COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS SAIPAN MARIANA ISLANDS

VOLUME 17 NUMBER 02



FEBRUARY 15, 1995

COMMONWEALTH REGISTER

COMMONWEALTH REGISTER VOLUME 17 NUMBER 02 FEBRUARY 15, 1995

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

PUBLIC NOTICE

PROPOSED AMENDMENTS TO THE SCHEDULE OF FEES DEPARTMENT OF PUBLIC HEALTH

Title 1 CMC Division 2, Chapter 12, and in particular 1 CMC SS2603(f) and 2605(j), provides that the Secretary of the Department of Public Health(DPH) shall administer all government owned facilities and shall implement rules and regulations for the effficient delivery of health services in the CNMI.

Pursuant to this authority, the Secretary has proposed to amend the Department's Medical and Other Related Fees to reflect the significant changes occuring with respect to the delivery of health care services at the Commonwealth Health Center(CHC). Some procedures have become obsolete and are therefore no longer performed, while on the other hand, as a result of advancement in technology, new equipment, and additions to medical staff, CHC is now able to provide health care services that previously were not available. It has therefore become necessary to update the current Fee Schedule to accurately reflect the services provided and their respective cost. It is in the public interest to ensure that all persons receiving health care services at the Commonwealth Health Center know the actual cost of that care at the time it is rendered.

In adopting these Amendments to the Schedule of Fees, it is the intention of the Department of Public Health to comply with the requirements of the Administrative Procedure Act, specifically 1 CMC S9104. Copies of the proposed Amendments to the Schedule of Fees may be obtained from the Office of the Secretary of Public Health located at the ground floor of CHC. Comments on the proposed Amendments to the Schedule of Fees may be sent to the Office of the Secretary of Public Health, P.O. Box 409 CK, Saipan, MP 96950. All comments must be received within 30 days from the date this notice is published in the Commonwealth Register.

Certified By:

SECRETARY

Department of Public Health

Filed By:

SOLEDAD B. SASAMOTO

Registrar of Corporations

Office of the Gover

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COMMONWEALTH HEALTH CENTER

OFFICE OF THE DIRECTOR

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

NUTISIAN PUBLIKU

PRINUPONI SIHA NA AMENDASION GI LISTAN APAS DIPATTAMENTON HINEMLO' PUBLIKU

I Titulu I gi Kodikon Commonwealth (CMC) Dibision 2, Kapitulu 12 yan patikulatmente i 1 CMC s2603(f) yan 2606(j), ha pribebeni i Sikritarion Dipattamenton Public Health (DPH osino' Dipattamenton Hinemlo' Publiku, na para guiya u atministra todu fasilidat gobetno siha yan u enfuetsa todu areklamento yan regulasion siha para minaolek mana'en setbision hinemlo' gi halom i (CNMI) Islas Marianas.

Sigun gi este na aturidat, i Sikritariu ha prupoponi uma umenda i presion dipattamento put mediku yan otro siha apas ni maninafefekta ya u riflekta i sinifikante siha na tinilaika ni manma susesedi kon respetu ni mana'en inadahen hinemlo' na setbisiu siha gi Commonwealth Health Center (CHC). Guaha siha manera pat klasen setbisiu siha ni esta mangof hagas pat amko' ya esta ti manma praktitika, ya gi otro banda, komu resuttan i manatkilo' siha gi emplihaon mediku, i CHC pa'go esta sina ha pribeni setbision inadahen hinemmlo' ni manaya' antes siha na tiempo. Ayu mina' nisisariu na u ma diroga i prisente na listan apas (Schedule of Fees) ni para u riflekta prifektamento i setbisiu ni ma pribeni yan i propio na gaston-niha. Gaige gi interes publiku ni para u ma asigura na todu petsona siha ni manmanrisibi setbision inadahen hinemlo' gi Commonwealth Health Center na ma tungo' i tutat na gaston i setbisiu gi tempo ni manma setbe.

Gi ma adaptanna este siha na amendasion gi listan presiu siha, ha entensiosiona i Dipattamenton Hinemlo' Publiku kumumple i kondesion siha ni manma'establesi nu i "Administrative Procedure Act" na akto, espesiatmente i 1 CMC s9104. Kopia siha put i manma prupoponi na amendasion gi Listan Apas siha sina manmachuchule' gi Ufisinan i Sikritarion Hinemlo' Publiku gi primet bibenda gi CHC. Dokomento siha put i manma prupoponi na amendasion gi Listan Apas sina mana'fanhahanao guato gi: Office of the Secretary of Public Health, P.O. Box 409 CK, Saipan, MP 96950. Todu dokomento siha debi di u fanma risibi gi halom trenta (30) dias despues di i fechan ni ma publika este na nutisia gi Rehistra Commonwealth.

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Mas settefika nu as:

DR. ISAMU J. ABRAHAM

SEKTRETARIU | Dipatamenton Public Health

Ma Rikot nu as:

SOLEDAD B. SASAMOTO

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COMMONWEALTH HEALTH CENTER

OFFICE OF THE DIRECTOR

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

ARONGORONGOL TOWLAP

FFE'E'RU'L LLIIWEL REEL TA'LIL ABWO'S DIPATAMENTOOL PUBLIC HEALTH

Title 1 CMC Division 2, Chapter 12, me bwal iye 1 CMC ss2603(f) me 2605(j), nge e ayoora mille Sekreto'o'riyal Dipatamentool Public Health (DPH) ebwe lemelil alongal iimw kka yaal gubenno me ebwe ayoora allegh bwe ebwe ghatch me mwetemwet alillisisil aghatchu'l ilighil aramas mello'l CNMI.

Sa'ngi bwa'ng yeel, nge Sekreto'o'riya yeel aa ma'ngiiy bwe ebwe ffe'e'r lliiwel reel abwo's kka e ghil nga'li Departments Medical me akka'a'w abwo's ikka eghi bwa'a'lo' reel alillisil aghatchu'l ilighil aramas me Commonwealth Health Center (CHC aa mwel bwe ebwele ayoora tappal health care services kka eso'o'r ighiwe. Ila mille eghi fisch bwe rebwe fe'e'ru' sefa'liiy Ta'lil Abwo's bwe ebwe ghol fenga'l me tappal alillis kka re fe'e'ru' nga'liir aramas. Ghatchu'u'r towlap mille nga're re alisiir mello'l Commonwealth Health Center nge rebwe ghuleey fitifay abwo'ssul ighila schagh re alisiir me nga're ammwelaar.

Igha re adapta'a'li Lliiwel kka reel Ta'lil Abwo's, nge scho'o'l Dipatamentool Public Health re attabweey akku'le' ye sa'ngi Administrative Proceduces Act, me bwal iye 1 CMC s9104. Kopiyaal lliiwelil abwo's kkaal nge emmwel schagh bwe aramas ye e tipa'li ebwelo' bweibwogh sa'ngi Bwulasiyool Sekreto'o'riyaal Public Health iye elo CHC. Aramas ya e tipa'li nge emmwel schagh bwe ebwe ischiitiw meta ma'ngema'ngil me tipal nga're mwuscha'l reel lliiwel kkaal nge aa afanga nga'li Office of the Secretary of Public Health, P.O. CK, Saipan, MP 96950. Alongal ma'ngema'ng me tiip nge ebwe atotoolong llo'l eliigh (30) ra'l sa'ngi igha e atoowow arongorong yeel mello/1\ Commonwealth Register.

Alle'ghu'u'yal:

DR. ISAMU J. ABRAHAM

SEKRETOORIVA

Dipatamentool Public Mealth

Fele-liiyal:

SOLEDAD B. SASAMOTO

Registrar of Corporations

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DEPARTMENT OF PUBLIC HEALTH SERVICES COMMONWEALTH HEALTH CENTER PROPOSED FEE SCHEDULE MEDICAL AND OTHER RELATED FEES 1995

CPT #	CPT DESCRIPTION	FEE(\$)
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE	77.00
10060	MILIA, COMEDONES, CYSTS, PUSTULES) INCISION AND DRAINAGE OF ABSCESS (eg, CARBUNCLE, SUPPURATIVE	72.00
	HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS	145.00
	ABSCESS, CYST, FURUNCLE, OR PARONYCHIA);	
10080	COMPLICATED OR MULTIPLE INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	88.00
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	167.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	77.00
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	171.00
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	92.00
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	72.00
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND	156.00
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	61.00
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE	33.00
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	43.00

SOURCE: cpt94 and HCPCS DC - Drug Cost

CPT#	CPT DESCRIPTION	FEE(\$)
11041 11042	DEBRIDEMENT; SKIN, FULL THICKNESS DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	66.00 84.00
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	181.00
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	255.00
11050	PARING OR CURETTEMENT OF BENIGN HYPERKERATOTIC SKIN LESION WITH OR WITHOUT CHEMICAL CAUTERIZATION (SUCH AS VERRUCAE OR CLAVI) NOT EXTENDING THROUGH THE STRATUM CORNEUM (EG, CALLUS OR WART) WITH OR WITHOUT LOCAL ANESTHESIA; SINGLE LESION	37.00
11051	PARING OR CURETTEMENT OF BENIGN HYPERKERATOTIC SKIN LESION WITH OR WITHOUT CHEMICAL CAUTERIZATION (SUCH AS VERRUCAE OR CLAVI) NOT EXTENDING THROUGH THE STRATUM CORNEUM (EG, CALLUS OR WART) WITH OR WITHOUT LOCAL ANESTHESIA; TWO TO FOUR LESIONS	55.00
11052	PARING OR CURETTEMENT OF BENIGN HYPERKERATOTIC SKIN LESION WITH OR WITHOUT CHEMICAL CAUTERIZATION (SUCH AS VERRUCAE OR CLAVI) NOT EXTENDING THROUGH THE STRATUM CORNEUM (EG, CALLUS OR WART) WITH OR WITHOUT LOCAL ANESTHESIA; MORE THAN FOUR LESIONS	59.00
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); SINGLE LESION	62.00
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); EACH SEPARATE/ADDITIONAL LESION	32.00
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	53.00

CPT#	CPT DESCRIPTION	FEE(\$)
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TEN LESIONS	20.00
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	50.00
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	72.00
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	92.00
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	126.00
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	57.00
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	81.00
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA: LESION DIAMETER 1.1 TO 2.0 CM	99.00
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM	136.00
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	68.00
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	90.00
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER	110.00

CPT#	CPT DESCRIPTION	FEE(\$)
11313	1.1 TO 2.0 CM SHAVING OF EPIDERMAL OR DERMAL LESION,	149.00
11313	SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	149.00
	LIPS, MUCOUS MEMBRANE; LESION DIAMETER	
44400	OVER 2.0 CM	
11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK,	66.00
	ARMS OR LEGS; LESION DIAMETER 0.5 CM	
	OR LESS	
11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG	91.00
	(UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	
11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG	116.00
11.102	(UNLESS LISTED ELSEWHERE), TRUNK, ARMS	110.00
	OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	
11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG	144.00
	(UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG	168.00
	(UNLESS LISTED ELSEWHERE), TRUNK, ARMS	
	OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	
11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG	224.00
	(UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	
11420	EXCISION, BENIGN LESION, EXCEPT SKIN	72.00
	TAG (UNLESS LISTED ELSEWHERE), SCALP,	
	NECK, HANDS, FEET, GENITALIA; LESION	
44.404	DIAMETER 0.5 CM OR LESS	100.00
11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP,	103.00
	NECK, HANDS, FEET, GENITALIA; LESION	
	DIAMETER 0.6 TO 1.0 CM	
11422	EXCISION, BENIGN LESION, EXCEPT SKIN	125.00
	TAG (UNLESS LISTED ELSEWHERE), SCALP,	
	NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	
11423	EXCISION, BENIGN LESION, EXCEPT SKIN	162.00
	TAG (UNLESS LISTED ELSEWHERE), SCALP,	
	NECK, HANDS, FEET, GENITALIA; LESION	
11/0/	DIAMETER 2.1 TO 3.0 CM	100 00
11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP,	188.00
	(

CPT#	CPT DESCRIPTION	FEE(\$)
	NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	
11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	266.00
11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	84.00
11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	113.00
11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	139.00
11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	184.00
11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	227.00
11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	291.00
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	259.00
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR	326.00
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	234.00
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	279.00

CPT#	CPT DESCRIPTION	FEE(\$)
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR	288.00
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR	328.00
11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	118.00
11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	154.00
11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	183.00
11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	217.00
11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	245.00
11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM	318.00
11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	125.00
11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	174.00
11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	213.00
11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	260.00
11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	315.00
11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	370.00
11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	149.00
11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER	212.00

CPT#	CPT DESCRIPTION	FEE(\$)
	0.6 TO 1.0 CM	
11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM	258.00
11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1	306.00
11644	TO 3.0 CM EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM	379.00
11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	491.00
11700	DEBRIDEMENT OF NAILS, MANUAL; FIVE OR LESS	30.00
11701	DEBRIDEMENT OF NAILS, MANUAL; EACH ADDITIONAL, FIVE OR LESS	22.00
11710	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; FIVE OR LESS	30.00
11711	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; EACH ADDITIONAL, FIVE OR LESS	18.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	73.00
11731	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SECOND NAIL PLATE	51.00
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	29.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA	36.00
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL:	180.00
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL; WITH AMPUTATION OF TUFT OF DISTAL PHALANX	252.00
11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)	110.00

CPT#	CPT DESCRIPTION	FEE(\$)
11760	REPAIR OF NAIL BED	116.00
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	257.00
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD	55.00
	(EG, FOR INGROWN TOENAIL)	
11770	EXCISION OF PILONIDAL CYST OR SINUS;	258.00
	SIMPLE	
11771	EXCISION OF PILONIDAL CYST OR SINUS;	482.00
4.4===	EXTENSIVE	55400
11772	EXCISION OF PILONIDAL CYST OR SINUS;	554.00
44000	COMPLICATED	26.00
11900	INJECTION, INTRALESIONAL; UP TO AND	36.00
11901	INCLUDING SEVEN LESIONS INJECTION, INTRALESIONAL; MORE THAN	56.00
11901	SEVEN LESIONS	30.00
11920	TATTOOING, INTRADERMAL INTRODUCTION	255.00
11320	OF INSOLUBLE OPAQUE PIGMENTS TO	200.00
	CORRECT COLOR DEFECTS OF SKIN, INCLUDING	
	MICROPIGMENTATION; 6.0 SQ CM OR LESS	
11921	TATTOOING, INTRADERMAL INTRODUCTION OF	450.00
	INSOLUBLE OPAQUE PIGMENTS TO CORRECT	
	COLOR DEFECTS OF SKIN, INCLUDING	
	MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	
11922	TATTOOING, INTRADERMAL INTRODUCTION OF	225.00
	INSOLUBLE OPAQUE PIGMENTS TO CORRECT	
	COLOR DEFECTS OF SKIN, INCLUDING	
	MICROPIGMENTATION; EACH ADDITIONAL	
44050	20.0 SQ CM	00.00
11950	SUBCUTANEOUS INJECTION OF "FILLING"	90.00
11951	MATERIAL (EG, COLLAGEN); 1 CC OR LESS SUBCUTANEOUS INJECTION OF "FILLING"	180.00
11951	SUBCUTANEOUS INJECTION OF "FILLING" SUBCUTANEOUS INJECTION OF "FILLING"	360.00
11902	MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	300.00
11960	INSERTION OF TISSUE EXPANDER(S) FOR	694.00
71300	OTHER THAN BREAST, INCLUDING	00 1100
	SUBSEQUENT EXPANSION	
11970	REPLACEMENT OF TISSUE EXPANDER WITH	763.00
	PERMANENT PROSTHESIS	
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT	284.00
	INSERTION OF PROSTHESIS	
11975	INSERT CONTRACEPTIVE CAP INSERTION,	60.00
	IMPLANTABLE CONTRACEPTIVE CAPSULES	
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE	80.00

CPT#	CPT DESCRIPTION	FEE(\$)
	CAPSULES	
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	160.00
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	92.00
	OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES	
	(INCLUDING HANDS AND FEET);	
10000	2.5 CM OR LESS	
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	108.00
	GENITALIA, TRUNK AND/OR EXTREMITIES	
	(INCLUDING HANDS AND FEET);	
12004	2.6 CM TO 7.5 CM SIMPLE REPAIR OF SUPERFICIAL WOUNDS	138.00
12001	OF SCALP, NECK, AXILLAE, EXTERNAL	130.00
	GENITALIA, TRUNK AND/OR EXTREMITIES	•
	(INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	179.00
	OF SCALP, NECK, AXILLAE, EXTERNAL	
	GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET);	
	12.6 CM TO 20.0 CM	
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	226.00
	TRUNK AND/OR EXTREMITIES (INCLUDING	
	HANDS AND FEET); 20.1 CM TO 30.0 CM	
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	276.00
	GENITALIA, TRUNK AND/OR EXTREMITIES	
40044	(INCLUDING HANDS AND FEET); OVER 30.0 CM	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	102.00
	MUCOUS MEMBRANES; 2.5 CM OR LESS	
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF	123.00
	FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF	150.00
	FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	
12015	MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF	198.00
, <u>-</u>	FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	. 55.00

CPT#	CPT DESCRIPTION	FEE(\$)
12016	MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	256.00
12017	MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	379.00
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	506.00
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE: SIMPLE CLOSURE	179.00
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	115.00
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	131.00
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	162.00
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	204.00
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	252.00
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	304.00
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	373.00
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	131.00
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA;	161.00

CPT#	CPT DESCRIPTION	FEE(\$)
12044	2.6 CM TO 7.5 CM LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	197.00
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	240.00
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	336.00
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM	371.00
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	161.00
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	197.00
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	227.00
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	285.00
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	364.00
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	476.00
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	545.00
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	197.00
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	280.00
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	217.00
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	330.00

CPT#	CPT DESCRIPTION	FEE(\$)
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	270.00
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	419.00
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	261.00
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	328.00
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	550.00
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	612.00
13300	REPAIR, UNUSUAL, COMPLICATED, OVER 7.5 CM. ANY AREA	531.00
14000	ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, TRUNK; DEFECT 10 SQ CM OR LESS	419.00
14001	ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	605.00
14020	ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	522.00
14021	ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	752.00
14040	ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	665.00
14041	AND/OR FEET; DEFECT 10 SQ CM OR LESS ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR	894.00
14060	FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	766.00
14061	ADJACENT TISSUE TRANSFER OR REARRANGE- MENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1055.00
14300	ADJACENT TISSUE TRANSFER OR REARRANGE-	1088.00

CPT#	CPT DESCRIPTION	FEE(\$)
	MENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA	
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	736.00
15000	EXCISIONAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF ESSENTIALLY INTACT SKIN (INCLUDING SUBCUTANEOUS TISSUES), SCAR, OR OTHER LESION PRIOR TO REPAIR WITH FREE SKIN GRAFT (LIST AS SEPARATE SERVICE IN ADDITION TO SKIN GRAFT)	243.00
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO DEFECT SIZE 2 CM DIAMETER	272.00
15100	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	613.00
15101	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF	166.00
15120	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050) (EXCEPT 15050)	734.00
15121	SPLIT GRAFT, FACE, EYELÍDS, MOUTH, NEĆK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF	278.00
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	559.00
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM	194.00
15220	FULL THICKNESS GRAFT, FREE, INCLUDING	596.00

CPT#	CPT DESCRIPTION	FEE	(\$)
15221	DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM	185.00	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	702.00	
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM	249.00	
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS	819.00	
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM	306.00	
15350	APPLICATION OF ALLOGRAFT, SKIN	293.00	
15400	APPLICATION OF XENOGRAFT, SKIN	279.00	
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	675.00	
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	645.00	
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET	638.00	
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	364.00	
15580	CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE	497.00	٠
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	305.00	

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15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS	305.00
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS (EXCEPT 15625), OR FEET	370.00
15625	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SECTION PEDICLE OF CROSS FINGER FLAP	284.00
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS	401.00
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION	438.00
15732	MUSCLE, MYOCUTANEOUS, OR FACIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	1511.00
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	1764.00
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	1569.00
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	1307.00
15740	ISLAND PEDICLE	977.00
15750	FLAP; NEUROVASCULAR PEDICLE	1119.00
15755	FREE FLAP (MICROVASCULAR TRANSFER)	2901.00
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA	759.00
15770	GRAFT; DERMA-FAT-FASCIA	694.00
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	23.00
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	36.00
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	382.00
15781	DERMABRASION; SEGMENTAL, FACE	401.00

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15782	DERMABRASION; REGIONAL, OTHER THAN FACE	251.00
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	282.00
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	121.00
15787	ABRAŚION; EACH ADDITIONAL FOUR LESIONS OR LESS	27.00
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	206.00
15789	CHEMICAL PEEL, FACE, DERMAL	251.00
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	132.00
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	167.00
15810	SALABRASION; 20 SQ CM OR LESS	390.00
15811	SALABRASION; OVER 20 SQ CM	437.00
15819	CERVICOPLASTY	808.00
15820	BLEPHAROPLASTY, LOWER EYELID;	533.00
· 15821	BLEPHAROPLASTY, LOWER EYELID;	612.00
	WITH EXTENSIVE HERNIATED FAT PAD	
15822	BLEPHAROPLASTY, UPPER EYELID;	513.00
15823	BLEPHAROPLASTY, UPPER EYELID; WITH	681.00
15824	RHYTIDECTOMY; FOREHEAD	807.00
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP,	735.00
	"P-FLAP")	
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	659.00
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	1581.00
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	1581.00
15831	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	1070.00
4555	LIPECTOMY); ABDOMEN (ÀBDOMINOPLASTY) ABDOMEN (ABDOMINOPLASTY)	000 00
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	936.00
15833	EXCISION, ÉXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	790.00
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	844.00
15835	EXCISION, EXCESSIVE SKIN AND	873.00

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	SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	716.00
15837	LIPECTOMY); ARM EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	678.00
15838	LIPECTOMY); FOREARM OR HAND EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD	610.00
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	538.00
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	1369.00
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	1873.00
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	3078.00
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	1368.00
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	158.00
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	48.00
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	55.00
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST BLOOD FLOW IN FLAP OR GRAFT	162.00
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	315.00
15877 15878	SUCTION ASSISTED LIPECTOMY; TRUNK SUCTION ASSISTED LIPECTOMY;	563.00 315.00
15879	UPPER EXTREMITY SUCTION ASSISTED LIPECTOMY;	563.00
15920	LOWER EXTREMITY EXCISION, COCCYGEAL PRESSURE ULCER, WITH	498.00

CPT#	CPT DESCRIPTION	FEE(\$)
15922	COCCYGECTOMY; WITH PRIMARY SUTURE EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	743.00
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	528.00
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	819.00
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	927.00
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	1209.00
15936	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	1075.00
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	1325.00
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	567.00
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)	846.00
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	967.00
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	1117.00
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE	1805.00
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	473.00
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	856.00
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	850.00
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	1017.00
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	1569.00
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSUR WITH OSTECTOMY	1611.00 RE;

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16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	51.00
16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, SMALL	49.00
16015	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR LARGE, OR WITH MAJOR DEBRIDEMENT	217.00
16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL	47.00
16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY)	107.00
16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	122.00
16035	ESCHAROTOMY	307.00
16040	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; UP TO ONE PERCENT TOTAL BODY SURFACE AREA	190.00
16041	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; GREATER THAN ONE PERCENT AND UP TO NINE PERCENT TOTAL BODY SURFACE AREA	291.00
16042	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; EACH ADDITIONAL NINE PERCENT TOTAL BODY SURFACE AREA, OR PART THEREOF	269.00
17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN FACIAL LESIONS OR PREMALIGNANT LESIONS IN ANY LOCATION, OR BENIGN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS,	50.00

