNX | | $86.43 | $86.43 | $18.13 | $68.30 | | |
| 95866 | NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM | | $59.07 | $59.07 | $5.88 | $53.19 | | |
| 95867 | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL | | $50.69 | $50.69 | $15.72 | $34.96 | | |

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|---|---|---|---|---|---|---|---|---|
| 95868 | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL | | $99.16 | $99.16 | $18.92 | $80.24 | | |
| 95869 | NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR | | $26.29 | $26.29 | $5.85 | $20.44 | | |
| 95870 | NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR | | $25.56 | $25.56 | $5.65 | $19.91 | | |
| 95872 | NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIV | | $80.22 | $80.22 | $16.50 | $63.71 | | |
| 95873 | ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATI | | $21.20 | $21.20 | $5.62 | $15.28 | | |
| 95874 | NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVAT | | $21.45 | $21.45 | $5.62 | $15.83 | | |
| 95875 | ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR | | $57.84 | $57.84 | $11.65 | $46.19 | | |
| 95900 | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MO | | $30.17 | $30.17 | $7.73 | $22.44 | | |
| 95903 | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MO | | $34.65 | $34.65 | $6.92 | $27.72 | | |

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|---|---|---|---|---|---|---|---|---|
| 95904 | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SE | | $25.94 | $25.94 | $6.12 | $19.83 | | |
| 95920 | INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN | | $140.33 | $138.39 | $35.20 | $103.19 | | |
| 95921 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION | | $0.00 | $31.71 | $10.01 | $21.70 | | |
| 95922 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC | | $0.00 | $33.33 | $10.01 | $23.32 | | |
| 95923 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE | | $0.00 | $31.71 | $10.01 | $21.70 | | |
| 95925 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY | | $59.26 | $59.26 | $25.04 | $34.23 | | |
| 95926 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY | | $59.26 | $59.26 | $25.04 | $34.23 | | |
| 95927 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY | | $59.26 | $59.26 | $25.04 | $34.23 | | |

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|---|---|---|---|---|---|---|---|---|
| 95928 | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); | | $123.90 | $123.90 | $61.25 | $62.64 | | |
| 95929 | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); | | $128.74 | $128.74 | $66.10 | $62.64 | | |
| 95930 | VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERB | | $33.75 | $33.75 | $6.95 | $26.80 | | |
| 95933 | ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING | | $53.27 | $53.27 | $21.57 | $31.70 | | |
| 95934 | H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUS | | $30.66 | $30.66 | $5.85 | $24.81 | | |
| 95936 | H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN | | $31.84 | $31.84 | $5.85 | $25.99 | | |
| 95937 | NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI | | $39.96 | $39.96 | $9.31 | $30.65 | | |
| 95950 | MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE F | | $253.35 | $253.35 | $174.15 | $79.19 | | |
| 95951 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI | | $363.89 | $363.89 | $209.48 | $154.41 | | |

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|---|---|---|---|---|---|---|---|---|
| 95953 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED | | $299.42 | $299.42 | $174.15 | $125.26 | | |
| 95954 | PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE | | $140.92 | $140.92 | $13.53 | $127.39 | | |
| 95955 | ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID | | $114.71 | $114.71 | $54.77 | $59.94 | | |
| 95956 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADI | | $307.44 | $307.44 | $174.15 | $133.28 | | |
| 95957 | DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIK | | $122.82 | $122.82 | $46.61 | $76.21 | | |
| 95958 | WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING | | $268.50 | $268.50 | $47.93 | $220.58 | | |
| 95961 | FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO | | $163.62 | $163.62 | $35.20 | $128.42 | | |
| 95962 | FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECO | | $170.67 | $170.67 | $35.20 | $135.46 | | |
| 95965 | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS | | $317.58 | $317.58 | $0.00 | $317.58 | | |

