### COMMONWEALTH OF THE NORTHERN MARIANA ISALNDS SAIPAN, MARIANA ISLANDS

VOLUME 14 NO. 01



JANUARY 15, 1992

### COMMONWEALTH

REGISTER



### TRALE OF CONTRACT

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Certification of Rules and Regulations for Northern Marianas Retirement Fund
Certification of Rules regarding increased Public Health Fees.  Commonwealth Health Center
Certification of Designated Tourist Site Regulations. Marianas Visitors Bureau
Certification of Rules and Regulations for Harbor Pilots.  Board of Professional Licensing
Certification of Amendments to the Rules and Regulations for Harbor Pilots.  Board of Professional Licensing
Certification of Rule for Reconsideration of Disapproval of Application.  Board of Professional Licensing.
Certification of Rules and Regulations governing the conduct by, and the rights accorded to, inmates while in the correctional facility.  Department of Public Safety
PROPOSED AND MARKETER
Real Estate Appraisers. Board of Professional Licensing
Hospital Medical Service Fees.  Public Health and Environmental Services

### NORTHERN MARIANA ISLANDS RETIREMENT FUND

P.O. BOX 1247 SAIPAN, MP 96950 PHONE: (670) 234-7228 FAX: (670) 234-9624

#### CERTIFICATION

The Administrator of the Northern Mariana Islands Retirement Fund and Workers' Compensation Commission promulgating the rules and regulations published in the Commonwealth as follows:

November 15, 1990, Volume 12, No. 11, Amendments to the Rules and Regulations pursuant to Public Law No. 6-17, as amended, 1 CMC Section 8316(f) of the Northern Mariana Islands Retirement Act of 1988, on page 7446. Published as Final Adoption on Volume 13, No. 03, March 15, 1991 page 7661 and 7662.

July 15, 1991, Volume 13, No. 07, pages 7810 to 7818. Proposed Amendments to Workers' Compensation Commission Rules and Regulations pursuant to Public Law 6-33, and the Administrative Procedure Act, 1 CMC Section 9101. Published as Final Regulations on October 15, 1991, Volume 13, No. 10, page 8233.

October 15, 1991, Volume 13, No. 10, pages 8235 to 8252. Adoption of the Amendments as Final Regulations to the Member Home Loan Program as Published in Volume 11, No. 6, dated June 15, 1989, and as amended in Volume 12, No 3, dated March 15, 1990, and as further amended in Volume 13, No. 4, dated April 15, 1991.

By my signature below, hereby certifies that the published rules and regulations were formally adopted by the Board of Trustees of the Northern Mariana Islands Retirement Fund/Workers Compensation Commissions. I further request and direct that this Certification be published in the Commonwealth Register and then be attached by both the Office of the Registrar of Corporations and Office of the Governor to the rules and regulations referenced above. I declare under penalty, of prejury that the foregoing is true and correct and that this declaration was executed on the 23rd day of December 1991, at Saipan, Commonwealth of the Northern Mariana Islands.

Tomas B. Aldan Administrator FILED

at the

OFFICE of the ATTORNEY GENERAL DATE: 10 JAN 1992

TIME: /

10:00 AM PM

PAREGISTRAN OF CORPORATIONS'
Commonwealth of the

Northern Mariana Islands





### COMMONWEALTH HEALTH CENTER

### OFFICE OF THE DIRECTOR

GOVERNMENT OF THE NORTHERN MARIANA ISLANDS DEPARTMENT OF PUBLIC HEALTH-ENVIRONMENTAL SERVICES

### CERTIFICATION OF RULES REGARDING INCREASED PUBLIC HEALTH FEES

I, Dr. Jose L. Chong, Director of the Department of Public Health and Environmental Services, which is promulgating the Rules Regarding Increased Public Health Fees published in the Commonwealth Register on 15 February 1989 at pages 6046 to 6051, by signature below hereby certify that such Rules are a true, complete and correct copy of the Rules Regarding Increased Public Health Fees formally adopted by the Department of Public Health and Environmental Services. I further request and direct that this Certification be published in the Commonwealth Register and then be attached by both the Office of the Registrar of Corporations and Office of the Governor to the Rules Regarding Increased Public Health Fees referenced above.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the 24th day of December, 1991 at Saipan, Commonwealth of the Northern Mariana Islands.

Chong Director Department of Public Health and Environmental Services

FILF

at the OFFICE of the ATTORNEY GENERAL DATE: 10 JAN 1992

10:00

TIME:

REGISTRAN OF CORPORATIONS Commonwealth of the

Northern Mariana Islands

### CERTIFICATION OF DESIGNATED TOURIST SITE REGULATIONS

The Marianas Visitors Bureau is promulgating the Designated Tourist Site Regulations published in the Commonwealth Register on April 15, 1991 at pages 6877 to 6886, by signature below hereby certifies that the published Regulations are true, correct and complete copy of the Regulations formally adopted by the Marianas Visitors Bureau on June 15, 1990, Volume 12, No. 6 at pages 7146 to 7147. I further request and direct that this Certification be published in the Commonwealth Register and then be attached by both the Office of the Registrar of Corporations and Office of the Governor to the Regulations referenced above. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the 3rd day of January, 1992 at Saipan, Commonwealth of the Northern Mariana Islands.

FILED

at the

OFFICE of the ATTORNEY GENERAL DATE: 1 0 JAN 1992

TIME: 10:00 AM PM

REGISTRAR OF CORFORATIONS'
Commonwealth of the

Northern Mariana Islands

PRISCILLA T. DELA CRUZ Acting Managing Director

### CERTIFICATION OF DESIGNATED TOURIST SITE REGULATIONS

I, PRISCILLA T. DELA CRUZ, Acting Managing Director of the Marianas Visitors Bureau which is promulgating the Regulations regarding the Designated Tourist Site Regulations published in the Commonwealth Register on April 15, 1991 at pages 6877 to 6886, by signature below hereby certify that such Regulations are true, complete and correct copy of the Designated Tourist Site Regulations formally adopted by the Marianas Visitors Bureau. I further request and direct that this certification be published in the Commonwealth Register and then be attached by both the Office of the Registrar of Corporations and Office of the Governor to the Regulations referenced above.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the 3rd day of January, 1992 at Saipan, Commonwealth of the Northern Mariana Islands.

FILED

at the OFFICE of the ATTORNEY GENERAL

DATE: 10 JAN 1992

REGISTRAR OF CORPORATIONS'
Commonwealth of the

Northern Mariana Islands

PRISCILLA T. DELA CRUZ
Acting Managing Director



P.O. Box 2078 Saipan, MP 96950 Tel. No.: (670) 234-5897/6040

### CERTIFICATION OF RULES AND REGULATIONS FOR HARBOR PILOTS

I, Juan Q. Inos, Chairman of the Board of Professional Licensing which is promulgating the Rule and Regulations for Harbor Pilots published in the Commonwealth Register on November 15, 1990 at page 7450 to 7460, by signature below hereby certify that such Rules are a true, complete and correct copy of the Rules and Regulations for Harbor Pilots formally adopted by the Board of Professional Licensing. I further request and direct that this Certification be published in the Commonwealth Register and then be attached by both the Office of the Registrar of Corporations and Office of the Governor to the Rules and Regulations for Harbor Pilots referenced above.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the 2 day of 1993t Saipan, Commonwealth of the Northern Mariana Islands.

FILED

at the OFFICE of the ATTORNEY GENERAL

DATE: 10 JAN 1992

TIME: 10:00 AM

FACREGISTRAN OF CORPORATIONS

Commonwealth of the Northern Mariana Islands

JUAN Q. INOS, CHAIRMAN Board of Professional Licensing



P.O. Box 2078 Saipan, MP 96950 Tel. No.: (670) 234-5897/6040

# CERTIFICATION OF AMENDMENTS TO THE RULES AND REGULATIONS FOR HARBOR PILOTS

I, Juan Q. Inos, Chairman of the Board of Professional Licensing which is promulgating the Amendments to the Rules and Regulations for Harbor Pilots published in the Commonwealth Register on May 15,1991 at page 7703 to 7704, by signature below hereby certify that such Amendments are a true, complete and correct copy of the Amendments to the Rules and Regulations for Harbor Pilots formally adopted by the Board of Professional Licensing. I further request and direct that this Certification be published in the Commonwealth Register and then be attached by both the Office of the Registrar of Corporations and Office of the Governor to the Adopted Amendments to the Rules and Regulations for Harbor Pilots referenced above.

l declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the של לים לים לים בים 19*92*at Saipan, Commonwealth of the Northern Mariana Islands.

FILED

OFFICE of the ATTORNEY GENERAL DATE: 10 JAN 1992

TIME:

D AM PM

REGISTRAR OF CORPORATIONS
Commonwealth of the

Northern Mariana Islands

JUAN Q. INOS, CHAIRMAN Board of Professional Licensing

COMMONWEALTH REGISTER VOLUME 14 NO. 01 JANUARY 15, 1992 PAGE



P.O. Box 2078 Saipan, MP 96950 Tel. No.: (670) 234-5897/6040

## CERTIFICATION OF RULE FOR RECONSIDERATION OF DISAPPROVAL OF APPLICATION

I, Juan Q. Inos, Chairman of the Board of Professional Licensing which is promulgating the Rule for Reconsideration of Disapproval of Application published in the Commonwealth Register on October 15, 1991 at page 8163, by signature below hereby certify that such Rules are a true, complete and correct copy of the Rule for Reconsideration of Disapproval of Application formally adopted by the Board of Professional Licensing. I further request and direct that this Certification be published in the Commonwealth Register and then be attached by both the Office of the Registrar of Corporations and Office of the Governor to the Rule for Reconsideration of Disapproval of Application referenced above.

FILED

at the
OFFICE of the ATTORNEY GENERAL

DATE: 10 JAN 1992

BY: Genedio Magnas

REGISTRAR OF CORFORATIONS'
Commonwealth of the
Northern Mariana Islands

JUAN Q. INOS, CHAIRMAN Board of Professional Licensing



### **COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS** DEPARTMENT OF PUBLIC SAFETY

Saipan, Mariana Islands 96950



Gregorio M. Camacho Director

Jerry P. Crisostomo Deputy Director, Administration

Francisco M. Camacho Deputy Director, Operations

Vicente T. Seman Chief of Corrections

Jesus M. Castro Chief of Fire

Antonio A. Reyes Chief of Police

Matias A. Chargualaf Chief of Motor Vehicle

Thomas P. Rabago Chief of Administration

CERTIFICATION OF RULES AND REGULATIONS GOVERNING THE CONDUCT BY AND THE RIGHTS ACCORDED TO INMATES WHILE IN THE CORRECTIONAL FACILITY

I, GREGORIO M. CAMACHO, THE DIRECTOR OF THE DEPARTMENT OF PUBLIC SAFETY WHICH IS PROMULGATING THESE REGULATIONS PUBLISHED IN THE COMMONWEALTH REGISTER ON SEPTEMBER 15, 1991 AT PAGES 7896 TO 7954, BY MY SIGNATURE BELOW HEREBY CERTIFY THAT THE PUBLISHED REGULATIONS ARE A TRUE, CORRECT AND COMPLETE COPY OF THE REGULATIONS FORMALLY ADOPTED BY THE DEPARTMENT OF PUBLIC SAFETY. I FURTHER REQUEST AND DIRECT THAT THIS CERTIFICATION BE PUBLISHED IN THE COMMONWEALTH REGISTER AND THEN BE ATTACHED BY BOTH THE OFFICE OF THE REGISTRAR OF CORPORATIONS AND THE OFFICE OF THE GOVERNOR TO THE REGULATIONS REFERENCED ABOVE.

Facsimile - (670) 234-8531 Cable - c/o GOV, NMI Saipan

Administrative Division

Central Station 234-6333/7271/6431

Corrections Division 234-7254/8534

Fire Division 234-6222/9222/3437

Patrol Division/Public Relations

234-7271/8536

Investigation Section 234-7208

Juvenile Unit 234-9136

Motor Vehicle Bureau 234-6921/9137

Highway Safety Office

234-6021/6055 Traffic Section

234-7212/7153

Boating Safety Office 322-4037

CST Office

Police Academy/Training 234-5639/8536

Koblerville Substation 234-1318

ENCY - 911

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT THAT THIS DECLARATION WAS EXECUTED ON THE 1 DAY OF JANUARY, 1992 IN SAIPAN, COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS.

GREGORIO M. CAMACHO, Director Department of Public Safety

CJH/kd:461

at the OFFICE of the ATTORNEY GENERAL DATE: 1-14-92 TIME: 10:00 REGISTRAR OF CORPORATIONS Commonwealth of the Northern Mariana Islands



P.O. Box 2078 Saipan, MP 96950 Tel. No.: (670) 234-5897/6040

NOTICE OF PROPOSED AMENDMENTS TO THE REGULATIONS FOR REAL ESTATE APPRAISERS OF THE BOARD OF PROFESSIONAL LICENSING

The Board of Professional Licensing hereby notifies the General Public that it proposes to amend the Regulations for Real Estate Appraisers. Interested persons may obtain copies of the proposed amendment from the Board of Professional Licensing.

Anyone interested in commenting on the proposed amendment may do so within 30 days from the date this notice is published in the Commonwealth Register. Such comments should be sent to:

> Chairman Board of Professional Licensing P.O. Box 2078 Saipan, MP 96950

day of January, 1992.

Juan O. Inos CHAIRMAN

Board of Professional Licensing

FILED

at the

OFFICE of the ATTORNEY GENERAL

DATE: 1-10-92

KAN REGISTRAK OF CURI ORATIONS

Commonwealth of the Northern Mariana Islands



P.O. Box 2078 Saipan, MP 96950 Tel. No.: (670) 234-5897/6040

### NUTISIA PUT I MANMAPROPOPONI SIHA NA AMENDASION PARA I AREKLAMENTO YAN REGULASION REAL ESTATE APPRAISERS PARA I BOARD OFPROFESSIONAL LICENSING.

I Board of Professional Licensing ha nutitisia i pupbliku na ha proponi na para u ma amenda i areklamento yan regulasion para i Real Estate Appraisers. Hayi interesao na petsona, siña mañule kopian esre siha na amendasion gi ufusinan i Board of Professional Licensing.

Hayi na petsona malago' munaha'lom komentu put este i manmaproponi na amendasion siña ha' ha cho'gue gi halom trenta (30) dias despues di malaknos-ña este na nutisia gi halom i Commonwealth Register. Este siha na komentu u ma address guatu gi;

Chairman Board of Professional Licensing P.O. Box 2078 Saipan, MP 96950

Ma fecha' guine na dia <u>10</u> Eneru, 1992

Juan Q. Inos CHAIRMAN



P.O. Box 2078 Saipan, MP 96950 Tel. No.: (670) 234-5897/6040

# ARONGORONG REEL LLIIWELIL ALLÉGH KKA E GHIL NGÁLIIR REAL ESTATE APPRAISERS MELLÖL BOARD OF PROFESSIONA LICENSING

Schóól Board of Professional Licensing rekke arongaar towlap igha rebwe fféér lliiwel mellól alléghúl Real Estate Apparisers. Aramas ye e tipáli nge emmwel schagh bwe ebweleo bweibwogh kkopiyaal lliwel kkaal mellól Bwulasiyool Board of Professional Licensing.

Aramas ye e tipáli nge emmwel schagh bwe ebwe ischiitiw meta tipál ngáre mángemángil llól eliigh (30) rál sángi igha e toowow arongorong yeel llól Commonwealth Register. Tipitip me mángemáng kkaal nge rebwe afanga ngáli:

Chairman Board of Professional Licensing P.O Box 2078 Saipan, MP 96950

E sséeer liói ráálil ye \_\_\_\_\_\_ Eneero, 1992

Juan Q. Inos CHAIRMAN

THE FOLLOWING ARE THE PROPOSED AMENDMENTS TO THE REAL ESTATE APPRAISERS REGULATIONS:

Part 1.2. The following sentence is added: "These Regulations take effect on July 1, 1992."