CPT#	CPT DESCRIPTION	FEE(\$)
17001	INCLUDING LOCAL ANESTHESIA; ONE LESION DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN FACIAL LESIONS OR PREMALIGNANT LESIONS IN ANY LOCATION, OR BENIGN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS,	18.00
17002	INCLUDING LOCAL ANESTHESIA; SECOND AND THIRD LESIONS, EACH DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN FACIAL LESIONS OR PREMALIGNANT LESIONS IN ANY LOCATION, OR BENIGN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; OVER THREE	14.00
17010	LESIONS, EACH ADDITIONAL LESION DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN FACIAL LESIONS OR PREMALIGNANT LESIONS IN ANY LOCATION, OR BENIGN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; COMPLICATED	70.00
17100	LESION(S) DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS ON ANY AREA OTHER THAN THE FACE, INCLUDING LOCAL ANESTHESIA; ONE LESION	42.00
17101	DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS ON ANY AREA OTHER THAN THE FACE, INCLUDING LOCAL ANESTHESIA;	14.00
17102	SECOND LESION DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS ON ANY AREA OTHER THAN THE FACE, INCLUDING LOCAL ANESTHESIA; OVER TWO LESIONS, EACH ADDITIONAL LESION	9.00

CPT#	CPT DESCRIPTION	FEE(\$)
17104	UP TO 15 LESIONS DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE	95.00
17105	LESIONS ON ANY AREA OTHER THAN THE FACE, INCLUDING LOCAL ANESTHESIA; 15 OR MORE LESIONS DESTRUCTION BY ANY METHOD, INCLUDING LASER, OF BENIGN SKIN LESIONS OTHER THAN CUTANEOUS VASCULAR PROLIFERATIVE LESIONS ON ANY AREA OTHER THAN THE FACE, INCLUDING LOCAL ANESTHESIA; COMPLICATED OR EXTENSIVE LESIONS	50.00
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	302.00
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 - 50.0 SQ CM	598.00
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM	1052.00
17110	DESTRUCTION BY ANY METHOD OF FLAT (PLANE, JUVENILE) WARTS OR MOLLUSCUM CONTAGIOSUM, MILIA, UP TO 15 LESIONS	45.00
17200	ELECTROSURGICAL DESTRUCTION OF MULTIPLE FIBROCUTANEOUS TAGS; UP TO 15 LESIONS	47.00
17201	ELECTROSURGICAL DESTRUCTION OF MULTIPLE FIBROCUTANEOUS TAGS; EACH ADDITIONAL TEN LESIONS EACH ADDITIONAL TEN LESIONS	24.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	40.00
17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	95.00
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	120.00
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	160.00

CPT#	CPT DESCRIPTION	FEE(\$)
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	191.00
17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	216.00
17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	268.00
17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	124.00
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	153.00
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	187.00
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	220.00
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	276.00
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	322.00
17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	133.00
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	179.00
17282	DIAMETER 0.6 TO 1.0 CM DESTRUCTION, MALIGNANT LESION, ANY	218.00

CPT#	CPT DESCRIPTION	FEE(\$)
	METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	267.00
17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	319.00
17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	424.00
17304	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); FIRST STAGE, FRESH TISSUE TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, AND MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, OF UP TO 5 SPECIMENS	542.00
17305	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); SECOND STAGE, FIXED OR FRESH TISSUE, UP TO 5 SPECIMENS	240.00
17306	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); THIRD STAGE, FIXED OR FRESH TISSUE, UP TO 5 SPECIMENS	198.00
17307	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); ADDITIONAL STAGE(S), UP TO 5 SPECIMENS, EACH STAGE	202.00
17310	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); MORE THAN 5 SPECIMENS, FIXED OR FRESH TISSUE, ANY STAGE	50.00
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	47.00
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	77.00
17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR	90.00
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	59.00
19001	PUNCTURE ASPIRATION OF CYST OF BREAST;	32.00

CPT#	CPT DESCRIPTION	FEE(\$)
	EACH ADDITIONAL CYST	
19020	MASTOTOMY WITH EXPLORATION OR	230.00
	DRAINAGE OF ABSCESS, DEEP	
19030	INJECTION PROCEDURE ONLY FOR MAMMARY	84.00
	DUCTOGRAM OR GALACTOGRAM	
19100	BIOPSY OF BREAST; NEEDLE CORE	93.00
	(SEPARATE PROCEDURE)	
19101	BIOPSY OF BREAST; INCISIONAL	269.00
19110	NIPPLE EXPLORATION, WITH OR WITHOUT	324.00
	EXCISION OF A SOLITARY LACTIFEROUS	
40440	DUCT OR A PAPILLOMA LACTIFEROUS DUCT	
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	283.00
19120	EXCISION OF CYST, FIBROADENOMA, OR	379.00
	OTHER BENIGN OR MALIGNANT TUMOR	
	ABERRANT BREAST TISSUE, DUCT LESION	
	OR NIPPLE LESION (EXCEPT 19140),	
19125	MALE OR FEMALE, ONE OR MORE LESIONS EXCISION OF BREAST LESION IDENTIFIED	426.00
19125	BY PRE-OPERATIVE PLACEMENT OF	426.00
	RADIOLOGICAL MARKER; SINGLE LESION	
19126	EXCISION, ADD'L BREAST LESION ADIOLOGICAL	213.00
13120	MARKER; EACH ADDITIONAL LESION SEPARATELY	
	IDENTIFIED BY A RADIOLOGICAL MARKER	
19140	MASTECTOMY FOR GYNECOMASTIA	459.00
19160	MASTECTOMY, PARTIAL;	531.00
19162	MASTECTOMY, PARTIAL; WITH AXILLARY	1098.00
	LYMPHADENECTOMY	
19180	MASTECTOMY, SIMPLE, COMPLETE	679.00
19182	MASTECTOMY, SUBCUTANEOUS	665.00
19200	MASTECTOMY, RADICAL, INCLUDING	1210.00
	PECTORAL MUSCLES, AXILLARY LYMPH	
	NODES AXILLARY LYMPH NODES	
19220	MASTECTOMY, RADICAL, INCLUDING	1244.00
	PECTORAL MUSCLES, AXILLARY AND	
	INTERNAL MAMMARY LYMPH NODES (URBAN	
	TYPE OPERATION)	
19240	MASTECTOMY, MODIFIED RADICAL, INCLUDING	1189.00
	AXILLARY LYMPH NODES, WITH OR WITHOUT	
	PECTORALIS MINOR MUSCLE, BUT EXCLUDING	
	PECTORALIS MAJOR MUSCLE	
19260	EXCISION OF CHEST WALL TUMOR INCLUDING	910.00
	RIBS	

CPT#	CPT DESCRIPTION	FEE(\$)
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W/OUT MEDIASTINAL LYMPHADENECTOMY	1538.00
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	1576.00
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL	126.00
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED	233.00
20200	BIOPSY, MUSCLE; SUPERFICIAL	126.00
20205	BIOPSY, MUSCLE; DEEP	207.00
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	95.00
20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	108.00
20225	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	184.00
20240	BIOPSY, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	233.00
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	350.00
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	476.00
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	542.00
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	64.00
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	44.00
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	118.00
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	263.00
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST OR GANGLION CYST	52.00
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR	54.00

CPT#	CPT DESCRIPTION	FEE(\$)
20605	GANGLION CYST (EG, FINGERS, TOES) ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR	54.00
20610	ANKLE, OLECRANON BURSA) ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT,	52.00
20615	SUBACROMIAL BURSA) SUBACROMIAL BURSA) ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	112.00
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION,	149.00
20900	INCLUDING REMOVAL (SEPARATE PROCEDURE) BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	377.00
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	569.00
20920 20922	FASCIA LATA GRAFT; BY STRIPPER FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	423.00 507.00
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	562.00
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	398.00
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	626.00
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	690.00
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS	902.00
21193	(INCLUDES OBTAINING AUTOGRAFTS) RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L"	1364.00
21194	OSTEOTOMY; WITHOUT BONE GRAFT RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	1581.00

CPT#	CPT DESCRIPTION	FEE(\$)
21195	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	1368.00
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	1508.00
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	1361.00
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	1123.00
21208	ÖSTEOPLASTY, FACIAL BONES; AÚGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	996.00
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	529.00
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	1051.00
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	1017.00
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL OR MULTIPLE APPROACHES	1305.00
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLES FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT	743.00
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIF AND/OR LOCAL FIXATION WITH WIRING AND/OR LOCAL FIXATION	926.00 RING
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIF MULTIPLE OPEN APPROACHES	1073.00 NG
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	X 1327.00
21355	PERCUTANÈOUS TREATMENT OF FRACTÚRE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION	239.00
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	509.00
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND	647.00

CPT#	CPT DESCRIPTION	FEE(\$)
21366	MALAR TRIPOD OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	1413.00
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT	606.00
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION	N 712.00
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG,COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA), MULTIPLE SURGICAL APPROACHES	1990.00
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL FIXATION TECHNIQUES (EG, HEAD CAP, HALO DEVICE, AND/OR INTERMAXILLARY FIXATION)	1422.00
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERNAL FIX WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	1953.00 ATION,
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	267.00
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	533.00
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURES WITHOUT MANIPULATION	; 267.00
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE	; 551.00
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	155.00
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE	563.00

CPT#	CPT DESCRIPTION	FEE(\$)
	WITH INTERDENTAL FIXATION	
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	909.00
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	922.00
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	1040.00
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	935.00
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES	1504.00
	INCLUDING INTERNAL FIXATION, INTERDENTAL FIXATION, AND/OR WIRING OF DENTURES OR SPLINTS	
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	75.00
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR	278.00
21490	SPLINTING), INITIAL OR SUBSEQUENT OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	815.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	255.00
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY	519.00
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	426.00
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	135.00
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX: SUBCUTANEOUS	270.00
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR	442.00
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THORAX	841.00
21600 21610	EXCISION OF RIB, PARTIAL COSTOTRANSVERSECTOMY	530.00 659.00
		000.00

CPT#	CPT DESCRIPTION	FEE(\$)
	(SEPARATE PROCEDURE)	
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	132.00
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	296.00
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	444.00
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK	1138.00
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	212.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION WITHOUT MANIPULATION	292.00
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION REQUIRING CASTING OR BRACING, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION, EACH	670.00
22325	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; LUMBAR, EACH	1221.00
22326	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; CERVICAL, EACH	1688.00
22327	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION; THORACIC, EACH	1632.00
22600	ARTHRODESIS, POSTERIOR TECHNIQUE, CERVICAL BELOW C2 SEGMENT, LOCAL BONE OR BONE ALLOGRAFT AND/OR INTERNAL FIXATION	1854.00
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, WITH LOCAL BONE OR BONE ALLOGRAFT AND/OR INTERNAL FIXATION; THORACIC	1626.00
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, WITH LOCAL BONE OR BONE ALLOGRAFT AND/OR INTERNAL FIXATION; LUMBAR	2027.00
22625	ARTHRODESIS, LATERAL TRANSVERSE PROCESS TECHNIQUE, WITH LOCAL BONE OR BONE ALLOGRAFT AND/OR INTERNAL	2066.00
22630	WIRE FIXATION, LUMBAR ARTHRODESIS, POSTERIOR INTERBODY	1935.00

CPT#	CPT DESCRIPTION	FEE(\$)
	TECHNIQUE WITH LOCAL BONE OR BONE ALLOGRAFT AND/OR INTERNAL WIRE FIXATION, LUMBAR	
22650	ARTHRODESIS, POSTERIOR, POSTEROLATERAL OR LATERAL TRANSVERSE PROCESS TECHNIQUE, EACH ADDITIONAL	592.00
22900	INTERSPACE EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	464.00
23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD	357.00
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	258.00
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	148.00
23035	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	685.00
23040	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	870.00
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	659.00
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	136.00
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	240.00
23075	EXCISION, TUMOR, SHOULDER AREA; SUBCUTANEOUS	196.00
23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	515.00
23077	RADICAL RESECTION OF TUMOR (EG,1065.00 MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA	
23100	ARTHROTOMY FOR BIOPSY, GLENOHUMERAL JOINT	641.00
23101	ARTHROTOMY FOR BIOPSY OR FOR EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT	602.00

CPT#	CPT DESCRIPTION	FEE(\$)
23105	ARTHROTOMY FOR SYNOVECTOMY; GLENOHUMERAL JOINT	882.00
23106	ARTHROTOMY FOR SYNOVECTOMY; STERNO- CLAVICULAR JOINT	505.00
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	879.00
23120	CLAVICULECTOMY; PARTIAL	546.00
23125	CLAVICULECTOMY; TOTAL	849.00
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL	696.00
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	515.00
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	819.00
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	618.00
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; TUMOR OF PROXIMAL HUMERUS;	703.00
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	899.00
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	768.00
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	540.00
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	552.00
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	841.00
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	582.00
23182	PARTIAL EXCISION (CRATERIZATION,	689.00

CPT#	CPT DESCRIPTION	FEE(\$)
23184	SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS	861.00
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	630.00
23195	RESECTION HUMERAL HEAD	881.00
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	110.00
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER PROSTHESIS REMOVAL)	434.00
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED, INCLUDING "TOTAL SHOULDER"	996.00
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	64.00
23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	1155.00
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	1436.00
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	1114.00
23405	TENOMYOTOMY, SHOULDER ARÉA; SINGLE	748.00
23406	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION	970.00
23410	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE	1119.00
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	1284.00
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	707.00
23420	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	1348.00
23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	823.00

CPT#	CPT DESCRIPTION	FEE(\$)
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS	838.00
23450	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	1257.00
23455	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING	1450.00
23460	CAPSULORRHAPHY FOR RECURRENT DISLOCATION ANTERIOR, ANY TYPE; WITH BONE BLOCK	1409.00
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	1467.00
23465	CAPSULORRHAPHY FOR RECURRENT DISLOCATION POSTERIOR, WITH OR WITHOUT BONE BLOCK	1436.00
23466	CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY	1494.00
23470	ARTHROPLASTY WITH PROXIMAL HUMERAL IMPLANT (EG, NEER TYPE OPERATION)	1617.00
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	827.00
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)	1179.00
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE	1005.00
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS AND HUMERAL HEAD	1294.00
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE: WITHOUT MANIPULATION	173.00
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	295.00

CPT#	CPT DESCRIPTION	FEE(\$)
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	685.00
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	164.00
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	257.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	660.00
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	728.00
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	175.00
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	243.00
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	756.00
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	741.00
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	184.00
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)	321.00
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION	792.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	276.00
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	459.00
23610	TREATMENT OF OPEN HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	535.00
23615	OPEN TREATMENT OF PROXIMAL HUMERAL	950.00

CPT#	CPT DESCRIPTION	FEE(\$)
23616	(SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES); OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES); WITH PROXIMAL	2081.00
23620	HUMERAL PROSTHETIC REPLACEMENT CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	256.00
23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	367.00
23630	OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	779.00
23650	CLOSED TREATMENT OF SHOULDER WITH MANIPULATION; WITHOUT ANESTHESIA	254.00
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION WITH MANIPULATION; REQUIRING ANESTHESIA	347.00
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	799.00
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF	365.00
23670	GREATER TUBEROSITY, WITH MANIPULATION OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	893.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	461.00
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1084.00

CPT#	CPT DESCRIPTION	FEE(\$)
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	223.00
23800	WITH OR WITHOUT LOCAL BONE GRAFT	1470.00
23802	ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	1409.00
23920	DISARTICULATION OF SHOULDER;	1364.00
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	211.00
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA	113.00
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	502.00
24000	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	671.00
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE	774.00
24065	(SEPARATE PROCEDURE) BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	133.00
24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	278.00
24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	437.00
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	689.00
24102	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	892.00
24105	EXCISION, OLECRANON BURSA	356.00
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; TUMOR, HUMERUS:	728.00
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) WITH AUTOGRAFT (INCLUDES OBTAINING	814.00

CPT#	CPT DESCRIPTION	FEE(\$)
	GRAFT)	
24116	EXCISION OR CURETTAGE OF BONE CYST	1016.00
	OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	
24120	EXCISION OR CURETTAGE OF BONE CYST	608.00
	OR BENIGN TUMOR OF HEAD OR NECK OF	
0.44.05	RADIUS OR OLECRANON PROCESS;	000.00
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF	628.00
	RADIUS OR OLECRANON PROCESS; WITH	
	AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
24126	EXCISION OR CURETTAGE OF BONE CYST	745.00
	OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH	
	ALLOGRAFT	
24130	EXCISION, RADIAL HEAD	626.00
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS	860.00
	OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS	775.00
	OR BONE ABSCESS), RADIAL HEAD OR NECK	
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS	674.00
24140	OR BONE ABSCESS), OLECRANON PROCESS PARTIAL EXCISION (CRATERIZATION,	855.00
24140	SAUCERIZATION OR DIAPHYSECTOMY) OF BONE	000.00
	(EG, FOR OSTEOMYELITIS), HUMERUS	
24145	PARTIAL EXCISION (CRATERIZATION,	661.00
	SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL	
	HEAD OR NECK	
24147	PARTIAL EXCISION (CRATERIZATION,	668.00
	SAUCERIZATION OR DIAPHYSECTOMY) OF	
	BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS	
24150	RADICAL RESECTION FOR TUMOR, SHAFT	1308.00
-	OR DISTAL HUMERUS;	
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR	1391.00
	DISTAL HUMERUS; WITH AUTOGRAFT	
24152	(INCLUDES OBTAINING GRAFT) RADICAL RESECTION FOR TUMOR, RADIAL	795.00
_ 2 - 	HEAD OR NECK;	
24153	RADICAL RESECTION FOR TUMOR, RADIAL	1052.00

CPT#	CPT DESCRIPTION	FEE(\$)
	HEAD OR NECK; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	1073.00
24160	IMPLANT REMOVAL; ELBOW JOINT	594.00
24164	IMPLANT REMOVAL; RADIAL HEAD	556.00
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH	479.00
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH	416.00
24340	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	715.00
24342	REINSERTION OR REPAIR OF RUPTURED OR LACERATED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	1013.00
24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS);	454.00
24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT	502.00
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION	581.00
24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH STRIPPING	580.00
24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY	675.00
24365	ARTHROPLASTY, RADIAL HEAD;	757.00
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	979.00
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	926.00
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	1382.00
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	1238.00
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1332.00
24435	REPAIR OF NONUNION OR MALUNION,	1427.00

CPT#	CPT DESCRIPTION	FEE(\$)
	HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS) OR VALGUS, DISTAL HUMERUS)	798.00
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION ARTERY EXPLORATION	657.00
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERUS	1060.00
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE: WITHOUT MANIPULATION	269.00
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	457.00
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	1006.00
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS	1006.00
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT MANIPULATION	293.00
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	552.00
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION	823.00
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT	965.00

CPT#	CPT DESCRIPTION	FEE(\$)
24546	INTERCONDYLAR EXTENSION OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH INTERCONDYLAR EXTENSION	1193.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL: WITHOUT MANIPULATION	231.00
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	419.00
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	646.00
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	862.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	234.00
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	458.00
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	936.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDICAL OR LATERAL, WITH MANIPULATION	706.00
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS);	1431.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	286.00
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	352.00
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	889.00
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF	499.00

CPT#	CPT DESCRIPTION	FEE(\$)
24635	FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH OR WITHOUT INTERNAL	1149.00
24640	OR EXTERNAL FIXATION CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	90.00
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	209.00
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	347.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;	726.00
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WITH RADIAL HEAD PROSTHETIC REPLACEMENT	944.00
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION	210.00
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION	390.00
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	822.00
24800	ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR ALLOGRAFT	1042.00
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED)	1227.00
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	812.00
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)	758.00
24925	AMPUTATION, ARM THROUGH HUMERUS;	620.00

CPT#	CPT DESCRIPTION	FEE(\$)
24930	SECONDARY CLOSURE OR SCAR REVISION AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	852.00
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	1125.00
24935	STUMP ELONGATION, UPPER EXTREMITY	1379.00
25000	TENDON SHEATH INCISION; AT RADIAL STYLOID FOR DEQUERVAIN'S DISEASE DEQUERVAIN'S DISEASE	351.00
25005	TENDON SHEATH INCISION; AT WRIST FOR OTHER STENOSING TENOSYNOVITIS	370.00
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT	486.00
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	827.00
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	332.00
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA	212.00
25035	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	644.00
25040	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	600.00
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	147.00
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP	256.00
25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	280.00
25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	476.00
25100 25101	ARTHROTOMY, WRIST JOINT; FOR BIOPSY ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	416.00 501.00
25110	EXCISION, LESION OF TENDON SHEATH,	321.00

CPT#	CPT DESCRIPTION	FEE(\$)
25111	FOREARM AND/OR WRIST EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	320.00
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	399.00
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS	666.00
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM	728.00
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; SINGLE COMPARTMENT;	490.00
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA WITH RESECTION OF DISTAL ULNA	653.00
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); NECK OF RADIUS AND OLECRANON PROCESS);	608.00
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	680.00
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT	685.00
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; TUMOR OF CARPAL BONES;	454.00
25135	EXCISION OR CURETTAGE OF BONE CYST OR	592.00

CPT#	CPT DESCRIPTION	FEE(\$)
	BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	577.00
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	653.00
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	620.00
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	797.00
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	513.00
25240	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	504.00
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	81.00
25248	EXPLORATION FOR REMOVAL OF DEEP	342.00
25250	FOREIGN BODY, FOREARM OR WRIST REMOVAL OF WRIST PROSTHESIS;	585.00
25260	(SEPARATE PROCEDURE) REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	579.00
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	644.00
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT),	860.00
25270	EACH TENDON OR MUSCLE REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	438.00
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	489.00
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST,	736.00