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|---|---|---|---|---|---|---|---|---|
| 95966 | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNE | | $45.80 | $45.80 | $0.00 | $45.80 | | |
| 95967 | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNE | | $40.39 | $40.39 | $0.00 | $40.39 | | |
| 95970 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $17.56 | $17.56 | $0.00 | $0.00 | | |
| 95971 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $0.00 | $31.43 | $0.00 | $29.88 | | |
| 95972 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $0.00 | $63.68 | $0.00 | $61.61 | | |
| 95973 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $0.00 | $38.55 | $0.00 | $37.78 | | |
| 95974 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $113.51 | $116.88 | $0.00 | $0.00 | | |
| 95975 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $21.88 | $21.88 | $0.00 | $0.00 | | |
| 95978 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $141.68 | $157.75 | $0.00 | $0.00 | | |
| 95979 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTE | | $68.34 | $72.93 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 95980 | IO ANAL GAST N-STIM INIT | | $26.57 | $29.52 | $0.00 | $0.00 | | |
| 95981 | IO ANAL GAST N-STIM SUBSQ | | $13.05 | $22.55 | $0.00 | $0.00 | | |
| 95982 | IO GA N-STIM SUBSQ W/REPROG | | $26.11 | $34.71 | $0.00 | $0.00 | | |
| 95990 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG | | $39.59 | $39.59 | $0.00 | $0.00 | | |
| 95991 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG | | $28.60 | $62.00 | $0.00 | $0.00 | | |
| 95992 | CANALITH REPOSITIONING PROCEDURES(S)(EG,EPLEY | | $33.53 | $30.26 | | | | |
| 95999 | UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 96020 | FUNCTIONAL BRAIN MAPPING | | $0.00 | $0.00 | $0.00 | $124.86 | | |
| 96101 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF | | $72.56 | $73.07 | $0.00 | $0.00 | | |
| 96102 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF | | $19.43 | $31.93 | $0.00 | $0.00 | | |
| 96103 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF | | $19.99 | $21.01 | $0.00 | $0.00 | | |
| 96105 | ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE | | $49.92 | $49.92 | $0.00 | $0.00 | | |
| 96110 | DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, E | | $32.19 | $32.19 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 96111 | DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAG | | $49.92 | $49.92 | $0.00 | $0.00 | | |
| 96116 | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONIN | | $76.18 | $81.03 | $0.00 | $0.00 | | |
| 96118 | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT | | $75.92 | $95.32 | $0.00 | $0.00 | | |
| 96119 | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT | | $25.83 | $47.01 | $0.00 | $0.00 | | |
| 96120 | NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINIST | | $19.99 | $34.53 | $0.00 | $0.00 | | |
| 96125 | COGNITIVE TEST BY HC PRO | | $66.16 | $77.74 | $0.00 | $0.00 | | |
| 96150 | HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, | | $0.00 | $28.02 | $0.00 | $0.00 | | |
| 96151 | HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, | | $18.84 | $19.09 | $0.00 | $0.00 | | |
| 96152 | HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIV | | $17.99 | $18.24 | $0.00 | $0.00 | | |
| 96153 | HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP | | $3.99 | $4.25 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 96360 | INTRAVENOUS INFUSION, HYDRATION, INITIAL, 31 MIN | | $45.40 | $45.40 | | | | |
| 96361 | EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION | | $13.05 | $13.05 | | | | |
| 96365 | THER/PROPH/DIAG IV INF, INIT | | $55.19 | $55.19 | $0.00 | $0.00 | | |
| 96366 | THER/PROPH/DIAG IV INF, ADD ON | | $17.51 | $17.51 | $0.00 | $0.00 | | |
| 96367 | TX/PROPH/DG ADDL SEQ IV INF | | $27.00 | $27.00 | $0.00 | $0.00 | | |
| 96368 | THER/DIAG CONCURRENT INF | | $16.32 | $16.32 | $0.00 | $0.00 | | |
| 96369 | SC THER INFUSION, UP TO 1 HR | | $122.54 | $122.54 | $0.00 | $0.00 | | |
| 96370 | SC THER INFUSION, ADDL 1 HR | | $13.05 | $13.05 | $0.00 | $0.00 | | |
| 96371 | SC THER INFUSION, RESET PUMP | | $60.82 | $60.82 | $0.00 | $0.00 | | |
| 96372 | THER/PROPH/DIAG INJ, SC/IM | | $18.10 | $18.10 | $0.00 | $0.00 | | |
| 96373 | THER/PROPH/DIAG INJ, IA | | $14.54 | $14.54 | $0.00 | $0.00 | | |
| 96374 | THER/PROPH/DIAG INJ, IV PUSH | | $44.51 | $44.51 | $0.00 | $0.00 | | |
| 96375 | TX/PRO/DX INJ NEW DRUG ADD ON | | $18.99 | $18.99 | $0.00 | $0.00 | | |
| 96376 | TX/PRO/DX INJ NEW DRUG ADD ON | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 96379 | THER/PROP/DIAG INJ/INF PROC | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 96401 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMON | | $56.43 | $56.43 | $0.00 | $0.00 | | |
| 96402 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL | | $35.81 | $35.81 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 96405 | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESI | | $26.22 | $118.26 | $0.00 | $0.00 | | |
| 96406 | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS | | $37.84 | $135.36 | $0.00 | $0.00 | | |
| 96409 | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR IN | | $103.07 | $103.07 | $0.00 | $0.00 | | |
| 96411 | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIO | | $59.17 | $59.17 | $0.00 | $0.00 | | |
| 96413 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 H | | $139.44 | $139.44 | $0.00 | $0.00 | | |
| 96415 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH | | $31.66 | $31.66 | $0.00 | $0.00 | | |
| 96416 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATIO | | $150.81 | $150.81 | $0.00 | $0.00 | | |
| 96417 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH | | $68.92 | $68.92 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 96420 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE | | $96.79 | $96.79 | $0.00 | $0.00 | | |
| 96422 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO | | $160.12 | $160.12 | $0.00 | $0.00 | | |
| 96423 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH | | $69.61 | $69.61 | $0.00 | $0.00 | | |
| 96425 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITI | | $157.18 | $157.18 | $0.00 | $0.00 | | |
| 96440 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDI | | $120.30 | $307.75 | $0.00 | $0.00 | | |
| 96445 | CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCL | | $112.83 | $297.58 | $0.00 | $0.00 | | |
| 96450 | CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND | | $88.60 | $248.87 | $0.00 | $0.00 | | |
| 96521 | REFILLING AND MAINTENANCE OF PORTABLE PUMP | | $121.52 | $121.52 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 96522 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG | | $97.03 | $97.03 | $0.00 | $0.00 | | |
| 96523 | IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS | | $23.68 | $23.68 | $0.00 | $0.00 | | |
| 96542 | CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANE | | $43.14 | $154.45 | $0.00 | $0.00 | | |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 96567 | PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY | | $94.17 | $94.17 | $0.00 | $0.00 | | |
| 96570 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO | | $56.77 | $56.77 | $0.00 | $0.00 | | |
| 96571 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNO | | $30.57 | $30.57 | $0.00 | $0.00 | | |
| 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGHT) | | $10.92 | $10.92 | $0.00 | $0.00 | | |
| 96910 | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR | | $15.72 | $15.72 | $0.00 | $0.00 | | |
| 96912 | PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA) | | $18.11 | $18.11 | $0.00 | $0.00 | | |