Part 2.14. Delete "December 31, 1991" and insert "December 31, 1992."

No further amendments are proposed.

Juan Q. Inos

CHAIRMAN



P.O. Box 2078 Saipan, MP 96950 Tel. No.: (670) 234-5897/6040

CERTIFICATION OF PROPOSED

AMENDMENTS TO THE

REGULATIONS FOR

REAL ESTATE APPRAISERS

OF THE

BOARD OF PROFESSIONAL LICENSING

I, Juan Q. Inos, Chairman, of the Board of Professional Licensing which is promulgating the Regulations for Real Estate Appraisers hereinabove set forth, by signature below hereby certify that such amendment to the Regulations are true, complete, and correct copy of the Regulations for Real Estate Appraisers formally amended by the board of Professional Licensing.

l declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on را المعرفة المعرف

FILFD

at the

OFFICE of the ATTORNEY GENERAL

DATE: 10 JAN 1992

10:00 (AM)

REGI. TRAK OF CORPORATIONS

Northern Mariana Islands

Juan Q. Inos

CHAIRMAN

### DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL SERVICES

#### PUBLIC NOTICE

PROPOSED AMENDMENT ON HOSPITAL MEDICAL SERVICE FEES DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL SERVICES

In accordance with Public Law 1-8, Chapter 12, Section 4, the Department of Public Health and Environmental Services (DPH&ES), has the authority to adopt rules and regulations it may deem necessary in all matters over which it has jurisdiction. Director of the Department has the responsibility to promulgate and implement these rules and regulations.

In accordance with this authority, the Director has proposed to amend the Hospital Fee Schedule for the provision of medical services. It is the intent of the Department to establish and amend fees with full public knowledge and consideration. Department has proposed to revise or establish the following service fees:

- Medical Services Α.
  - Professional Services a.
  - Respiratory Therapy
  - c. Physical Therapy
- Surgical and Anesthesia Services В.
- C. Maternity Care and Delivery Services
- D. Laboratory and Pathology Services
- Radiology Services Ε.
- Room and Board and Other Fees Dental Services

Copies of the proposed Fee Schedule may be obtained from the Director's Office at the Commonwealth Health Center. All persons interested in expressing their views on the proposed Fee Schedule must submit the comments in writing addressed to the Director, Department of Public Health and Environmental Services, P. O. Box 409 CK, Saipan, MP 96950, or deliver their comments at the Director's Office at Commonwealth Health Center. All comments must be received within thirty (30) days from the date this notice is published in the Commonwealth Register.

Chong Director of Public/Health and Environmenta l Sørvices

10 JAN 1992

8666

SOLEDAD B. SASAMOTO Registrar Of Corporations

### DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL SERVICES

### NUTISIAN PUPBLIKU

I MA PROPONI NA AMENDASION POT I SETBISIU YAN YAN APAS I MEDIKU GI

DEPARTMENT OF PUBLIC HEALTH YAN I ENVIRONMENTAL SERVICES

Sigun gi Lai Pupbliku 1-8, Kapitulu 2, seksiona 4, i Dipatamenton i Public Health yan i Environmental Services (DPH&ES), quaha atoridad-na na para ufama' tinas areklamento siha ni man nisisario gi para i mina'lek i Depatamento. I Direktod, guha fuetsa-na na para hu cho'que este ssiha na areklamento.

Sigun gi sinangan yan i atoridad, I Direktod ha propoponi na para humaenda probinsion i setbisiu, yan apas i mediku. I Dipattamento ha propositu para hu tulaika osino hu establesi i sigiente siha na setbision apas:

- Setbision Mediku Siha
  - a. Professinat Na Setbisio
  - b. Respiratory Therapy
  - Physical Therapy
- Setbision Operation siha В.
- Ma Atienden i man managu yan man mapotge' siha
- Setbision Labatorio
- Setbision Radiology siha
- Kuatto, nengkano yan otro siha na apas F.
- Dental Services G.

I kopia este na amendasion, sina ha ma'chu'le gi i Ufusinan i Commonwealth Center. Haye siha na petsonas man malago, sina ha ma tu'qie halom i directod i Department of Public Health yan i Environmental Services, P.O. Box 409 CK, Commonwealth Health Center. Todu i dokumentu siha ni para umana fan halom debid i ufan ma resibe qi halom trenta dias (30) despues di malaknos este na nutisia gi Commonwealth Register.

Dr. Jose L. Chong

Director of Public Health and

Environmental Services

FILED BY:

Date: 10 JAN 1992

### DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL SERVICES ARONGORONGOL TOWLAP

Mangemangil Ssiwelil Allegh Reel Abossul Medical Service Fees Sangi Dipatamentool Public Health Me Environmental Sertvices.

Reel aileewal alleghul towlap ye (Public Law 1-8, Chapter 12, Section 4, nge Dipatamentool Public Health Fengal me Environmental Services (DPHS&ES), eyoor bwangil bwe ebwe ffeer me bweibwogh allegh reel milikka ebwe fil ngali mwoghutughutul me lemelemil bwulasiyo yeel reel meta kka ebwe emmwellil tepengiir aramas reel. Samwoolul Bwulasiyo yeel, nge emmwel ngali me eyoor bwangil bwe ebwe feeru me alegheleghulo allegh kkaal.

Iwe, reel bwangil yeel, nge emmel schagh bwe Direktood; yeel emmwel ebwe ebwe liwili allegh kkaal ammwelil Hospital Fee Schedule reel medical services. Dipatamento yeel emueshel bwe ebwe liwili me ffeer allegh reel tappal mwoghutughut kkaal, iye alo talil faa:

- A. Medico me akkaaw alillis
  - a. Professional me akkaaw alillis
  - b. Respiratory Therapy
  - c. Physical Therapy
- B. Alillisil tittil me anesthesia
- C. Ammweler mal bwoobwo me mal lailai
- D. Alillisil Labatorio me Pathology
- E. Alillisil Radiology
- F. Kuatto, mungo me akkaaw alillis
- G. Dental Serives

KKoopiyal allegh kkaal nge, eyoor llol Bwulasiyool Direktoodul Commonwealth Health Center. Alongeer aramas kka re tipali nge emmwel schagh rebwe ischiitiw meta tipeer me mangemangiir, nge raa afanga ngali Direktoodul Department of Public Health me Environmental Services, P.O. Box 409 CK, Saipan, MP 96950 me ngare bwughiilo llol bwulasiyool Direktood me Commonwealth Health Center. Alongal tiip me mangemang, nge ebwe atotoolong eliigh ral sangi igha e toowow arongorong yeel mellol Commwealth Register.

Jose P. Ching

Dr. Jose L. Chong, Director Department of Public Health & Environmental Services 12/2/91 Ral

Registrar of Corporations

Date: 10 JAN 1992

## COMMONWEALTH HEALTH CENTER HOSPITAL DIVISION PROPOSED FEE FISCAL YEAR 1992

### DEFINITIONS AND ITEMS OF COMMONALITY

The descriptive terms and numerical identifying codes for medical services and procedures used in the Proposed Fee Schedule are based on Current Procedural Terminology, Fourth Edition (CPT-4).

Terms and phrases common to the practice of medicine that are used in Proposed Fee are defined as follows:

Current Procedural Terminology (CPT): Is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients, and third parties. CPT 1990 is the most recent revision of the book.

New Patient: A patient who is new to the physicians and whose medical and administrative records need to be established.

Established Patient: A patient whose medical and administrative records are available to the physician. The designation of new or established patient does not preclude the use of specific level of service.

Levels of Service: Examinations, evaluations, treatment, conferences with or concerning patients, preventive pediatric and adult health supervision, and similar medical services necessitate the wide variations in skill, effort, time, responsibility and medical knowledge required for prevention or diagnostic and treatment of illness and the promotion of optimal health. Each level of service may be used by all physicians. Six levels are recognized:

Minimal Level of Service: A level of service supervised by a physician but not necessarily requiring his presence. For example, injections, minimal dressings, removal of sutures, etc.

Brief Level of Service: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and examination. For example, acute tonsilitis, minor trauma, review of recent X-ray report, etc.

Limited Level of Service: A level of service pertaining to the evaluation of a circumscribed acute illness or to the periodic reevaluation of a problem including an interval history and examination, the review of effectiveness of past medical management, the ordering and evaluation of appropriate diagnostic tests, the adjustment of therapeutic management as indicated, and the discussion of findings and/or medical management.

For example: treatment of acute respiratory infection; review of interval history; physical status and control of diabetic patient; review of recent history, determination of blood pressure; etc.

<u>Intermediate Level of Service:</u> (A complete history and physical examination of one or more organ systems, but not requiring a comprehensive evaluation of the patient as a whole.)

A level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnostic that necessitates the obtaining and evaluation of pertinent history and physical or mental status findings, diagnostic tests and procedures, and the ordering of appropriate therapeutic management; or a formal patient, family, or hospital staff conference regarding patient medical management and progress.

For example: evaluation of a patient with arteriosclerotic heart disease; review of interval history, reexamination of musculoskeletal systems; conference with patient and/or family to review studies, hospital course, and findings; etc.

Extended Level of Service: A level of service requiring an unusual amount of effort or judgement including a detailed history, review of medical records, examination, and a formal conference with the patient, family or staff; or a comparable medical diagnostic and/or therapeutic service; but necessitating a complete examination or reexamination of the patient as a whole.

For example: Reexamination of neurological findings; review of results of diagnostic evaluation; reevaluation of a psychotic delusional patient; etc.

Comprehensive Level of Service: (A complete evaluation of the patient.)

A level of service providing an in-depth evaluation of a

patient with a new or existing problem requiring the development or complete reevaluation of medical data. This procedure includes the recording of a chief complaint(s), and present illness, family history, past medical history, personal history, system review, a complete physical examination, and the ordering of appropriate diagnostic tests and procedures.

### Inpatient Hospital Care:

Initial Hospital Inpatient Care (90200): Signifies a level of service for a condition involving variables for which neither comprehensive or intermediate initial hospital care services are appropriate. This procedure includes documentations of the indication for inpatient medical care, abbreviated history, pertinent examination and a plan of investigation and/or medical management.

Intermediate Initial Hospital Care (90215): A service involving the evaluation or re-evaluation of a patient with an acute or active problem(s) that require hospitalization. This procedure includes the recording of the chief complaint, present illness or current medical history, and an appropriate physical examination related to the acute or active problem in a patient who has had a previously documented evaluation that is current and available to the physician, and the ordering of appropriate medical diagnostic tests and procedures.

Comprehensive Initial Hospital Inpatient Care (90220): see Comprehensive Level of Service Definition.

Hospital Discharge Day Management: Preparation of patient for discharge and preparation of discharge records.

Referral: A referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. Initial evaluation and subsequent services are designated as listed in Levels of Service.

Consultation: Includes services rendered by a physician whose opinion or advice is requested by a physician or other appropriate source for the further evaluation and/or management of the patient. A consultant initiates diagnostic or therapeutic services at the request of the attending physicians. The consultant must document that he has recommended a course of action to the attending physician and is initiating treatment at his request. When the consulting physician assumes responsibility for the continuing care of the patient, any subsequent services rendered by him will cease to be

consultation. The five levels of consultation are as follows:

Limited: The physician confines his service to the examination or evaluation of a single organ system. This procedure includes documentation of the complaint(s), present illness, pertinent examination, review of medical data and establishment of a plan of management relating to the specific problem. An example might be a dermatological opinion about an uncomplicated skin lesion.

<u>Intermediate:</u> Involves examination or evaluation of an organ sytem, a partial review of the general history, recommendations and preparation of a report. An example would be the evaluation of the abdomen for possible surgery that does not proceed to surgery.

Extended: Involves the evaluation of problems that do not require a comprehensive evaluation of the patient as a whole. This procedure includes the documentation of a history of the chief complaint(s), past medical history and pertinent physical examination, review and evaluation of the past medical data, establishment of a plan of investigative and/or therapeutic management, and the preparation of an appropriate report.

Comprehensive: Involves an in-depth evaluation of a patient with a problem requiring the development and documentation of medical data (the chief complaints, present illness, family history, past medical history, personal history, system review and physical examination, review of all diagnostic tests and procedures that have prviously been done), the establishement or verification of a plan for further investigative and/or therapeutic management and the preparation of a report.

Complex: Is an uncommonly performed service that involves an in-depth evaluation of a critical problem that requires unusual knowledge, skill and judgment on the part of the consulting physician, and the preparation of an appropriate report.

<u>Unlisted Procedures or Services:</u> This is for services or procedures performed by physicians that are not found in CPT. A number of specific code numbers have been designated for reporting unlisted procedures. When an unlisted procedure number is used, the service or procedure should be described.

MEDICINE SERVICES: (Definition or Identification of other items unique to Medicine Services.)

Modifiers: Listed services and procedures may be modified under certain circumstances. The modifying circumstances will be identified by the addition of the appropriate modifier code. The modifier will be reported by two digit number placed after the usual procedure number from which it is separated by a hyphen. The most commonly used are as follows:

- -22 Unusual Services: When the service(s) provided is greater than that usually required for the listed procedure.
- -52 Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances the service provided is identified by its usual procedure number and the addition of the modifier -52, signifying the service is reduced. This provides means of reporting reduced services without disturbing the identification of the basic service.
- <u>-90 Reference (Outside) Laboratory:</u> When Laboratory procedures are performed by a party other than the Hospital Laboratory Facility.

Materials Supplied By Physician: Supplies and materials provided to patients (eg, sterile trays/drugs), over and above those usually included with the office visit or other services rendered.

<u>Critical Care:</u> Includes the care of critically ill patients in a variety of medical emergencies that requires the constant attention of the physician(eg, cardiac arrest, shock, bleeding, respiratory failure, etc.) Critical Care is usually, but not always, given in a critical care area, such as ICU or the emergency care facility.

ANESTHESIA SERVICES: (Definitions and Identifications of other items unique to Anesthesia Services.)

Anesthesia services may include but are not limited to general, regional, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist during any procedure.

### COMPUTATION OF ANESTHESIA SERVICE FEE:

Charges for anesthesia service are calculated by multiplying total anesthesia value by the proposed relative value fee of \$25.00.

or

TOTAL ANESTHESIA FEE = (BASIC VALUE {as listed or modified} + TIME UNITS) x PROPOSED FEE OF \$25

Anesthesia Value is determined by adding a Basic Value, which is related to the complexity of the service, plus Modifying Units (if any), plus Time Units.

Basic Value: CHC is using the basic value listed in the Relative Value Guide published by the American Society of Anesthesiologists. The latest revision is the Relative Value Guide for 1990.

The Basic Value for anesthesia when multiple surgical procedures are performed during a single anesthetic administration is the Basic Value for the procedure with the highest unit value.

Time Units are computed by allowing one unit for each fifteen (15) minutes of anesthesia time.

Time Reporting: Time reported for anesthesia procedures. Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient is safely placed under postoperative supervision.

Modifying Units: See definition of Modifiers previous page.

SURGERY SERVICES: (Definitions and Identifications of other items unique to Surgery Services.)

Surgical procedures include the surgery, local infiltration, metacarpal/digital block or topical anesthesia when used, and the normal, uncomplicated follow-up care.

Unlisted Surgery Procedure: A surgery procedure not listed in CPT. Such procedures are reported using appropriate unlisted surgery procedure code and a special report.

### SURGICAL PROCEDURE MODIFIERS

Unusual Surgical Services (Code -22)

Reduced Surgical Services (Code -52)

Surgical Assistants (Code -80) Add modifier -80 to the listed surgery procedure to identify charges for Surgical Assistants.

By Report (BR): BR in the value column indicates that the value of the surgery procedure is to be determined "by report," because the service is too unusual or variable to be assigned a value.

Service "Sv" Items: "Sv" in the value columns indicates that the value is to be calculated as the sum of various services rendered at the Hospital.

Asterisk (\*) Items: Where an asterisk (\*) precedes a procedure number the following rules apply:

- a) The listed value is for Surgical Procedure Only.
- b) When a starred (\*) procedure requires hospitalization, an appropriate hospital visit is listed in addition to the starred (\*) procedure and its follow-up care.
- c) All Post-Operative Care is to be added on a fee-for-service basis (eq, office or hospital visit, cast change).