CPT#	CPT DESCRIPTION	FEE(\$)
	EACH TENDON OR MUSCLE WRIST, EACH TENDO OR MUSCLE	N
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	534.00
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	360.00
25330	ARTHROPLASTY, WRIST;	982.00
25331	ARTHROPLASTY, WRIST; WITH IMPLANT	1350.00
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	778.00
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	918.00
25360	OSTEOTOMY; ULNA	695.00
25365	OSTEOTOMY; RADIUS AND ULNA	1070.00
25370	MULTIPLE OSTEOTOMIES, WITH	1184.00
	REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	
25375	MULTIPLE OSTEOTOMIES, WITH	1207.00
20070	REALIGNMENT ON INTRAMEDULLARY ROD	1207.00
	(SOFIELD TYPE PROCEDURE); RADIUS	
	AND ULNA	.
25400	REPAIR OF NONUNION OR MALUNION,	1,039.00
20400	RADIUS OR ULNA; WITHOUT GRAFT	1,000.00
	(EG, COMPRESSION TECHNIQUE)	
25405	REPAIR OF NONUNION OR MALUNION,	1,270.00
	RADIUS OR ULNA; WITH ILIAC OR	.,
	OTHER AUTOGRAFT (INCLUDES	
	OBTAINING GRAFT)	
25415	REPAIR OF NONUNION OR MALUNION,	1,182.00
	RADIUS AND ULNA; WITHOUT GRAFT	.,
	(EG, COMPRESSION TECHNIQUE)	
25420	REPAIR OF NONUNION OR MALUNION,	1,471.00
	RADIUS AND ULNA; WITH ILIAC OR	ŕ
	OTHER AUTOGRAFT (INCLUDES	
	OBTAINING GRAFT)	
25425	REPAIR OF DEFECT WITH AUTOGRAFT;	1198.00
	RADIUS OR ULNA	
25426	REPAIR OF DEFECT WITH AUTOGRAFT;	1309.00
	RADIUS AND ULNA	
25440	REPAIR OF NONUNION, SCAPHOID	933.00
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CPT#	CPT DESCRIPTION	FEE(\$)
	(NAVICULAR) BONE, WITH OR WITHOUT	
	RADIAL STYLOIDECTOMY (INCLUDES	
	OBTAINING GRAFT AND NECESSARY	
	FIXATION) OBTAINING GRAFT	
	AND NECESSARY FIXATION)	
25443	ARTHROPLASTY WITH PROSTHETIC	945.00
	REPLACEMENT; SCAPHOID (NAVICULAR)	
25444	ARTHROPLASTY WITH PROSTHETIC	1,021.00
05445	REPLACEMENT; LUNATE	070.00
25445	ARTHROPLASTY WITH PROSTHETIC	972.00
05446	REPLACEMENT; TRAPEZIUM	4 700 00
25446	ARTHROPLASTY WITH PROSTHETIC	1,769.00
	REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS	
	("TOTAL WRIST")	
25447	INTERPOSITION ARTHROPLASTY,	1022.00
25447	INTERCARPAL OR CARPOMETACARPAL JOINTS	1022.00
	DISTAL RADIUS AND ULNA	
25490	PROPHYLACTIC TREATMENT (NAILING,	875.00
	PINNING, PLATING OR WIRING) WITH OR	3. 3.00
	WITHOUT METHYLMETHACRYLATE; RADIUS	
25491	PROPHYLACTIC TREATMENT (NAILING,	916.00
	PINNING, PLATING OR WIRING) WITH OR	
	WITHOUT METHYLMETHACRYLATE; ULNA	
25492	PROPHYLACTIC TREATMENT (NAILING,	1128.00
	PINNING, PLATING OR WIRING) WITH OR	
	WITHOUT METHYLMETHACRYLATE;	
	RADIUS AND ULNA	
25500	CLOSED TREATMENT OF RADIAL SHAFT	224.00
05505	FRACTURE; WITHOUT MANIPULATION	440.00
25505	CLOSED TREATMENT OF RADIAL SHAFT	412.00
05545	FRACTURE; WITH MANIPULATION	705.00
25515	OPEN TREATMENT OF RADIAL SHAFT	795.00
	FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	
25520	CLOSED TREATMENT OF RADIAL SHAFT	577.00
25520	FRACTURE, WITH DISLOCATION OF DISTAL	577.00
	RADIO-ULNAR JOINT (GALEAZZI FRACTURE/	
	DISLOCATION)	
25525	OPEN TREATMENT OF RADIAL SHAFT	1122.00
20020	FRACTURE, WITH INTERNAL AND/OR	1122.00
	EXTERNAL FIXATION AND CLOSED TREATMENT	
	LATERIAL PARTICITATION OF OFFICE LINEWICKI	

CPT#	CPT DESCRIPTION	FEE(\$)
	OF DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION	
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURES, WITH INTERNAL AND/OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/ DISLOCATION), INCLUDES REPAIR OF TRIANGULAR CARTILAGE	1193.00
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	215.00
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	410.00
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	779.00
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	220.00
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	485.00
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	787.00
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	997.00
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITHOUT MANIPULATION	261.00
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITH MANIPULATION	451.00
25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION,	641.00

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CPT#	CPT DESCRIPTION	FEE(\$)
25620	WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, REQUIRING MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION OPEN TREATMENT OF DISTAL RADIAL	747.00
20020	(EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	,
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	230.00
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	388.00
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	733.00
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH BONE	237.00
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	365.00
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	659.00
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURES	268.00
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION SOFT TISSUE CLOSURE	301.00
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	715.00
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	321.00
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	727.00
25680	CLOSED TREATMENT OF TRANS- SCAPHOPERILUNAR TYPE OF FRACTURE	383.00

CPT#	CPT DESCRIPTION	FEE(\$)
	DISLOCATION, WITH	
	MANIPULATION	
25685	OPEN TREATMENT OF TRANS-	886.00
	SCAPHOPERILUNAR TYPE OF FRACTURE	
	DISLOCATION	
25690	CLOSED TREATMENT OF LUNATE	491.00
	DISLOCATION, WITH MANIPULATION	
25695	OPEN TREATMENT OF LUNATE DISLOCATION	735.00
25800	ARTHRODESIS, WRIST JOINT (INCLUDING	999.00
	RADIOCARPAL AND/OR ULNOCARPAL FUSION);	
	WITHOUT BONE GRAFT	
25805	ARTHRODESIS, WRIST JOINT (INCLUDING	1,161.00
	RADIOCARPAL AND/OR ULNOCARPAL	
	FUSION); WITH SLIDING GRAFT	
25810	ARTHRODESIS, WRIST JOINT (INCLUDING	1,109.00
	RADIO CARPAL AND/OR ULNOCARPAL	
	FUSION); WITH ILIAC OR OTHER	
	AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
25825	INTERCARPAL FUSION; WITH AUTOGRAFT	993.00
0.7.0.0	INCLUDES OBTAINING GRAFT)	750.00
25900	AMPUTATION, FOREARM, THROUGH RADIUS	752.00
05005	AND ULNA;	750.00
25905	AMPUTATION, FOREARM, THROUGH RADIUS	758.00
05007	AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	007.00
25907	AMPUTATION, FOREARM, THROUGH RADIUS	637.00
	AND ULNA; SECONDARY CLOSURE OR SCAR	
05000	REVISION	004.00
25909	AMPUTATION, FOREARM, THROUGH RADIUS	681.00
05015	AND ULNA; RE-AMPUTATION	705.00
25915	KRUKENBERG PROCEDURE	735.00 741.00
25920	DISARTICULATION THROUGH WRIST;	
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	616.00
05004	_	755.00
25924	DISARTICULATION THROUGH WRIST;	755.00
05007	RE-AMPUTATION	710.00
25927	TRANSMETACARPAL AMPUTATION;	718.00
25929	TRANSMETACARPAL AMPUTATION; SECONDARY	584.00
05001	CLOSURE OR SCAR REVISION	E00.00
25931	TRANSMETACARPAL AMPUTATION;	582.00
26040	RE-AMPUTATION	90.00
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	82.00
26011	DRAINAGE OF FINGER ABSCESS;	178.00

CPT#	CPT DESCRIPTION	FEE(\$)
	COMPLICATED (EG, FELON)	
26020	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM	380.00
26025	DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL	437.00
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED	549.00
26034	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER	479.00
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN) INJURY(EG, GREASE GUN)	656.00
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	641.00
26040	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; CLOSED (SUBCUTANEOUS)	293.00
26045	FASCIOTOMY, PALMAR, FÒR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	496.00
26055	TENDON SHEATH INCISION FOR TRIGGER FINGER	292.00
26060	TENOTOMY, SUBCUTANEOUS, SINGLE, EACH DIGIT	182.00
26070	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	297.00
26075	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT	357.00
26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	338.00
26100	ARTHROTOMY FOR SYNOVIAL BIOPSY; CARPOMETACARPAL JOINT	318.00
26105	ARTHROTOMY FOR SYNOVIAL BIOPSY; METACARPOPHALANGEAL JOINT	383.00
26110	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	311.00
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER;	274.00

CPT#	CPT DESCRIPTION	FEE(\$)
26116	SUBCUTANEOUS EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER;	433.00
26130 26210	DEEP, SUBFASCIAL, INTRAMUSCULAR SYNOVECTOMY, CARPOMETACARPAL JOINT EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR	501.00 433.00
26215	DISTAL PHALANX OF FINGER; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH	605.00
26230	AUTOGRAFT (INCLUDES OBTAINING GRAFT) PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS);	497.00
26235	METACARPAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS);	487.00
26236	PROXIMAL OR MIDDLE PHALANX OF FINGER PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE(EG, FOR OSTEOMYELITIS); DISTAL	431.00
26356	PHALANX OF FINGER FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; PRIMARY, EACH TENDON	705.00
26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	725.00
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING	790.00
26410	GRAFT), EACH TENDON EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	372.00
26418	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	373.00
26426	EXTENSOR TENDON RÉPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE	603.00

CPT#	CPT DESCRIPTION	FEE(\$)
26428	DEFORMITY); USING LOCAL TISSUES EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT	610.00
26432	(INCLUDES OBTAINING GRAFT) EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), CLOSED, SPLINTING WITH OR WITHOUT	342.00
26433	PERCUTANEOUS PINNING EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT	410.00
26437	EXTENSOR TENDON REALIGNMENT, HAND	467.00
26540	PRIMARY REPAIR COLLATERAL	627.00
20340	LIGAMENT, METACARPOPHALANGEAL JOINT	027.00
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	578.00
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT	162.00
26605	MANIPULATION, EACH BONE CLOSED TREATMENT OF METACARPAL FRACTURE SINGLE; WITH MANIPULATION, EACH BONE	242.00
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE	421.00
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	421.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE	494.00
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	227.00
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	307.00
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION,	461.00

CPT#	CPT DESCRIPTION	FEE(\$)
	THUMB (BENNETT FRACTURE), WITH MANIPU- LATION, WITH OR WITHOUT EXTERNAL FIXATION	
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	665.00
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	209.00
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	427.00
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION	492.00
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	601.00
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAYED REDUCTION	675.00
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	206.00
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	275.00
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION	471.00
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	468.00

CPT#	CPT DESCRIPTION	FEE(\$)
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	128.00
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION, EACH	225.00
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH	352.00
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	458.00
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPO-PHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH	142.00
26742	CLOSED TREATMENT OF ARTICULAR FRACTURES, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION, EACH	273.00
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	505.00
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	115.00
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	191.00
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	292.00
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR W/OUT INTERNAL OR EXTERNAL FIXATION,	325.00

CPT#	CPT DESCRIPTION	FEE(\$)
26770	EACH CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	170.00
26775	MANIPULATION; WITHOUT ANESTHESIA CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	219.00
26776	MANIPULATION; REQUIRING ANESTHESIA PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION,	320.00
26785	SINGLE, WITH MANIPULATION OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT	343.00
26820	INTERNAL OR EXTERNAL FIXATION, SINGLE FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	707.00
26841	GRAFT) ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL	635.00
26842	FIXATION; ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES	806.00
26843	OBTAINING GRAFT) ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; OTHER THAN THUMB;	668.00
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) WITH AUTOGRAFT (INCLUDES OBTAINING	763.00
26850	GRAFT) ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL	544.00
26852	FIXATION; ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES	668.00
26860	OBTAINING GRAFT) ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	431.00
26910	WITHOUT INTERNAL FIXATION; AMPUTATION, METACARPAL, WITH FINGER	604.00

CPT#	CPT DESCRIPTION	FEE(\$)
26951	OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE	354.00
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	472.00
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	371.00
26992	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT	974.00
27050	ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT	448.00
27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	1,009.00
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	440.00
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) WITH OR	522.00
27086	WITHOUT AUTOGRAFT REMOVAL OF FOREIGN BODY, PELVIS OR OR HIP; SUBCUTANEOUS TISSUE	113.00
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	1026.00
27091	COMPLICATED, INCLUDING "TOTAL HIP" AND METHYLMETHACRYLATE, WHEN APPLICABLE	1977.00
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY: WITHOUT ANESTHESIA	101.00
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	104.00
27125	PARTIAL HIP REPLACEMENT, PROSTHESIS (EG, FEMORAL STEM	1,526.00
27130	PROSTHESIS, BIPOLAR ARTHROPLASTY) ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT AUTOGRAFT OR	2,250.00

CPT#	CPT DESCRIPTION	FEE(\$)
	ALLOGRAFT WITH OR WITHOUT	
27132	AUTOGRAFT OR ALLOGRAFT CONVERSION OF PREVIOUS HIP SURGERY	2,530.00
21102	TO TOTAL HIP REPLACEMENT, WITH OR	2,000.00
	WITHOUT AUTOGRAFT OR ALLOGRAFT	
27134	REVISION OF TOTAL HIP ARTHROPLASTY;	2,939.00
	BOTH COMPONENTS, WITH OR WITHOUT	
27137	AUTOGRAFT OR ALLOGRAFT REVISION OF TOTAL HIP ARTHROPLASTY;	2,303.00
2/13/	ACETABULAR COMPONENT ONLY, WITH OR	2,303.00
	WITHOUT AUTOGRAFT OR ALLOGRAFT	
27138	REVISION OF TOTAL HIP ARTHROPLASTY;	2,265.00
	FEMORAL COMPONENT ONLY, WITH OR	
074.40	WITHOUT ALLOGRAFT	
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	1,101.00
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE	1,448.00
_,	PROCEDURE)	1,110.00
27175	TREATMENT OF SLIPPED FEMORAL	391.00
	EPIPHYSIS; BY TRACTION, WITHOUT	
07470	REDUCTION TREATMENT OF CURRENT FEMORAL	1 0 10 00
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE	1,046.00
	PINNING, IN SITU	
27177	OPEN TREATMENT OF SLIPPED FEMORAL	1,283.00
	EPIPHYSIS; SINGLE OR MULTIPLE PINNING	,
	OR BONE GRAFT (INCLUDES OBTAINING	
07470	GRAFT)	4 000 00
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH	1,036.00
	SINGLE OR MULTIPLE PINNING	
27179	OPEN TREATMENT OF SLIPPED FEMORAL	1122.00
	EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK	
	(HEYMAN TYPE PROCEDURE)	
27181	OPEN TREATMENT OF SLIPPED FEMORAL	1324.00
	EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS	543.00
100	OR STAPLING, GREATER TROCHANTER	U-70.00
	GREATER TROCHANTER	•
27187	PROPHYLACTIC TREATMENT (NAILING,	1433.00
	PINNING, PLATING OR WIRING) WITH OR WITHOU	JT

CPT#	CPT DESCRIPTION	FEE(\$)
	METHYLMETHACRYLATE, FEMORAL NECK AND PROXIMAL FEMUR	
27193	CLOSED TREATMENT OF PELVIC RING	338.00
	FRACTURE, DISLOCATION, DIASTASIS OR	
07404	SUBLUXATION; WITHOUT MANIPULATION	
27194	CLOSED TREATMENT OF PELVIC RING	598.00
	FRACTURE, DISLOCATION, DIASTASIS OR	
	SUBLUXATION; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA	
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	156.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	617.00
27215	OPEN TREATMENT OF ILIAC SPINE(S),	1136.00
	TUBEROSITY AVULSION, OR ILIAC WING	1100.00
	FRACTURE(S) (EG, PELVIC FRACTURE(S)	
	WHICH DO NOT DISRUPT THE PELVIC RING),	
	WITH INTERNAL FIXATION	•
27216	PERCUTANEOUS SKELETAL FIXATION OF	872.00
	POSTERIOR PELVIC RING FRACTURE AND/OR	
	DISLOCATION (INCLUDES ILIUM, SACROILIAC	
	JOINT AND/OR SACRUM)	
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE	1368.00
	AND/OR DISLOCATION WITH INTERNAL FIXATION,	
27218	(INCLUDES PUBIC SYMPHYSIS AND/OR RAMI) OPEN TREATMENT OF POSTERIOR RING	1625.00
2/210	FRACTURE AND/OR DISLOCATION WITH INTERNAL	1625.00
	FIXATION (INCLUDES ILIUM, SACROILIAC	
	JOINT AND/OR SACRUM)	
27220	CLOSED TREATMENT OF ACETABULUM (HIP	463.00
	SOCKET) FRACTURE(S); WITHOUT MANIPULATION	400.00
27222	CLOSED TREATMENT OF ACETABULUM (HIP	835.00
	SOCKET) FRACTURE(S); WITH MANIPULATION,	
	WITH OR WITHOUT SKELETAL TRACTION	
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR	1467.00
	ACETABULAR WALL FRACTURE, WITH INTERNAL	
	FIXATION	
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S)	1742.00
	INVOLVING ANTERIOR OR POSTERIOR (ONE)	
	COLUMN, OR A FRACTURE RUNNING TRANSVERSE	LY
	ACROSS THE ACETABULUM, WITH INTERNAL	
07000	FIXATION	
27230	CLOSED TREATMENT OF FEMORAL FRACTURE,	394.00
	PROXIMAL END, NECK; WITHOUT MANIPULATION	

CPT#	CPT DESCRIPTION	FEE(\$)
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	899.00
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY DISPLACED, OR IMPACTED FRACTURE	1301.00
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT (DIRECT FRACTURE EXPOSURE)	1536.00
27238	CLOSED TREATMENT ÓF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION	486.00
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION	1005.00
27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEM- FRACTURE; WITH PLATE/SCREW TYPE IMPLANT, WITH OR WITHOUT CERCLAGE	1514.00 ORAL
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMO FRACTURE; WITH INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE	1713.00 ORAL
27246	CLOSED TREATMENT OF GREATER TROCHANTER FRACTURE, WITHOUT MANIPULATION	IC 402.00
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1106.00
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC: WITHOUT ANESTHESIA	453.00
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC: REQUIRING ANESTHESIA	660.00
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	1239.00
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1503.00

CPT#	CPT DESCRIPTION	FEE(\$)
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION	269.00
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION(DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION, REQUIRING ANESTHESIA	463.00
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	190.00
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT) OBTAINING GRAFT)	1,076.00
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	968.00
27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	1480.00
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	1507.00
27295	DISARTICULATION OF HIP	1674.00
27301	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION	401.00
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE	661.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	450.00
27306	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUC OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE	TOR 299.00
27307	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUC OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE	TOR 400.00
27310	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	882.00
27315	NEURECTOMY, HAMSTRING MUSCLE	585.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR	169.00

CPT#	CPT DESCRIPTION	FEE(\$)
	KNEE AREA; SUPERFICIAL	
27324	BIOPSY, SOFT TISSUE OF THIGH OR	347.00
_, _,	KNEE AREA; DEEP	
27327	EXCISION, TUMOR, THIGH OR KNEE	319.00
	AREA; SUBCUTANEOUS	
27328	EXCISION, TUMOR, THIGH OR KNEE	460.00
	AREA; DEEP, SUBFASCIAL, OR	
07000	INTRAMUSCULAR	590.00
27330	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	590.00
27331	ARTHROTOMY, KNEE; WITH JOINT	702.00
27001	EXPLORATION, WITH OR WITHOUT BIOPSY,	702.00
	WITH OR WITHOUT REMOVAL OF LOOSE OR	
	FOREIGN BODIES	
27332	ARTHROTOMY, KNEE, FOR EXCISION OF	900.00
	SEMILUNAR CARTILAGE (MENISCECTOMY);	
	MEDIAL OR LATERAL	•
27333	ARTHROTOMY, KNEE, FOR EXCISION OF	1036.00
	SEMILUNAR CARTILAGE (MENISCECTOMY);	
07004	MEDIAL AND LATERAL	045.00
27334	ARTHROTOMY, KNEE, FOR SYNOVECTOMY;	915.00
27335	ANTERIOR OR POSTERIOR ARTHROTOMY, KNEE, FOR SYNOVECTOMY;	1050.00
27333	ANTERIOR AND POSTERIOR INCLUDING	1000.00
	POPLITEAL AREA	
27340	EXCISION, PREPATELLAR BURSA	382.00
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL	555.00
	SPACE (BAKER'S CYST)	
27350	PATELLECTOMY OR HEMIPATELLECTOMY	840.00
27355	EXCISION OR CURETTAGE OF BONE CYST OR	722.00
	BENIGN TUMOR OF FEMUR; TUMOR OF FEMUR;	
27356	EXCISION OR CURETTAGE OF BONE CYST OR	825.00
07057	BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	004.00
27357	EXCISION OR CURETTAGE OF BONE CYST OR	904.00
	BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	
27370	(INCLUDES OBTAINING GRAFT) INJECTION PROCEDURE FOR KNEE	65.00
2/3/0	ARTHROGRAPHY	05.00
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH	399.00
2,0,2	REGION OR KNEE AREA	000.00
27380	SUTURE OF INFRAPATELLAR TENDON;	721.00
	PRIMARY	

CPT#	CPT DESCRIPTION	FEE(\$)
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	1035.00
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	793.00
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTI INCLUDING FASCIAL OR TENDON GRAFT OR TENDON GRAFT	1100.00 ON,
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE	453.00
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE	571.00
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE	705.00
27400	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE) (EGGERS TYPE PROCEDURE)	801.00
27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	821.00
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	901.00
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS COLLATERAL AND CRUCIATE LIGAMENTS	1337.00
27418	ANTERIOR TIBIAL TUBERCLEPLASTY FOR CHONDROMALACIA PATELLAE (MAQUET PROCEDURE)	1088.00
27420	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA;(HAUSER TYPE PROCEDURE)	995.00
27422	RECONSTRUĆTION FOR RECURRENT DISLOCATIONG PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMPBELI GOLDWAITE TYPE PROCEDURE)	1018.00 L,
27424	RECONSTRUCTION FOR RECURRENT DISLOCATINE PATELLA; WITH PATELLECTOMY	IGI 033.00
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	572.00
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	1077.00
27428	LIGAMENTOUS RECONSTRUCTION	1294.00

CPT#	CPT DESCRIPTION	FEE(\$)
	(AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	1136.00
27430	QUADRICEPSPLASTY (BENNETT OR THOMPSON TYPE)	900.00
27435	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE	769.00
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	874.00
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	1163.00
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	1066.00
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	931.00
2,441	WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	001.00
27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS:	1414.00
27443	ARTHROPLASTY, KNÉE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	1426.00
27445	ARTHROPLASTY, KNEE, CONSTRAINED PROSTHESIS (EG, WALLDIUS TYPE)	2089.00
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	1868.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING ("TOTAL KNEE REPLACEMENT")	2401.00
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRA- CONDYLAR; WITHOUT FIXATION	1147.00
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRA CONDYLAR; WITH FIXATION	1378.00
27454	OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	1420.00
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); BEFORE EPIPHYSEAL CLOSURE	1181.00

CPT#	CPT DESCRIPTION	FEE(\$)
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); AFTER EPIPHYSEAL CLOSURE	1276.00
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE) WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1551.00
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT) WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDE OBTAINING GRAFT)	1794.00 :S
27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	779.00
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	797.00
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	2056.00
27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN APPLICABLE	1512.00
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	636.00
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	524.00
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT MANIPULATION	524.00
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	837.00
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	837.00

CPT#	CPT DESCRIPTION	FEE(\$)
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS	1571.00
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	1430.00
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION	459.00
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	733.00
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1413.00
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTUF INTERCONDYLAR EXTENSION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1609.00 RE WITH
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1560.00
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	475.00
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	787.00
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1299.00
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	281.00
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR	972.00

CPT#	CPT DESCRIPTION	FEE(\$)
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	325.00
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION	610.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1089.00
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	1278.00
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION	388.00
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1141.00
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	385.00
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	517.00
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS REPAIR OR AUGMENTATION/RECONSTRUCTION	1269.00
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS REPAIR	1494.00
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS REPAIR, WITH AUGMENTATION/RECONSTRUCTION	1537.00
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	238.00
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	520.00
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	1080.00
27570	MANIPULATION OF KNEE JOINT UNDER	168.00