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| 96913 | PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE | | $37.03 | $37.03 | $0.00 | $0.00 | | |
| 96920 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA | R | $47.00 | $109.44 | $0.00 | $0.00 | | |
| 96921 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM T | R | $47.83 | $112.07 | $0.00 | $0.00 | | |
| 96922 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ | R | $85.67 | $156.07 | $0.00 | $0.00 | | |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 97001 | PHYSICAL THERAPY EVALUATION | | $46.27 | $46.27 | $0.00 | $0.00 | | |
| 97002 | PHYSICAL THERAPY RE-EVALUATION | | $18.56 | $18.56 | $0.00 | $0.00 | | |
| 97003 | OCCUPATIONAL THERAPY EVALUATION | | $47.16 | $47.16 | $0.00 | $0.00 | | |
| 97004 | OCCUPATIONAL THERAPY RE-EVALUATION | | $18.56 | $18.56 | $0.00 | $0.00 | | |
| 97010 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS | | $9.35 | $9.35 | $0.00 | $0.00 | | |
| 97012 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL | | $12.92 | $12.92 | $0.00 | $0.00 | | |

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| 97014 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION | | $11.13 | $11.13 | $0.00 | $0.00 | | |
| 97016 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES | | $12.47 | $12.47 | $0.00 | $0.00 | | |
| 97018 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH | | $10.39 | $10.39 | $0.00 | $0.00 | | |
| 97022 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL | | $12.92 | $12.92 | $0.00 | $0.00 | | |
| 97024 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWA | | $9.35 | $9.35 | $0.00 | $0.00 | | |
| 97026 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED | | $8.81 | $8.81 | $0.00 | $0.00 | | |
| 97028 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET | | $11.21 | $11.21 | $0.00 | $0.00 | | |
| 97032 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION | | $11.33 | $11.33 | $0.00 | $0.00 | | |
| 97033 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 | | $11.87 | $11.87 | $0.00 | $0.00 | | |
| 97034 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 1 | | $9.09 | $9.09 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 97035 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MI | | $9.36 | $9.36 | $0.00 | $0.00 | | |
| 97036 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 | | $17.27 | $17.27 | $0.00 | $0.00 | | |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE) | R | $15.68 | $15.68 | $0.00 | $0.00 | | |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC | | $20.90 | $20.90 | $0.00 | $0.00 | | |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCUL | | $21.66 | $21.66 | $0.00 | $0.00 | | |
| 97113 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THE | | $18.76 | $18.76 | $0.00 | $0.00 | | |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINI | | $14.93 | $14.93 | $0.00 | $0.00 | | |
| 97124 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, | | $13.46 | $13.46 | $0.00 | $0.00 | | |
| 97139 | UNLISTED THERAPEUTIC PROCEDURE (SPECIFY) | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 97140 | MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMP | | $13.89 | $17.52 | $0.00 | $0.00 | | |

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| 97150 | THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS) | | $13.77 | $13.77 | $0.00 | $0.00 | | |
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PRO | | $21.61 | $21.61 | $0.00 | $0.00 | | |
| 97532 | DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM | | $14.98 | $18.85 | $0.00 | $0.00 | | |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO | | $14.98 | $20.40 | $0.00 | $0.00 | | |
| 97535 | SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD | | $14.73 | $14.73 | $0.00 | $0.00 | | |
| 97542 | WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MIN | | $12.38 | $12.38 | $0.00 | $0.00 | | |
| 97597 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI | | $35.34 | $35.34 | $0.00 | $0.00 | | |
| 97598 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WI | | $45.19 | $45.19 | $0.00 | $0.00 | | |
| 97602 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT | | $8.26 | $8.26 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 97605 | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 97606 | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI | | $0.00 | $29.07 | $0.00 | $0.00 | | |
| 97750 | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIO | | $20.37 | $20.37 | $0.00 | $0.00 | | |
| 97760 | ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING | | $19.23 | $22.80 | $0.00 | $0.00 | | |
| 97761 | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES | | $18.72 | $21.01 | $0.00 | $0.00 | | |
| 97762 | CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MIN | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 97802 | MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVI | | $11.87 | $11.87 | $0.00 | $0.00 | | |
| 97803 | MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, | | $11.87 | $11.87 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 97804 | MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MI | | $0.00 | $4.64 | $0.00 | $0.00 | | |
| 98925 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVO | | $20.40 | $20.40 | $0.00 | $0.00 | | |
| 98926 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS | | $30.53 | $30.53 | $0.00 | $0.00 | | |
| 98927 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INV | | $36.45 | $36.45 | $0.00 | $0.00 | | |
| 98928 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS | | $42.46 | $42.46 | $0.00 | $0.00 | | |
| 98929 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INV | | $46.11 | $46.11 | $0.00 | $0.00 | | |
| 98940 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS | | $0.00 | $20.68 | $0.00 | $0.00 | | |
| 98941 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIO | | $0.00 | $26.45 | $0.00 | $0.00 | | |
| 98942 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS | | $0.00 | $32.78 | $0.00 | $0.00 | | |
| 98943 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE RE | | $0.00 | $19.24 | $0.00 | $0.00 | | |