MATERNITY CARE AND DELIVERY SERVICES: (Definitions and Identifications of other items unique to Maternity Care and Delivery Services.)

All Inclusive, "Global" Obstetric Care: This is for uncomplicated maternity cases (which is either vaginal or ceasarean section delivery). "Global obstetric care includes antepartum care, delivery, and postpartum care.

Antepartum Care: Initial and subsequent history, physical examiniation, recording of weight, blood pressure, fetal heart tones, routine chemical urinalysis, and monthly visits up to 28 weeks gestation, bi-weekly visits to 36 weeks gestation, and weekly visits until delivery. Any other visits or services within this period are an additional charge and should use a separate procedure code.

Postpartum Care: Hospital and Office visits following vaginal or ceasarean section delivery.

<u>Incomplete Global Obstetric Care:</u> Charge antepartum or postpartum care if delivery is not performed by CHC physician due to termination of pregnancy by abortion or referral to another physician for delivery.

LABORATORY SERVICES: (Definitions and Identifications of other items unique to Laboratory Services.)

Panel (Profile) Tests: Certain multiple tests performed on a single specimen of blood or urine. They are distinguished from the single or multiple test(s) performed on an "individual," "immediate," or "stat" reporting basis.

### PHARMACEUTICAL AND MEDICAL SUPPLIES:

Retail price for pharmaceutical and medical supplies is computed based on actual landed costs plus administrative overhead. The average cost method is used in computing the inventory costs. Minimum Fee for both pharmaceutical and medical supplies is \$3.00.

The proposed fees once adopted will supercede all previously established Hospital fees.

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- PROFESSIONAL SERVICES
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Office and other outpatient medical services	<b>~</b>	
New Patient; Brief Service	90000	\$28
-Limited Service	90010	\$36
-Intermediate Service	90015	\$48
-Extended Service	90017	\$60
-Comprehensive	90020	\$80
-Minimal Service	90030	\$10
Office and other outpatient medical services		210
Established Patients; Brief Visit	90040	\$18
-Limited Services	90050	\$26
-Intermediate Service	90060	\$38
-Extended Service	90070	\$50
-Comprehensive Service	90080	\$70
Initial Hospital Care; Brief History and	90080	\$10
Examination, initiation of diagnostic and		
treatment programs, and preparation of		
Hospital Records	90200	\$50
-Intermediate History	90215	\$100
-Comprehensive History	90220	\$150
-Newborn Care	90225	\$75
Subsequent Hospital Care, Each	30223	<b>\$73</b>
Day: Limited Service	90240	\$30
-Intermediate Service	90260	\$40
-Extended Service	90270	\$55
-Comprehensive Service	90280	\$85
-Normal Newborn Service	90282	\$50
Hospital discharge day management	90292	\$25
Emergency Department Service;		
-Brief Service	90505	\$35
-Limited Service	90510	\$45
-Intermediate Service	90515	\$70
-Extended Service	90517	\$110
-Comprehensive Service	90520	\$130
Initial and Follow-up Consultation;		
Pediatric Only:		
-Limited	90600	\$20
-Brief	90640	\$30
-Intermediate	90605	\$40
-Extensive	90610	\$50
-Comprehensive	90620	\$60
-Complex	90630	\$85
Initial Consultation (Other Specialty Field		,

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COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- PROFESSIONAL SERVICES
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
-Limited	90600	\$30
-Intermediate	90605	\$55
-Extensive	90610	\$75
-Comprehensive	90620	\$100
-Complex	90630	\$120
Follow-up Consultation (Other Specialty F	Fields);	
-Brief	90640	\$40
-Limited	90641	\$55
-Intermediate	60942	\$75
-Complex	90643	\$100
Confirmatory and Additional Opinion		
Consultation; Limited	90650	\$35
Intermediate	90651	\$45
Extended	90652	\$60
Comprehensive	90653	\$85
Complex	90654	\$110
Unlisted Medical Services, General		
(specify procedure)	90699	BR
Hemodialysis procedures/treatment	90937	\$400
Hemodialysis service charge for visiting		
Patient	90999	\$30
Hemodialysis Treatment Kit	99070	Actual Cost plu
		Admin. Overhead
ECG(EKG), Routine, with interpretation		
and report	93000	\$40
<pre>ECG(EKG), Routine, tracing only(w/out</pre>		
interpretation and report)	93005	\$30
ECG(EKG), Routine, interpretation		
and report only	93010	\$25
SPECIAL SERVICES AND REPORTS:		
		3
Materials supplied by physicians	99070	Actual Cost plu
(including anesthesia supplies)	00075	Admin. Overhead
Medical Testimony - per hour	99075	\$50
Special Reports (insurance form, review of		<b>410</b>
medical records); per 30 minutes	99080	\$10
Patient Escort	99082	Actual Cost
Critical Care, Initial, Including the		
Diagnostic and Therapeutic services and		
direction of care of the critically ill		
multiple injured or comatose patient re	equiring	

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COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- PROFESSIONAL SERVICES
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
the prolonged presence of the physician: each hour Critical Care, Initial, Including Diagnostic	99160	\$100
each additional 30 minutes	99162	\$30

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- RESPIRATORY THERAPY
FISCAL YEAR 1992

CPT DESCRIPTION CPT	CODE	PROPOSED FEE
Cardiovascular Stress Test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, with interpretation and report Electrocardiographic Monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full	93015	\$160
miniaturized printout; includes recording, microprocessor-based analysis with report, physicians review and interpretation(HM)  Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate	93230	\$150
<pre>measurement(s), and/or maximal voluntary ventilation (PFT)</pre>	94010	\$40
Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) or exercise (PFT)  Ventilator assist and management, initiation of pressure or volume preset ventilators for	94060	\$80
assisted or controlled breathing; first day Ventilator assist and management, initiation	94656	\$350
of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days (prorated by actual hours used)  Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial	94657	\$300
demonstration and/or evaluation (H/H Nebulizer Tx. or Sputum Induction) Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes;	94664	\$30
<pre>subsequent   (H/H Nebulizer Tx. or Sputum Induction) Manipulation chest wall, such as cupping,</pre>	94665	\$30
percussing, and vibration to facilitate lung function (Chest Physiotherapy)	94667	\$40
Analysis of Arterial Blood Gas (oxygen saturation, pO2, pCO2, CO2, pH)	94700	\$60

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- RESPIRATORY THERAPY
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE	
Noninvasive ear or pulse oximetry for oxygen saturation; single determination Carbon dioxide, expired gas determination by infrared analyzer (END Tidal CO2	94760	\$20	
Monitor)	94770	\$30	
Oxygen	94799	\$1	per hr.
Respiratory Therapy; Patient Instruction	94799	\$10	
Oxyhood	94799	\$20	
Oxygen Tent	94799	\$20	
Respiratory Therapy Code Blue Assistance;		•	
per hour	94799	\$30	
STAT Fee	94799	\$10	
Unlisted Pulmonary Services Procedures			
(specify procedure)	94799	BR	
Electroencephalogram	95821	\$120	
Respiratory Therapy Disposable Equipment	99070	Actual Cost	plus
		Admin. Cos	-

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- PHYSICAL THERAPY
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Muscle testing; extremity(excluding hand) or trunk, with report Muscle testing; hand (with or without	95831	\$25
Comparison with normal side)	95832	\$35
Muscle testing; total evaluation	95833	\$100
of body excluding hands	•	
Muscle testing; total evaluation of body,	95834	\$130
including hands		
Range of motion measurement & report;	95851	\$35
each extremity, excluding hand		
Range of motion measurement & report;		* * * *
hand, with or w/out comparison with	95852	\$40
normal side	OF 0.01	ĊOO
Assessment of higher cerebral function	95881	\$20
<pre>with medical interpretation; developmental testing</pre>		
Assessment of higher cerebral function		
with medical interpretation;		
cognitive testing and others	95882	\$20
Physical Medicine Treatment to one area;		
Hot/Cold Packs	97010	\$20
Physical Medicine Treatment to one area;		
Mechanical traction	97012	\$25
Physical Medicine Treatment to one area;	07044	200
Electrical Stimulation (unattended)	97014	\$20
Physical Medicine Treatment to one area;	97018	\$25
Paraffin Bath  Physical Medicine Treatment to one area:	9/010	\$45
Physical Medicine Treatment to one area; Whirlpool	97022	\$25
Physical Medicine Treatment to one area;	3.022	· <del>·</del>
Diathermy	97024	\$20
Physical Medicine Treatment to one area;		
Ultraviolet	97028	\$20
Physical Medicine Treatment to one area;		
Unlisted Modality	97039	\$20
Physical Medicine to one area, initial 30		*
minutes, each visit; Therapeutic exercis	97110	\$30
Physical Medicine to one area, initial 30 r		0.45
each visit; Neuromuscular reeducation	97112	\$45
Physical Medicine to one are, initial 30 mi	97114	\$45
each visit: Functional activities Physical Medicine to one area, initial 30	3/114	540
rhysical medicine to one area, initial so		

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- PHYSICAL THERAPY
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
minutes, each visit; Gait training Physical Medicine to one area, initial 30 minutes, each visit; Electrical Stimulati	97116	\$22
(manual)  Physical Medicine to one area, initial 30	97118	\$30
minutes, each visit; Massage Physical Medicine to one area, initial 30	97124	\$30
minutes, each visit; Ultrasound Physical Medicine to one area, initial 30	97128	\$15
minutes, each visit; Cardiac Rehab.  Physical Medicine to one area, initital 30	97139	\$15
minutes, each visit, Splinting Physical Medicine to one area, initital 30	97139	\$30
minutes; debridement  Physical Medicine to one area, initial 30	97139	\$30
minutes, each visit; Unlisted Procedure (specify procedure)	97139	BR
Physical Medicine treatment to one area, each additional 15 minutes	97145	\$20
Orthotics training, upper extremeties; iniatial 30 minutes, each visit	97500	\$25
Orthotics training, upper extremeties; each additional 15 minutes	97501	\$10
Prosthetic training; initial 30 minutes, each visit	97520	\$25
Prosthetic training; initial 30 minutes, each additional 15 minutes	97521	\$10
Kinetic activities, coordination, initial 30 minutes, each visit	97530	\$20
Kinetic activities, coordination, each additional 15 minutes	97531	\$10
Training Activities of Daily Living; initial 30 minutes, each visit	97540	\$25
Training Activities of Daily Living; each additional 15 minutes	97541	\$8
Office visit, with report; activities of daily living check-out; initial 30	07700	
minutes each visit Office visit, with report; activities of	97700	\$45
daily living check-out; each additional 15 minutes Sensory Mapping	97701 97799	\$15 \$19

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COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MEDICAL SERVICES FEES
- PHYSICAL THERAPY
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Gait Analysis	97799	\$19
Unlisted physical medicine services procedures (specify procedures)	97799	BR

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED SURGERY and ANESTHESIA FEE
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
I. ANESTHESIA		
Anesthesiologist Fee per anesthesia value (anesthesia value = basic value + time u	the state of the s	\$25
II. SURGERY		
INTEGUMENTARY SYSTEM SKIN, SUBCUTANEOUS AND AREOLAR TISSUES Incision		
Incision and drainage of infected or noninfected sebaceous cyst; one lesion	10000 *	\$50
<ul><li>second lesion</li><li>more than two lesions(each additiona</li></ul>	10001 *	\$25
<pre>lesion Incision and drainage of abscess (eg,   carbuncle, suppurative hidradenitis, a   other cutaneous or subcutaneous absces   simple</pre>		\$8 \$40
<ul> <li>complicated</li> <li>Incision and drainage of pilonidal cyst;</li> </ul>	10061 10081 *	BR \$50
<pre>simple Incision and removal of foreign body, subcutaneous tissues; simple</pre>	10120	\$50
<ul> <li>complicated</li> <li>Incision and drainage of hematoma;</li> </ul>	10121 10140 *	BR \$40
<pre>simple - complicated Incision and drainage, complex, post- operative wound infection</pre>	10141 10180	BR BR
Excision - Debridement		
Debridement; skin, partial thickness - skin, full thickness - skin, and subcutaneous tissue - skin, subcutaneous tissue, and muscle - skin, subcutaneous tissue, muscle,	11040 11041 11042 11043	BR BR BR BR
and bone		

Biopsy

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED SURGERY and ANESTHESIA FEE
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simp closure), unless otherwise listed (separature); and logical		\$50
procedure); one lesion - each additional lesion	11101 *	\$40
Excision - Benign Lesions		
{Excision (including simple closure) of benign lesions of skin or subcutaneous tissues (eg, cictricial, fibrous, inflammatory, congenital, custic lesions including local anesthesia.}	5),	
Excision, skin tags, multiple fibrocutaneous tags, any area; up to 15	11200 *	\$40
- each additional ten lesions	11201 g 11400	\$20 \$60
Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.5 cm or les	S	\$60
- lesion diameter 0.6 to 1.0 cm	11401	\$80
- lesion diameter 1.1 to 2.0 cm	11402	\$100
- lesion diameter 2.1 to 3.0 cm	11403	\$120
- lesion diameter 3.1 to 4.0 cm	11404	\$140
- lesion diameter over 4.0 cm	11406	BR
Excision, benign lesion, except skin take (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion	g 11420	\$80
diameter 0.5 cm or less		
- lesion diameter 0.6 to 1.0 cm	11421	\$100
- lesion diameter 1.1 to 2.0 cm	11422	\$120
- lesion diameter 2.1 to 3.0 cm	11423	\$140 \$180
<ul><li>lesion diameter 3.1 to 4.0 cm</li><li>lesion diameter over 4.0 cm</li></ul>	11424 11426	BR
- lesion diameter over 4.0 cm	11426	DK
Excision, other benign lesion (unless listed elsewhere), face, ears, eyelid nose, lips, mucous membrane; lesion	11440 s,	\$100
diameter .05 cm or less		44.00
- lesion diameter 0.6 to 1.0 cm	11441	\$120
- lesion diameter 1.1 to 2.0 cm	11442	\$140
- lesion diameter 2.1 to 3.0 cm	11443	\$160

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CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<ul><li>lesion diameter 3.1 to 4.0 cm</li><li>lesion diameter over 4.0 cm</li></ul>	11444 11446	\$180 BR
Excision - Malignant Lesions		
{Excision (including simple closure) or treatment by any other method (except radiation or chemosurgery) of malignant lesion of skin, including local anesthesia each lesion}	,	
Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 cm or less	11600	\$120
<ul> <li>lesion diameter 0.6 to 1.0 cm</li> <li>lesion diameter 1.1 to 2.0 cm</li> <li>lesion diameter 2.1 to 3.0 cm</li> </ul>	11601 11602 11603	\$160 \$200 \$240
<ul><li>lesion diameter 3.1 to 4.0 cm</li><li>lesion diameter over 4.0 cm</li></ul>	11604 11606	\$280 BR
Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	11620	\$200
<ul> <li>lesion diameter 0.6 to 1.0 cm</li> <li>lesion diameter 1.1 to 2.0 cm</li> <li>lesion diameter 2.1 to 3.0 cm</li> <li>lesion diameter 3.1 to 4.0 cm</li> </ul>	11621 11622 11623 11624	\$300 \$400 \$440 \$480
<ul> <li>lesion diameter over 4.0 cm</li> <li>Excision, malignant lesion, face, ears,</li> <li>eyelids, nose, lips; lesion diameter</li> <li>0.5 cm or less</li> </ul>	11626 11640	BR \$300
<pre>- lesion diameter 0.6 to 1.0 cm - lesion diameter 1.1 to 2.0 cm</pre>	11641 11642	\$400 \$500
<ul> <li>lesion diameter 2.1 to 3.0 cm</li> <li>lesion diameter 3.1 to 4.0 cm</li> <li>lesion diameter over 4.0 cm</li> </ul>	11643 11644 11646	\$540 \$600 BR
NAILS Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;	11750	\$200
- for amputation of tuft of distal phalanx	11752	BR
MISCELLANEOUS Excision of pilonidal cyst or sinus;	11770	\$200