CPT#	CPT DESCRIPTION	FEE(\$)
	GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	
27580	FUSION OF KNEE, ANY TECHNIQUE	1389.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	962.00
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	1136.00
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	841.00
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	484.00
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL: RE-AMPUTATION	838.00
27598	DISARTICULATION AT KNEE	973.00
27600	ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	412.00
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	411.00
27603	INCISION AND DRAINAGE, LÈG OR ANKLE;328.00 DEEP ABSCESS OR HEMATOMA	
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	245.00
27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	188.00
27606	TENOTOMY, ACHILLES TÉNDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	288.00
27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	639.00
27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	720.00
27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	712.00
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	131.00
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	361.00
27618	EXCISION, TUMOR, LEG OR ANKLE AREA;	334.00

CPT#	CPT DESCRIPTION	FEE(\$)
27620	SUBCUTANEOUS ARTHROTOMY, ANKLE, WITH JOINT	577.00
2,020	EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	077.00
27625	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	813.00
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	937.00
27020	INCLUDING TENOSYNOVECTOMY	307.00
27630	EXCISION OF LESION OF TENDON SHEATH	374.00
_, 555	OR CAPSULE (EG, CYST OR GANGLION),	0. 1100
	LEG AND/OR ANKLE	•
27635	EXCISION OR CURETTAGE OF BONE CYST OR	755.00
	BENIGN TUMOR, TIBIA OR FIBULA; TIBIA	
	OR FIBULA;	
27637	EXCISION OR CURETTAGE OF BONE CYST OR	865.00
	BENIGN TUMOR, TIBIA OR FIBULA;	
	WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
27640	PARTIAL EXCISION (CRATERIZATION,	982.00
	SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE	
	(EG, FOR OSTEOMYELITIS OR EXOSTOSIS);	
07040	TIBIA	70.00
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	70.00
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS,	886.00
27000	RUPTURED ACHILLES TENDON;	000.00
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS,	983.00
-, 002	RUPTURED ACHILLES TENDON; WITH GRAFT	000.00
	(INCLUDES OBTAINING GRAFT)	
27654	REPAIR, SECONDARY, RUPTURED ACHILLES	997.00
	TENDON, WITH OR WITHOUT GRAFT WITH OR	
	WITHOUT GRAFT	
27656	REPAIR, FASCIAL DEFECT OF LEG	366.00
27658	REPAIR OR SUTURE OF FLEXOR TENDON OF	420.00
	LEG; PRIMARY, WITHOUT GRAFT, SINGLE,	
	EACH	
27659	REPAIR OR SUTURE OF FLEXOR TENDON OF	592.00
	LEG; SECONDARY WITH OR WITHOUT GRAFT,	
07004	SINGLE TENDON, EACH	
27664	REPAIR OR SUTURE OF EXTENSOR TENDON	376.00
	OF LEG; PRIMARY, WITHOUT GRAFT,	
07665	SINGLE, EACH	400.00
27665	REPAIR OR SUTURE OF EXTENSOR TENDON	492.00

CPT#	CPT DESCRIPTION	FEE(\$)
	OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	
27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	643.00
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	754.00
27680	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	460.00
27681	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	600.00
27685	LENGTHÉNING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	469.00
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	655.00
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	548.00
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)	715.00
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE	836.00
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	190.00
27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	697.00
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	725.00
27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	1010.00
27700	ARTHROPLASTY, ANKLE;	975.00
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	1737.00
27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	1391.00

CPT#	CPT DESCRIPTION	FEE(\$)
27705	OSTEOTOMY; TIBIA	1007.00
27707	OSTEOTOMY; FIBULA	421.00
27709	OSTEOTOMY; TIBIA AND FIBULA	1066.00
27712	OSTEOTOMY; MULTIPLE, WITH	1112.00
	REALIGNMENT ON INTRAMEDULLARY ROD	
	(SOFIELD TYPE PROCEDURE)	
27715	OSTEOPLASTY, TIBIA AND FIBULA,	1249.00
_,,,,	LENGTHENING	
27720	REPAIR OF NONUNION OR MALUNION,	1237.00
27720	TIBIA; WITHOUT GRAFT, (EG,	
	COMPRESSION TECHNIQUE)	
27722	REPAIR OF NONUNION OR MALUNION,	1049.00
21122	TIBIA; WITH SLIDING GRAFT	10-0.00
27724	REPAIR OF NONUNION OR MALUNION,	1422.00
21124	TIBIA; WITH ILIAC OR OTHER AUTOGRAFT	1422.00
	(INCLUDES OBTAINING GAFT)	
27725	REPAIR OF NONUNION OR MALUNION,	1047.00
21125	TIBIA; BY SYNOSTOSIS, WITH FIBULA,	1047.00
	ANY METHOD	
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS,	1097.00
21121	TIBIA	1037.00
27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS	515.00
27730	OR STAPLING; DISTAL TIBIA	313.00
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS	486.00
21132	OR STAPLING; DISTAL FIBULA	400.00
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS	758.00
2//34	OR STAPLING; DISTAL TIBIA AND FIBULA	756.00
27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS	841.00
2//40		641.00
	OR STAPLING, COMBINED, PROXIMAL AND	
07740	DISTAL TIBIA AND FIBULA;	004.00
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS	934.00
	OR STAPLING, COMBINED, PROXIMAL AND	
077.45	DISTAL TIBIA AND FIBULA; & DISTAL FEMUR	000.00
27745	PROPHYLACTIC TREATMENT (NAILING,	899.00
	PINNING, PLATING OR WIRING) WITH OR	
	WITHOUT METHYLMETHACRYLATE, TIBIA	
27750	CLOSED TREATMENT OF TIBIAL SHAFT	312.00
	FRACTURE (WITH OR WITHOUT FIBULAR	
	FRACTURE); WITHOUT MANIPULATION	
27752	CLOSED TREATMENT OF TIBIAL SHAFT	504.00
	FRACTURE (WITH OR WITHOUT FIBULAR	
	FRACTURE); WITH MANIPULATION, WITH	

CPT#	CPT DESCRIPTION	FEE(\$)
27756	OR WITHOUT SKELETAL TRACTION PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT	770.00
27758	FIBULAR FRACTURE) (EG, PINS OR SCREWS) OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH	1192.00
27759	PLATE/SCREWS, WITH OR WITHOUT CERCLAGE OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT	1299.00
27760	INTERLOCKING SCREWS AND/OR CERCLAGE CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	262.00
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	394.00
27766	WITHOUT SKIN OR SKELETAL TRACTION OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	761.00
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	214.00
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	364.00
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	587.00
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	253.00
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	365.00
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	709.00
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION	264.00
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH	486.00
27814	MANIPULATION OPEN TREATMENT OF BIMALLEOLAR ANKLE	977.00

FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION 27816 CLOSED TREATMENT OF TRIMALLEOLAR ANKLE 310.00 FRACTURE; WITHOUT MANIPULATION 27818 CLOSED TREATMENT OF TRIMALLEOLAR ANKLE 576.00 FRACTURE; WITH MANIPULATION 27822 OPEN TREATMENT OF TRIMALLEOLAR ANKLE 962.00 FRACTURE, WITH OR WITHOUT INTERNAL
27816 CLOSED TREATMENT OF TRIMALLEOLAR ANKLE 310.00 FRACTURE; WITHOUT MANIPULATION 27818 CLOSED TREATMENT OF TRIMALLEOLAR ANKLE 576.00 FRACTURE; WITH MANIPULATION 27822 OPEN TREATMENT OF TRIMALLEOLAR ANKLE 962.00
FRACTURE; WITHOUT MANIPULATION 27818 CLOSED TREATMENT OF TRIMALLEOLAR ANKLE 576.00 FRACTURE; WITH MANIPULATION 27822 OPEN TREATMENT OF TRIMALLEOLAR ANKLE 962.00
27818 CLOSED TREATMENT OF TRIMALLEOLAR ANKLE 576.00 FRACTURE; WITH MANIPULATION 27822 OPEN TREATMENT OF TRIMALLEOLAR ANKLE 962.00
FRACTURE; WITH MANIPULATION 27822 OPEN TREATMENT OF TRIMALLEOLAR ANKLE 962.00
27822 OPEN TREATMENT OF TRIMALLEOLAR ANKLE 962.00
OR EXTERNAL FIXATION, MEDIAL AND/OR
LATERAL MALLEOLUS; WITHOUT FIXATION
OF POSTERIOR LIP
27823 OPEN TREATMENT OF TRIMALLEOLAR ANKLE 1171.00
FRACTURE, WITH OR WITHOUT INTERNAL
OR EXTERNAL FIXATION, MEDIAL AND/OR
LATERAL MALLEOLUS; WITH FIXATION OF
POSTERIOR LIP
27824 CLOSED TREATMENT OF FRACTURE OF WEIGHT 310.00
BEARING ARTICULAR PORTION OF DISTAL TIBIA
(EG, PILON OR TIBIAL PLAFOND), WITH
OR WITHOUT ANESTHESIA; WITHOUT MANIPULATION
27825 CLOSED TREATMENT OF FRACTURE OF WEIGHT 576.00
BEARING ARTICULAR PORTION OF DISTAL
TIBIA (EG, PILON OR TIBIAL PLAFOND),
WITH OR WITHOUT ANESTHESIA; WITH
SKELETAL TRACTION AND/OR REQUIRING
MANIPULATION
27826 OPEN TREATMENT OF FRACTURE OF WEIGHT 908.00
BEARING ARTICULAR SURFACE/PORTION
OF DISTAL TIBIA (EG, PILON OR TIBIAL
PLAFOND), WITH INTERNAL OR EXTERNAL
FIXATION; OF FIBULA ONLY
27827 OPEN TREATMENT OF FRACTURE OF WEIGHT 1069.00
BEARING ARTICULAR SURFACE/PORTION
OF DISTAL TIBIA (EG, PILON OR TIBIAL
PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF TIBIA ONLY
27828 OPEN TREATMENT OF FRACTURE OF WEIGHT 1236.00
BEARING ARTICULAR SURFACE/PORTION
OF DISTAL TIBIA (EG, PILON OR TIBIAL
PLAFOND), WITH INTERNAL OR EXTERNAL
FIXATION; OF BOTH TIBIA AND FIBULA

CPT#	CPT DESCRIPTION	FEE(\$)
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	633.00
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	329.00
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	402.00
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR WITH EXCISION OF PROXIMAL FIBULA	571.00
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	289.00
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION	376.00
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL FIXATION	865.00
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION	916.00
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS) FIXATION APPARATUS)	178.00
27870	ARTHRODESIS, ANKLE, ANY METHOD	1182.00
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	799.00
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	940.00
27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)	755.00
27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	518.00
27886	AMPUTATION LEG, THROUGH TIBIA	767.00

CPT#	CPT DESCRIPTION	FEE(\$)
27888	AND FIBULA; RE-AMPUTATION AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE AND RESECTION OF NERVES PLASTIC CLOSURE AND RESECTION OF NERVES	903.00
27889 27892	ANKLE DISARTICULATION DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	855.00 458.00
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	457.00
27894	DECOMPRESSION FASCIOTOMY, LEG;567.00 ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	
28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	148.00
28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL SPACE, SPECIFY	288.00
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS	527.00
28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	562.00
28008	FASCIOTOMY, FOOT AND/OR TOE	326.00
28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	315.00
28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	270.00
28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT	442.00
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	339.00

CPT#	CPT DESCRIPTION	FEE(\$)
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	307.00
28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	545.00
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS	243.00
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	405.00
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT SOFT TISSUE OF FOOT	707.00
28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	380.00
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	361.00
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	261.00
28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	446.00
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	644.00
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	441.00
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	362.00
28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	351.00
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	369.00
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	347.00
28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	344.00
28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	262.00
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; TUMOR, TALUS OR CALCANEUS;	478.00
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	683.00

CPT#	CPT DESCRIPTION	FEE(\$)
	ILIAC OR OTHER AUTOGRAFT (INCLUDES	
00400	OBTAINING GRAFT)	504.00
28103	EXCISION OR CURETTAGE OF BONE CYST OR	564.00
	BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	
28104	EXCISION OR CURETTAGE OF BONE CYST OR	441.00
	BENIGN TUMOR, TARSAL OR METATARSAL	
	BONES, EXCEPT TALUS OR CALCANEUS;	
	OR CALCANEUS;	
28106	EXCISION OR CURETTAGE OF BONE CYST OR	635.00
	BENIGN TUMOR, TARSAL OR METATARSAL	
	BONES, EXCEPT TALUS OR CALCANEUS;	
	WITH ILIAC OR OTHER AUTOGRAFT	
28107	(INCLUDES OBTAINING GRAFT) EXCISION OR CURETTAGE OF BONE CYST	478.00
20107	OR BENIGN TUMOR, TARSAL OR METATARSAL	470.00
	BONES, EXCEPT TALUS OR CALCANEUS;	
	WITH ALLOGRAFT	
28108	EXCISION OR CURETTAGE OF BONE CYST	391.00
	OR BENIGN TUMOR, PHALANGES OF FOOT	
	TUMOR, PHALANGES OF FOOT	
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH	350.00
	METATARSAL HEAD (BUNIONETTE)	
28111	(SEPARATE PROCEDURE)	470.00
20111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	470.00
28112	OSTECTOMY, COMPLETE EXCISION; OTHER	393.00
	METATARSAL HEAD (SECOND, THIRD	333,33
	OR FOURTH)	
28113	OSTECTOMÝ, COMPLETE EXCISION; FIFTH	410.00
	METATARSAL HEAD	
28114	OSTECTOMY, COMPLETE EXCISION; ALL	821.00
	METATARSAL HEADS, WITH PARTIAL PROXIMAL	
	PHALANGECTOMY, EXCLUDING FIRST	
00116	METATARSAL (CLAYTON TYPE PROCEDURE)	EEC 00
28116 28118	OSTECTOMY, EXCISION OF TARSAL COALITION OSTECTOMY, CALCANEUS;	556.00 543.00
28119	OSTECTOMY, CALCANEUS, FOR SPUR, WITH	506.00
20110	OR WITHOUT PLANTAR FASCIAL RELEASE	555.55
28120	PARTIAL EXCISION (CRATERIZATION,	479.00
_	SAUCERIZATION, SEQUESTRECTOMY, OR	
	DIAPHYSECTOMY) OF BONE (EG, FOR	

CPT#	CPT DESCRIPTION	FEE(\$)
	OSTEOMYELITIS OR TALAR BOSSING),	
	TALUS OR CALCANEUS	
28122	PARTIAL EXCISION (CRATERIZATION,	530.00
	SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE	
	(EG, FOR OSTEOMYELITIS OR TARSAL BOSSING),	
	TARSAL OR METATARSAL BONE, EXCEPT TALUS	
22422	OR CALCANEUS	
28126	CONDYLECTOMY, PHALANGEAL BASE,	351.00
00400	SINGLE TOE, EACH	000.00
28130	TALECTOMY (ASTRAGALECTOMY)	693.00
28140	METATARSECTOMY	546.00
28150	PHALANGECTOMY OF TOE, SINGLE, EACH	341.00
28153	RESECTION, HEAD OF PHALANX, TOE	352.00
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL	368.00
	JOINT EXCISION, TOE, SINGLE, EACH	
28190	TOE, SINGLE, EACH REMOVAL OF FOREIGN BODY, FOOT;	113.00
20190	SUBCUTANEOUS	113.00
28192	REMOVAL OF FOREIGN BODY, FOOT;	304.00
20132	DEEP	00 4 .00
28193	REMOVAL OF FOREIGN BODY, FOOT;	369.00
20.00	COMPLICATED	000.00
28200	REPAIR OR SUTURE OF TENDON, FOOT,	456.00
	FLEXOR, SINGLE; PRIMARY OR SECONDARY,	
	WITHOUT FREE GRAFT, EACH TENDON	
28202	REPAIR OR SUTURE OF TENDON, FOOT,	590.00
	FLEXOR, SINGLE; SECONDARY WITH FREE	
	GRAFT, EACH TENDON (INCLUDES OBTAINING	
	GRAFT)(INCLUDES OBTAINING GRAFT)	
28208	REPAIR OR SUTURE OF TENDON, FOOT,	328.00
	EXTENSOR, SINGLE; PRIMARY OR	
	SECONDARY, EACH TENDON	
28210	REPAIR OR SUTURE OF TENDON, FOOT,	553.00
	EXTENSOR, SINGLE; SECONDARY WITH FREE	
	GRAFT, EACH TENDON (INCLUDES OBTAINING	
	GRAFT)(INCLUDES OBTAINING GRAFT)	
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE	390.00
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE	564.00
20225	(THROUGH SAME INCISION)	
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE	275.00
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE	366.00
	(THROUGH SAME INCISION)	

CPT#	CPT DESCRIPTION	FEE(\$)
28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	302.00
28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	228.00
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	221.00
28236	TRANSFER OF TENDON, ANTERIOR TIBIAL INTO TARSAL BONE	756.00
28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	698.00
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	295.00
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	565.00
28285	HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	417.00
28286	HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE (RUIZ-MORA TYPE PROCEDURE)	381.00
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL	360.00
28290	HEAD EACH METATARSAL HEAD HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)	517.00
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE	639.00
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT	855.00
28294	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE)	826.00
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)	841.00

CPT#	CPT DESCRIPTION	FEE(\$)
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	854.00
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	783.00
28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)	895.00
28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	747.00
28302	OSTEOTOMY; TALUS	871.00
28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	720.00
28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL	489.00
28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHER THAN FIRST METATARSAL	514.00
28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	760.00
28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	439.00
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	423.00
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY	347.00
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	421.00
28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	841.00
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	602.00

CPT#	CPT DESCRIPTION	FEE(\$)
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	629.00
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	226.00
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	399.00
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	584.00
28415		1078.00
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)	1289.00
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	216.00
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	324.00
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	422.00
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	864.00
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION. EACH	177.00
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH	230.00
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	587.00
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	172.00
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	245.00
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	317.00

CPT#	CPT DESCRIPTION	FEE(\$)
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	482.00
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	91.00
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	124.00
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	207.00
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	317.00
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	90.00
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	118.00
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	247.00
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	96.00
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	193.00
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	116.00
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	165.00
28546 TALC	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN OTARSAL, WITH MANIPULATION	276.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	553.00
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	151.00

CPT#	CPT DESCRIPTION	FEE(\$)
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	277.00
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH	315.00
28585	MANIPULATION OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	590.00
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION: WITHOUT ANESTHESIA	115.00
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	229.00
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION	388.00
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	495.00
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	127.00
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	159.00
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	257.00
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	345.00
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	85.00
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	135.00
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	246.00
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	277.00
28705		442.00
28715		202.00
28725	SUBTALAR ARTHRODESIS	989.00
28730	ARTHRODESIS, MIDTARSAL OR	921.00

CPT#	CPT DESCRIPTION	FEE(\$)
	TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; MULTIPLE OR TRANSVERSE;	
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	496.00
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	392.00
28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK	524.00
28800	(JONES TYPE PROCEDURE) AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	692.00
28805	AMPUTATION, FOOT; TRANSMÉTATARSAL	686.00
28810 28820	AMPUTATION, METATARSAL, WITH TOE, SINGLE AMPUTATION. TOE:	464.00 301.00
20020	METATARSOPHALANGEAL JOINT	301.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	270.00
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	184.00
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	206.00
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	207.00
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	227.00
29049	APPLICATION; PLASTER FIGURE-OF-EIGHT	62.00
29055	APPLICATION; SHOULDER SPICA	143.00
29058	APPLICATION; PLASTER VELPEAU	93.00
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	82.00
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	68.00
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	66.00
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	66.00
29125	APPLICATION OF SHORT ARM SPLINT	46.00
29130	(FOREARM TO HAND); STATIC APPLICATION OF FINGER SPLINT; STATIC	32.00

CPT#	CPT DESCRIPTION	FEE(\$)
29200	STRAPPING; THORAX	38.00
29280	STRAPPING; HAND OR FINGER	34.00
29305	APPLICATION OF HIP SPICA CAST;	192.00
	ONE LEG	
29325	APPLICATION OF HIP SPICA CAST;	207.00
	ONE AND ONE-HALF SPICA OR BOTH LEGS	
29345	APPLICATION OF LONG LEG CAST	117.00
	(THIGH TO TOES);	
29355	APPLICATION OF LONG LEG CAST	127.00
	(THIGH TO TOES); WALKER OR	
	AMBULATORY TYPE	
29358	APPLICATION OF LONG LEG CAST BRACE	167.00
29365	APPLICATION OF CYLINDER CAST	99.00
	(THIGH TO ANKLE)	
29405	APPLICATION OF SHORT LEG CAST	81.00
00.40=	(BELOW KNEE TO TOES);	
29425	APPLICATION OF SHORT LEG CAST	96.00
	(BELOW KNEE TO TOES); WALKING OR	
00.405	AMBULATORY TYPE	145.00
29435	APPLICATION OF PATELLAR TENDON	115.00
29440	BEARING (PTB) CAST ADDING WALKER TO PREVIOUSLY	20.00
29440	APPLIED CAST	38.00
29450	APPLICATION OF CLUBFOOT CAST	66.00
23430	WITH MOLDING OR MANIPULATION,	00.00
	LONG OR SHORT LEG	
29505	APPLICATION OF LONG LEG SPLINT	61.00
20000	(THIGH TO ANKLE OR TOES)	01.00
29515	APPLICATION OF SHORT LEG SPLINT	58.00
	(CALF TO FOOT)	00.00
29540	STRAPPING; ANKLE	38.00
29550	STRAPPING; TOES	36.00
29580	STRAPPIN; UNNA BOOT	64.00
29700	REMOVAL OR BIVALVING;	57.00
	GAUNTLET, BOOT OR BODY CAST	
29705	REMOVAL OR BIVALVING; FULL ARM	69.00
	OR FULL LEG CAST	
29710	REMOVAL OR BIVALVING; SHOULDER	85.00
	OR HIP SPICA, MINERVA, OR RISSER	
	JACKET, ETC.	
29720	REPAIR OF SPICA, BODY CAST OR JACKET	43.00
29730	WINDOWING OF CAST	48.00

CPT#	CPT DESCRIPTION	FEE(\$)
29740 29815	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS) ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	62.00 516.00
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OF FOREIGN BODY	854.00
28820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	824.00
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	973.00
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	853.00
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	1042.00
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	942.00
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL RELEASE	1085.00
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	536.00
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	905.00
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	1141.00
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	437.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	638.00

CPT#	CPT DESCRIPTION	FEE(\$)
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	790.00
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	767.00
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	927.00
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	866.00
29879	ARTHROSCÒPY, KNEE, SURGIĆAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING	993.00
29881	ARTHROSCOPY, KNÉE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	891.00
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	956.00
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	1224.00
29884	ARTHROSCOPY, KNÈE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	794.00
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)	828.00
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	685.00
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	947.00
29888		583.00
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND	826.00