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| **99050** | **SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULE** | | | **$72.00** | **$0.00** | **$0.00** | | |
| **99050** | **SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULE** | | | **$10.00** | | | | |
| 99082 | UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT) | R | $0.00 | $1.00 | $0.00 | $0.00 | | |
| 99100 | SPECIAL ANESTHESIA SERVICES < ONE YEAR AND >THAN 70 | | $25.00 | $25.00 | | | | |
| 99148 | MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY COD | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 99149 | MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY COD | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 99170 | ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR | | $100.19 | $100.19 | $0.00 | $0.00 | | |
| 99172 | VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL | | $15.64 | $15.64 | $12.37 | $3.27 | | |
| 99173 | SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL | | $45.00 | $60.00 | $0.00 | $0.00 | | |
| 99174 | OCULAR PHOTOSCREEINING | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99175 | IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED | | $38.10 | $38.10 | $0.00 | $0.00 | | |
| 99183 | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER | | $116.13 | $116.13 | $0.00 | $0.00 | | |
| 99185 | HYPOTHERMIA; REGIONAL | | $17.33 | $17.33 | $0.00 | $0.00 | | |
| 99186 | HYPOTHERMIA; TOTAL BODY | | $58.23 | $58.23 | $0.00 | $0.00 | | |
| 99190 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH | | $88.74 | $88.74 | $0.00 | $0.00 | | |
| 99190 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH | | $88.74 | $88.74 | $0.00 | $0.00 | | |
| 99191 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH | | $54.76 | $54.76 | $0.00 | $0.00 | | |
| 99192 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH | | $40.41 | $40.41 | $0.00 | $0.00 | | |
| 99195 | PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE) | | $11.99 | $11.99 | $0.00 | $0.00 | | |
| 99201 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $29.66 | $0.00 | $0.00 | | |
| 99202 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $53.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99203 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $79.04 | $0.00 | $0.00 | | |
| 99204 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $112.27 | $0.00 | $0.00 | | |
| 99205 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $143.29 | $0.00 | $0.00 | | |
| 99211 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $16.98 | $0.00 | $0.00 | | |
| 99212 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $31.08 | $0.00 | $0.00 | | |
| 99213 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $42.63 | $0.00 | $0.00 | | |
| 99214 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $67.10 | $0.00 | $0.00 | | |
| 99215 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF | | $0.00 | $98.39 | $0.00 | $0.00 | | |
| 99217 | OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED | | $53.44 | $53.44 | $0.00 | $0.00 | | |
| 99218 | INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | $0.00 | $51.39 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99219 | INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | $0.00 | $85.09 | $0.00 | $0.00 | | |
| 99220 | INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | $0.00 | $119.51 | $0.00 | $0.00 | | |
| 99221 | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A | | $51.66 | $0.00 | $0.00 | $0.00 | | |
| 99222 | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A | | $85.60 | $0.00 | $0.00 | $0.00 | | |
| 99223 | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A | | $119.25 | $0.00 | $0.00 | $0.00 | | |
| 99231 | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | $25.89 | $0.00 | $0.00 | $0.00 | | |
| 99232 | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | $42.24 | $0.00 | $0.00 | $0.00 | | |
| 99233 | SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O | | $60.07 | $0.00 | $0.00 | $0.00 | | |
| 99234 | OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM | | $102.79 | $102.79 | $0.00 | $0.00 | | |
| 99235 | OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM | | $135.67 | $135.67 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99236 | OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEM | | $169.32 | $169.32 | $0.00 | $0.00 | | |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS | | $53.44 | $0.00 | $0.00 | $0.00 | | |
| 99239 | HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES | | $72.89 | $0.00 | $0.00 | $0.00 | | |
| 99241 | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T | | $0.00 | $36.55 | $0.00 | $0.00 | | |
| 99242 | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T | | $0.00 | $67.83 | $0.00 | $0.00 | | |
| 99243 | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T | | $0.00 | $90.43 | $0.00 | $0.00 | | |
| 99244 | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T | | $0.00 | $128.22 | $0.00 | $0.00 | | |
| 99245 | OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES T | | $0.00 | $166.18 | $0.00 | $0.00 | | |
| 99251 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | $35.76 | $0.00 | $0.00 | $0.00 | | |
| 99252 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | $55.73 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99253 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | $74.75 | $0.00 | $0.00 | $0.00 | | |
| 99254 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | $107.50 | $0.00 | $0.00 | $0.00 | | |
| 99255 | INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH | | $148.20 | $0.00 | $0.00 | $0.00 | | |
| 99281 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | $0.00 | $15.97 | $0.00 | $0.00 | | |
| 99282 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | $0.00 | $24.71 | $0.00 | $0.00 | | |
| 99283 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | $0.00 | $47.40 | $0.00 | $0.00 | | |
| 99284 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | $0.00 | $74.05 | $0.00 | $0.00 | | |
| 99285 | EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI | | $0.00 | $116.04 | $0.00 | $0.00 | | |
| 99288 | PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 99291 | CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR | | $157.68 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99292 | CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR | | $79.04 | $0.00 | $0.00 | $0.00 | | |
| 99304 | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM | | $0.00 | $49.40 | $0.00 | $0.00 | | |
| 99305 | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM | | $0.00 | $65.66 | $0.00 | $0.00 | | |
| 99306 | INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 99308 | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND | | $0.00 | $42.19 | $0.00 | $0.00 | | |
| 99309 | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND | | $0.00 | $59.51 | $0.00 | $0.00 | | |
| 99310 | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND | | $0.00 | $74.49 | $0.00 | $0.00 | | |
| 99315 | NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS | | $0.00 | $46.70 | $0.00 | $0.00 | | |
| 99316 | NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 99318 | EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FAC | | $0.00 | $0.00 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99324 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A | | $0.00 | $45.98 | $0.00 | $0.00 | | |
| 99325 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A | | $0.00 | $67.35 | $0.00 | $0.00 | | |
| 99326 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A | | $0.00 | $93.42 | $0.00 | $0.00 | | |
| 99327 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A | | $0.00 | $128.47 | $0.00 | $0.00 | | |
| 99328 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A | | $0.00 | $159.03 | $0.00 | $0.00 | | |
| 99334 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | | $0.00 | $35.60 | $0.00 | $0.00 | | |
| 99335 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | | $0.00 | $56.37 | $0.00 | $0.00 | | |
| 99336 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | | $0.00 | $86.93 | $0.00 | $0.00 | | |
| 99337 | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | | $0.00 | $127.87 | $0.00 | $0.00 | | |
| 99341 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | $0.00 | $74.38 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99342 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | $0.00 | $98.05 | $0.00 | $0.00 | | |
| 99343 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | $0.00 | $128.50 | $0.00 | $0.00 | | |
| 99344 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | $0.00 | $171.60 | $0.00 | $0.00 | | |
| 99345 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH | | $0.00 | $203.79 | $0.00 | $0.00 | | |
| 99347 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | $0.00 | $53.11 | $0.00 | $0.00 | | |
| 99348 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | $0.00 | $78.48 | $0.00 | $0.00 | | |
| 99349 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | $0.00 | $115.76 | $0.00 | $0.00 | | |
| 99350 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT | | $0.00 | $167.27 | $0.00 | $0.00 | | |
| 99354 | PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING | | $0.00 | $71.96 | $0.00 | $0.00 | | |
| 99355 | PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING | | $0.00 | $70.67 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99356 | PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT | | $67.00 | $68.88 | $0.00 | $0.00 | | |
| 99357 | PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT | | $67.00 | $67.00 | $0.00 | $0.00 | | |
| 99381 | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF | | $0.00 | $78.58 | $0.00 | $0.00 | | |
| 99382 | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF | | $0.00 | $89.90 | $0.00 | $0.00 | | |
| 99383 | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF | | $0.00 | $89.90 | $0.00 | $0.00 | | |
| 99384 | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF | | $0.00 | $101.22 | $0.00 | $0.00 | | |
| 99385 | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF | | $0.00 | $95.21 | $0.00 | $0.00 | | |
| 99386 | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF | | $0.00 | $116.70 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| 99387 | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF | | $0.00 | $127.74 | $0.00 | $0.00 | | |
| 99391 | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | | $0.00 | $67.57 | $0.00 | $0.00 | | |
| 99392 | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | | $0.00 | $78.58 | $0.00 | $0.00 | | |
| 99393 | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | | $0.00 | $78.58 | $0.00 | $0.00 | | |
| 99394 | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | | $0.00 | $89.90 | $0.00 | $0.00 | | |
| 99395 | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | | $0.00 | $84.80 | $0.00 | $0.00 | | |
| 99396 | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | | $0.00 | $100.83 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