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
simple - extensive - comprehensive	11771 11772	\$700 BR
REPAIR {The repair of wounds maybe classified as Simple, Intermediate, or Complex} Repair - Simple		
Treatment of superficial wound dehiscence; simple closure	12020	\$80
<ul><li>with packing</li></ul>	12021	\$100
Repair - Intermediate		
Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	12031 *	\$40
- 2.6 cm to 7.5 cm	12032 *	\$60
- 7.6 cm to 12.5 cm	12034 * 12035	\$80 \$100
- 12.6 cm to 20.0 cm - 20.1 cm to 30.0 cm	12036	\$100
- over 30.0 cm	12037	BR
Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	12041 *	\$60
- 2.6 cm to 7.5 cm	12042 *	\$80
- 7.6 cm to 12.5 cm	12044	\$100
- 12.6 cm to 20.0 cm	12045	\$120
- 20.1 cm to 30.0 cm	12046	\$140
<pre>- over 30.0 cm Layer closure of wounds of face, ears,   eyelids, nose, lips and/or mucous   membranes; 2.5 cm or less</pre>	12047 12051 *	BR \$80
- 2.6 cm to 5.0 cm	12052	\$100
- 5.1 cm to 7.5 cm	12053	\$120
- 7.6 cm to 12.5 cm	12054	\$140
- 12.6 cm to 20.0 cm	12055	\$160
- 20.1 cm to 30.0 cm	12056	\$180
- over 30.0 cm	12057	BR

Repair - Complex

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Repair, complex, trunk, 1.1 cm to 2.5 cm - 2.6 cm to 7.5 cm Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	13100 13101 13120	\$140 \$160 \$200
- 2.6 cm to 7.5 cm  Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	13121 13131	\$220 \$280
<ul> <li>2.06 cm to 7.5 cm</li> <li>Secondary closure of surgical wound dehiscence, extensive or complicated</li> </ul>	13132	\$300
Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	13150	\$340
- 1.1 cm ti 2.5 cm	13151	\$360
- 2.6 cm to 7.5 cm	13152	\$380
Secondary closure of surgical wound dehiscence, extensive or complicated	13160	BR
Repair, unsual, complicated, over 7.5 cm, any area  Adjacent Tissue Transfer or Rearrangement	13300	BR
{Please see CPT page 74}		
Adjacent tissue transfer or rearrage- ment, trunk; defect 10 sq cm or less	14000	\$400
- defect 10.1 sq cm to 30.0 sq cm	14001	BR
Free Skin Grafs		
Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digi 100 sq cm or less, or each one percent o body area of infants and children (excep 15050)	f	\$500
<ul> <li>each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof</li> </ul>	15101	\$120
Pedicle Flaps (Skin And Deep Tissues)		
Formation of tube pedicle without transfer, or major "delay" of large	15500	\$700

	4	
CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<pre>flap without transfer; on trunk - on scalp, arms, or legs - on forehead, cheeks, chin, mouth,   neck, axillae, genitalia, hands or feet</pre>		\$700 \$700
- on eyelids, nose, ears, or lips	15515	\$700
Miscellaneous Procedures		•
Blepharoplasty, lower eyelid; - with extensive herniated fat fad Blepharoplasty, upper eyelids - with excessive skin weighting down lid	15820 15821 15822 15823	\$1,200 BR \$800 BR
Pressure Ulcers (Decubitus Ulcers)		
Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	15920	BR
<ul> <li>with local or regional skin flap closure</li> <li>Burns, Local Treatment</li> </ul>	15922	BR
Dressings and/or debridement, initial or	16010 *	\$80
subsequent; under anesthesia, small	•	·
<ul> <li>under anesthesia, medium or large, or with major debridement</li> </ul>	16015 *	\$200
<ul> <li>without anesthesia, office or hospital, small</li> </ul>	16020 *	\$40
<pre>- without anesthesia, medium (eg, face or whole extremity)</pre>	16025 *	\$60
<ul><li>without anesthesia, large (eg, more than one extremity)</li></ul>	16030 *	\$80
Destruction		
Destruction by any method, with or without surgical curettement, all facial lesions or premalignant lesions in any location, including local anesthesia; one lesion	17000 *	\$50
<ul><li>second and third lesions, each</li><li>over three lesions, each additional</li></ul>	17001 17002	\$30 \$15

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<pre>lesion   - complicated lesion(s) Destruction by any method of flat(plane,   juvenile) warts or molluscum contagiosum,   milia, up to 15 lesions</pre>	17010 17110 *	BR \$40
BREAST Incision		
Puncture aspiration of cyst; - each additional cyst	19000 19001	\$40 \$15
Excision		
Biopsy of breast; needle(separate	19100	\$60
<pre>procedure)   - incisional  Mastectomy, partial   - with axillary lymphadenectomy  Mastectomy, simple, complete  Mastectomy, modified radical, including   axillary lymph nodes but leaving   pactoral muscles</pre>	19101 19160 19162 19180 19240	\$300 \$600 BR \$800 \$1,600
MUSCULOSKELETAL SYSTEM GENERAL Incision		
Incision of soft tissues abscess(eg,	20000 *	\$40
<pre>secondary to osteomyelitis); superficial - deep or complicated</pre>	20005	\$168
Excision		
Biopsy, bone, trocar or needle; superficial(eg, ilium, sternum, spinous process, ribs)	20220	\$60
- deep (vertebral body, femur)	20225	\$200
Introduction or Removal		
Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion	20600 *	\$40

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<pre>cyst(eg, fingers, toes) - intermediate joint, bursa or ganglion cyst(eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)</pre>	20605 *	\$40
<pre>- major joint, bursa(eg, shoulder, hip knee joint, subacromial bursa)</pre>	20610 *	\$60
Insertion of wire or pin w/ application of skeletal traction, including removal (separate procedure)	20650 *	\$100
Removal of implant; superficial, (eg, buried wire, pin or rod)(separate procedu	20670 * ure)	\$60
<pre>- deep, (eg, buried wire, pin, screw, metal band, nail, rod or plate)</pre>	20680	\$300
Replantation		
Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon); complete amputation	20816	BR
<ul> <li>incomplete amputation(devascularized extremity with soft tissue pedicle)</li> </ul>	20820	BR
Grafts (Or Implants)		
Bone graft, any donor area; minor or small (eg, dowel or button)	20900	\$200
<ul> <li>major or large</li> <li>Tendon Graft, from a distance (eg,</li> </ul>	20902 20924	\$400 \$200
palmaris, toe, extensor, plantaris)	20924	\$200
Miscellaneous		
Unlisted procedure, musculosckeletal system, general	20999	BR
HEAD Excision		
Excision of benign cyst or tumor of mandible; simple	21040	\$400
- complex	21041	BR

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Repair, Revision, Or Reconstruction	•	
Osteonplasty (eg, for prognathism, micrognathism, apertognathism or for reconstruction); mandible, total or horizontal	21200	\$2,000
- mandible, segmental	21202	BR
- mandibular ramus (esteotomy)	21203	BR
- maxilla, total	21204	BR \$1,150
- maxilla, segmental	21206	\$1,130
Fracture And/Or Disclocation		•
Treatment of closed or open mandibular fracture; without manipulation	21450	Sv!
<ul> <li>with manipulation, may include external fixation</li> </ul>	21451	Sv!
NECK (SOFT TISSUES) AND THORAX Incision		
Incision and drainage, deep abscess or hematoma	21501	\$600
- with partial rib ostectomy	21502	\$600
Excision		
Excisional biopsy, soft tissues	21550	\$200
Excision, benign tumor; subcutaneous	21555	\$300
<ul> <li>deep, subfascial, intramuscular</li> </ul>	21556	BR
Miscellaneous		
Unlisted procedure, neck or thorax	21899	BR
SPINE (VERTEBRAL COLUMN) {Cervical, thoracic, and lumbar spine} Excision, benign tumor, deep,	22031	BR
subfascial, intramuscular; cervical		
- thoracic	22032	BR
- lumbar	22033	BR

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Fracture And/Or Dislocation		·
Open treatment and fusion, posterior approach, with local bone graft and/or internal fixation for fracture; lumbar	22355	\$2,000
- thoracic	Ž2356	BR
Arthtodesis With Diskectomy		
{Intervertebral disk excision, laminotomy or laminectomy and fusion}		·
Arthrodesis with disketomy, cervical, posterior approach; local bone graft and/or internal fixation	22550	\$2,600
<ul> <li>with iliac or other autogenous bone (includes obtaining graft)</li> </ul>	22552	\$2,600
Arthrodesis with diskectomy, lumbar or thoracic, posterior posterolateral or posterior interbody approach; local bone graft and/or internal fixatio - with iliac or other autogenous bone graft (includes obtaining graft)	22560 n 22561	\$2,400
Arthrodesis, Primary or Repair of Pseudarthrosis		
Cervical fusion, posterior approach, below C1 level; local bone graft and/or intenal fixation	22600	\$2,000
- with iliac or other autogenous bone graft (includes obtaining graft)	22605	\$2,300
Thoracic or lumbar fusion, posterior or posterolateral approach; local bone graft and/or internal fixation - with iliac or other autogenous bone graft (includes obtaining graft)	22640	\$2,000
Miscellaneous		
Unlisted procedure, spine	22899	BR

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
ABDOMEN Miscellaneous		
Unlisted procedure, abdomen, musculoskeletal system	22999	BR
SHOULDER Incision		
Incision and drainage; deep abscess or hematoma	23030	\$300
- infected bursa	23031	\$400
Fracture and/or Dislocation		
Treatment of open humeral (surgical or anatomical neck) fracture, with uncomplicated soft tissue closure	23610	\$705
Open treatment of closed or open humeral (surgical or anatomical neck) fracture, with or without internal or external skeletal fixation	23615	\$1,000
Treatment of open shoulder dislocation, with uncomplicated soft tissue closure	23658	\$495
Arthrodesis		
Arthrodesis, shoulder joint; with or	23800	\$1,800
without local bone graft - with primary autogenous graft	23800	\$1,950
<pre>(includes obtaining graft) - with primary autogenous graft (includes obtaining graft)</pre>	23802	\$1,538
Amputation		
Disarticulation of shoulder; - secondary closure of scar revision	23920 23921	\$1,500 BR
Miscellaneous		
Unlisted procedure, shoulder	23929	BR

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
HUMEROUS (UPPER ARM) AND ELBOW {elbow area includes head and neck of radius and olecranon process} Incision		
Incision and drainage; deep abscess or hematoma	23930	\$600
<ul> <li>infected bursa</li> <li>Arthrotomy, elbow, for infection, with exploration, drainage or removal of foreign body</li> </ul>	23931 24000	\$800 \$1,000
Excision		
Arthrotomy, elbow; for synovial biopsy only	24100	\$500
<ul> <li>with joint exploration, with or without biopsy, with or without removal of foreing body</li> </ul>	24101	\$602
- for synovectomy	24102	\$1,400
Excision, olecranon bursa	24105	\$400
Excision or curettage of bone cyst or benign tumor, humerus;	24110	\$800
<ul> <li>with primary autogenous graft (includes obtaining graft)</li> </ul>	24115	\$1,000
<ul> <li>with homogenous or other nonautogenous graft</li> </ul>	24116	\$870
Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	24134	\$668
Fracture and/or Dislocation		
Treatment of closed humeral shaft fracture; without manipulation	24500	Sv!
<ul><li>with manipulation</li></ul>	24505	\$300
- percutaneous insertion of pin or rod	24506	BR
Treatment of open humeral shaft, with uncomplicated soft tissue closure	24510	\$300
Open treatment of closed or open humeral shaft fracture, with or without internal or external skeletal fixation	24515	\$800

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Amputation		
Amputation, arm through humerus; with primary closure	24900	\$800
- open, circular (guillotine)	24920	\$700
<ul> <li>secondary closure or scar revision</li> </ul>	24925	\$240
- reamputation	24930	\$800
- with implant	24931	BR
Miscellaneous		
Unlisted procedure, humerus or elbow	24999	BR
FOREARM AND WRIST Incision		
Decompression fasciotomy, flexor and/or extensor compartment;	25020	\$800
<ul><li>with debridement of nonviable muscle and/ or nerve</li></ul>	25023	BR
Excision		
Excision of ganglion, wrist (dorsal or volar); primary	25111	\$360
- recurrent	25112	BR
Repair, Revision or Reconstruction		
Repair, tendon or muscle, flexor; primary, single, each tendon or muscle	25260	\$700
<pre>- secondary, single, each tendon or muscle</pre>	25263	\$800
<ul> <li>secondary, with free graft(includes obtaining graft), each tendon or muscle</li> </ul>	25265	\$840
Repair, tendon or muscle, extensor, secondary, with tendon graft(includes obtaining graft), each tendon or muscle	25274	\$900
Fracture and/or Dislocation		
Treatment of closed radial shaft fracture; without manipulation	25500	Sv!

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<ul> <li>with manipulation</li> <li>Treatment of closed ulnar shaft</li> <li>fracture; without manipulation</li> </ul>	25505 25530	\$400 Sv!
- with manipulation	25535	\$400
HANDS AND FINGERS Incision		
Drainage of finger abscess; simple	26010 * 26011 *	\$40 \$100
<ul> <li>complicated (eg, felon, etc)</li> <li>Drainage of tendon sheath, one digit and/or palm</li> </ul>	26020	\$340
Decompression fingers and/or hand, injection injury (eg, grease gun, etc)	26035	\$936
Arthrotomy, for infection, with exploration, drainage or removal of loos or foreign body; carpometacarpal joint	26070 e	\$600
Repair, Revision or Reconstruction		
Flexor tendon repair or advancement, single, in "no man's land", primary, each tendon	26356	\$600
<pre>- secondary with free graft(includes obtaining graft), each tendon</pre>	26358	\$1,071
Fracture and/or Dislocations		
Treatment of closed metacarpal fracture, single; without manipulation, each bone	26600	Sv!
<ul><li>with manipulation, each bone</li><li>with manipulation, with skeletal</li><li>fixation, each bone</li></ul>	26605 26607	\$200 \$240
PELVIS AND HIP JOINT (Including head and neck of femur) Fractures and/or Dislocations		
Treatment of closed or open femoral fracture, proximal end, neck, in situ pinning of undisplaced or impacted fracture	27235	\$1,000
Open treatment of closed or open femoral	27236	\$1,600

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
fracture, proximal end, neck, internal fixation or prosthetic replacement Treatment of open intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture, with uncomplicated soft	27242 t	\$1,600
tissue closure(including traction) Open treatment of closed or open intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture,	27244	\$1,600
with internal fixation Open treatment of closed or open greater trochanteric fracture, with or without internal or external skeletal fixation	27248	\$640
Treatment of closed hip dislocation, traumatic; without anesthesia	27250	\$133
- requiring anesthesia	27252	\$400
Open treatment of closed or open hip dislocation, traumatic, without internal fixation	27253	\$1,200
Amputation		
Disarticulation of hip	27295	\$2,000
Miscellaneous		
Unlisted procedure, pelvis or hip joint	27299	BR
FEMUR (Thigh region) and KNEE JOINT {Including tibial plateaus} Incision		
<pre>Incision, deep, with opening of bone   cortex (eg, for osteomyelitis or bone   abscess)</pre>	27303	\$240
Excision		
Arthrotomy, knee, for excision of semilunar cartilage(meniscectomy); medial OR lateral	27332	\$1,000
- medial AND lateral	27333	\$1,100