CPT#	CPT DESCRIPTION	FEE(\$)
	FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	•
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	92.00
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	93.00
30100	BIOPSY, INTRANASAL	78.00
30110	EXCISION, NASAL POLYP(S), SIMPLE	137.00
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	335.00
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	54.00
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	68.00
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	169.00
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	414.00
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF	707.00
	NASAL TIP ELEVATION OF NASAL TIP	
30520	SEPTOPLASTY OR SUBMUCOUS	657.00
	RESECTION, WITH OR WITHOUT	
	CARTILAGE SCORING, CONTOURING	
	OR REPLACEMENT WITH GRAFT	
30600	REPAIR FISTULA; ORONASAL	455.00
30620	SEPTAL OR OTHER INTRANASAL	695.00
	DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	
30801	CAUTERIZATION AND/OR ABLATION, MUCOSA	70.00
	OF TURBINATES, UNILATERAL OR BILATERAL,	
	ANY METHOD, (SEPARATE PROCEDURE);	
	SUPERFICIAL	
30802	CAUTERIZATION AND/OR ABLATION, MUCOSA	138.00
	OF TURBINATES, UNILATERAL OR BILATERAL,	
	ANY METHOD, (SEPARATE PROCEDURE);	
	INTRAMURAL	
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR,	42.00
	SIMPLE (LIMITED CAUTERY AND/OR	
	PACKINĠ) ANY METHOD	
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR,	113.00
	COMPLEX (EXTENSIVE CAUTERY AND/OR	
	PACKING) ANY METHOD	

CPT#	CPT DESCRIPTION	FEE(\$)
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	179.00
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT	166.00
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	72.00
31000-50	LAVAGE BY CANNULATION; BILATERAL SERVICES	36.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	262.00
31020	SINUSOTOMY, BILATERAL SERVICES	131.00
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY);	635.00
	RADICAL (CALDWELL-LUC) WITHOUT REMOVAL	
	OF ANTROCHOANAL POLYPS	
31030-50	SINUTOMY, BILATERAL SERVICES	318.00
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY);	718.00
	RADICAL (CALDWELL-LUC) WITH REMOVAL OF	
	ANTROCHOANAL POLYPS	
31251	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH	666.00
	OSTEOMEATAL COMPLEX(OMC) RESECTION AND/O	R
	ANTERIOR ETHMOIDECTOMY, WITH OR WITHOUT	
	REMOVAL OF POLYP(S); WITH FRONTAL SINUS	
	EXPLORATION, ANTROSTOMY, AND REMOVAL OF A MUCOSAL DISEASE	NTRAL
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY	146.00
31300	PROCEDURE	146.00
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO	59.00
	ESTABLISHMENT OF FISTULA TRACT	33.33
31505	LARYNGOSCOPY, INDIRECT (SEPARATE	50.00
	PROCEDURE); DIAGNOSTIC	
31510	LARYNGOSCOPY, INDIRECT (SEPARATE	116.00
	PROCEDURE); WITH BIOPSY	
31511	LARYNGOSCOPY, INDIRECT (SEPARATE	146.00
	PROCEDURE); WITH REMOVAL OF FOREIGN BODY	
31512	LARYNGOSCOPY, INDIRECT (SEPARATE	185.00
	PROCEDURE); WITH REMOVAL OF LESION	
31513	LARYNGOSCOPY, INDIRECT (SEPARATE	254.00
	PROCEDURE); WITH VOCAL CORD INJECTION	
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH	337.00
	FOREIGN BODY REMOVAL;	

CPT#	CPT DESCRIPTION	FEE(\$)
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE	431.00
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	347.00
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	398.00
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS:	457.00
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE	1419.00
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	129.00
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	230.00
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	283.00
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	341.00
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	378.00
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	462.00
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	412.00
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	377.00
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY	194.00
31622	BRONCHOSCOPY; DIAGNOSTIC, (FLEXIBLE OR RIGID), WITH OR WITHOUT CELL WASHING OR BRUSHING	271.00
31625 31628	BRONCHOSCOPY; WITH BIOPSY BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE FLUOROSCOPIC GUIDANCE	305.00 366.00
31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	324.00
31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN	398.00

CPT # CPT DESCRIPTION	FEE(\$)
BODY	
31645 BRONCHOSCOPY; WITH THERAPE OF TRACHEOBRONCHIAL TREE, II	
EG, DRAINAGE OF LUNG ABSCES	
31646 BRONCHOSCOPY; WITH THERAPE OF TRACHEOBRONCHIAL TREE, S	
32000 THORACENTESIS, PUNCTURE OF	
CAVITY FOR ASPIRATION, INITIAL	
SUBSEQUENT	·
32002 THORACENTESIS WITH INSERTIO	
WITH OR WITHOUT WATER SEAL PNEUMOTHORAX) (SEPARATE PR	
32005 CHEMICAL PLEURODESIS (EG, FC	
RECURRENT OR PERSISTENT PN	
32020 TUBE THORACOSTOMY WITH OR	
SEAL (EG, FOR ABSCESS, HEMOT	
EMPYEMA) (SEPARATE PROCEDU	
32095 THORACOTOMY LIMITED, FOR BIO	OPSY 766.00
32100 THORACOTOMY, MAJOR; WITH EX	(PLORATION 1065.00
AND BIOPSY	
32110 THORACOTOMY, MAJOR; WITH CO	
TRAUMATIC HEMORRHAGE AND/O	OR REPAIR
OF LUNG TEAR 32220 DECORTICATION, PULMONARY, (S	SEPARATE 1658.00
PROCEDURE); TOTAL	EL ARATE 1000.00
32225 DECORTICATION, PULMONARY, (S	SEPARATE 1193.00
PROCEDURE); PARTIAL	
32905 THORACOPLASTY, SCHEDE TYPE	OR EXTRA- 1569.00
PLEURAL(ALL STAGES) 32400 BIOPSY, PLEURA; PERCUTANOEU	NEEDLE 136.00
32405 BIOPSY, LUNG OR MEDIASTINUM,	
PERCUTANEOUS NEEDLE	170.00
32420 PNEUMONOCENTESIS, PUNCTUR	E OF LUNG 154.00
FOR ASPIRATION	
32960 PNEUMOTHORAX, THERAPEUTIC,	INTRAPLEURAL 117.00
INJECTION OF AIR 33470 VALVOTOMY, PULMONARY VALVE	E, CLOSED 1350.00
HEART; TRANSVENTRICULAR	., 010010 1000.00
33471 VALVOTOMY, PULMONARY VALVE	, CLOSED 1798.00
HEART; VIA PULMONARY ARTERY	•
35111 DIRECT REPAIR OF ANEURYSM, F	FALSE 1657.00

CPT#	CPT DESCRIPTION	FEE(\$)
	ANEURYSM, OR EXCISON(PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PARTCH GRAFT; FOR ANEURYSM OR OCCLUSIVE	
	DISEASE, SPLENIC ARTERY	
35582	IN-SITU VEIN BYPASS; AORTOFEMORAL- POPLITEAL PORTION IN-SITU)	2471.00
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	1845.00
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	1745.00
35606	BYPASS GRAFT, WITH OTHER THAN VEIN CAROTID-SUBCLAVIAN	1750.00
35800	EXPLORATION FOR POSTOPERATIVE HEMORRANGE, THOMBOSIS OR INFECTION; NECK	559.00
35820	EXPLORATION FOR POSTOPERATIVE HEMORRANGE, THOMBOSIS OR INFECTION: CHEST	955.00
35840	EXPLORATION FOR POSTOPERATIVE HEMORRANGE, THOMBOSIS OR INFECTION; ABDOMEN	788.00
35860	EXPLORATION FOR POSTOPERATIVE HEMORRANGE, THOMBOSIS OR	523.00
36000	INFECTION; EXTREMITY INTRODUCTION OF NEEDLE OR	25.00
36400	INTRACATHETER, VEIN VENIPUNCTURE, UNDER AGE 3 YEARS;	11.00
36405	FEMORAL, JUGULAR OR SAGITTAL SINUS VENIPUNCTURE, UNDER AGE 3 YEARS;	26.00
36406	SCALP VEIN VENIPUNCTURE, UNDER AGE 3 YEARS;	30.00
36410	OTHER VEIN VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR	17.00
	DIAGNOSTIC OR THERAPEUTIC PURPOSES.	
36415	NOT TO BE USED FOR ROUTINE VENIPUNCTURE. ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR	7.00
36430	STICK FOR COLLECTION OF SPECIMEN(S) TRANSFUSION, BLOOD OR BLOOD	200.00
36450	COMPONENTS EXCHANGE TRANSFUSION, BLOOD;	173.00
36455	NEWBORN EXCHANGE TRANSFUSION, BLOOD;	199.00

CPT#	CPT DESCRIPTION	FEE(\$)
36460 36488	OTHER THAN NEWBORN TRANSFUSION, INTRAUTERINE, FETAL PLACEMENT OF CENTRAL VENOUS CATHETER(SUBCLAVIAN, JUGULAR, OR OTHER VEIN; (EG, CENTRAL VENOUS PRESSURE, HYPERALIMEN- TATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS,	199.00 99.00
36510	AGE 2 YEARS OR UNDER CATHERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY NEWBORN	58.00
36535	REMOVAL OF IMPLANTABLE VENOUS ACCESS PORT AND/OR SUBCUTANEOUS RESERVOIR	200.00
36600	ARTERIAL VENIPUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	25.00
36660	CATHERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	78.00
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN	199.00
36821	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE (EG, CIMINO TYPE)	778.00
36830	CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT	941.00
36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT	819.00
37616	LIGATION, MAJOR ARTERY (EG, POST- TRAUMATIC, RUPTURE); CHEST	898.00
37617	LIGATION, MAJOR ARTERY (EG, POST- TRAUMATIC, RUPTURE); ABDOMEN	1080.00
37618	LIGATION, MAJOR ARTERY (EG, POST- TRAUMATIC, RUPTURE); EXTREMITY	452.00
37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	518.00
37730	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS	682.00
38100	SPLENECTOMY; TOTAL(SEPARATE PROCEDURE)	1017.00
38101 38308	SPLENECTOMY; PARTIAL(SEPARATE PROCEDURE) LYMPHANGIOTOMY OR OTHER OPERATIONS ON	960.00 381.00
		551.00

CPT#	CPT DESCRIPTION	FEE(\$)
	LYMPHATIC CHANNELS	
38500	BIOPSY OR EXCISION OF LYMPH NODE(S);	215.00
20505	SUPERFICIAL (SEPARATE PROCEDURE)	110.00
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	110.00
	INGUINAL, AXILLARY)	
38510	BIOPSY OR EXCISION OF LYMPH NODE(S);	313.00
	DEEP CERVICAL NODE(S)	
38520	BIOPSY OR EXCISION OF LYMPH NODE(S);	383.00
	DEEP CERVICAL NODE(S) WITH EXCISION	
38790	SCALENE FAT PAD	144.00
30/90	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	144.00
40490	BIOPSY OF LIP	92.00
40500	VERMILIONECTOMY (LIP SHAVE), WITH	512.00
	MUCOSAL ADVANCEMENT	
40510	EXCISION OF LIP; TRANSVERSE WEDGE	512.00
40000	EXCISION WITH PRIMARY CLOSURE	00.00
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	88.00
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA,	198.00
	VESTIBULE OF MOUTH; COMPLICATED	
40804	REMOVAL OF EMBEDDED FOREIGN BODY,	83.00
1000	VESTIBULE OF MOUTH; SIMPLE	
40805	REMOVAL OF EMBEDDED FOREIGN BODY,	248.00
40808	VESTIBULE OF MOUTH; COMPLICATED BIOPSY, VESTIBULE OF MOUTH	80.00
40810	EXCISION OF LESION OF MUCOSA AND	116.00
	SUBMUCOSA, VESTIBULE OF MOUTH;	110.00
	WITHOUT REPAIR	
40812	EXCISION OF LESION OF MUCOSA AND	178.00
	SUBMUCOSA, VESTIBULE OF MOUTH; WITH	
40814	SIMPLE REPAIR EXCISION OF LESION OF MUCOSA AND	211 00
40614	SUBMUCOSA, VESTIBULE OF MOUTH; WITH	311.00
	COMPLEX REPAIR	
40816	EXCISION OF LESION OF MUCOSA AND	322.00
	SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX,	
	WITH EXCISION OF UNDERLYING MUSCLE	
40818	EXCISION OF MUCOSA OF VESTIBULE OF	215.00
40040	MOUTH AS DONOR GRAFT	105.00
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL	165.00

CPT#	CPT DESCRIPTION	FEE(\$)
40820	(FRENUMECTOMY, FRENULECTOMY, DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	83.00
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH: 2.5 CM OR LESS	112.00
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH: OVER 2.5 CM OR COMPLEX	207.00
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	95.00
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL	86.00
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID	189.00
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	277.00
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	197.00
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	319.00
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	112.00
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	115.00
41108	BIOPSY OF FLOOR OF MOUTH	88.00
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	132.00
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	239.00
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	312.00
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK DISSECTION	1856.00 I
41153		2239.00

CPT#	CPT DESCRIPTION	FEE(\$)
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECTION (COMMANDO TYPE)	2598.00
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO- THIRDS OF TONGUE ANTERIOR TWO-THIRDS OF TONGUE	138.00
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	204.00
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	252.00
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	321.00
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	287.00
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	263.00
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	86.00
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	96.00
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	202.00
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	337.00
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	58.00
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	67.00
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	112.00
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	131.00
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	205.00
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	338.00

CPT#	CPT DESCRIPTION	FEE(\$)
41828	WITH COMPLEX REPAIR EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT	315.00
41830	(SPECIFY) ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	315.00
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	275.00
41870	PERIODONTAL MUCOSAL GRAFTING	171.00
41872	GINGIVOPLASTY	131.00
41874	ALVEOPLASTY	131.00
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	85.00
42100	BIOPSY OF PALATE, UVULA	97.00
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	154.00
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	230.00
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	437.00
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	642.00
42140	UVULECTOMY, EXCISION OF UVULA	138.00
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	78.00
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	135.00
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	365.00
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	121.00
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	198.00
42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);	226.00
42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); WITH PROSTHESIS	378.00
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	1,387.00
42800	BIOPSY; OROPHARYNX	98.00
42802	BIOPSY; HYPOPHARYNX	120.00
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	109.00
42806	BIOPSY; NASOPHARYNX, SURVEY FOR	141.00

CPT#	CPT DESCRIPTION	FEE(\$)
	UNKNOWN PRIMARY LESION	
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	121.00
42820	TONSILLECTOMY AND ADENOIDECTOMY;	321.00
	UNDER AGE 12	
42821	TONSILLECTOMY AND ADENOIDECTOMY;	387.00
	AGE 12 OR OVER	•
42825	TONSILLECTOMY, PRIMARY OR SECONDARY;	281.00
10000	UNDER AGE 12	
42826	TONSILLECTOMY, PRIMARY OR SECONDARY;	340.00
40040	AGE 12 OR OVER	707.00
42842	RADICAL RESECTION OF TONSIL, TONSILLAR	707.00
	PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE	
42844	RADICAL RESECTION OF TONSIL, TONSILLAR	1130.00
42044	PILLARS, AND/OR RETROMOLAR TRIGONE:	1100.00
	CLOSURE WITH LOCAL FLAP (EG, TONGUE,	
	BUCCAL)	
43200	ESOPHÁGOSCOPY, RIGID OR FLEXIBLE;	193.00
	DIAGNOSTIC, WITH OR WITHOUT COLLECTION	
	OF SPECIMEN(S) BY BRUSHING OR WASHING	
	(SEPARATE PROCEDURE)	
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	206.00
	WITH BIOPSY, SINGLE OR MULTIPLE	
42004	BRUSHING OR WASHING	005.00
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF	365.00
	ESOPHAGEAL VARICES	
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	282.00
10210	WITH REMOVAL OF FOREIGN BODY	202.00
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	292.00
	WITH REMOVAL OF TUMOR(S), POLYP(S),	
	OR OTHER LESION(S) BY HOT BIOPSY	
	FORCEPS OR BIPOLAR CAUTERY	
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	292.00
	WITH REMOVAL OF TUMOR(S), POLYP(S),	
	OR OTHER LESION(S) BY SNARE TECHNIQUE	
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	346.00
40004	WITH CONTROL OF BLEEDING, ANY METHOD	000 00
43234	UPPER GASTROINTESTINAL ENDOSCOPY,	206.00
	SIMPLE PRIMARY EXAMINATION (EG, WITH	
	SMALL DIAMETER FLEXIBLE ENDOSCOPE)	
	(SEPARATE PROCEDURE)	

CPT#	CPT DESCRIPTION	FEE(\$)
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	244.00
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIA WITH BIOPSY, SINGLE OR MULTIPLE FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	•
43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIA WITH INJECTION SCLEROSIS OF ESOPHAGEAL AND/OR GASTRIC VARICES FOR INJECTION SCLEROSIS OF ESOPHAGEAL AND/ GASTRIC VARICES	ŕ
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DILATIC OF GASTRIC OUTLET FOR OBSTRUCTION, ANY METOR DILATION OF GASTRIC OUTLET FOR OBSTRUCTION.	THOD
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECT PLACEMENT OF PERCUTANEOUS GASTROSTOMY TOR DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE	421.00 ED
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIA WITH REMOVAL OF FOREIGN BODY	332.00 TE;
43250	UPPER GI ENDOSCOPY/TUMOR EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	362.00
43251	UPPER GASTROINTESTINAL ENDOSCOPY	362.00

CPT#	CPT DESCRIPTION	FEE(\$)
·	INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPR WITH REMOVAL OF TUMOR(S), POLYP(S), OR	
43255	OTHER LESION(S) BY SNARE TECHNIQUE UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPR	
	WITH CONTROL OF BLEEDING, ANY METHOD FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULA	?
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRI WITH ABLATION OF TUMOR(S), POLYP(S), OR	418.00 I IATE;
	OTHER LESION(S) NOT AMENABLE TO REMOVAL HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE ELECTROCOAGULATION, LASER PHOTOCOAGULATION, HOT BIOPSY/FULGURATION)	вү
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	679.00
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER OR ESOPHAGOGASTRIC LACERATION	1035.00
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTIC TUBES	748.00
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	562.00
43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	100.00
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	702.00
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	909.00
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	1015.00
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	1802.00
43631	REMOVAL OF STOMACH, PARTIALWITH GASTRODUODENOSTOMY	1510.00
43632	REMOVAL STOMACH, PARTIAL WITH GASTROJEJUNOSTOMY	1510.00
43633	REMOVAL STOMACH, PARTIAL WITH	1530.00

CPT#	CPT DESCRIPTION	FEE(\$)
	ROUX-EN-Y RECONSTRUCTION	
43634	REMOVAL STOMACH, PARTIAL WITH FORMATION OF INTESTINAL POUCH	2061.00
43635	VAGOTOMY WITH PARTIAL DISTAL	154.00
	GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE) (USE	
	43635 ONLY WITH 43631, 43632, 43633,	
	43634)	
43750	PERCUTANEOUS PLACEMENT OF	430.00
43760	GASTROSTOMY TUBE CHANGE OF GASTROSTOMY TUBE	76.00
43761	REPOSITIONING OF THE GASTRIC FEEDING	134.00
.0,01.	TUBE THROUGH THE DUODENUM FOR ENTERIC	101.00
	NUTRITION	
43830	GASTROSTOMY, TEMPORARY (TUBE, RUBBER	556.00
43831	OR PLASTIC) (SEPARATE PROCEDURE); GASTROSTOMY, TEMPORARY (TUBE, RUBBER	571.00
73031	OR PLASTIC) (SEPARATE PROCEDURE);	371.00
	NEONATAL, FOR FEEDING	
43832	GASTROSTOMY, PERMANENT, WITH	910.00
43840	CONSTRUCTION OF GASTRIC TUBE	908.00
43040	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR	906.00
	INJURY	
44005	ENTEROLYSIS (FREEING OF INTESTINAL	1026.00
44040	ADHESION) (SEPARATE PROCEDURE)	
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	800.00
44015	TUBE JEJUNOSTOMY FOR ENTERAL	286.00
	ALIMENTATION, INTRAOPERATIVE, ANY METHOD	
	(LIST SEPARATELY IN ADDITION TO PRIMARY	
44020	PROCEDURE) ENTEROTOMY, SMALL BOWEL, OTHER THAN	917.00
44020	DUODENUM; FOR EXPLORATION, BIOPSY(S),	917.00
	OR FOREIGN BODY REMOVAL	
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN	879.00
	DUODENUM; FOR DECOMPRESSION (EG,	
44025	BAKER TUBE) COLOTOMY, FOR EXPLORATION, BIOPSY(S),	929.00
77060	OR FOREIGN BODY REMOVAL	3 43. 00
44040	EXTERIORIZATION OF INTESTINE (MIKULICZ	1091.00
	RESECTION WITH CRUSHING OF SPUR)	

CPT#	CPT DESCRIPTION	FEE(\$)
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	886.00
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)	964.00
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	142.00
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZATION; SINGLE ENTEROTOMY	831.00
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZATION; MULTIPLE ENTEROTOMIES	1040.00
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	1407.00
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	1454.00
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	1368.00
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA	1355.00
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSI	1740.00 S)
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	^{1877.00}
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	1629.00
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY	1686.00
44160	COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	1329.00
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE)	687.00
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY; (SEPARATE PROCEDURE)	929.00
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	967.00

CPT#	CPT DESCRIPTION	FEE(\$)
·	WITH MULTIPLE BIOPSIES (EG, FOR HIRSCHSPRUNG DISEASE) (SEPARATE PROCEDURE)	
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)	872.00
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	282.00
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE BY BRUSHING OR WASHING	324.00
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF FOREIGN BODY	294.00
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	388.00
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING ANY METHOD	383.00
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	159.00
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	315.00
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	306.00
44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY	272.00

CPT#	CPT DESCRIPTION	FEE(\$)
44391	COLONOSCOPY THROUGH STOMA; WITH CONTRO OF BLEEDING, ANY METHOD LASER PHOTOCOAGULATION)	L 409.00
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVA OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	L 404.00
44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	498.00
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVA OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	L 404.00
44602	DIVERTÌCÚLUM, WOUND, INJURY OR RUPTURE; SINGLE PERFORATION	864.00
44603	DIVERTICULUM, WOUND, INJURY OR RUPTURE; MULTIPLE PERFORATIONS	1091.00
44604	DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORATIONS); WITHOUT COLOSTOMY	1023.00
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORATIONS); WITH COLOSTOMY	1151.00
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	768.00
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS	1079.00
44640 44650	CLOSURE OF INTESTINAL CUTANEOUS FISTULA CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	966.00 1026.00
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	1032.00
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH BOWEL AND/OR BLADDER RESECTION	1452.00
44680 44800	INTESTINAL PLICATION (SEPARATE PROCEDURE) EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC	1104.00 748.00

CPT#	CPT DESCRIPTION	FEE(\$)
	DUCT	
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	593.00
44950	APPENDECTOMY;	544.00
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE)	216.00 E
44960	ÀPPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	770.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	278.00
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	157.00
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	342.00
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON) (EG, CONGENITAL MEGACOLON)	255.00
45108	ANORECTAL MYOMECTOMY	340.00
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY, ONE OR TWO STAGES COLOSTOMY, ONE OR TWO STAGES	1885.00
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM	1330.00
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES	1977.00
45150	DIVISION OF STRICTURE OF RECTUM	422.00
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROACH	972.00
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	472.00
45180	EXCISION AND/OR ELECTRODESICCATION OF MALIGNANT TUMOR OF RECTUM,TRANSANAL APPROACH	632.00
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	60.00
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION, ANY METHOD	63.00