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| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| 99397 | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | | $0.00 | $106.26 | $0.00 | $0.00 | | |
| 99429 | UNLISTED PREVENTIVE MEDICINE SERVICE | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| 99460 | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY | | $45.99 | $45.99 | | | | |
| 99461 | INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEME | | $75.36 | $51.92 | | | | |
| 99462 | SUBSEQUENT HOSPITAL CARE PER DAY | | $24.63 | $24.63 | | | | |
| 99463 | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY | | $61.12 | $61.12 | | | | |
| 99464 | ATTENDANCE AT DELIVERY (WHEN REQ BY DEL PHY) | | $57.26 | $57.26 | | | | |
| 99465 | DELIVERY/BIRTHING ROOM RESUSCITATION | | $119.57 | $119.57 | | | | |
| 99466 | CRITICAL CARE SERVICES DELIVERED BY A PHY | | $190.18 | $190.18 | | | | |
| 99467 | EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY | | $94.05 | $94.05 | | | | |
| 99468 | INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY | | $707.33 | $707.33 | | | | |
| 99469 | SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE | | $308.57 | $308.57 | | | | |
| 99471 | INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY | | $636.72 | $636.72 | | | | |
| 99472 | SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER | | $313.91 | $313.91 | | | | |