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Arthrotomy, knee, for synovectomy;	27334	\$1,400
anterior OR posterior - anterior AND posterior including popliteal area	27335	\$1,395
Repair, Revision or Reconstruction		•
Osteotomy, multiple, femoral shaft, with realignment on intramedulllary rod(Sofield type procedure)	27454	\$1,600
Fractures and/or Dislocations		
Treatment of closed femoral shaft fracture (including supracondylar); without manipulation (includes traction)	27500	\$803
- with manipulation	27502	\$800
Amputation		
Amputaion, thigh, through femur any level;	27590	\$1,200
<ul><li>immediate fitting technique including first cast</li></ul>	27591	BR
- open, circular (guillotine)	27592	\$1,000
- secondary closure or scar revision	27594	\$100 \$1,200
- reamputation Disarticulation at knee	27596 27598	\$1,200
Miscellaneous		
Unlisted procedure, femur or knee	27599	BR
LEG (tibia and fibula) and ANKLE JOINT	,	
Incision		
Incision and drainage; deep abscess or hematoma	27603	\$440
- infected bursa	27604	\$640
Repair, Revision or Reconstruction		

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Repair, primary, open or percutaneous, ruptured Achilles tendon;	27650	\$900
- with graft (includes obtaining graft	27652	\$1,200
Fractures and/or Dislocations		
Treatment of closed tibial shaft fracture; without manipulation	27750	\$168
<pre>- with manipulation Open treatment of closed or open tibial   shaft fracture, with internal skeletal   fixation; simple</pre>	27752 27756	\$500 \$1,000
<ul> <li>complicated</li> <li>Treatment of closed distal fibular</li> <li>fracture (lateral malleolus); without</li> <li>manipulation</li> </ul>	27786	\$133
<ul> <li>with manipulation</li> <li>Open treatment of closed or open tibia</li> <li>and fibula fractures, shafts, with or</li> <li>without internal or external skeletal</li> <li>fixation</li> </ul>	27788 27806	\$300 \$1,200
Amputation		
Amputation leg, through tibia and fibula;	27880	\$1,000
<ul> <li>with immediate fitting technique including application of first cast</li> </ul>	27881	\$1,200
<ul><li>open, circular(guillotine)</li></ul>	27882	\$800
- secondary closure or scar revision	27884	Sv!
- reamputation Miscellaneous	27886	\$1,000
Unlisted procedure, leg or ankle	27899	BR
FOOT Incision		
Incision and drainage, infected bursa	28001	\$200
Fracture and/or Dislocation		,

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Open treatment of closed or open calcaneal fracture, with or without internal or external skeletal fixation;	28415	\$1,000
- with primary iliac or other autogenous bone graft(includes obtaining graft)	28420	\$1,200
Amputation		
Amputation, toe; metatarsophalangeal joint	28820	\$240
- interphalangeal joint	28825	\$160
Miscellaneous		
Unlisted procedure, foot or toes	28899	BR
APPLICATION OF CASTS AND STRAPPING Listed procedures include removal of cast/ Body And Upper Extremity Casts	strapping	
Application of body cast, shoulder to hips;	29035	\$130
- including head, Minerva type	29040	\$180
- including one thigh	29044	\$160
- including both thighs	29046	\$180
ARTHROSCOPY		
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	29819	BR
<ul> <li>synovectomy, partial</li> </ul>	29820	BR
<ul> <li>synovectomy , complete</li> </ul>	29821	BR
<ul> <li>debridement, limited</li> </ul>	29822	BR
<ul> <li>debridement, extensive</li> </ul>	29823	BR
<ul> <li>with lysis and resection of adhesions with or without manipulation</li> </ul>	29825	BR
Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	29830	BR
Arthroscopy, knee, diagnostic, with or without synovial biopsy(separate procedure)	29870	BR

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
NOSE Repair		
Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	30400	\$800
LARYNX Endoscopy		
Laryngoscopy, indirect (separate procedure); diagnostic	31505	\$200
- with biopsy	31510	\$80
- with removal of foreign body	31511	\$400
- with removal of lesion	31512	\$500
- with vocal cord injection	31513	\$600
Laryngoscopy, direct, operative, with foreign body removal;	31530	\$400
<ul> <li>with operating microscope</li> </ul>	31531	\$700
<pre>Laryngoscopy, direct, operative, with   biopsy;</pre>	31535	\$400
- with operating microscope	31536	\$700
<pre>Laryngoscopy, direct, operative, with   excision of tumor and/or stripping of   vocal cords or epiglottis;</pre>	31540	\$500
- with operating microscope	31541	\$700
Laryngoscopy, flexible fiberscopic; diagnostic	31575	BR
<ul><li>with biopsy</li></ul>	31576	BR
<ul> <li>with removal of foreign body</li> </ul>	31577	BR
- with removal of lesion	31578	BR
TRACHEA AND BRONCHI Incision		
<pre>Tracheostomy, planned (separate   procedure);</pre>	31600	\$400
- under two years	31601	\$500
Tracheostomy, emergency procedure; transtracheal	31603	\$364
- cricothyroid membrane	31605	BR

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Endoscopy	·	•
Bronchoscopy; diagnosis, (flexible or rigid); with or without cell washing or brushing	31622	\$300
- with biopsy	31625	\$400
LUNGS AND PLEURA Incision		
Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	32000	\$60
<pre>Tube thoracostomy with water seal (eg,   pneumothorax, hemothorax, empyema)   (separate procedure)</pre>	32020	\$100
ESOPHAGUS Endoscopy		
Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic	43235	\$300
<ul> <li>for biopsy and/or collection of specimen by brushing or washing</li> </ul>	43239	\$400
<ul> <li>with transendoscopic tube or catheter placement</li> </ul>	43241	BR
- for dilation of gastric outlet for obstruction	43245	BR
<ul> <li>for directed placement of</li> </ul>	43246	BR
percutaneous gatrostomy tube - for removal of foreing body - for removal of polypoid lesion(s) - for control of hemorrhage(eg, electrocoagulation, laser photocoagu-	43247 43251 43255	\$280 \$287 \$331
<pre>lation) - for ablation of tumor or mucosal lesion (eg, electrocoagulation, laser photocoagulation</pre>	43258	\$331

STOMACH Introduction

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Percutaneous placement of gastrostomy tube	43750	\$300
Excision		
Colectomy, partial; with anastomosis - with skin level cecostomy or colostomy	44140 44141	\$1,600 \$2,025
<pre>- with end colostomy and closure   of distal segment (Hartmann type   procedure)</pre>	44143	\$1,875
<ul> <li>with resection, with colostomy or ileostomy and creation of mucofistula</li> </ul>	44144	\$1,800
<pre>- with coloproctostomy (low pelvic anastomosis)</pre>	44145	\$2,000
<ul> <li>with coloproctostomy (low pelvic anastomosis), with colostomy</li> </ul>	44146	\$2,475
- abdominal and transanal approach	44147	BR
MECKEL'S DIVERTICULUM AND THE MESENTERY Excision		
Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	44800	\$1,000
APPENDIX Incision		
Appendectomy;	44950	\$800
ENDOSCOPY Sigmoidoscopy, flexible fiberoptic;	45330	\$120
<pre>diagnostic - for biopsy and/or collection of specimen by brushing or washing</pre>	45331	\$160
- for removal of foreign body	45332	\$180
<ul><li>for removal of polypoid lesion(s)</li></ul>	45333	\$140
<ul> <li>for control of hemorrhage (eg,electrocoagulation, laser photocoagulation)</li> </ul>	45334	\$220
- for ablation of tumor or mucosal lesion (eg, electrocoagulation,	45336	BR

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
laser photocoagulation) Colonoscopy, fiberoptic, beyond 25 cm to splenic flexure; diagnostic procedure	45360	BR
- for biopsy and/or collection of specimen by brushing or washing	45365	BR
<ul> <li>for removal of foreign body</li> <li>for control of hemorrhage (eg, electrocoagulation, laser photocoagulation)</li> </ul>	45367 45368	BR BR
<ul> <li>for ablation of tumor or mucosal lesion (eg, electrocoagulation, laser photocoagulation)</li> </ul>	45369	BR
<ul><li>for removal of polypoid lesion(s)</li></ul>	45370	BR
ANUS Incision		
Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	46040	\$200
Incision and drainage, perianal abscess, superficial	46050	\$40
Incision and drainage of ischiorectal or intramural abscess, with fistu- lectomy, submuscular	46060	\$800
Incision of thrombosed hemorrhoid, external	46083	\$100
Excision		
Hemorrhoidectomy, internal and external complex or extensive;	46260	\$800
<ul><li>with fissurectomy</li><li>with fistulectomy, with or without fissurectomy</li></ul>	46261 46262	\$600 BR
Fistulectomy; subcutaneous - submuscular - complex or multiple	46270 46275 46280	\$200 \$800 \$459
<pre>Destruction Destruction of lesion(s), anus (eg,   condyloma, papilloma, molluscum   contagiosum, herpetic vesicle),</pre>	46900	* \$40

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<pre>simple; chemical - electrodesiccation - cryosurgery - laser surgery - surgical excision</pre>	46910 * 46916 46917 46922	\$60 \$80 BR \$80
BILIARY TRACT Excision		
Cholecystectomy; - with cholangiography Cholecystectomy with exploration of common duct;	47600 47605 47610	\$1,200 \$1,300 \$1,400
ABDOMEN, PERITONEUM, AND OMENTUM Incision		
Exploratory laparotomy, exploratory celiotomy (separate procedure)	49000	\$800
Reopening of recent laparotomy, exploration, removal of hematoma, control of bleeding	49002	\$230
Repair		
Repair inguinal hernia, under age 5 years, with or without hydrocelectomy	49500	\$700
Repair inguinal hernia, age 5 or over; - with orchiectomy, with or without implantation of prosthesis	49505 49510	\$700 \$800
<ul> <li>with excision of hydrocele or spermatocele</li> </ul>	49515	\$800
KIDNEY Incision		
Nephrolithotomy; removal of calculus - secondary surgical operation for calculus	50060 50065	\$1,400 \$2,100
<ul><li>carculus</li><li>complicated by congenital kidney</li><li>abnormality</li></ul>	50070	\$2,100
- removal of large (staghorn calculus filling renal pelvis and calyces	50075	\$2,250

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
(including anatrophic pyelolithotomy)		
<pre>ENDOSCOPY - CYSTOSCOPY, URETHROSCOPY, CYSTOURETHROSCOPY Cystourethroscopy (separate procedure) Cystourethroscopy, with ureteral   catheterization, with or without   irrigation, instillation, or   ureteropyelography, exclusive of   rediologic service;   - with brush biopsy of ureter and/or     renal pelvis</pre>	52000 52005	\$160 \$300
Transurethral Surgery		
{Urethra and Bladder) Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal)	52260	\$300
<pre>anesthesia - local anesthesia Cystourethroscopy, with calibration and/ or dilation of urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography,</pre>	52265 52281	\$200 \$300
male or female		
Transurethral Surgery {Ureter and Pelvis} Cystourethroscopy, with insertion of indwelling ureteral stent(eg, Gibbons or double-J type)	52332	BR
Transurethral Surgery {Vesical Neck and Prostate} Transurethral resection of prostate, including control of postoperative bleeding, complete(vasectomy, meatotomy, cystourethroscopy, uretral calibration and/or dilation, and internal urethrotomy are included)	52601	\$1,500
URETRA Repair		

Repair

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Urethroplasty, one-stage reconstruction of male anterior urethra	53410	\$1,200
MALE GENITAL SYSTEM Excision		
Circumcision, clamp procedure; newborn - except newborn Circumcision, surgical excision other than clamp or dorsal slit; newborn - except newborn	54150 54152 54160 54161	\$60 \$100 \$80 \$200
Repair		
Plastic operation of penis for straight- ening of chordee (eg, hypospadias), with or without mobilization of urethra	54300	\$700
TESTIS Excision		
Orchiectomy, simple(including subcapsular), with or without testicular prothesis, scrotal or inguinal approach; unilateral	54520	\$400
- bilateral Exploration for undescended testis (inguinal or scrotal area); unilateral	54521 54550	\$600 \$800
- bilateral	54555	\$900
Repair		
Orchiopexy, any type, with or without hernia repair; unilateral	54640	\$1,000
- bilateral - second stage (Torek type)	54641 54645	\$1,100 \$200
VAS DEFERENS Excision		
Vasectomy, unilateral or bilateral (separate procedure)' including	55250	\$300

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
postoperative semen examination(s)		
PROSTATE Incision		
Biopsy, prostate; needle or punch, single multiple, any approach	55700 *	\$100
VULVAL AND INTROITUS Incision and drainage of Bartholin's gland abscess, unilateral	56420	\$100
Marsupialization of Bartholin's gland cyst	56440	\$300
CORPUS UTERI Excision		
Dilation and curettage, diagnostic and/ or therapeutic (nonobstetrical)	58120	\$300
Total hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150	\$1,400
<pre>- with colpo-urethrocystopexy(Marshall -Marchetti-Krantz type)</pre>	58152	\$1,500
<pre>Vaginal hysterectomy;   - with plastic repair of vagina,     anterior and/or posterior colporrhapy</pre>	58260 58265	\$1,300 \$1,400
<ul> <li>with colpo-urethrocystopexy(Marshall</li> <li>-Marchetti-Krantz type, Pereyra type,</li> <li>with or without endoscopic control)</li> </ul>	58267	\$1,500
- with repair of enterocele	58270	\$1,500
Introduction		
Insertion of intrauterine device(IUD) Removal of intrauterine device(IUD)	58300 * 58301 *	\$60 \$60
OVIDUCT Incision		
Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	58600	\$800

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Litigation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization(separate procedure)	58605	\$600
Repair		
Tubotubal anastomosis	58750	BR
<pre>ENDOSCOPY-LAPAROSCOPY Laparoscopy for visualization of pelvic viscera;</pre>	58980	\$570
<pre>- with fulguration of oviducts (with or without transection)</pre>	58982	\$690
Other Procedures Unlisted procedure, female genital system nonobstetrical	58999	BR
THYROID GLAND Incision		
Total thyroid lobectomy, unilateral; -with contralateral subtotal lobectomy, including isthmus	60220	\$1,200
SKULL, MENINGES, AND BRAIN Twist Drill, Burr Hole(s) or Trephine Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural; unilateral	61154	\$1,500
- bilateral	61155	\$2,000
LAMINECTOMY OR LAMINOTOMY, FOR EXPLORATION OR DECOMPRESSION Laminectomy for exploration of intraspinal canal, one or two segments; cervical	62295	\$2,000
<ul> <li>thoracic</li> <li>lumbar</li> <li>sacral</li> <li>Laminectomy for exploration of</li> </ul>	62296 62297 62299 62301	\$2,000 \$2,000 \$2,000 BR

Removal Cataract

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<pre>intraspinal canal, more than two segments; cervical - thoracic - lumbar</pre>	62302 62303	BR BR
EXPLORATION, NEUROLYSIS OR NERVE DECOMPRESSION (NEUROPLASTY) Neurolysis and/or transposition; median nerve at carpal tunnel	64721	\$700
EYE AND OCULAR ADNEXA EYEBALL Removal Of Eye		
Enucleation of eye; without implant	65101	\$800
Repair of Laceration of Eyeball		
Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	65270	BR
- conjunctiva, by mobilization and	65272	BR
rearrangement, without hospitalization - conjunctiva, by mobilization and	65273	BR
rearrangement, with hospitalization - cornea, nonperforating, with or	65275	BR
<pre>without removal foreign body - cornea and/or sclera, perforating, not involving uveal tissue</pre>	65280	BR
- cornea and/or sclera, perforating, with reposition or resection of uveal tissue	65285	BR
Anterior Segment - Cornea Excision		
Excision or transposition of pterygium;	65420	\$500
without graft - with graft	65426	BR
Anterior Segment - Lens		

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
Removal of lens material; aspiration	66840	\$1,200
techinque, one or more stages Expression of lens, linear, one or more	66915	\$1,650
stages Extraction of lens with or without iridectomy; intracapsular, with or	66920	\$1,650
without enzymes - intracapsular, for dislocated lens - extracapsular (other than 66840, 66850, 66915)	66930	\$1,875
<ul> <li>in presence of fistulization bleb and/or by temporal, inferior or inferotemporal route, intracapsular or extracapsular</li> </ul>	66945	BR
Intracapsular cataract extraction with insertion of intraocular lens	66983	\$1,608
<pre>prothesis (one stage procedure) Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or phacoemulsification technique</pre>	66984	\$1,561
OCULAR ADNEXA - EXTRAOCULAR MUSCLES Strabismus surgery on patient not previously operated on, any procedure, any muscle(may include minor displacemen eg, for A or V pattern); one muscle		\$1,200
- two muscles, one or both eyes	67312	\$1,185
MIDDLE EAR Incision		
Myringotomy including aspiration and/ or eustachian tube inflation	69420	\$60
Tympanostomy (requiring insertion of ventilating tube), general anesthesia; unilateral	69436	\$133
- bilateral	69437	BR
Excision		
Mastoidectomy; complete	69502	\$1,000