CPT #	CPT DESCRIPTION	FEE(\$)
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	90.00
45307	PROCTOSIGMOIDOSCOPY, RIGID;	144.00
45308	WITH REMOVAL OF FOREIGN BODY PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR	147.00
45309	BIPOLAR CAUTERY PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP,	147.00
45315	OR OTHER LESION BY SNARE TECHNIQUE PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS,	153.00
45317	BIPOLAR CAUTERY OR SNARE TECHNIQUE PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING, AND METHOD	190.00
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE	231.00
45321	TECHNIQUE (EG, LASER) PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	176.00
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	93.00
45331	(SEPARATE PROCEDURE) SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE OR WASHING	122.00
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY	157.00
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	188.00
45334	BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD LASER	240.00
45337	PHOTOCOAGULATION) SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVELUS AND METHOD	238.00
45338	DECOMPRESSION OF VOLVULUS, ANY METHOD SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY	188.00

CPT#	CPT DESCRIPTION	FEE(\$)
45339	SNARE TECHNIQUE SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS	270.00 S,
45355	BIPOLAR CAUTERY OR SNARE TECHNIQUE COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE	194.00
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE	332.00
45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY	425.00
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE OR WASHING	372.00
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING, ANY METHOD LASER PHOTOCOAGULATION)	486.00
45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS BIPOLAR CAUTERY OR SNARE TECHNIQUE BIOPSY/FULGURATION)	498.00 S,
45384	WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	502.00
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	502.00
46030	REMOVAL OF ANAL SETON, OTHER MARKER	76.00
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)	315.00
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	279.00

CPT#	CPT DESCRIPTION	FEE(\$)
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	84.00
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, WITH OR WITHOUT PLACEMENT OF SETON	523.00
46070	INCISION, ANAL SEPTUM (INFANT)	197.00
46083	INCISION OF THROMBOSÈD HEMÓRRHOID, EXTERNAL	83.00
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	158.00
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	348.00
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;	478.00
46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	
46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE	638.00
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	659.00
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	677.00
46270	SURGICAL TREATMENT OF ANAL FISTULA FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	261.00
46275	SURGICAL TREATMENT OF ANALFISTULA (FISTULECTOMY/FISTULOTOMY);	500.00
46280	SURGICAL TREATMENT OF ANAL FISTULA(FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF SETON	589.00
46281	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	511.00
46285	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP SECOND STAGE	300.00
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	109.00
46900	DESTRUCTION OF LESION(S), ANUS (EG,	103.00

CPT#	CPT DESCRIPTION	FEE(\$)
	CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC	
46910	VESICLE), SIMPLE; CHEMICAL DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	115.00
	CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION	
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	116.00
	CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY	
46917	DESTRUCTION OF LESION(S), ANUS (EG,	185.00
	CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;	
46922	LASER SURGERY DESTRUCTION OF LESION(S), ANUS (EG,	151.00
	CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;	
47000	SURGICAL EXCISION BIOPSY OF LIVER: PERCUTANEOUS NEEDLE	156.00
47001	BIOPSY OF LIVER; WHEN DONE FOR INDICATED	156.00
.=	PURPOSE AT TIME OF OTHER MAJOR PROCEDURI (NOT AS SEPARATE PROCEDURE)	
47010	HEPATOTOMY FOR DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	757.00
47100	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	488.00
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	1568.00
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	1310.00
47400	CALCULUS	1010 00
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY W/ EXPLORATION, DRAINAGE, OR REMOVAL OF	
47425	CALCULUS, WITH OR WITHOUT CHOLECYSTOTOM CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY W/	•
	EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYSTOTOM	Y;
	WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY	•
47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY	164.00

CPT#	CPT DESCRIPTION	FEE(\$)
47505	CHOLANGIOGRAPHY INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG,	101.00
47510	PERCUTANEOUS TRANSHEPATIC OR T-TUBE) INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE FOR BILIARY DRAINAGE	478.00 E
47511	INTRODUCTION OF PERCUTANEOUS TRANS. STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE	593.00
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	326.00
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE	324.00
47600	CHOLECYSTECTOMY;	900.00
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	975.00
47610	CHOLECYSTECTOMY WITH EXPLORATION OF	1148.00
17010	COMMON DUCT:	
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTON	1457.00
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY,	1337.00
47630	WITH OR WITHOUT CHOLANGIOGRAPHY BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE	504.00
49000	TECHNIQUE) EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SERABATE BROCEDURE)	782.00
40000	(SEPARATE PROCEDURE) REOPENING OF RECENT LAPAROTOMY	759.00
49002		758.00
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	885.00
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	673.00
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE) INITIAL	144.00
49420	INSERTION OF INTRAPERITONEAL CANNULA	182.00

CPT#	CPT DESCRIPTION	FEE(\$)
	OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY	
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE	659.00
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	471.00
49501	HYDROCELECTOMY; REDUCIBLE WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	609.00
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	529.00
49507	INCARCERATED OR STRANGULATED	615.00
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	646.00
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	707.00
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE SLIDING	622.00
49540	REPAIR LUMBAR HERNIA	648.00
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	571.00
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE; INCARCERATED OR STRANGULATED	590.00
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	665.00
49565	REPAIR RECURRENT INCISIONAL HERNIA; REDUCIBLE (SEPARATE PROCEDURE)	785.00
49570	REPAIR EPIĞASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE) SIMPLE	444.00
49580	REPAIR UMBILICAL HERNÍA, UNDER AGE 5 YEARS; REDUCIBLE	384.00
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER, REDUCIBLE	467.00
49587	REPAIR UMBILICÁL HERNIA, AGE 5 OR OVER, INCARCERATED OR STRANGULATED	512.00
49590	REPAIR SPIGELIAN HERNIA	609.00
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE OR DEHISCENCE	407.00

CPT#	CPT DESCRIPTION	FEE(\$)
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	944.00
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS (SEPARATE PROCEDURE)	913.00
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	874.00
50045	NEPHROTOMY, WITH EXPLORATION	1146.00
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	1431.00
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	1588.00
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	1518.00
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING	1936.00
50392	ANATROPHIC PYELOLITHOTOMY) INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS	330.00
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	1159.00
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	961.00
50760	URETEROURETEROSTOMY	1459.00
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITHO OR WITHOUT DILATION OF URETER	367.00
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	516.00
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEO TRANSPLANTATIONS; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES	2719.00 DUS
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	2607.00
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	54.00
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN	66.00

CPT#	CPT DESCRIPTION	FEE(\$)
51610	URETHROCYSTOGRAPHY INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	86.00
52000 52005	CYSTOURETHROSCOPY (SEPARATE PROCEDURE) CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT	158.00 218.00
52007	IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; CYSTOURETHROSCOPY, WITH URETERAL	278.00
	CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BRUSH	
52204	BIOPSY OF URETER AND/OR RENAL PELVIS CYSTOURETHROSCOPY, WITH BIOPSY	227.00
52214	CYSTOURETHROSCOPY, WITH FULGURATION	309.00
	(INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA, OR PERIURETHRAL GLANDS	
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION	348.00
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	284.00
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA	201.00
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY AND INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE	243.00
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	246.00
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS,	311.00

CPT#	CPT DESCRIPTION	FEE(\$)
	LATERAL INCISIONS OF THE BLADDER NECK, AND FULGURATION OF POLYP(S) OF URETHRA, BLADDER NECK, AND/OR TRIGONE	
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	326.00
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF URETEROCELE(S),	418.00
52305	UNILATERAL OR BILATERAL URETEROCELE(S), CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	417.00
52310	DIVERTICULUM, SINGLE OR MULTIPLE CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER	277.00
52315	(SEPARATE PROCEDURE); SIMPLE CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	441.00
52317	PROCEDURE); COMPLICATED LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; SMALL	614.00
52318	(LESS THAN 2.5 CM) LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE;	812.00
52320	COMPLICATED OR LARGE (OVER 2.5 CM) CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS	456.00
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-	630.00
52330	HYDRAULIC TECHNIQUE) CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS	403.00
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	289.00

CPT#	CPT DESCRIPTION	FEE(\$)
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE	387.00
52335	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD);	501.00
52336	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)	783.00
52338	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH BIOPSY AND/OR FULGURATION OF LESION	630.00
52339	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH RESECTION OF TUMOR	697.00
52340	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF BLADDER NECK AND/OR POSTERIOR URETHRA (CONGENITAL VALVES, OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS)	611.00
52450 52500	TRANSURETHRAL INCISION OF PROSTATE TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	571.00 277.00
52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD	657.00
52601	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED) AND/OR DILATION.	
52700	AND INTERNAL URETHROTOMY ARE INCLUDED) TRANSURETHRAL DRAINAGE OF PROSTATIC	453.00

CPT#	CPT DESCRIPTION	FEE(\$)
53000	ABSCESS URETHROTOMY OR URETHROSTOMY, EXTERNAL	179.00
53010	(SEPARATE PROCEDURE); PENDULOUS URETHRA URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	314.00
53020	EXTERNAL MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	122.00
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	91.00
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	461.00
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	191.00
53410	URETHRÓPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR	1137.00
53600	URETHRA DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR,	71.00
54001	MALE; INITIAL SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	140.00
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	108.00
54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN	195.00
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	196.00
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN	256.00
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS WITH OR WITHOUT MOBILIZATION OF URETHRA	810.00),
54510	EXCISION OF LOCAL LESION OF TESTIS	393.00
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	490.000
52520-50	ORCHIECTOMY, BILATERAL SERVICES	245.00
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	734.00

CPT#	CPT DESCRIPTION	FEE(\$)
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	955.00
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	602.00
54550-50	EXPLORATION FOR UNDESCENDED TESTIS, BILATERAL PROCEDURE	301.00
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	842.00
54560-50	EXPLORATION FOR UNDESCENDED TESTIS BILATERAL PROCEDURE	421.00
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS	532.00
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	379.00
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	695.00
55100	DRAINAGE OF SCROTAL WALL ABSCESS	124.00
55110	SCROTAL EXPLORATION	415.00
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL(SEPARATE PROCEDURE)	287.00
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	279.00
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	147.00
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	369.00
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	1794.00
56300	LAPAROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	418.00
56301	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	479.00
56420	INCISION AND DRAINAGÉ OF BARTHOLIN'S GLAND ABSCESS	103.00
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	270.00
56620	VULVECTOMY SIMPLE; PARTIAL	662.00
56700	PARTIAL HYMENECTOMY OR REVISION OF	209.00

CPT#	CPT DESCRIPTION	FEE(\$)
	HYMENAL RING	
57130	EXCISION OF VAGINAL SEPTUM	254.00
57135	EXCISION OF VAGINAL CYST OR TUMOR	225.00
57150	IRRIGATION OF VAGINA AND/OR APPLICATION	53.00
000	OF MEDICAMENT FOR TREATMENT OF BACTERIAL,	
	PARASITIC, OR FUNGOID DISEASE	
57170	DIAPHRAGM OR CERVICAL CAP FITTING	59.00
0,	WITH INSTRUCTIONS	33.33
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT	100.00
0, 100	OR PACK FOR SPONTANEOUS OR TRAUMATIC	.00.00
	NONOBSTETRICAL VAGINAL HEMORRHAGE	
	(SEPARATE PROCEDURE)	
57200	COLPORRHAPHY, SUTURE OF INJURY	318.00
0,200	OF VAGINA (NONOBSTETRICAL)	010.00
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	824.00
57410	PELVIC EXAMINATION UNDER ANESTHESIA	45.00
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	60.00
0, 110	BODY (SEPARATE PROCEDURE) UNDER	
	ANESTHESIA	
57452	COLPOSCOPY (VAGINOSCOPY);	81.00
002	(SEPARATE PROCEDURE)	01.00
57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S)	124.00
	OF THE CERVIX AND/OR ENDOCERVICAL	
	CURETTAGE	
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL	76.00
	EXCISION OF LESION, WITH OR WITHOUT	
	FULGURATION (SEPARATE PROCEDURE)	
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS	84.00
	PART OF A DILATION AND CURETTAGE)	
	AND CURETTAGE)	
57510	CAUTERIZATION OF CERVIX; ELECTRO	112.00
	OR THERMAL	
57520	CONIZATION OF CERVIX, WITH OR WITHOUT	346.00
	FULGURATION, WITH OR WITHOUT DILATION	
	AND CURETTAGE, WITH OR WITHOUT REPAIR	
	(ANY METHOD)	
57555	EXCISION OF CERVICAL STUMP,	928.00
	VAGINAL APPROACH; WITH ANTERIOR	
	AND/OR POSTERIOR REPAIR	
58100	ENDOMETRIAL AND/OR ENDOCERVICAL	69.00
		-
	CERVICAL DILATION, ANY METHOD	
58100	AND/OR POSTERIOR REPAIR ENDOMETRIAL AND/OR ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT	69.00

CPT#	CPT DESCRIPTION	FEE(\$)
58120	(SEPARATE PROCEDURE) DILATION AND CURETTAGE, DIAGNOSTIC	260.00
30120	AND/OR THERAPEUTIC (NONOBSTETRICAL)	200.00
58140	MYOMECTOMY, EXCISION OF FIBROID	803.00
	TUMOR OF UTERUS, SINGLE OR MULTIPLE	
58145	(SEPARATE PROCEDURE); ABDOMINAL APPROAC MYOMECTOMY, EXCISION OF FIBROID	н 780.00
30143	TUMOR OF UTERUS, SINGLE OR MULTIPLE	780.00
	(SEPARATE PROCEDURE);	
	VAGINAL APPROACH	
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS	1121.00
	AND CERVIX), WITH OR WITHOUT REMOVAL	
	OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS	1305.00
	AND CERVIX), WITH OR WITHOUT REMOVAL	
	OF TUBE(S), WITH OR WITHOUT REMOVAL	
	OF OVARY(S); WITH	
	COLPO-URETHROCYSTOPEXY (MARSHALL -MARCHETTI-KRANTZ TYPE)	
58180	HYSTERECTOMY), WITH OR WITHOUT REMOVAL	952.00
	OF TUBE(S), WITH OR WITHOUT REMOVAL OF	
	OVARY(S) REMOVAL OF OVARY(S)	
58260	VAGINAL HYSTERECTOMY;	1040.00
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	1116.00
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF	1220.00
00200	TUBE(S), AND/OR OVARY(S), WITH REPAIR	
	OF ENTEROCELE	
58267	VAGINAL HYSTERECTOMY; WITH COLPO-	1271.00
	URETHROCYSTOPEXY (MARSHALL-MARCHETTI -KRANTZ TYPE, PEREYRA TYPE, WITH OR	
	WITHOUT ENDOSCOPIC CONTROL)	
58270	VAGINAL HYSTERECTOMY; WITH REPAIR	1143.00
	OF ENTEROCELE	
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	87.00
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	58.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN	514.00
	TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	
58605	LIGATION OR TRANSECTION OF FALLOPIAN	404.00
	TUBE(S), ABDOMINAL OR VAGINAL APPROACH,	

CPT#	CPT DESCRIPTION	FEE(\$)
	POSTPARTUM, UNILATERAL OR BILATERAL, DURING SAME HOSPITALIZATION (SEPARATE PROCEDURE)	
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL	55.00
58615	SURGERY (NOT A SEPARATE PROCEDURE) OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING)	323.00
58700	VAGINAL OR SUPRAPUBIC APPROACH SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE	617.00
58720	PROCEDURE) SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	698.00
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	680.00
58750	TUBOTUBAL ANASTOMOSIS	755.00
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH	318.00
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDOMINAL APPROACH	600.00
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH	328.00
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	480.00
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	535.00
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	659.00
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	653.00
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	653.00
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY ("SECOND LOOK"), WITH OR WITHOUT OMENTECTOMY, PERITONEAL WASHING, BIOPSY OF ABDOMINAL AND PELVIC	1186.00

CPT#	CPT DESCRIPTION	FEE(\$)
	PERITONEUM, DIAPHRAGMATIC ASSESSMENT WITH PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	
59020	FETAL CONTRACTION STRESS TEST	105.00
59025	FETAL NON-STRESS TEST	57.00
59030	FETAL SCALP BLOOD SAMPLING	172.00
59050	INITIATION AND/OR SUPERVISION OF	114.00
	INTERNAL FETAL MONITORING DURING	
	LABOR BY CONSULTANT WITH REPORT	
	(SEPARATE PROCEDURE)	
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR	504.00
	HYDATIDIFORM MOLE, ABORTION)	
59120	SURGICAL TREATMENT OF ECTOPIC	750.00
	PREGNANCY; TUBAL OR OVARIAN,	
	REQUIRING SALPINGECTOMY AND/OR	
	OOPHORECTOMY, ABDOMINAL OR	
	VAGINAL APPROACH	0.10.00
59121	SURGICAL TREATMENT OF ECTOPIC	612.00
	PREGNANCY; TUBAL OR OVARIAN, WITHOUT	
E010E	SALPINGECTOMY AND/OR OOPHORECTOMY	1000.00
59135	SURGICAL TREATMENT OF ECTOPIC	1092.00
	PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY REQUIRING TOTAL HYSTERECTOMY	
59136	SURGICAL TREATMENT OF ECTOPIC	744.00
39130	PREGNANCY; INTERSTITIAL, UTERINE	744.00
	PREGNANCY WITH PARTIAL RESECTION	
	OF UTERUS	
59140	SURGICAL TREATMENT OF ECTOPIC	457.00
00140	PREGNANCY; CERVICAL, WITH EVACUATION	407.00
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC	542.00
	PREGNANCY; WITHOUT SALPINGECTOMY	0.2.00
	AND/OR OOPHORECTOMY	
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC	751.00
	PREGNANCY; WITH SALPINGECTOMY	
	AND/OR OOPHORECTOMY	
59160	CURETTAGE, POSTPARTUM	278.00
	(SEPARATE PROCEDURE)	
59300	ÈPISIOTOMY OR VAGINAL REPAIR, BY	159.00
	OTHER THAN ATTENDING PHYSICIAN	
59320	CERCLAGE OF CERVIX, DURING PREGNANCY;	212.00
	VAGINAL	
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	423.00

CPT#	CPT DESCRIPTION	FEE(\$)
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	1795.00
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	1136.00
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING POSTPARTUM CARE	1235.00
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)	146.00
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	138.00
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	345.00
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	591.00
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	112.00
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	2024.00
59514	CESAREAN AND DELIVERY;	1316.00
59515	CAESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	1415.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST IN ADDITION TO 59510 OR 59515)	602.00
59812	TREATMENT OF INĆOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	340.00
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	375.00
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY: SECOND TRIMESTER	346.00
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	501.00
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	311.00
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	353.00
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS	469.00

CPT#	CPT DESCRIPTION	FEE(\$)
	-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES);	
60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	97.00
60100	BIOPSY THYROID, PERCUTANEOUS NEEDLE	86.00
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	723.00
60220	TOTAL THYROID LOBECTOMY, UNILATERAL;910.00	
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUS	1095.00
60240	THYROIDECTOMY, TOTAL OR COMPLETE TOTAL OR COMPLETE	1283.00
60245	THYROIDECTOMY, SUBTOTAL OR PARTIAL;	1038.00
60246	THYROIDECTOMY, SUBTOTAL OR PARTIAL; WITH REMOVAL OF SUBSTERNAL THYROID GLAND, CERVICAL APPROACH	1300.00
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	1438.00
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	635.00
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	637.00
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	1435.00
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	1531.00
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL ABSCESS OR CYST	632.00
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	1236.00
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	1617.00
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	816.00
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADURAL	1269.00
62194	REPLACEMENT OF IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	226.00
62270	SPINAL PUNCTURE, LUMBAR DIAGNOSTIC	77.00

CPT#	CPT DESCRIPTION	FEE(\$)
62273	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH	142.00
62274	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCORTICS), DIAGNOSTIC OR THERAPEUTIC; SUBARACHNOID OR SUDURAL, SINGLE	109.00
62275	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCORTICS), DIAGNOSTIC OR THERAPEUTIC; EPIDURAL, CERVICAL OR THORACIC, SINGLE	104.00
62276	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCORTICS), DIAGNOSTIC OR THERAPEUTIC; SUBARACHNOID OR SUBDURAL, DIFFERENTIAL	141.00
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORAD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY,(EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS: CERVICAL	1660.00
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORAD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY,(EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; THORACIC	1629.00
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORAD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY,(EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS	1544.00
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	2533.00
63750	INSERTION, SUBARACHNOID CATHETER WITH RESERVOIR AND/OR PUMP FOR INTERMITTENT OR CONTINUOUS INFUSION OF DRUG, INCLUDING LAMINECTOMY	1069.00

CPT#	CPT DESCRIPTION	FEE(\$)
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	84.00
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	26.00
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	407.00
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	481.00
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	649.00
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	604.00
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	469.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	442.00
64755	TRANSECTION OR AVULSION OF; VAGI LIMITED TO PROXIMAL STOMACH	1176.00
	(SELECTIVE PROXIMAL VAGOTOMY, PROXIMAL GASTRIC VAGOTOMY, PARIETAL CELL VAGOTOMY, SUPRA- OR HIGHLY	
	SELECTIVE VAGOTOMY)	
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	668.00
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	513.00
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	566.00
64763-50	TRASECTION OR AVULSION; BILATERAL	283.00
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	736.00
64766-50	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY; BILATERAL	368.00
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	366.00
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	366.00
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)	285.00

CPT#	CPT DESCRIPTION	FEE(\$)
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	499.00
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)	339.00
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	731.00
64786	EXCISION OF NEUROMA; SCIATIC NERVE	1360.00
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	384.00
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	877.00
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	1140.00
64795	BIOPSY OF NERVE	263.00
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	620.00
65103	ENUCLEATION OF EYE; WITH IMPLANT MUSCLES ATTACHED TO IMPLANT	672.00
65150	REINSERTIONOF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	655.00
65175	REMOVAL OF OCULAR IMPLANT	559.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	47.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL NONPERFORATING	54.00
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	35.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	62.00
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	527.00
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE POSTERIOR ROUTE	590.00
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	685.00
65270	REPAIR OF LACERATION; CONJUNCTIVA,	125.00

CPT#	CPT DESCRIPTION	FEE(\$)
65272	WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT,	215.00
65273	WITHOUT HOSPITALIZATION REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPITALIZATION	296.00
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY	232.00
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	675.00
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE	1010.00
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	412.00
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	470.00
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	502.00
65410	BIOPSY OF CORNEA	128.00
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	343.00
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	488.00
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	58.00
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE) CHEMOCAUTERIZATION	70.00
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	226.00
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	264.00
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA	239.00

CPT#	CPT DESCRIPTION	FEE(\$)
65800	(EG, FOR CORNEAL EROSION, TATTOO) PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUUEOUS	151.00
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS	154.00
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR AIR INJECTION	383.00
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	563.00
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); GONIOSYNECHIAE	518.00
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE	489.00
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); POSTERIOR SYNECHIAE	516.00
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	779.00
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	675.00
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	612.00
66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID	160.00
66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION	72.00
66130	EXCISION OF LESION, SCLERA	530.00
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	743.00
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	710.00