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|---|---|---|---|---|---|---|---|---|
| 99475 | INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY | | $441.19 | $441.19 | | | | |
| 99478 | SUBSEQUENT INTENSIVE CARE, PER DAY | | $113.34 | $113.34 | | | | |
| 99479 | SUBSEQUENT INTENSIVE CARE, PER DAY | | $98.50 | $98.50 | | | | |
| 99480 | SUBSEQUENT INTENSIVE CARE, PER DAY | | $94.65 | $94.65 | | | | |
| 99477 | INT DAY HOSP NEONATE CARE | | $275.93 | | | | | |
| D1206 | FLOURIDE VARNISH | | $0.00 | $15.00 | $0.00 | $0.00 | | |
| D9220 | DENTAL ANESTHISIA (CPSR - PHYSICIANS SPECIAL RATE) | | | $150.00 | | | | |
| G0127 | Trim nail(s) | | $19.88 | $19.88 | | | | |
| G0202 | SCREENING MAMMOGRAPHY, DIGITAL, BILATERIAL | | $0.00 | $91.56 | $66.30 | $25.26 | | |
| G0204 | DIAGNOSTIC MAMMOGRAPHY, DIGITAL, BILATERIAL | | $0.00 | $99.65 | $68.35 | $31.30 | | |
| G0206 | DIAGNOSTIC MAMMOGRAPHY, DIGITAL, UNILATERIAL | | $0.00 | $80.34 | $55.04 | $25.26 | | |
| J0560 | INJ, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS | | $0.00 | $17.98 | $0.00 | $0.00 | | |
| J0570 | INJ, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS | | $0.00 | $31.14 | $0.00 | $0.00 | | |
| J0580 | INJ, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS | | $0.00 | $63.80 | $0.00 | $0.00 | | |
| J0696 | INJ, CEFTRIAXONE SODIUM, PER 250 MG | | $0.00 | $14.78 | $0.00 | $0.00 | | |
| J1055 | INJ, MEDROXYPROGESTERONE ACETATE , CONTRACEPTIVE USE, 150 MG | | $0.00 | $52.60 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| J1070 | INJ, TESTOSTERONE CYPIONATE, UP TO 100 MG | | $0.00 | $5.10 | $0.00 | $0.00 | | |
| J1080 | INJ, TESTOSTERONE CYPIONATE, 1 CC, 200 MG | | $0.00 | $15.38 | $0.00 | $0.00 | | |
| J1380 | INJ, ESTRADIOL VALERATE, UP TO 10 MG | | $0.00 | $0.51 | $0.00 | $0.00 | | |
| J1390 | INJ, ESTRADIOL VALERATE, UP TO 20 MG | | $0.00 | $1.02 | $0.00 | $0.00 | | |
| J2820 | INJ, SARGRAMOSTIM (GM-CSF), 50 MCG | | $0.00 | $29.05 | $0.00 | $0.00 | | |
| J7300 | INTRAUTERINE COPPER CONTRACEPTIVE | | $0.00 | $369.68 | $0.00 | $0.00 | | |
| J7302 | LEVONORGESTREL-RE, IU CONTRACEPTIVE SYSTEM, 52 MG | | | $527.31 | | | | |
| J7303 | CONTRACEPTIVE SUPPLY, HORMONE VAGINAL RING, EACH | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| J7307 | ETONOGESTREL IMPLAN SYSTEM | | | $669.69 | | | | |
| J7321 | HYALGAN/SUPARTZ INJ PER DOSE | | | $130.50 | | | | |
| J7322 | SYNIVISC INJ PER DOSE | | | $211.80 | | | | |
| J7323 | EUFLEXXA INJ PER DOSE | | | $131.21 | | | | |
| J7324 | ORTHOVISC INJI PER DOSE | | | $225.00 | | | | |
| J7342 | DERMAL (SUBS) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT | | $0.00 | $0.00 | $0.00 | $0.00 | | |
| J9000 | DOXORUBICIN HCL, 10 MG | | $0.00 | $11.84 | $0.00 | $0.00 | | |
| J9001 | DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG | | $0.00 | $394.77 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| J9010 | ALEMTUZUMAB, 10 MG | | $0.00 | $553.77 | $0.00 | $0.00 | | |
| J9015 | ALDESLEUKIN, PER SINGLE USE VIAL | | $0.00 | $730.35 | $0.00 | $0.00 | | |
| J9017 | ARSENIC TRIOXIDE, 1MG | | $0.00 | $36.00 | $0.00 | $0.00 | | |
| J9020 | ASPARAGINASE, 10,000 UNITS | | $0.00 | $59.32 | $0.00 | $0.00 | | |
| J9031 | BCG (INTRAVESICAL) PER INSTILLATION | | $0.00 | $152.19 | $0.00 | $0.00 | | |
| J9035 | INJECTION, BEVACIZUMAB, 10 MG | | $0.00 | $61.87 | $0.00 | $0.00 | | |
| J9040 | BLEOMYCIN SULFATE, 15 UNITS | | $0.00 | $219.80 | $0.00 | $0.00 | | |
| J9041 | INJECTION, BORTEZOMIB, 0.1 MG | | $0.00 | $31.27 | $0.00 | $0.00 | | |
| J9045 | CARBOPLATIN, 50 MG | | $0.00 | $147.46 | $0.00 | $0.00 | | |
| J9050 | CARMUSTINE, 100 MG | | $0.00 | $147.14 | $0.00 | $0.00 | | |
| J9060 | CISPLATIN, POWDER OR S0LUTION, PER 10 MG | | $0.00 | $26.87 | $0.00 | $0.00 | | |
| J9062 | CISPLATIN, 50 MG | | $0.00 | $129.13 | $0.00 | $0.00 | | |
| J9065 | INJECTION, CLADRIBINE, PER 1 MG | | $0.00 | $48.60 | $0.00 | $0.00 | | |
| J9070 | CYCLOPHOSPHAMIDE, 100 MG | | $0.00 | $2.75 | $0.00 | $0.00 | | |
| J9080 | CYCLOPHOSPHAMIDE, 200 MG | | $0.00 | $5.51 | $0.00 | $0.00 | | |
| J9090 | CYCLOPHOSPHAMIDE, 500 MG | | $0.00 | $13.77 | $0.00 | $0.00 | | |
| J9091 | CYCLOPHOSPHAMIDE, 1.0 GRAM | | $0.00 | $27.54 | $0.00 | $0.00 | | |
| J9092 | CYCLOPHOSPHAMIDE, 2.0 GRAM | | $0.00 | $55.08 | $0.00 | $0.00 | | |
| J9093 | CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG | | $0.00 | $4.63 | $0.00 | $0.00 | | |
| J9094 | CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG | | $0.00 | $9.25 | $0.00 | $0.00 | | |
| J9095 | CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG | | $0.00 | $23.15 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| J9096 | CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM | | $0.00 | $46.29 | $0.00 | $0.00 | | |
| J9097 | CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM | | $0.00 | $92.60 | $0.00 | $0.00 | | |
| J9098 | CYTARABINE LIPOSOME, 10 MG | | $0.00 | $380.34 | $0.00 | $0.00 | | |
| J9100 | CYTARABINE, 100 MG | | $0.00 | $4.03 | $0.00 | $0.00 | | |
| J9110 | CYTARABINE, 500 MG | | $0.00 | $20.24 | $0.00 | $0.00 | | |
| J9120 | DACTINOMYCIN, 0.5 MG | | $0.00 | $13.14 | $0.00 | $0.00 | | |
| J9130 | DACARBAZINE, 100 MG | | $0.00 | $12.02 | $0.00 | $0.00 | | |
| J9140 | DACARBAZINE, 200 MG | | $0.00 | $21.53 | $0.00 | $0.00 | | |
| J9150 | DAUNORUBICIN, 10 MG | | $0.00 | $74.57 | $0.00 | $0.00 | | |
| J9151 | DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG | | $0.00 | $61.20 | $0.00 | $0.00 | | |
| J9160 | DENILEUKIN DIFTITOX, 300 MCG | | $0.00 | $1,374.30 | $0.00 | $0.00 | | |
| J9165 | DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG | | $0.00 | $5.57 | $0.00 | $0.00 | | |
| J9170 | DOCETAXEL, 20 MG | | $0.00 | $339.08 | $0.00 | $0.00 | | |
| J9178 | INJECTION, EPIRUBICIN HCL, 2 MG | | $0.00 | $26.97 | $0.00 | $0.00 | | |
| J9181 | ETOPOSIDE, 10 MG | | $0.00 | $4.15 | $0.00 | $0.00 | | |
| J9182 | ETOPOSIDE, 100 MG | | $0.00 | $46.20 | $0.00 | $0.00 | | |
| J9185 | FLUDARABINE PHOSPHATE, 50 MG | | $0.00 | $330.32 | $0.00 | $0.00 | | |
| J9190 | FLUOROURACIL, 500 MG | | $0.00 | $3.38 | $0.00 | $0.00 | | |
| J9200 | FLOXURIDINE, 500 MG | | $0.00 | $131.40 | $0.00 | $0.00 | | |
| J9201 | GEMCITABINE HCL, 200 MG | | $0.00 | $122.67 | $0.00 | $0.00 | | |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3.6 MG | | $0.00 | $422.99 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| J9206 | IRINOTECAN, 20 MG | | $0.00 | $148.41 | $0.00 | $0.00 | | |
| J9208 | IFOSFAMIDE, 1 GM | | $0.00 | $148.41 | $0.00 | $0.00 | | |
| J9209 | MESNA, 200 MG | | $0.00 | $33.70 | $0.00 | $0.00 | | |
| J9211 | IDARUBICIN HYDROCHLORIDE, 5 MG | | $0.00 | $397.84 | $0.00 | $0.00 | | |
| J9212 | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG | | $0.00 | $4.80 | $0.00 | $0.00 | | |
| J9213 | INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS | | $0.00 | $33.05 | $0.00 | $0.00 | | |
| J9214 | INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS | | $0.00 | $14.66 | $0.00 | $0.00 | | |
| J9215 | INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU | | $0.00 | $7.74 | $0.00 | $0.00 | | |
| J9216 | INTERFERON, GAMMA 1-B, 3 MILLION UNITS | | $0.00 | $318.74 | $0.00 | $0.00 | | |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG | | $0.00 | $616.69 | $0.00 | $0.00 | | |
| J9218 | LEUPROLIDE ACETATE, PER 1 MG | | $0.00 | $85.12 | $0.00 | $0.00 | | |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 MG | | $0.00 | $5,115.60 | $0.00 | $0.00 | | |
| J9230 | MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG | | $0.00 | $11.38 | $0.00 | $0.00 | | |
| J9245 | INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG | | $0.00 | $397.99 | $0.00 | $0.00 | | |
| J9250 | METHOTREXATE SODIUM, 5 MG | | $0.00 | $0.34 | $0.00 | $0.00 | | |