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<ul><li>modified radical</li><li>radical</li></ul>	69505 69511	\$1,600 \$1,600
Repair		-
Tympanic membrane repair, with or without site preparation or perforation preparation for closure without patch	69610	\$40
OTHERS		
Post Operative follow-up visit, included in global service (component of surgica package); for documentation purposes onl		no cost
Surgical Assistant Fee	Surgery + code-80	15% of value of surgical proc.
Unsual Sevices (services usually required is greater than listed procedure)	Surgery + code-22	BR
Reduced Services (procedure is partially reduced by physicians)	Surgery + code-52	BR

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED MATERNITY AND DELIVERY SERVICE FEE
FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
MATERNITY CARE AND DELIVERY Incision		
Fetal oxytocin stress test Fetal non-stress test Initiation and/or supervision of internal fetal monitoring during labor by consultant - per day	59020 59025 59050	\$150 \$100 \$50
Fetal Scalp Electrode Catherization Stress test (CST) Intra-Uterine Pressure	59899 59899 59899 59899	\$10 \$10 \$100 \$20
Excision		
Surgical treatment of ectopic prenancy; tubal, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	59120	\$1,200
<ul> <li>tubal, without salingectomy and/or oophorectomy</li> </ul>	59121	BR
<ul> <li>ovarian, requiring oophorectomy and/ or slapingectomy</li> </ul>	59125	BR
<ul> <li>ovarian, without oophorectomy and/or salpingectomy</li> </ul>	59126	BR
<ul> <li>abdominal</li> <li>interstitial, uterine pregnancy requiring hysterectomy, total or subtotal</li> </ul>	59130 59135	BR \$1,200
<ul> <li>cervical</li> <li>Dilation and curettage for postpartum hemorrhage (separate procedure)</li> </ul>	59140	BR
DELIVERY, ANTEPARTUM AND POSTPARTUM CARE Total obstetric care (all-inclusive,   "global" care) includes antepartum care   vaginal delivery (with or without   episiotomy, and/or forceps or breech   delivery) and postpartum care	59 <b>4</b> 00	\$750
Vaginal delivery only (with or without episiotomy, forceps or breech delivery including in-hospital postpartum care(separate procedure)	59410	\$500

# COMMONWEALTH HEALTH CENTER HOSPITAL DIVISION PROPOSED MATERNITY AND DELIVERY SERVICE FEE FISCAL YEAR 1992

CPT DESCRIPTION	CPT	CODE	PROPOSED FEE
Antepartum care only (separate procedure)-first visit		59420	\$30
<pre>- subsequent visit (per visit) Postpartum care only (separate   procedure) - inpatient (per day)</pre>		59420 59430	\$20 \$50
- per visit		59430	\$20
Cesarean Section			
Cesarean section, low cervical, including in-hospital postpartum care; (separate procedure)		59500	\$1,300
<ul> <li>including antepartum and post- partum care</li> </ul>		59501	\$1,788
Cesarean section, classic, incluing in-hospital postpartum care; (separate procedure)		59520	\$1,300
<ul> <li>including antepartum and postpartum care</li> </ul>		59521	\$1,788
Abortion			
Treatment of missed abortion, any trimester, completed medically or surgically		59820	BR
Uncomplicated Abortion (D & C)		59840	\$250
Fitocin Induction		59850	\$200
Other Procedures			
Unlisted procedure, maternity care and delivery		59899	BR
Maternity and Delivery Care Supplies and Disposable equipment		99070	Actual Cost plus Admin. Overhead

CPT DESCRIPTION	СРТ	CODE	PROPOSED FEE	
PATHOLOGY AND LABORATORY AUTOMATED, MULTICHANNEL TESTS Test performed (Carbon dioxide content) (Chlorides) (Creatinine) (Glucose(Sugar)) (Potassium) (Sodium) (Urea Nitrogen (BUN))				
Coding Automated mutichannel test - 4 clinical chemistry tests - Electrolytes-urine, random - 7 clinical chemistry tests - 17 to 18 clinical chemistry tests ORGAN OR DISEASE ORIENTED PANELS		80004 80004 80007 80018	\$3 \$3 \$4 \$7	5
Hepatic functiona panel(Liver Profile) Lipid profile Thyroid Panel Renal Panel		80058 80061 80070 80073	\$5 \$4 \$4 \$5	7 2
URINALYSIS Urinalysis; routine (ph, specific gravity, protein, tests for reducing substances as glucose), with microscopy - routine, without microscopy Biliburin, urine, qualitative Unlisted urinalysis procedure		81000 81002 81005 81099	\$1	7
(including urine volume measurement)  CHEMISTRY AND TOXICOLOGY  Acetone: qualitative  - quantitative  - Acetylsalicylic acid  Albumin; serum		82009 82010 82011 82040	\$1 \$2 \$3 \$1	5 2 6
- urine, quantitative (specify method, eg Esbach) Alcohol (ethanol), blood; - by gas-liquid chromatography Aminophylline		82042 82060 82137	\$2 \$3 \$2	30

	CPT DESCRIPTION	CPT	CODE	PROPOSEI FEE	)
<b>A</b> :	mmonia; blood		82140		\$30
	mylase, serum		82150		\$21
	mylase, urine(diastase)		82156		\$22
	ilirubin; blood, total OR direct		82250		\$15
_	- blood, total AND direct		82251		\$19
B	lood; occult, feces, screening		82270		\$10
	alcium, blood; chemical		82310		\$13
	alcium, urine; quantitative,		02010		710
Č	timed specimen		82340	•	\$25
ď	arbon dioxide, combining power or content		82374		\$15
	hlorides; blood (specify chemical or		82435		\$12
<u> </u>	electrometric)		02433		QI2
	<ul> <li>urine(specify chemical,</li> </ul>		82436		\$24
	electrometric or Fantus test)				
	- spinal fluid		82438		\$20
C.	holesterol, serum; total		82465		\$13
C	reatine phosphokinase(CPK), blood;		82550		\$22
	timed kinetic ultraviolet method				
	- isoenzymes		82552		\$25
C	reatinine; blood		82565		\$12
	- urine		82570		\$21
•	- clearance		82575		\$31
С	ryoglobulin, blood		82595		\$19
	at or lipids, feces; screening		82705	•	\$20
	erritin, specify method (eg, RIA,		82728		\$38
	ibrinogen, quantitative		82730		\$20
	ree thyroxine index (T-7)		82756		\$42
	lucose; except urine(eg, blood, spinal		82947		\$15
	fluid, joint fluid)				·
	- blood, stick test		82948.		\$5
	<ul> <li>post glucose dose (includes glucose)</li> </ul>		82950		\$21
	- tolerance test, each additional		82952		\$6
	beyond three specimens				
G	lucose, urine		82954		\$24
	ron, serum; automated		83545		\$16
	ron binding capacity, serum; automated		83555	•	\$29
	actic dehydrogenase(LDH), blood		83615		\$16
	ipoprotein high density cholesterol		83718		\$24
	(HDL cholesterol) by precipitation method				<b>-</b> -
М	Magnesium, blood; chemical		83735		\$15
	Magnesium, urine; chemical		83755		\$24
	Nucin, synovial fluid (Ropes test)		83872		\$15
	oH, body fluid, except blood		83986		\$15
	· · · · · · · · · · · · · · · · · · ·				

		PROPOSED
CPT DESCRIPTION	CPT CODE	FEE
Phenyketones; urine, qualitative	84037	\$20
Phenytoin	84045	\$28
Phosphatase, acid; blood	84060	\$25
Phosphatase, alkaline, blood	84075	\$19
Phosphorus(phosphate); blood	84100	\$14
- urine	84105	\$24
Potassium, blood	84132	\$14
- urine	84133	\$24
Protein, total, serum; chemical	84155	\$12
Protein, total, and albumin.globulin ratio	84170	\$24
Protein, other sources, quantitative	84175	\$12
Protein, urine; quantitative, 24-hour specimen	84180	\$24
Quinidine, blood	84230	\$32
Sodium; blood	84295	\$14
- urine	84300	\$24
Specific gravity (except urine)	84315	\$10
Theophylline, blood or saliva	84420	\$28
Thyroxine, true(TT-4), RIA	84436	\$22
Thyroid stimulating hormone (TSH), RIA or EIA	84443	\$50
Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method	84450	\$16
Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method	84460	\$16
Triglycerides, blood	84478	\$15
Triiodothyronine (T-3), resin uptake	84479	\$30
<pre>Urea nitrogen, blood(BUN); quantitative</pre>	84520	\$12
Urea nitrogen, urine	84540	\$24
Urea nitrogen, clearance	84545	\$27
Uric acid; blood, chemical	84550	\$15
Uric acid, urine	84560	\$24
Gentamicin	84695	\$30
Genadotropin, chorionic; quantitative	84702	\$55
<ul> <li>qualitative (Genadotoprin Chorionic (urine pregnancy test)</li> </ul>	84703	\$15
Unlisted chemistry or toxicology procedure	84999	BR
- Reducing Substance, Feces	84999	\$20

HEMATOLOGY

CPT DESCRIPTION	CPT	CODE	PROPOSED FEE
Bleeding time; Ivy or template		85002	\$25
Blood count; manual differential WBC		85007	\$15
count (includes RBC morphology and			
platelet estimation)		٠	
<ul> <li>eosinophil count, direct</li> </ul>		85012	\$15
<ul><li>hematocrit(laboratory)</li></ul>		85014	\$12
- hematocrit (ward)		85014	\$5
<ul> <li>hemoglobin, colorimetric</li> </ul>	•	85018	\$12
- hemogram and platelet count,		85023	\$15
<pre>automated, and manual differential WBC count (CBC)</pre>			
<ul> <li>hemogram and platelet count,</li> </ul>		85025	\$12
<pre>automated, and automated complete differen WBC count (CBC)</pre>	tial		
- hemogram and platelet count, automated		85027	\$12
Blood count; red blood cell (RBC) only		85041	\$12
<ul> <li>reticulocyte count</li> </ul>		85044	\$14
<ul><li>white blood cell (WBC)</li></ul>		85048	\$12
Blood smear, peripheral, interpretation		85060	\$60
by physician with written report			
Bone marrow smear and/or cell block;		85095	\$30
aspiration only			450
<ul> <li>smear interpretation only</li> </ul>		85097	\$50
- aspiration, staining and		85100	\$100
interpretation		05101	0.60
<ul> <li>aspiration and staining only</li> </ul>		85101	\$60 \$50
- staining and interpretation		85103	\$50 \$50
- interpretation only		85105	\$30 \$25
- staining and preparation only		85109 85367	\$25 \$25
Fibrin degradation (split) products		03367	\$40
(FDP) (FSP); agglutination, slide Lupus erythematosus(LE) cell prep		85544	\$35
Platelet; count (Rees-Ecker)		85580	\$15
- electronic technique		85595	\$13
Prothrombin time		85610	\$15
Sedimentation rate (ESR); Wintrobe type		85650	\$10
Sedimentation rate(ESR); Westergren type		85651	\$12
Thromboplastin time, partial(PTT);		85730	\$18
plasma or whole blood		00,00	
Unlisted hematology procedure		85999	BR
IMMUNOLOGY			
Agglutinins; febrille, each		86000	\$40
våårgerning, repririe, egen			<b>γ</b> 40