CPT#	CPT DESCRIPTION	FEE(\$)
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY	841.00
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY	975.00
66172		1070.00
66250	REVISION OF REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	534.00
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	343.00
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	. 732.00
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)	.551.00
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)	. 575.00
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDURE)	. 608.00
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	482.00
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, McCANNEL SUTURE)	549.00
66720 66761	CILIARY BODY DESTRUCTION; CRYOTHERAPY IRIDOTOMY/IRIDECTOMY BY LASER SURGER (EG, FOR GLAUCOMA) (ONE OR MORE	460.00 488.00
66762	SESSIONS) IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS)(EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE)	567.00
66820	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID);	367.00

CPT#	CPT DESCRIPTION	FEE(\$)
	STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)	
66825		624.00
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)	642.00
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	715.00
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION	857.00
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	804.00
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	841.00
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	812.00
66983		012.00
66984		083.00
66985	•	795.00
66986 67028	EXCHANGE OF INTRAOCULAR LENS INTRAVITREAL INJECTION OF A PHARMACOLOGIC	996.00
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE	240.00
	OR WITHOUT DRAINAGE OR SUBRETIINAL FLUID	766.00
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC, ONE OR MORE SESSIONS), WITH	856.00

CPT#	CPT DESCRIPTION	FEE(\$)
67112	OR WITHOUT DRAINAGE OF SUBRETINAL FLUID REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PREVIOUSLY OPERATED UPON, ANY TECHNIQUE	1356.00
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	497.00
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	532.00
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY	549.00
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)	562.00
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY	653.00
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)	768.00
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY	640.00
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)	900.00
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE	611.00
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES	718.00
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT	724.00

CPT#	CPT DESCRIPTION	FEE(\$)
67316	PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE) STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES(EXCLUDING SUPERIOR	817.00
67318	OBLIQUE) STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	566.00
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	825.00
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	734.00
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STARBISMUS OR RETINAL	816.00
	DETACHMENT SURGERY) OR RESTRICTIVE MYOPA (EG, DYSTHYROID OPHTHALMOPATHY)	THY
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSION	574.00
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (REPORT IN ADDITION TO CODE FOR SPECIFIC	388.00
67340	STRABISMUS SURGERY) STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	718.00
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)	531.00
67350 67500	BIOPSY OF EXTRAOCULAR MUSCLE RETROBULBAR INJECTIONL MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	218.00 64.00
67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	49.00
67700	BLEPHAROTOMY, DRAINAGE OF ABCESS,	74.00

CPT#	CPT DESCRIPTION	FEE(\$)
	EYELID	
67710	SEVERING OF TARSORRHAPHY	82.00
67715	CANTHOTOMY (SEPARATE PROCEDURE)	111.00
67800	EXCISION OF CHALAZION; SINGLE	95.00
67801	EXCISION OF CHALAZION; MULTIPLE,	134.00
	SAME LID	
67805	EXCISION OF CHALAZION; MULTIPLE,	147.00
	DIFFERENT LIDS	
67808	EXCISION OF CHALAZION; UNDER GENERAL	235.00
	ANESTHESIA AND/OR REQUIRING	
	HOSPITALIZATION, SINGLE OR MULTIPLE	
67810	BIOPSY OF EYELID	95.00
67820	CORRECTION OF TRICHIASIS; EPILATION,	52.00
	BY FORCEPS ONLY	
67825	CORRECTION OF TRICHIASIS; EPILATON,	92.00
	(EG, BY ELECTROSURGERY OR CRYOTHERAPY)	
67840	EXCISION OF LESION OF EYELID (EXCEPT	132.00
	CHALAZION) WITHOUT CLOSURE OR WIHT	
	SIMPLE DIRECT CLOSURE	
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	134.00
	(EG, FROST SUTURE)	0.4.0.00
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS,	312.00
07044	MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	400.00
67914	REPAIR OF ECTROPION; SUTURE	402.00
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	178.00
67916	REPAIR OF ECTROPION; BLEPHAROPLASTY,	486.00
	EXTENSIVE (EG, KUHNT-SZYMANOWSKI OR	
67047	TARSAL STRIP OPERATIONS)	EE0 00
67917	REPAIR OF ECTROPION; BLEPHAROPLASTY,	558.00
	EXTENSIVE (EG, KUHNT-SZYMANOWSKI OR	
67001	TARSAL STRIP OPERATIONS)	297.00
67921 67922	REPAIR OF ENTROPOIN; SUTURE	297.00 171.00
0/922	REPAIR OF ENTROPOIN; THERMOCAUTERIZATION	171.00
67923	REPAIR OF ENTROPOIN; BLEPHAROPLASTY,	524.00
0/923	EXCISION TARSAL WEDGE	524.00
67924	REPAIR OF EXTROPOIN; BLEPHAROPLASTY,	543.00
0/324	EXTENSIVE (EG, WHEELER OPERATION)	543.00
67930	SUTURE OF RECENT WOUND, EYELID,	198.00
07300	INVOLVING LID MARGIN, TARSUS, AND/OR	130.00
	PALPEBRAL CONJUNCTIVE, DIRECT CLOSURE;	
	PARTIAL THICKNESS	
	FARTIAL I HICKINESS	

CPT#	CPT DESCRIPTION	FEE(\$)
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVE, DIRECT CLOSURE; FULL THICKNESS	408.00
67938	REMOVAL OF EMBEDDED FOREING BODY, EYELID	74.00
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS) 539.00
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TASUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEME	536.00
	UP TO ONE-FOURTH OF LID MARGIN	•
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TASUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH	664.00 I
	ADJACENT TISSUE TRANSFER OR REARRANGEME	NT;
	OVER ONE-FOURTH OF LID MARGIN	
68020 68040	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	75.00 53.00
68100	BIOPSY OF CONJUNCTIVA	97.00
68110	EXCISION OF LESION, CONJUNCTIVA; UP 1 CM	122.00
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	176.00
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	366.00
68135	DESTRUCTION OF LESION, CONJUNCTIVA	104.00
68200	SUBCONJUNCTIVAL INJECTION	42.00
68320	CONJUNCTIVOPLSTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	504.00
68330	REPAIR OF SYMBLEPHARON; CONJUNCTI- VOPLASTY, WITHOUT GRAFT	438.00
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	719.00
68340	REPAIR OF SYMBLEPHARON; WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	292.00
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	401.00

CPT#	CPT DESCRIPTION	FEE(\$)
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	622.00
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	109.00
68420	INCISION, DRAINAGE OF LACRIMAL SAC	134.00
33.23	(DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	
68440	SNIP INCISION OF LACRIMAL PUNCTUM	68.00
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH,	268.00
	LACRIMAL PASSAGES	
68700	PLASTIC REPAIR OF CANALICULI	366.00
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	124.00
68720	DACRYOCYSTORHINOSTOMY(FISTULIZATIONOF	804.00
	LACRIMAL SAC TO NASAL CAVITY)	
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY	107.00
	THERMOCAUTERIZATION, LIGATION, OR	
	LASER SURGERY	
68800	DILATION OF LACRIMAL PUNCTUM, WITH OR	62.00
	WITHOUT IRRIGATION, UNILATERAL OR	
	BILATERAL	
68820	PROBING OF NASOLACRIMAL DUCT, WITH OR	83.00
	WITHOUT IRRIGATION, UNILATERAL OR	
	BILATERAL	
68825	PROBING OF NASOLACRIMAL DUCT, WITH OR	126.00
	WITHOUT IRRIGATION, UNILATERAL OR	
	BILATERAL; REQUIRING GENERAL ANESTHESIA	100.00
68830	PROBING OF NASOLACRIMAL DUCT, WITH OR	168.00
	WITHOUT IRRIGATION, UNILATERAL OR	
	BILATERAL; WITH INSERTION OF TUBE OR	
00040	STENT	70.00
68840	PROBING OF LACRIMAL CANALICULI, WITH	70.00
00000	OR WITHOUT IRRIGATION	70.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR	72.00
00005	HEMATOMA; SIMPLE	10E 00
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR	135.00
00000	HEMATOMA; COMPLICATED	70.00
69020	DRAINAGE EXTERNAL AUDITORY CANAL,	78.00
00400	ABSCESS	60.00
69100	BIOPSY EXTERNAL EAR	60.00
69105	BIOPSY EXTERNAL AUDITORY CANAL	70.00
69110	EXCISION EXTERNAL EAR;	256.00
60100	PARTIAL, SIMPLE REPAIR	194.00
69120	EXCISION EXTERNAL EAR; COMPLETE	134.00

CPT#	CPT DESCRIPTION	FEE(\$)
	AMPUTATION	
69140	EXCISION EXOSTOSIS(ES), EXTERNAL	670.00
	AUDITORY CANAL	
69145	EXCISION SOFT TISSUE LESION,	216.00
00000	EXTERNAL AUDITORY CANAL	00.00
69200	REMOVAL FOREIGN BODY FROM EXTERNAL	33.00
	AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	
69205	REMOVAL FOREIGN BODY FROM EXTERNAL	63.00
00200	AUDITORY CANAL; WITH GENERAL ANESTHESIA	55.55
69210	REMOVAL IMPACTED CERUMEN (SEPARATE	35.00
	PROCEDURE), ONE OR BOTH EARS	
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY,	56.00
00000	SIMPLE (EG, ROUTINE CLEANING)	
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY,	88.00
	COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	
69320	RECONSTRUCTION EXTERNAL AUDITORY	1,331.00
00020	CANAL FOR CONGENITAL ATRESIA,	1,001.00
	SINGLE STAGE	
69420	MYRINGOTOMY INCLUDING ASPIRATION	83.00
	AND/OR EUSTACHIAN TUBE INFLATION	
69421	MYRINGOTOMY INCLUDING ASPIRATION	119.00
	AND/OR EUSTACHIAN TUBE INFLATION	
69424	REQUIRING GENERAL ANESTHESIA	04.00
03424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER	61.00
	PHYSICIAN	
69433	TYMPANOSTOMY (REQUIRING INSERTION	119.00
	OF VENTILATING TUBE), LOCAL OR TOPICAL	
	ANESTHESIA	
69436	TYMPANOSTOMY (REQUIRING INSERTION OF	172.00
00.440	VENTILATING TUBE), GENERAL ANESTHESIA	
69440	MIDDLE EAR EXPLORATION THROUGH	685.00
60501	POSTAURICULAR OR EAR CANAL INCISION	044.00
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	844.00
69502	MASTOIDECTOMY; COMPLETE	1083.00
69505	MASTOIDECTOMY; MODIFIED RADICAL	1232.00
69511	MASTOIDECTOMY; RADICAL	1283.00
69540	EXCISION AURAL POLYP	103.00
69610	TYMPANIC MEMBRANE REPAIR, WITH OR	219.00

CPT#	CPT DESCRIPTION	FEE(\$)
	WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH	
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	668.00
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;	1006.00
69641	WITHOUT OSSICULAR CHAIN RECONSTRUCTION TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EARY SURGERY, TYMPANIC MEMBRANE REPAIR);	1,232.00
69660	WITHOUT OSSICULAR CHAIN RECONSTRUCTION STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY,	1174.00
69720	WITH OR WITHOUT USE OF FOREIGN MATERIAL; DECOMPRESSION FACIAL NERVE, INTRA- TEMPORAL; LATERAL OR GENICULATE GANGLION	1,399.00
69820	FENESTRATION SEMICIRCULAR CANAL	808.00
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	1599.00
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY FOR DETECTION OF FOREIGN BODY	39.00
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	59.00
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	76.00
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	73.00
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	69.00
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	46.00
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	55.00
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	71.00
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	51.00
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	68.00
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	41.00

CPT#	CPT DESCRIPTION	FEE(\$)
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	58.00
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	82.00
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	70.00
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	39.00
70390	SIALOGRAPHY; RADIOLOGIC SUPERVISION AND INTERPRETATION	137.00
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	43.00
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	55.00
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	67.00
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	73.00
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	125.00
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	46.00
71111	RADIOLOGIC EXÁMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	80.00
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	55.00
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	60.00
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	99.00
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	38.00
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	54.00
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	79.00

CPT#	CPT DESCRIPTION	FEE(\$)
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	97.00
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	57.00
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	72.00
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	58.00
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	64.00
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	58.00
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	80.00
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	100.00
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	71.00
72170	RADIOLOGIC EXAMINATION, PELVIS; WITHOUT CONTRAST	45.00
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	53.00
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	48.00
72240	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	356.00
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	332.00
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	311.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	44.00
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	46.00
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	41.00
73030	RADIOLOGIC EXAMINATION, SHOULDER;	49.00

CPT#	CPT DESCRIPTION	FEE(\$)
73050	COMPLETE, MINIMUM OF TWO VIEWS RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL,	56.00
73060	WITH OR WITHOUT WEIGHTED DISTRACTION RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	48.00
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	44.00
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	48.00
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	44.00
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	43.00
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	43.00
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	46.00
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	43.00
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	46.00
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	36.00
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	52.00
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS	62.00
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	51.00
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	48.00
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	45.00
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	50.00
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE,	56.00

CPT#	CPT DESCRIPTION	FEE(\$)
	INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEWS	45.00
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	45.00
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	43.00
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	43.00
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	46.00
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	43.00
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	46.00
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	42.00
73660 74000	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS RADIOLOGIC EXAMINATION, ABDOMEN;	36.00 46.00
74020	SINGLE ANTEROPOSTERIOR VIEW RADIOLOGIC EXAMINATION, ABDOMEN;	60.00
	COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, UPRIGHT PA CHEST	71.00
74220-52	RADIOLOGIC EXAMINATION; ESOPHAGUS (REDUCED SERVICES)	55.00
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS. WITH KUB	148.00
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITH KUB	160.00
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR	230.00

CPT#	CPT DESCRIPTION	FEE(\$)
	CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH SMALL BOWEL FOLLOW-THROUGH	
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS;	117.00
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB	161.00
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON WITH OR WITHOUT GLUCAGON	217.00
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST:	71.00
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	42.00
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY:	141.00
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	166.00
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	89.00
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	114.00
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	121.00
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO- LOGICAL SUPERVISION AND INTERPETATION	286.00
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	387.00
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	179.00
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP	90.00

CPT#	CPT DESCRIPTION	FEE(\$)
	TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	46.00
76020	BONE AGE STUDIES	47.00
76040	BONE LENGTH STUDIES	70.00
	(ORTHOROENTGENOGRAM, SCANOGRAM)	
76065	RADIOLOGIC EXAMINATION OSSEOUS	68.00
	SURVEY, INFANT	
76080	RADIOLOGIC EXAMINATION, FISTULA OR	109.00
	SINUS TRACT STUDY, RADIOLOGICAL	,
	SUPERVISION AND INTERPRETATION	
76090	MAMMOGRAPHY; UNILATERAL	84.00
76091	MAMMOGRAPHY; BILATERAL	111.00
76092	SCREENING MAMMOGRAPHY, BILATERAL(TWO	125.00
76096	VIEW FILM STUDY OF EACH BREAST) PREOPERATIVE PLACEMENT OF NEEDLE	125.00
76096	LOCALIZATION WIRE, BREAST, RADIOLOGICAL	125.00
	SUPERVISION AND INTERPRETATION	
76098	RADIOLOGICAL EXAMINATION, SURGICAL	38.00
70000	SPECIMEN	00.00
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE	124.00
	BODY SECTION (EG, TOMOGRAPHY),	
	OTHER THAN WITH UROGRAPHY	
76100-52	RADIOLOGIC EXAMINATION, SINGLE PLANE	62.00
	BODY SECTION(eg, TOMOGRAPHY) OTHER THAN	
	WITH UROGRAPHY; (COMPLEMENTING ROUTINE	
	EXAMAMINATION)	
76101	RADIOLOGIC EXAMINATION, COMPLEX	134.00
	MOTION (IE, HYPERCYCLOIDAL) BODY	
	SECTION (EG, MASTOID POLYTOMOGRAPHY),	
70.400	OTHER THAN WITH UROGRAPHY; UNILATERAL	
76499	UNLISTED DIAGNOSTIC RADIOLOGIC	100.00
	PROCEDURE - (IV CHOLANGIOGRAM)	100.00
	- OTHERS	ACTUAL
		PLUS OVERHEAD
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL	138.00
	TIME WITH IMAGE DOCUMENTATION (GRAY	
	SCALE) (FOR DETERMINATION OF	
	VENTRICULAR SIZE, DELINEATION OF	
	CEREBRAL CONTENTS AND DETECTION OF	

CPT#	CPT DESCRIPTION	FEE(\$)
	FLUID MASSES OR OTHER INTRACRANIAL ABNORMALITIES), INCLUDING A-MODE ENCEPHALOGRAPHY AS SECONDARY COMPONEN	т
76536	WHERE INDICATED ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IMAGE	132.00
76604	DOCUMENTATION ECHOGRAPHY, CHEST, B-SCAN(INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	125.00
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	109.00
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	186.00
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)	135.00
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	180.00
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION)	209.00
76830 76856	ECHOGRAPHY, TRANSVAGINAL ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	139.00 150.00
76870 76880	ECHOGRAPHY, SCROTUM AND CONTENTS ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	145.00 135.00
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	149.00
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND	149.00

CPT#	CPT DESCRIPTION	FEE(\$)
	INTERPRETATION	
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY,	149.00
	RADIOLOGICAL SUPERVISION AND	
	INTERPRETATION	
80004	AUTOMATED MULTICHANNEL TEST;	37.00
80007	4 CLINICAL CHEMISTRY TESTS	4E 00
80007	AUTOMATED MULTICHANNEL TEST; 7 CLINICAL CHEMISTRY TESTS	45.00
80012	AUTOMATED MULTICHANNEL TEST;	60.00
00012	12 CLINICAL CHEMISTRY TESTS	00.00
80018	AUTOMATED MULTICHANNEL TEST;	70.00
	17-18 CLINICAL CHEMISTRY TESTS	
80058	HEPATIC FUNCTION PANEL THIS PANEL	50.00
	MUST INCLUDE THE FOLLOWING:	
	ALBUMIN, SERUM (82040)	
	BILIRUBIN, TOTAL OR DIRECT (82250)	
	PHOSPHATASE, ALKALINE (84075)	
	TRANSFERASE, ASPARTATE AMINO (AST)	
	(SGOT) (84450)	
	TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460)	
80061	LIPID PANEL	47.00
00001	THIS PANEL MUST INCLUDE THE FOLLOWING:	47.00
	CHOLESTEROL, SERUM, TOTAL (82465)	
	LIPOPROTEIN, DIRECT MEASUREMENT,	
	HIGH DENSITY CHOLESTEROL	
	(HDL CHOLESTEROL) (83718)	
	TRIGLYCERIDES (84478)	
80091	THYROID PANEL	42.00
THIS	PANEL MUST INCLUDE THE FOLLOWING TESTS:	
	THYROXINE, TOTAL (84436)	
	TRIIODOTHYRONINE (T-3), RESIN UPTAKE (84479);	
80092	THYROID PANEL	92.00
	THIS PANEL MUST INCLUDE THE FOLLOWING TESTS	5:
	THYROXINE, TOTAL (84436)	
	TRIIODOTHYRONINE (T-3), RESIN UPTAKE (84479); WITH THYROID STIMULATING	
	HORMONE (TSH) (84443)	
	AZEPINES	
80156	CARBAMAZEPINE	38.00
80162	DIGOXIN	32.00
80170	GENTAMICIN	30.00
00170	GENTAMION	30.00

CPT#	CPT DESCRIPTION	FEE(\$)
80178	LITHIUM	25.00
80184	PHENOBARBITAL	30.00
80185	PHENYTOIN; TOTAL	28.00
80196	SALICYLATE	36.00
80198	THEOPHYLLINE	28.00
81000	URINALYSIS, BY DIP STICK OR TABLET	12.00
0.000	REAGENT FOR BILIRUBIN, GLUCOSE,	
	HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE,	
	PH, PROTEIN, SPECIFIC GRAVITY,	
	UROBILINOGEN, ANY NUMBER OF THESE	
	CONSTITUENTS; WITH MICROSCOPY	
81002	URINALYSIS, BY DIP STICK OR TABLET	12.00
01002	REAGENT FORBILIRUBIN, GLUCOSE,	12.00
	HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE,	
	PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN,	
	ANY NUMBER OF THESE CONSTITUENTS; WITHOUT	
	MICROSCOPY, NON-AUTOMATED	
81005	URINALYSIS; QUALITATIVE OR	7.00
01000	SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	7.00
81050	VOLUME MEASUREMENT FOR TIMED	10.00
01000	COLLECTION, EACH	10.00
82003	ACETAMINOPHEN	35.00
82009	ACETONE OR OTHER KETONE BODIES, SERUM;	15.00
4 _555	QUALITATIVE	
82010	ACETONE OR OTHER KETONE BODIES, SERUM;	22.00
	QUANTITATIVE	
82040	ALBUMIN; SERUM	12.00
82055	ALCOHOL (ETHANOL); ANY SPECIMEN	30.00
	EXCEPT BREATH	
82140	AMMONIA	30.00
82150	AMYLASE	22.00
82250	BILIRUBIN; TOTAL OR DIRECT	15.00
82251	BILIRUBIN; TOTAL AND DIRECT	30.00
82270	BLOOD, OCCULT; FECES SCREENING,	10.00
	1-3 SIMULTANEOUS DETERMINATIONS	
82310	CALCIUM; TOTAL	13.00
82340	CALCIUM; URINE QUANTITATIVE,	25.00
	TIMED SPECIMEN	
82374	CARBON DIOXIDE (BICARBONATE)	15.00
82435	CHLORIDE; BLOOD	12.00
82436	CHLORIDE; URINE	24.00
82438	OTHER SOURCE SPINAL FLUID	20.00

CPT#	CPT DESCRIPTION	FEE(\$)
82465	CHOLESTEROL, SERUM, TOTAL	13.00
82550	CREATINE KINASE (CK), (CPK); TOTAL	22.00
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	25.00
82565	CREATININE; BLOOD	12.00
82570	CREATININE; OTHER SOURCE	21.00
82575	CREATININE; CLEARANCE	31.00
82705	FAT OR LIPIDS, FECES; QUALITATIVE	20.00
82803	GASES, BLOOD, ANY COMBINATION OF	60.00
	pH, pCO2, pOS, CO2, HCO2	
	(INCLUDING CALCULATED O2 SATURATION);	45.00
82947	GLUCOSE; QUANTITATIVE	15.00
82948	GLUCOSE; BLOOD, REAGENT STRIP	10.00
82950	GLUCOSE; POST GLUCOSE DOSE	21.00
00054	(INCLUDES GLUCOSE)	05.00
82951	GLUCOSE; TOLERANCE TEST (GTT),	25.00
00050	THREE SPECIMENS (INCLUDES GLUCOSE)	0.00
82952	GLUCOSE; TOLERANCE TEST, EACH	6.00
90E40	ADDITIONAL BEYOND THREE SPECIMENS	16.00
83540 83550	IRON IRON BINDING CAPACITY	29.00
83615	LACTATE DEHYDROGENASE (LD), (LDH);	16.00
83718	LIPOPROTEIN, DIRECT MEASUREMENT;	24.00
037 10	HIGH DENSITY CHOLESTEROL(HDL	24.00
	CHOLESTEROL)	
83735	MAGNESIUM	15.00
83986	PH, BODY FLUID, EXCEPT BLOOD	15.00
84060	PHOSPHATASE, ACID; TOTAL	25.00
84075	PHOSPHATASE, ALKALINE;	19.00
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	14.00
84105	PHOSPHORUS INORGANIC (PHOSPHATE);	24.00
	URINE	
84132	POTASSIUM; SERUM	14.00
84133	POTASSIUM; URINE	24.00
84155	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY	12.00
84160	PROTEIN; REFRACTOMETRIC	44.00
84295	SODIUM; SERUM	14.00
84300	SODIUM; URINE	24.00
84315	SPECIFIC GRAVITY (EXCEPT URINE)	10.00
84436	THYROXINE; TOTAL	22.00
84443	THYROID STIMULATING HORMONE (TSH)	50.00
84450	TRANSFERASE; ASPARTATE AMINO	16.00