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|---|---|---|---|---|---|---|---|---|
| J9260 | METHOTREXATE SODIUM, 50 MG | | $0.00 | $3.75 | $0.00 | $0.00 | | |
| J9263 | INJECTION, OXALIPLATIN, 0.5 MG | | $0.00 | $8.95 | $0.00 | $0.00 | | |
| J9265 | PACLITAXEL, 30 MG | | $0.00 | $156.64 | $0.00 | $0.00 | | |
| J9266 | PEGASPARGASE, PER SINGLE DOSE VIAL | | $0.00 | $1,580.40 | $0.00 | $0.00 | | |
| J9268 | PENTOSTATIN, PER 10 MG | | $0.00 | $2,117.34 | $0.00 | $0.00 | | |
| J9270 | PLICAMYCIN, 2.5 MG | | $0.00 | $88.87 | $0.00 | $0.00 | | |
| J9280 | MITOMYCIN, 5 MG | | $0.00 | $77.23 | $0.00 | $0.00 | | |
| J9290 | MITOMYCIN, 20 MG | | $0.00 | $251.37 | $0.00 | $0.00 | | |
| J9291 | MITOMYCIN, 40 MG | | $0.00 | $270.00 | $0.00 | $0.00 | | |
| J9293 | INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG | | $0.00 | $326.82 | $0.00 | $0.00 | | |
| J9300 | GEMTUZUMAB OZOGAMICIN, 5MG | | $0.00 | $2,291.65 | $0.00 | $0.00 | | |
| J9305 | INJECTION, PEMETREXED, 10 MG | | $0.00 | $43.87 | $0.00 | $0.00 | | |
| J9310 | RITUXIMAB, 100 MG | | $0.00 | $474.75 | $0.00 | $0.00 | | |
| J9320 | STREPTOZOCIN, 1 GM | | $0.00 | $167.63 | $0.00 | $0.00 | | |
| J9340 | THIOTEPA, 15 MG | | $0.00 | $119.99 | $0.00 | $0.00 | | |
| J9350 | TOPOTECAN, 4 MG | | $0.00 | $794.45 | $0.00 | $0.00 | | |
| J9355 | TRASTUZUMAB, 10 MG | | $0.00 | $55.71 | $0.00 | $0.00 | | |
| J9357 | VALRUBICIN, INTRAVESICAL, 200 MG | | $0.00 | $498.96 | $0.00 | $0.00 | | |
| J9360 | VINBLASTINE SULFATE, 1 MG | | $0.00 | $2.47 | $0.00 | $0.00 | | |
| J9370 | VINCRISTINE SULFATE, 1 MG | | $0.00 | $22.75 | $0.00 | $0.00 | | |
| J9375 | VINCRISTINE SULFATE, 2 MG | | $0.00 | $34.15 | $0.00 | $0.00 | | |
| J9380 | VINCRISTINE SULFATE, 5 MG | | $0.00 | $91.04 | $0.00 | $0.00 | | |
| J9390 | VINORELBINE TARTRATE, PER 10 MG | | $0.00 | $82.38 | $0.00 | $0.00 | | |
| J9395 | INJECTION, FULVESTRANT, 25 MG | | $0.00 | $84.99 | $0.00 | $0.00 | | |