A & B, brucella and Proteus OX-19) Antibodies, RBC, saline; high protein 86016 \$20 and antihuman globulin technique - with ABOR(D) typing (for holding 86017 \$30 blood instead of complete crossmatch) Antihuman globulin test; direct 86031 \$20 (Coombs) 1-3 dilutions 86032 \$20 or nongamma, each) Antistreptolysin O; titer 86060 \$20 or nongamma, each) Antistreptolysin O; titer 86063 \$20 or nongamma, each) Antistreptolysin O; titer 86063 \$20 or nongamma, each) Antistreptolysin O; titer 86063 \$20 or nongamma, each) Antistreptolysin O; titer 86069 \$20 or nongamma, each Antis	CPT DESCRIPTION	CPT	CODE	PROPOSEI FEE	
Antibodies, RBC, saline; high protein and antihuman globulin technique  - with ABOR(D) typing (for holding 86017 \$330 blood instead of complete crossmatch) Antihuman globulin test; direct 86031 \$240 (Coombs) 1-3 dilutions  - indirect, qualitative(broad, gamma 86032 \$240 or nongamma, each) Antistreptolysin O; titer 86060 \$220 or something of recipient and donor; first unit 86063 \$240 or something of recipient and donor; first unit 86069 \$220 or something of recipient and donor; first unit 86069 \$220 or something of recipient and donor; first unit 86069 \$220 or something of recipient and donor; first unit 86069 \$220 or something of recipient and donor; first unit 86069 \$220 or something of recipient and donor; first unit 86073 \$310 or something of transfusion reaction 970 or something suspicion of transmissible disease, interpretation and written report 970 or something or something of the some			86002	,	\$40
- with ABOR(D) typing (for holding blood instead of complete crossmatch) Antihuman globulin test; direct 86031 \$200 \$200 \$200 \$200 \$200 \$200 \$200 \$20	Antibodies, RBC, saline; high protein		86016		\$20
Antihuman globulin test; direct (Coombs) 1-3 dilutions - indirect, qualitative(broad, gamma 86032 \$20 or nongamma, each) Antistreptolysin 0; titer 86060 \$20 or nongamma, each) Antistreptolysin 0; titer 86063 \$20 or nongamma, each) Antistreptolysin 0; titer 86060 \$20 or nongamma, each) Antistreptolysin 0; titer 86060 \$20 or nongamma, each) Antistreptolysin 0; titer 86060 \$20 or nongamma, each 86063 \$20 or nongamatch, complete standard 86068 \$20 or nongamatch, complete standard 86068 \$20 or nongamatch; includes typing and antibody screening of recipient and donor; first unit - each additional unit 86069 \$20 or nongatible unit saline and/or high protein - antiglobulin technique 86074 \$10 or nongatible unit saline and/or high protein - antiglobulin technique 86074 \$10 or nongatible unit saline and/or high protein - antiglobulin technique 86078 \$30 or nongatible unit saline and/or high protein - authorization of transfusion reaction including suspicion of transfusiole disease, interpretation and written report - authorization or deviation from 86079 \$30 or nongatible units), with written report 86080 \$30 or nongatible units 96080 \$30 or nongatible	<ul><li>with ABOR(D) typing (for holding</li></ul>		86017		\$30
- indirect, qualitative(broad, gamma or nongamma, each) Antistreptolysin O; titer 86060 \$2: - screen 86063 \$2: Blood crossmatch, complete standard 86068 \$4: technique, includes typing and antibody screening of recipient and donor; first unit - each additional unit 86069 \$2 Blood crossmatch; screening for 86073 \$1 compatible unit saline and/or high protein - antiglobulin technique 86074 \$1 Blood bank physician services; 86078 \$3 investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report - authorization or deviation from 86079 \$3: standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report Blood typing; ABO only 86082 \$2: Blood typing; Rho(D) only 86100 \$1: - ABO and Rho(D) 86082 \$2: Blood autotransfusion, including 86128 \$10 collection, processing and storage Hepatitis B surface antigen (HBsAg) 86287 \$2 (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) 86291 \$2 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube	Antihuman globulin test; direct		86031		\$20
Antistreptolysin 0; titer 86060 \$2: - screen 86063 \$2: Blood crossmatch, complete standard 86068 \$4: technique, includes typing and antibody screening of recipient and donor; first unit 86069 \$2: Blood crossmatch; screening for 86073 \$1: compatible unit saline and/or high protein antiglobulin technique 86074 \$1: Blood bank physician services; 86078 \$3: investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report authorization or deviation from 86079 \$3: standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report Blood typing; ABO only 86082 \$2: Blood typing; Rho(D) only 86082 \$2: Blood autotransfusion, including 86128 \$10 collection, processing and storage Hepatitis B surface antigen (HBsAg) 86287 \$2: (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) 86291 \$2: (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1: cludles monotype test), slide or tube	<ul> <li>indirect, qualitative(broad, gamma</li> </ul>		86032		\$20
Blood crossmatch, complete standard technique, includes typing and antibody screening of recipient and donor; first unit - each additional unit scompatible unit saline and/or high protein - antiglobulin technique sinvestigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report - authorization or deviation from standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report Blood typing; ABO only ABO and Rho(D) Blood autotransfusion, including collection, processing and storage Hepatitis B surface antigen (HBsAg) (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) (eg, RIA, EIA, RPHA) Heterophille antobodies; screening (includes monotype test), slide or tube					\$22
technique, includes typing and antibody screening of recipient and donor; first unit  - each additional unit  86069  \$2  Blood crossmatch; screening for 86073  compatible unit saline and/or high protein  - antiglobulin technique  86074  \$1  Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report  - authorization or deviation from 86079  \$3  standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report  Blood typing; ABO only 86082  - ABO and Rho(D) 86082  \$2  Blood typing; Rho(D) only 86100  \$1  collection, processing and storage  Hepatitis B surface antigen (HBsAg) 86287  (Australian antigen, HAA); RIA or EIA  Hepatitis B surface antibody (HBsAb) 86291  (eg, RIA, EIA, RPHA)  Heterophille antobodies; screening 86300  \$1  (includes monotype test), slide or tube	· · · · · · · · · · · · · · · · · ·				\$22
first unit - each additional unit	technique, includes typing and antibody		86068	•	\$45
Blood crossmatch; screening for compatible unit saline and/or high protein - antiglobulin technique 86074 \$1 Blood bank physician services; 86078 \$3 investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report - authorization or deviation from 86079 \$3 standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report  Blood typing; ABO only 86082 \$2 Blood typing; Rho(D) only 86100 \$3 Blood autotransfusion, including 86128 \$10 collection, processing and storage Hepatitis B surface antigen (HBsAg) 86287 \$2 (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) 86291 \$2 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube	first unit				
compatible unit saline and/or high protein - antiglobulin technique 86074 \$1 Blood bank physician services; 86078 \$3 investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report - authorization or deviation from 86079 \$3 standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report  Blood typing; ABO only 86082 \$2 Blood typing; Rho(D) only 86100 \$ Blood autotransfusion, including 86128 \$10 collection, processing and storage Hepatitis B surface antigen (HBSAg) 86287 \$2 (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBSAb) 86291 \$2 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube					\$25
Blood bank physician services; 86078 investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report - authorization or deviation from 86079 standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report  Blood typing; ABO only 86082 - ABO and Rho(D) 86082 S1 Blood typing; Rho(D) only 86100 S1 Blood autotransfusion, including 86128 collection, processing and storage Hepatitis B surface antigen (HBSAg) 86287 (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBSAb) 86291 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 includes monotype test), slide or tube			86073		\$15
investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report - authorization or deviation from 86079 \$3 standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report  Blood typing; ABO only 86082 \$2 Blood typing; Rho(D) only 86100 \$ Blood autotransfusion, including 86128 \$10 collection, processing and storage Hepatitis B surface antigen (HBsAg) 86287 \$2 (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) 86291 \$2 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube					\$15
standard blood banking procedures (eg, use of outdated blood transfusion of RH incompatible units), with written report  Blood typing; ABO only 86082 \$2  Blood typing; Rho(D) only 86100 \$1  Blood autotransfusion, including 86128 \$10  collection, processing and storage  Hepatitis B surface antigen (HBsAg) 86287 \$2  (Australian antigen, HAA); RIA or EIA  Hepatitis B surface antibody (HBsAb) 86291 \$2  (eg, RIA, EIA, RPHA)  Heterophille antobodies; screening 86300 \$1  (includes monotype test), slide or tube	investigation of transfusion reaction including suspicion of transmissible diseas	se,			\$30
- ABO and Rho(D)  Blood typing; Rho(D) only  Blood autotransfusion, including  collection, processing and storage  Hepatitis B surface antigen (HBsAg)  (Australian antigen, HAA); RIA or EIA  Hepatitis B surface antibody (HBsAb)  (eg, RIA, EIA, RPHA)  Heterophille antobodies; screening  (includes monotype test), slide or tube	standard blood banking procedures (eg, use of outdated blood transfusion of R	Н			\$30
Blood typing; Rho(D) only  Blood autotransfusion, including  collection, processing and storage  Hepatitis B surface antigen (HBsAg)  (Australian antigen, HAA); RIA or EIA  Hepatitis B surface antibody (HBsAb)  (eg, RIA, EIA, RPHA)  Heterophille antobodies; screening  (includes monotype test), slide or tube					\$15
Blood autotransfusion, including 86128 \$10 collection, processing and storage Hepatitis B surface antigen (HBsAg) 86287 \$2 (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) 86291 \$2 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube					\$20
collection, processing and storage Hepatitis B surface antigen (HBsAg) 86287 \$2 (Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) 86291 \$2 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube	- · · · · · · · · · · · · · · · · · · ·				\$6
(Australian antigen, HAA); RIA or EIA Hepatitis B surface antibody (HBsAb) 86291 \$2 (eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube	collection, processing and storage			;	
(eg, RIA, EIA, RPHA) Heterophille antobodies; screening 86300 \$1 (includes monotype test), slide or tube	(Australian antigen, HAA); RIA or EIA				\$25
(includes monotype test), slide or tube	· · · · · · · · · · · · · · · · · · ·		86291		\$25
			86300		\$14
HIV Serology, Screen 86301 \$3 Immunoassay for infectious agent antigen or			86301		\$35
antibody, each (Rubella) 86317 \$3	antibody, each (Rubella)				\$35 \$15

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
flocculations tests, qualitative VDRL, RPR, ART		
Syphilis, precipitation or flocculation tests, quantitative	86593	\$20
Unlisted Immunology procedure - Hemoglobin & hematocrit, blood	86999	\$12
- Others	86999	BR
MICROBIOLOGY		
Concentration (any type), for parasites, ova, or tubercle bacillus (TB, AFB)	87015	\$25
Culture, bacterial, definitive, aerobic; blood(may include anaerobic screen)	87040	\$35
- stool	87045	\$35
- throat or nose	87060	\$20
- GC	87070	\$18
- any other source	87070	\$31
<pre>Culture, bacterial, any source; anaerobic(isolation)</pre>	87075	\$48
Culture, bacterial, screening only, for single organisms	87081	\$15
Culture, bacterial, urine;	87086	\$24
quantitative, colony count		
Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria);	87116	\$43
any source, isolation only		
- concentration plus isolation	87117	\$25
Culture, typing;	87151	\$30
<ul> <li>serologic method, specification</li> <li>Ova and parasites, direct smears,</li> </ul>	07177	<b>410</b>
concentration and identification	87177	\$12
Sensitivity studies, antibiotic;	87184	\$25
disc method, per plate (13 or less discs)	07104	\$25
<pre>- microtiter, minimum inhibitory concentration (MIC), any number of antibiotics</pre>	87186	\$28
Smear, primary source, with interpretation; routine stain for bacter: fungi, or cell types	. 87205 ia,	\$12
<ul> <li>fluorescent and/or acid fast stain</li> </ul>	87206	\$18
for bacteria, fungi, or cell types - special stain for inclusion bodies	87207	\$18
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# COMMONWEALTH HEALTH CENTER HOSPITAL DIVISION PROPOSED LABORATORY and PATHOLOGY SERVICE FEES FISCAL YEAR 1992

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
or intracellular parasites (eg,		
malaria, kala azar, herpes) - direct or concentrated, dry, for	87208	\$15
<ul><li>ova and parasites</li><li>wet mount with simple stain, for</li><li>bacteria, fungi, ova, and/or parasites</li></ul>	87210	\$15
Tissue examination for fungi (eg, KOH slide)	87220	\$20
Unlisted microbilogy procedure		
- KOH & Wet mount	87999	\$28
- Others	87999	BR
ANATOMIC PATHOLOGY POSTMORTEM EXAMINATION		
Necropsy (autopsy), gross exam(Adult)	88000	\$2,000
Necropsy (autopsy), gross exam(Newborn /Stillborn)	88029	\$500
Unlisted necropsy(autopsy) procedure	88099	\$2,000
CYTOPATHOLOGY	•	
Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears with	88104	\$45
<pre>interpretation Cytopathology, smears, cervical or   vaginal,(eg, Papanicolaou), up to   three smears; screening by</pre>	88150	\$20
technicians under physician supervision - Cervical(GYN) Pap Smear	88150	\$17
Unlisted cytopathology procedure	88199	BR
MISCELLANEOUS		
<pre>Cell count, miscellaneous body fluids   (eg, CSF, joint fluid), except blood;</pre>	89050	\$23
<ul> <li>with differential count</li> </ul>	89051	\$26
Crystal identification by compensated polarizing lens analysis, synovial	89060	\$35
Fat stain, feces, urine, sputum fluid	89125	\$25
Semen analysis; presence and/or motility of sperm including Huhner test	89300	\$30
- motility and count	89310	\$32
- complete (volume, count, motility	89320	\$40

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED LABORATORY and PATHOLOGY SERVICE FEES
FISCAL YEAR 1992

CPT DESCRIPTION	CPT	CODE	PROPOSED FEE
and differential)			
HANDLING FEE			
<pre>Handling/conveyance of specimen for transfer   from the patient in other than a physicians   office to a laboratory(distance maybe   indicated)</pre>		99001	\$10
Specimen Collection Fee		99001	\$7
STAT			
Stat		99069	\$10
PHLEBOTOMY Phlebotomy		99195	\$36
REFERENCE(OUTSIDE) LABORATORY Reference laboratory		09990	Actual Cost
BLOOD TRANSFUSION Transfusion, blood or blood components		36430	\$113

CPT DESCRIPTION C	CPT CODE	PROPOSED FEE
RADIOLOGY		
DIAGNOSTIC RADIOLOGY		
HEAD AND NECK		
Radiologic Examination(RE), Eye for detection of foreign body	70030	\$40
Radiologic Examination(RE), Mandible	70100	\$40
(patial, less than four views)	70100	<b>₽</b> #0
- complete (minimum of four	70110	\$65
views)	. • • • •	4
Radiologic Examination, Mastoids	70120	\$40
(less than 3 views per side)		
- complete, minimum of 3	70130	\$65
views per side)		
RE, Internal Auditory meati, complete	70134	\$60
RE, Facial Bones	70140	\$50
(less than 3 views)	-	
- complete, minimum of 3 views	70150	\$65
RE, Nasal Bones, complete	70160	\$35
RE, optic foramina	70190	\$40
RE, Orbits, complete	70200	\$30 \$60
RE, sinuses, paranasal	70220	\$60
(less 3 views) RE, Sella turcica	70240	\$30
RE, Skull; less than 4 views,	70250	\$50 \$50
with or without stereo	70250	<b>930</b>
- complete minimum of 4 views,	70260	\$70
with or without stereo	, 0200	4.0
RE, teeth, single view	70300	\$16
RE, teeth, partial examination, less		
than full mouth	70310	\$30
RE, teeth, complete, full mouth	70320	\$60
RE, temporomandibular joint, open &	70328	\$60
closed mouth; unilateral		
- bilateral	70330	\$75
RE; neck, soft tissue	70360	\$25
- pharynx or larynx, including	70370	\$80
flouroscopy and/or magnification		
technique		
Laryngography, contrast, supervision	70373	\$80
and interpretation only	70374	\$85
Laryngography, contrast; complete proced	70374	\$40
RE, salivary gland for calculus Sialography; supervision and interpretatio		Ş40
statography; supervision and interpretation	11	

CPT DESCRIPTION	CPT	CODE	PROPOSED FEE
only		70390	\$50
Sialography; complete procedures		70391	\$100
CHEST			
RE, chest; single view, frontal		71010	\$25
- stereo, frontal		71015	\$35
<pre>RE, chest, two view, frontal &amp;   lateral;</pre>		71020	\$50
<ul> <li>with apical lordotic procedure</li> </ul>		71021	\$40
<ul> <li>with oblique projections</li> </ul>		71022	\$150
<ul><li>with flouroscopy</li></ul>		71023	\$150
<pre>RE, chest, complete, minimum of four views;</pre>		71030	\$70
- with flouroscopy		71034	\$100
RE, chest, special views, e.g.,		71035	\$50
lateral decubitus, bucky studies			
Needle Biopsy of intrathoracic lesion			
inc. follo-up films, flouroscopic loca Needle Biopsy of intrathoracic lesion		71036	\$150
Inc. follow-up films; complete procedu Flouroscopic Localization for trans-		71037	\$270
bronchial biopsy or brushing		71038	\$90
Bronchography, bilateral; supervision and		/1036	\$90
interpretation		71060	\$140
RE, ribs, unilateral; two views		71100	\$50
- including posteroanterior		71111	\$60
chest, minimum of four		,	<b>400</b>
RE; sternum, minimum of two views		71120	\$35
- sternoclavicular joints,		71130	\$58
minimum of three views			7
Computerized axial tomography, thorax;			
without contrast material		71250	\$350
Computerized axial tomography, thorax;			
with contrast material		71260	\$490
Computerized axial tomography, thorax;			
without contrast material, followed by			
contrast material and further sections		71270	\$500
SPINES AND PELVIS			
RE, spine, entire, survey study,		72010	\$100
anteroposterior and lateral			
RE, examination, spine, single		72020	\$35
view, specify level			

CPT DESCRIPTION CP	T CODE	PROPOSED FEE
RE, spine, cervical; anteroposterior and lateral	72040	\$40
<ul><li>minimum of four views</li><li>complete, including oblique</li></ul>	72050 72052	\$80 \$100
<pre>and flexion and/or extension studies RE, spine; thoracic, anteroposterior and lateral</pre>	72070	\$50
<ul> <li>thoracic, anteroposterior and lateral, including swimmer's</li> </ul>	72072	\$70
<ul><li>view of the cervicothoracic junction</li><li>thoracic, complete, including</li><li>obliques minimum of four views</li></ul>	72074	\$75
<ul> <li>thoracolumbar, anteroposterior and lateral</li> </ul>	72080	\$51
RE, spine, lumbosacral;	72100	\$50
anteroposterior and lateral	72100	\$50
<ul> <li>complete, with oblique views</li> </ul>	72110	\$100
<ul><li>complete, including bending views</li></ul>	72114	\$100
RE, spine, lumbosacral, bending views only, minimum of four views	72120	\$140
RE, pelvis; anteroposterior only	72170	\$25
- stereo	72180	\$25
<ul><li>complete, minimum of three views</li></ul>	72190	\$100
RE, sacroiliac joints; less than	72200	\$40
three views	72200	Ú40
- three or more views	72202	\$70
RE, sacrum and coccyx, minimum of	72220	\$35
two views	72220	<b>\$33</b>
Myelography, cervical; supervision and	70040	9 060
interpretation	72240	\$60
Mylegraphy, cervical; complete procedure Myelography, thracic; supervision and	72241	\$200
interpretation only	72255	\$50
Mylography, thoracic; complete procedure Myelography, lumbosacral; supervision and	72256	\$230
interpretation only	72265	\$70
Myelography, Lumbosacral; complete proce Myelography, Entire Spinal; Supervision and	72266	\$300
interpretation only	72270	\$200
Myelography, Entire Spinal Canal; comple	72271	\$400
Diskography, Cervical; supervision and	, 22, 1	, <del>V</del> = 0 0

				PROPOSED
	CPT DESCRIPTION	CPT	CODE	FEE
				***
	interpretation		72285	\$20
	Diskography, cervical; complete procedur		72286	\$240
	Diskography, lumbar; complete procedure		72296	\$150
	UPPER EXTREMETIES			
	RE; clavicle, complete		73000	\$26
	- scapula, complete		73010	\$35
	RE, shoulder; one view		73020	\$35
	- complete, minimum of two views		73030	\$40
	RE, Shoulder Arthrography; supervision and	l		
	interpretation only		73040	\$60
	RE; acromioclavicular joints, bila-		73050	\$50
	teral, with or without weighted			<b>400</b>
	distration			
	- humerus, minimum of two views		73060	\$35
	RE, elbow; anteroposterior and late-		73070	\$26
	ral views		75070	, 020
	- complete, minimum of three		73080	\$50
	views		73080	330
	·-			
	RE, Elbow, Arthrography; supervision and		72005	\$40
	interpretation only		73085 73086	\$40 \$160
	RE, Elbow, arthrography; complete proced		73086	\$20
	RE; forearm, anteroposterior and		13090	\$20
	lateral views		72000	\$26
	- upper extremity, infant,		73092	\$26
•	minimum of two views		73100	\$20
	RE, wrist; anteroposterior and		73100	\$20
	lateral views		72110	\$35
	- complete, minimum three views		73110	ລຸວວ
	RE, wrist, arthrography; supervision and		50445	240
	interpretation only		73115	\$40
	RE, wrist, arthrography; complete proced		73116	\$160
	RE, hand; two views		73120	\$30
	<ul><li>minimum of three views</li></ul>		73130	\$38
	RE, finger or fingers, minimum of		73140	\$20
	two views			
	LOWER EXTREMITIES			
	RE, hip; unilateral, one view		73500	\$30
	- complete, minimum of two views		73510	\$60
	RE, hips, bilateral, minimum of two		73520	\$65
	views of each hip, including			<b>4</b> 3 0
	anteroposterior view of pelvis			
	RE, Hip, arthrography; supervision and			
	,p, ar onrography, supervision and			

CPT DESCRIPTION	CPT	CODE	PROPOSED FEE
interpretation only		73525	\$40
RE, hip, arthrography; complete procedur		73526	\$140
RE, hip, during operative procedure		73530	\$70
Re, pelvis and hips, infant or child,		73540	\$35
minimum of two views		75540	\$33
		72550	d20 .
Re, femur, anteroposterior and		73550	\$30
lateral views		72560	405
RE, knee; anteroposterior and late-		73560	\$25
ral views			
<ul> <li>anteroposterior and lateral,</li> </ul>		73562	\$50
with oblique(s), minimum of			
three views			
<pre>-complete, including oblique(s),</pre>		73564	\$100
and/or tunnel, and/or patellar			
and/or standing views			
RE, Knee, Arthrography; supervision			
and interpretation only		73580	\$90
RE, Knee, Arthrography; complete procedu		73581	\$180
RE; tibia and fibula, anteroposte-		73590	\$25
rior and lateral views			
<ul> <li>lower extremities, infant,</li> </ul>		73592	\$30
minimum of two views			
RE, ankle; anteroposterior and late-		73600	\$25
ral views			
<ul> <li>complete, minimum of three</li> </ul>		73610	\$30
views			
RE, ankle, arthrography; supervision and			
interpretation only		73615	\$35
RE, arthrography; complete procedure		73616	\$150
RE, foot; anteroposterior and late-		73620	\$27
ral views			
- complete, minimum of three		73630	\$40
views			·
RE; calcaneus, minimum of two views		73650	\$35
- toe or toes, minimum of two		73660	\$20
views			
ABDOMEN			
RE, abdomen; single anteroposterior		74000	\$20
view		• •	
- anteroposterior and		74010	\$50
additional oblique and cone view		, 1010	<b>430</b>
- complete, including decubitus		74020	\$60
complete, including decubitus		, 4020	ŞOO

CPT DESCRIPTION	CPT CODE	PROPOSED FEE
<pre>and/or erect views - complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest</pre>	74022	\$90
GASTROINTESTINAL TRACT		
RE; pharynx and/or cervical esophagus	74210	\$75
- esophagus	74220	\$50
Removal of foreign body(s),	74235	\$50
esophageal, with use of balloon catheter under flouroscopic guidance	•	**************************************
RE, gastrointestinal tract, upper; with or without delayed films, without KUB	74240	\$120
<ul> <li>with or without delayed films,</li> <li>with KUB</li> </ul>	74241	\$100
- with small bowels, includes multiple serial films	74245	\$150
RE, gatrointestinal tract, upper, air	74246	\$150
<pre>contrast, with specific high density bar effervescent agent, with or without glucagon; with or without delayed films, without KUB</pre>	cium,	
<ul> <li>with or without delayed films,</li> <li>with KUB</li> </ul>	74247	\$70
<ul> <li>with small bowel follow through</li> </ul>	74249	\$90
<pre>RE, small bowel, includes multiple   serial films</pre>	74250	\$70
RE, colon; barium enema	74270	\$80
<ul> <li>air contrast with specific high density barium, with or without</li> </ul>	74280	\$90
glucagon Cholomatha and santus t	74000	4100
<pre>Cholecystography, oral contrast; - additional or repeat examination</pre>	74290 74291	\$100 \$50
or multiple day examination	14471	\$30
Cholangiography and/or pancreatography;	74300	\$100
during surgery	74300	ŞIOO
- additional set during surgery	74300	\$75
- postoperative	74300	\$100
- intravenous	74300	\$100
- oral contrast	74300	\$90
Cholangiography/pancreatorgraphy; addition	nal	
set during surgery	74301	\$80

	CPT DESCRIPTION	CPT	CODE	PROPOSED FEE
-	Postoperative biliary duct stone removal percutaneous via T-tube tract, basket or snare flouroscopic monitoring and radiography		74327	\$370
	Endoscopic catheterization of biliary ductal system, flouroscopic monitoring and radiography		74328	\$350
	Endoscopic catheterization of the pancreatic ductal system systems, flouroscopic monitoring and radiography		74329	\$350
	Combined endoscopic catherization of the biliary and pancreatic ductal systems,			
	flouroscopic monitoring and radiograph		74330	\$450
	Introduction of long gastrointestinal tube, with multiple flouroscopies and films		74340	\$400
	URINARY TRACT			
	<pre>Urography(pyelography), intravenous,   with or without KUB;</pre>		74400	\$100
	<ul> <li>with special hypertensive contrast concentration and/or clearance studies</li> </ul>		74405	\$120
	Urography, infusion, drip technique and Urography, infusion, drip/bolus technique	;	74410	\$100
	with nephrotomography		74415	\$150
	Urography, retrograde, with or without KUB		74420	\$60
	<pre>Urography, antegrade, (pyelostogram, nephrostogram, looprgram); supervision</pre>			
	and interpretation only Urography, antegrade, (pyelostogram,		74425	\$70
	nephrostogram, looprgram); complete		74426	\$75
	procedures only Cystography, minimum of three views;		74430	\$50
	supervision and interpretation only -complete procedure		74431	\$80
	Urethrocystography, retrograde; supervisi and interpretation only	on	73450	\$60
	Urethrocystography, retrograde; complete procedure		73451	\$85
	Urethrocystography, voiding; supervision and interpretation only		73455	\$80

CPT DESCRIPTION CPT	CODE	PROPOSED FEE
Urethrocystography, voiding; complete procedure Introduction of intracatheter or catheter into renal pelvis for drainage/injection, percutaneous, with flouroscopic monitoring and radiography; supervision and	73456	\$100
interpretation only Introduction of intracatheter or catheter into renal pelvis for drainage/injection, percutaneous, with flouroscopic monitoring	74475	\$180
and radiography; complete procedure  Introduction of ureteral catheter or stent into ureter thru renal pelvis for drainage/ injection, percutaneous, with flouroscopic monitoring and radiography; supervision and		\$375
<pre>interpretation only Introduction of ureteral catheter or stent into ureter thru renal pelvis for drainage/ injection, percutaneous, with flouroscopic</pre>	74480	\$180
<pre>monitoring and radiography; complete p Dilation of nephrostomy or ureters with flouroscopic monitoring and radiography;</pre>	74481	\$375
supervision and interpretation only Dilation of nephrostomy or ureters with flouroscopic monitoring and radiography;	74485	\$180
complete procedures	74486	\$380
GYNECOLOGICAL AND OBSTETRICAL Pelvimetry, with or without local. RE, abdomen, for fetal age, fetal position and/or placental localization;	74710 74720	\$70 \$60
single view - multiple views	74725 74740	BR \$75
Hysterosalpingography; supervision and interpretation only - complete procedures	74741	\$85
VEINS AND LYMPHATICS Venography, Extremity, unilateral;		
supervision and interpretation only Venography, Extremity, unilateral;	75820	\$20
complete procedures Venography, Extremity, bilateral	75821	\$30

CPT DESCRIPTION CP	r code	PROPOSED FEE
supervision and interpretation only Venography, Extremity, bilateral	75822	\$60
complete procedures	75823	\$70
MISCELLANEOUS Flouroscopic localization for needle		
biopsy or fine needle aspiration RE form nose to rectum for foreign body,	76003	\$30
single film, child	76010	\$35
Bone age study	76020	\$36
Bone length study	76040	\$68
RE, osseous survey; limited	76061	\$90
RE, osseous survey; complete	76062	\$150
RE, osseous survey; infant	76065	\$58
Joint Survey, Single View, one or		4
more joints(specify) RE, fistual or sinus tract study;	76066	\$70
supervision and interpretation only	76080	\$20
RE, fistual or sinus tract study;	76081	450
complete procedure Mammography; unilateral	76081	\$50 \$70
- bilateral	76090	\$80
Screening mammography, bilateral(two view	70091	500
film study of each breast)	76092	\$80
Localization of breast nodule or	70092	300
calcification before operation, with		
marker and confirmation of its position		
with appropriate imaging	76096	\$78
Localization of breast nodule or	70030	\$70
calcification before operation, with		
marker and confirmation of its position		
with appropriate imaging; each additional		
localization	76097	\$70
RE, breast surgical specimen	96098	\$35
RE, single plane body section, other	30030	<b>400</b>
than with urography	96100	\$90
RE, complex motion, other than with		<b>4</b>
urography; unilateral	96101	\$120
RE, complex motion, other than with		., = == =
urography; bilateral	96102	\$130
Unlisted diagnostic radiologic proc.	76499	BR
W <sup>*</sup>		

DIAGNOSTIC ULTRASOUND

CPT DESCRIPTION CPT	CODE	PROPOSED FEE
S	76506	\$175
Ophthalmic ultrasound, echography; A-mode, with amplitude quantification Ophthalmic ultrasound, echography; contrast	76511	\$80
	76512	\$125
(water bath) B-scan	76513	\$70
Opthalmic biometry by ultrasound echography, A-mode	76516	\$70
Opthalmic biometry by ultrasound echography, A-mode; with intraocular lens power	76540	47.0
calculation Ophtalmic ultrasonic foreign body locali	76519 76529	\$70 \$90
Echography, soft tissues of head and neck,	,0023	·
B-scan and/or real time with image doc Echography, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real tine with image documentation	76536	\$85
CHEST		
<pre>Echography, chest, B-scan(includes   mediastinum) and/or real time with   image documentation</pre>	76604	\$100
Echography, breast(s)(unilateral or bilateral)	•	
B-Scan and/or real time with image doc	76645	\$60
ABDOMEN AND RETROPERITONEUM Echography, abdominal, B-scan and/or		
real time with image documentation; co Echography, abdominal, B-scan and/or	76700	\$150
real time with image documentation; li	76705	\$70
<pre>Echography, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete Echography, retroperitoneal (eg, renal,</pre>	76770	\$120
<pre>aorta, nodes), B-scan and/or real time with image documentation; limited</pre>	76775	\$40
PELVIS		
Echography, pregnant uterus, B-scan and/ or real time with image documentation;	76805	\$190

CPT DESCRIPTION	СРТ	CODE	PROPOSED FEE
<pre>complete - limited (fetal growth rate, heart beat, anomalies, placenta location) - follow up or repeat (eg, for</pre>		76815 76816	\$35 \$120
follicles) Echocardiography, fetal heart in utero Echocardiography, pelvic area(doppler) Echography, pelvic (non-obstetric), B-scan and/or real time with image		76825 76855 76856	\$80 \$130 \$150
<pre>documentation; complete - limited or follow-up</pre>		76857	\$100
GENITALIA Echography, scrotum and contents Echography, prostate, transrectal		76870 76872	\$100 \$100
EXTREMETIES Echography, extremity, B-scan and/or real time with image documentation		76880	\$140
VACULAR STUDIES Echography, peripheral vascular sytem Echography, head and trunk vascular syst		76925 76926	\$175 \$120
ULTRASONIC GUIDANCE PROCEDURES Ultrasonic guidance for pericardiocentesis supervision and interpretation only	s;	76930	\$80
Ultrasonic guidance for thoracentesis; - compete procedures		76935	\$60
X-Ray Stat Fee			\$10
X-Ray after Office Hours			\$30
Additional View			\$15

COMMONWEALTH HEALTH CENTER
HOSPITAL DIVISION
PROPOSED ROOM AND BOARD AND OTHER FEES
FISCAL YEAR 1992

	PROPOSED FEE
Medical/Surgical Room and Board Obstetrics Room and Board Pediatrics Room and Board Psychiatric Care Room and Board Intensive Care Room and Board NICU Room and Board Nursery Room and Board Operating Room - per 15 minutes Recovery Room - per 30 minutes Labor and Delivery Room - per delivery Emergency Room - per visit Clinic Room - per visit Morgue - per day	\$250 \$250 \$250 \$250 \$250 \$500 \$450 \$50 \$25 \$400 \$25 \$10 \$10
SUPPLIES Pharmaceutical Supplies	Actual Cost plus
Pharmaceutical Supplies Minimum Fee Medical Supplies Medical Supplies Minimum Fee Embalming Supplies	Admin. Overhead \$3 Actual Cost plus Admin. Overhead \$3 Actual Cost plus
OTHERS	Admin. Overhead
Pharmacy Dispensing Fee Ambulance Services Oxygen per cylinder Oxygen Cylinder - Refundable Deposit Oxygen Regulator - Refundable Deposit Other Services or Procedures not Listed	\$5 \$50 \$25 \$150 \$50 Actual Cost plus Admin. Overhead

DESCRIPTION	PROPOSED FEE
Oral Examination	\$5
Simple Extraction	\$20
"	\$40
Surgical Extraction Alveolectomy	\$25
M. Control of the con	\$30
Gingivectomy (Quadrant) Root Canal Therapy (Per Canal)	\$75
Pulpotomy	\$40
Amalgam Restorations - one surface	\$20
Amalgam Restorations - two surfaces	\$30
Amalgam Restorations - three surfaces	\$40
Prisma	\$25
Temporary Restoraion (ZOE)	\$15
Oral Prophylaxis	\$30
Full Mouth Scaling	\$30
X-Ray, Single	\$5
X-Ray, Full Mouth	\$40
Gold Crown	\$300
Non-Precious Metal Crown	\$200
Porcelain Crown	\$250
Acrylic Crown	\$50
Stainless Steel Crown	\$40
Crown & Bridge (Precious Metal - per unit)	\$300
Crown & Bridges (Non-precious Metal - per unit)	\$200
Wire Clasp (Contoured)	\$15
Clasp (Casted)	\$50
Gold Inlays - one surface	\$150
Gold Inlays - two or more surfaces	\$200
Lingual Bar (Contoured)	\$150
Lingual Bar (Casted)	\$250 \$200
Denture, Full Upper or Lower	\$200
Denture, Partial	\$10
Denture, Partial, Additional for every tooth	\$35
Denture Repair	\$35 \$75
Denture Reline	\$100
Denture Rebase	\$150
Fracture Management Pit & Fissure Sealant (Per Tooth)	\$5
Topical Flouride Application	\$35
Flouride Tablets (100 tablets)	At Cost
riouride labiets (100 tablets)	AL COST