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| J9600 | PORFIMER SODIUM, 75 MG | | $0.00 | $2,466.63 | $0.00 | $0.00 | | |
| J9999 | NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS | R | $0.00 | $0.00 | $0.00 | $0.00 | | |
| V2020 | FRAMES, PURCHASES | | $50.00 | $50.00 | $0.00 | $0.00 | | |
| V2100 | SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2101 | SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2102 | SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PE | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2103 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .1 | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2104 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2. | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2105 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4. | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2106 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OV | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2107 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0 | | $0.00 | $50.00 | $0.00 | $0.00 | | |

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| V2108 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7. | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2109 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.0 | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2110 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVE | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2111 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12. | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2112 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12. | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2113 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12. | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2114 | SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER L | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2115 | LENTICULAR, (MYODISC), PER LENS, SINGLE VISION | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2118 | ANISEIKONIC LENS, SINGLE VISION | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2121 | LENTICULAR LENS, PER LENS, SINGLE | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2199 | NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS | | $0.00 | $50.00 | $0.00 | $0.00 | | |

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Codes listed as '$0.00" pay 45% of billed amount if covered

The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| V2200 | SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2201 | SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2202 | SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2203 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2 | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2204 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2205 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2206 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.0 | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2207 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2208 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2209 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH | | $0.00 | $50.00 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

Note:

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| V2210 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPH | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2211 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2212 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2213 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SP | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2214 | SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2215 | LENTICULAR (MYODISC), PER LENS, BIFOCAL | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2218 | ANISEIKONIC, PER LENS, BIFOCAL | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2219 | BIFOCAL SEG WIDTH OVER 28MM | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2220 | BIFOCAL ADD OVER 3.25D | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2221 | LENTICULAR LENS, PER LENS, BIFOCAL | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2299 | SPECIALTY BIFOCAL (BY REPORT) | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2410 | VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC | | $0.00 | $50.00 | $0.00 | $0.00 | | |

# Physician Fee Schedule 2009

Note:

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The Anesthesia Base Rate is $15.20. Each 15 minute increment=1 time unit.

| Proc Code | Procedure Description | PA Ind | Inpat. Rate | Outpat. Rate | Tech. Comp. | Prof. Comp. | Base Unit Value | Notes |
|---|---|---|---|---|---|---|---|---|
| V2430 | VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2499 | VARIABLE SPHERICITY LENS, OTHER TYPE | | $0.00 | $50.00 | $0.00 | $0.00 | | |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR LENS | | $180.00 | $234.00 | $0.00 | $0.00 | | |
| V2632 | POSTERIOR CHAMBER INTRAOCULAR LENS | | $137.50 | $178.75 | $0.00 | $0.00 | | |