CPT#	CPT DESCRIPTION	FEE(\$)
0.4.400	(AST) (SGOT)	10.00
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	16.00
84478	TRIGLYCERIDES	15.00
84479	TRIIODOTHYRONINE (T-3); RESIN UPTAKE	30.00
84520	UREA NITROGEN; QUANTITATIVE	12.00
84540	UREA NITROGEN, URINE	24.00
84545	UREA NITROGEN, CLEARANCE	31.00
84550	URIC ACID; BLOOD	15.00
84560	URIC ACID; OTHER SOURCE	24.00
84702	GONADOTROPIN, CHORIONIC (HCG);	55.00
	QUANTITATIVE	
84703	GONADOTROPIN, CHORIONIC (HCG);	15.00
	QUALITATIVE	
84999	UNLISTED CHEMISTRY PROCEDURE;	20.00
	STOOL REDUCING SUBSTANCES	
85002	BLEEDING TIME	25.00
85007	BLOOD COUNT; MANUAL DIFFERENTIAL WBC	10.00
	COUNT (INCLUDES RBC MORPHOLOGY AND	
05000	PLATELET ESTIMATION)	0.00
85008	BLOOD COUNT; MANUAL BLOOD SMEAR	8.00
	EXAMINATION WITHOUT DIFFERENTIAL	
0E010	PARAMETERS PLOOD COUNTY OR UNIVERSAL TO CRIT	10.00
85013 85014	BLOOD COUNT; SPUN MICROHEMATOCRIT BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	12.00
8501 4 85018	BLOOD COUNT; OTHER THAN SPON HEMATOCKIT	12.00
85021	BLOOD COUNT; HEMOGRAM, AUTOMATED	12.00
05021	(RBC, WBC, HGB, HCT AND INDICES ONLY)	12.00
85023	BLOOD COUNT; HEMOGRAM AND PLATELET	15.00
00020	COUNT, AUTOMATED, AND MANUAL DIFFERENTIAL	10.00
	WBC COUNT (CBC)	
85025	BLOOD COUNT; HEMOGRAM AND PLATELET	15.00
000_0	COUNT, AUTOMATED, AND AUTOMATED COMPLETE	
	DIFFERENTIAL WBC COUNT (CBC)	
85027	BLOOD COUNT; HEMOGRAM AND PLATELET	12.00
	COUNT, AUTOMATED	
85029	ADDITIONAL AUTOMATED HEMOGRAM INDICES	12.00
	(EG, RED CELL DISTRIBUTION WIDTH (RDW),	
	MEAN PLATELET VOLUME (MPV), RED BLOOD	
	CELL HISTOGRAM, PLATELET HISTOGRAM,	
	WHITE BLOOD CELL HISTOGRAM); ONE TO	
	THREE INDICES	

CPT#	CPT DESCRIPTION	FEE(\$)
85044	BLOOD COUNT; RETICULOCYTE COUNT, MANUAL	14.00
85048	BLOOD COUNT; WHITE BLOOD CELL (WBC)	12.00
85095	BONE MARROW; ASPIRATION ONLY	30.00
85097	BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT	50.00
85102	BONE MARROW BIOPSY, NEEDLE OR TROCAR;	50.00
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	25.00
85384	FIBRINOGEN; ACTIVITY	20.00
85385	FIBRINOGEN; ANTIGEN	
85595	PLATELET; AUTOMATED COUNT	12.00
85610	PROTHROMBIN TIME;	15.00
85651	SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	10.00
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	18.00
86063	ANTISTREPTOLYSIN 0; SCREEN	22.00
86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE DISEASE, INTERPRETATION AND WRITTEN REPORT	30.00
86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG, USE OF OUTDATED BLOOD, TRANSFUSION OF RH INCOMPATIBLE UNITS), WITH WRITTEN REPORT	30.00
86157	COLD AGGLUTININ; TITER	25.00
86287	HEPATITIS B SURFACE ANTIGEN (HBSAG)	25.00
86291	HEPATITIS B SURFACE ANTIBODY (HBSAB)	25.00
86308	HETEROPHILE ANTIBODIES; SCREENING	14.00
86431	RHEUMATOID FACTOR; QUANTITATIVE	22.00
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	15.00
86701	ANTIBODY; HIV-1	35.00
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	65.00
86762	ANTIBODY; RUBELLA	35.00
86850	ANTIBODY SCREEN, RBC, EACH SERUM	20.00

CPT#	CPT DESCRIPTION	FEE(\$)
	TECHNIQUE	
86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	20.00
86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	20.00
86900	BLOOD TYPING; ABO	15.00
86901	BLOOD TYPING; RH (D)	6.00
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM,	15.00
96005	PER UNIT SCREENED	15.00
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR Rh (D), EACH	15.00
86920	COMPATIBILITY TEST EACH UNIT;	15.00
00320	IMMEDIATE SPIN TECHNIQUE	13.00
86921	COMPATIBILITY TEST EACH UNIT;	10.00
OCOLI	INCUBATION TECHNIQUE	10.00
86922	COMPATIBILITY TEST EACH UNIT;	15.00
	ANTIGLOBULIN TECHNIQUE	
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	18.00
87040	CULTURE, BACTERIAL, DEFINITIVE;	35.00
0,040	BLOOD (INCLUDES ANAEROBIC SCREEN)	30.00
87045	CULTURE, BACTERIAL, DEFINITIVE;	35.00
87060	STOOL CULTURE, BACTERIAL, DEFINITIVE;	20.00
87000	THROAT OR NOSE	20.00
87070	CULTURE, BACTERIAL, DEFINITIVE;	31.00
0.0.0	ANY OTHER SOURCE	22
87081	CULTURE, BACTERIAL, SCREENING ONLY,	15.00
	FOR SINGLE ORGANISMS	
87088	CULTURE, BACTERIAL, URINE;	20.00
	IDENTIFICATION, IN ADDITION TO	
	QUANTITATIVE OR COMMERCIAL KIT	
87117	CULTURE, TUBERCLE OR OTHER ACID-FAST	43.00
	BACILLI (EG, TB, AFB, MYCOBACTERIA);	
	CONCENTRATION PLUS ISOLATION	
87118	CULTURE, MYCOBACTERIA, DEFINITIVE	43.00
	IDENTIFICATION OF EACH ORGANISM	05.00
87177	OVA AND PARASITES, DIRECT SMEARS,	25.00
07404	CONCENTRATION AND IDENTIFICATION	05.00
87184	SENSITIVITY STUDIES, ANTIBIOTIC;	25.00
	DISK METHOD, PER PLATE (12 OR LESS DISKS)	

CPT#	CPT DESCRIPTION	FEE(\$)
87186	SENSITIVITY STUDIES, ANTIBIOTIC; MICROTITER, MINIMUM INHIBITORY CONCENTRATION (MIC), ANY NUMBER OF ANTIBIOTICS	28.00
87205	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; ROUTINE STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	12.00
87206	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	18.00
87207	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR INTRACELLULAR PARASITES (EG, MALARIA, KALA AZAR, HERPES)	18.00
87208	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; DIRECT OR CONCENTRATED, DRY, FOR OVA AND PARASITES	15.00
87210	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; WET MOUNT WITH SIMPLE STAIN, FOR BACTERIA, FUNGI, OVA, AND/OR PARASITES BACTERIA, FUNGI, OVA, AND/OR PARASITES	15.00
87211	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; WET AND DRY MOUNT, FOR OVA AND PARASITES	15.00
87220	TISSUE EXAMINATION FOR FUNGI (EG, KOH SLIDE)	15.00
88000	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS	2000.00
88014	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN	500.00
88016	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN	0.00
88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS	2200.00
88029	NECROSCOPIC, WITHOUT CINS NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN	700.00
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	2000.00

CPT#	CPT DESCRIPTION	FEE(\$)
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	30.00
88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; CONCENTRATION TECHNIQUE, SMEARS AND	40.00
88150	INTERPRETATION (EG, SACCOMANNO TECHNIQUE) CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; SCREENING BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	17.00
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	17.00
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION APPENDIX, INCIDENTAL FALLOPIAN TUBE, STERILIZATION FINGERS/TOES, AMPUTATION, TRAUMATIC FORESKIN, NEWBORN HERNIA SAC, ANY LOCATION HYDROCELE SAC NERVE SKIN, PLASTIC REPAIR SYMPATHETIC GANGLION TESTIS, CASTRATION VAGINAL MUCOSA, INCIDENTAL VAS DEFERENS, STERILIZATION	59.00
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIAL/VENTRICULAR ANUS, TAG APPENDIX, OTHER THAN INCIDENTAL ARTERY, ATHEROMATOUS PLAQUE	76.00
	BARTHOLIN'S GLAND CYST BONE FRAGMENT(S), OTHER THAN PATHOLOGIC FR BURSA/SYNOVIAL CYST CARPAL TUNNEL TISSUE CARTILAGE, SHAVINGS CHOLESTEATOMA COLON, COLOSTOMY STOMA CONJUNCTIVA - BIOPSY/PTERYGIUM CORNEA DIVERTICULUM - ESOPHAGUS/SMALL BOWEL DUPUYTREN'S CONTRACTURE TISSUE	ACTURE
	FEMORAL HEAD, OTHER THAN FRACTURE FISSURE/FISTULA FORESKIN, OTHER THAN NEWBORN	

ENDOCERVIX, CURETTINGS/BIOPSY ENDOMETRIUM, CURETTINGS/BIOPSY

EXTREMITY, AMPUTATION, TRAUMATIC

ESOPHAGUS, BIOPSY

FALLOPIAN TUBE, BIOPSY

FALLOPIAN TUBE, ECTOPIC PREGNANCY

FEMORAL HEAD, FRACTURE

FINGERS/TOES, AMPUTATION, NON-TRAUMATIC

GINGIVA/ORAL MUCOSA, BIOPSY

HEART VALVE

JOINT, RESECTION

KIDNEY, BIOPSY

LARYNX, BIOPSY

LEIOMYOMA(S), UTERINE MYOMECTOMY - WITHOUT UTERUS

LIP. BIOPSY/WEDGE RESECTION

LUNG, TRANSBRONCHIAL BIOPSY

LYMPH NODE, BIOPSY

MUSCLE, BIOPSY

NASAL MUCOSA, BIOPSY

NASOPHARYNX/OROPHARYNX, BIOPSY

NERVE. BIOPSY

ODONTOGENIC/DENTAL CYST

OMENTUM, BIOPSY

OVARY WITH OR WITHOUT TUBE, NON-NEOPLASTIC

OVARY, BIOPSY/WEDGE RESECTION

PARATHYROID GLAND

PERITONEUM, BIOPSY

PITUITARY TUMOR

PLACENTA, OTHER THAN THIRD TRIMESTER

PLEURA/PERICARDIUM - BIOPSY/TISSUE

POLYP. CERVICAL/ENDOMETRIAL

POLYP, COLORECTAL

POLYP, STOMACH/SMALL BOWEL

PROSTATE, NEEDLE BIOPSY

PROSTATE, TUR

SALIVARY GLAND, BIOPSY

SINUS, PARANASAL BIOPSY

SKIN, OTHER THAN CYST/TAG/DEBRIDEMENT/

PLASTIC REPAIR

SMALL INTESTINE, BIOPSY

SOFT TISSUE, OTHER THAN TUMOR/MASS/

LIPOMA/DEBRIDEMENT

SPLEEN

STOMACH, BIOPSY

SYNOVIUM

TESTIS, OTHER THAN TUMOR/BIOPSY/

CASTRATION

CPT#	CPT DESCRIPTION	FEE(\$)
88309	THYROGLOSSAL DUCT/BRACHIAL CLEFT CYST TONGUE, BIOPSY TONSIL, BIOPSY TRACHEA, BIOPSY URETER, BIOPSY URETHRA, BIOPSY URETHRA, BIOPSY URETUS, WITH OR WITHOUT TUBES & OVARIES, FOR PROLAPSE VAGINA, BIOPSY ULVA/LABIA, BIOPSY ULVA/LABIA, BIOPSY LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST, MASTECTOMY - WITH REGIONAL LYMPH NODES COLON, SEGMENTAL RESECTION FOR TUMOR COLON, TOTAL RESECTION EXTREMITY, DISARTICULATION EXTREMITY, DISARTICULATION FETUS, WITH DISSECTION - WITH REGIONAL LYMPH NODES LUNG - TOTAL/LOBE/SEGMENT RESECTION PANCREAS, TOTAL/SUBTOTAL RESECTION PROSTATE, RADICAL RESECTION SMALL INTESTINE, RESECTION FOR TUMOR SOFT TISSUE TUMOR, EXTENSIVE RESECTION FOR TUMOR TESTIS, TUMOR TESTIS, TUMOR TESTIS, TUMOR URINARY BLADDER, PARTIAL/TOTAL RESECTION UTERUS, WITH OR WITHOUT TUBES & OVARIES,	348.00
88311	NEOPLASTIC VULVA, TOTAL/SUBTOTAL RESECTION DECALCIFICATION PROCEDURE (LIST	26.00
	SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR	26.00

CPT#	CPT DESCRIPTION	FEE(\$)
88313	MICROORGANISMS (EG, GRIDLEY, ACID FAST, METHENAMINE SILVER), EACH SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER, (EG, IRON, TRICHROME), EXCEPT IMMUNOCYTOCHEMISTRY AND IMMUNOPEROXID.	25.00 ASE
89050	STAINS, EACH CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD;	23.00
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD;	26.00
89060	WITH DIFFERENTIAL COUNT CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALYSIS, ANY BODY FLUID (EXCEPT URINE)	35.00
89125	FAT STAIN, FECES, URINE, OR SPUTUM	25.00
89190	NASAL SMEAR FOR EOSINOPHILS	30.00
89310	SEMEN ANALYSIS; MOTILITY AND COUNT	30.00
89320	SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY AND DIFFERENTIAL)	40.00
90700	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR	10.00+DC
90701	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP)	10.00+DC
90702	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS (DT)	5.00+DC
90703	IMMUNIZATION, ACTIVE; TETANUS TOXOID	5.00+DC
90704	IMMUNIZATION, ACTIVE; MUMPS VIRUS VACCINE, LIVE	6.00+DC
90705	IMMUNIZATION, ACTIVE; MEASLES VIRUS VACCINE, LIVE, ATTENUATED	6.00+DC
90706	IMMUNIZATION, ACTIVE; RUBELLA VIRUS VACCINE. LIVE	6.00+DC
90707	IMMUNIZATION, ACTIVE; MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE	14.00+DC
90708	IMMUNIZATION, ACTIVE; MEASLES AND RUBELLA VIRUS VACCINE, LIVE	9.00+DC
90709	IMMUNIZATION, ACTIVE; RUBELLA AND	9.00+DC

CPT#	CPT DESCRIPTION	FEE(\$)
90710	MUMPS VIRUS VACCINE, LIVE IMMUNIZATION, ACTIVE; MEASLES,	10.00+DC
90711	MUMPS, RUBELLA, AND VARICELLA VACCINE DIPHTHERIA, TETANUS, AND PERTUSSIS (DTP) AND INJECTABLE POLIOMYELITIS VACCINE	10.00+DC
90712	IMMUNIZATION, ACTIVE; POLIOVIRUS VACCINE, LIVE, ORAL (ANY TYPE(S))	10.00+DC
90713	IMMUNIZATION, ACTIVE; POLIOMYELITIS VACCINE	6.00+DC
90714	IMMUNIZATION, ACTIVE; TYPHOID VACCINE	5.00+DC
90716	VARICELLA (CHICKEN POX) VACCINE	6.00+DC
90717	IMMUNIZATION, ACTIVE; YELLOW FEVER VACCINE	5.00+DC
90718	IMMUNIZATION, ACTIVE; TETANUS AND DIPHTHERIA TOXOIDS ABSORBED, FOR ADULT USE (TD)	6.00+DC
90719	IMMUNIZATION, ACTIVE; DIPHTHERIA TOXOID	5.00+DC
90720	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS, AND PERTUSSIS (DTP) AND HEMOPHILUS INFLUENZA B(HIB) VACCINE	11.00+DC
90724	IMMUNIZATION, ACTIVE; INFLUENZA VIRUS VACCINE	8.00+DC
90725	IMMUNIZATION, ACTIVE; CHOLERA VACCINE	5.00+DC
90726	IMMUNIZATION, ACTIVE; RABIES VACCINE	6.00+DC
90727	IMMUNIZATION, ACTIVE; PLAGUE VACCINE	6.00+DC
90728	IMMUNIZATION, ACTIVE; BCG VACCINE	6.00+DC
90730	HEPATITIS A VACCINE	12.00+DC
90731	IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE	12.00+DC
90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT	8.00+DC
90733	IMMUNIZÁTION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S))	8.00+DC
90735	ENCEPHALITIS VIRUS VACCINE	8.00+DC
90737	IMMUNIZATION, ACTIVE; HEMOPHILUS INFLUENZA B	11.00+DC
90741	IMMUNIZATION, PASSIVE; IMMUNE SERUM	5.00+DC

CPT#	CPT DESCRIPTION	FEE(\$)
90742	GLOBULIN, HUMAN (ISG) IMMUNIZATION, PASSIVE; SPECIFIC HYPERIMMUNE SERUM GLOBULIN (EG, HEPATITIS B, MEASLES, PERTUSSIS, RABIES, RHO(D), TETANUS, VACCINIA,	11.00+DC
90780	VARICELLA-ZOSTER) IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN;	40.00
90781	UP TO ONE HOUR IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN;	20.00
90782	EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); SUBCUTANEOUS	10.00+DC
90783	OR INTRAMUSCULAR THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRA-ARTERIAL	10.00+DC
90784	THERAPEUTIC OR DIAGNOSTIC INJECTION	10.00+DC
90788	(SPECIFY MATERIAL INJECTED); INTRAVENOUS INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	10.00+DC
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW100.00 EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COMMUNICATION WITH FAMILY OR OTHER SOURCES, ORDERING AND MEDICAL INTERPRETATION OF LABORATORY OR OTHER MEDICAL DIAGNOSTIC STUDIES. IN CERTAIN CIRCUMSTANCES OTHER INFORMANTS WILL BE SEEN IN LIEU OF THE PATIENT)	
90801-52	PYSCHIATRIC DIAGNOSTIC INTERVIEW- REDUCED SERVICES	50.00
90820	INTERACTIVE MEDICAL PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	90.00
90825	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS, PSYCHOMETRIC AND/OR PROJECTIVE TESTS, AND OTHER ACCUMULATED DATA FOR MEDICAL	45.00

CPT#	CPT DESCRIPTION	FEE(\$)
90830	DIAGNOSTIC PURPOSES PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF	65.00
90841	PERSONALITY, PSYCHOPATHOLOGY, EMOTIONALITY, INTELLECTUAL ABILITIES, EG, WAIS-R, RORSCHACH, MMPI) WITH INTERPRETATION AND REPORT, PER HOUR INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOSTIC EVALUATION, AND DRUG MANAGEMENT WHEN INDICATED, INCLUDING INSIGHT ORIENTED, BEHAVIOR MODIFYING	80.00
90842	OR SUPPORTIVE PSYCHOTHERAPY; TIME UNSPECIFIED INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL	105.00
	DIAGNOSTIC EVALUATION, AND DRUG MANAGEMENT WHEN INDICATED, INCLUDING INSIGHT ORIENTED, BEHAVIOR MODIFYING OR SUPPORTIVE PSYCHOTHERAPY;	
90843	APPROXIMATELY 75 TO 80 MINUTES INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOSTIC EVALUATION, AND DRUG MANAGEMENT WHEN INDICATED, INCLUDING INSIGHT ORIENTED, BEHAVIOR MODIFYING OR SUPPORTIVE PSYCHOTHERAPY; APPROXIMATELY 20 TO 30 MINUTES	45.00
90844	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOSTIC EVALUATION, AND DRUG MANAGEMENT WHEN INDICATED, INCLUDING INSIGHT ORIENTED, BEHAVIOR MODIFYING OR SUPPORTIVE PSYCHOTHERAPY; APPROXIMATE	80.00 ELY
	45 TO 50 MINUTES	
90845	MEDICAL PSYCHOANALYSIS	75.00
90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOUT	85.00
90847	THE PATIENT PRESENT); PER HOUR FAMILY MEDICAL PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) BY A PHYSICIAN, WITH CONTINUING MEDICAL DIAGNOSTIC EVALUATION, AND DRUG MANAGEMENT WHEN INDICATED;	95.00

CPT#	CPT DESCRIPTION	FEE(\$)
	PER HOUR	
90849	MULTIPLE-FAMILY GROUP MEDICAL	50.00
	PSYCHOTHERAPY BY A PHYSICIAN, WITH	
	CONTINUING MEDICAL DIAGNOSTIC EVALUATION,	
	AND DRUG MANAGEMENT WHEN INDICATED;	
	PER HOUR	
90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER	30.00
	THAN OF A MULTIPLE-FAMILY GROUP) BY	
	A PHYSICIAN, WITH CONTINUING MEDICAL	
	DIAGNOSTIC EVALUATION AND DRUG MANAGEMEN	IT
	WHEN INDICATED	
90855	INTERACTIVE INDIVIDUAL MEDICAL	85.00
00057	PSYCHOTHERAPY	
90857	INTERACTIVE GROUP MEDICAL PSYCHOTHERAPY	20.00
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING	50.00
	PRESCRIPTION, USE, AND REVIEW OF	
	MEDICATION WITH NO MORE THAN MINIMAL	
90882	MEDICAL PSYCHOTHERAPY; PER HOUR ENVIRONMENTAL INTERVENTION FOR MEDICAL	25.00
90002	MANAGEMENT PURPOSES ON A PSYCHIATRIC	25.00
	PATIENT'S BEHALF WITH AGENCIES,	
	EMPLOYERS, OR INSTITUTIONS; PER HOUR	
90887	INTERPRETATION OR EXPLANATION OF	50.00
	RESULTS OF PSYCHIATRIC, OTHER MEDICAL	00.00
	EXAMINATIONS AND PROCEDURES, OR OTHER	
	ACCUMULATED DATA TO FAMILY OR OTHER	
	RESPONSIBLE PERSONS, OR ADVISING THEM	
	HOW TO ASSIST PATIENT; PER HOUR	
90889	PREPARATION OF REPORT OF PATIENT'S	50.00
	PSYCHIATRIC STATUS, HISTORY, TREATMENT,	
	OR PROGRESS (OTHER THAN FOR LEGAL OR	
	CONSULTATIVE PURPOSES) FOR OTHER	
	PHYSICIANS, AGENCIES, OR INSURANCE	
	CARRIERS; PER HOUR	
90935	HEMODIALYSIS PROCEDURE WITH SINGLE	220.00
	PHYSICIAN EVALUATION	
90937	HEMODIALYSIS PROCEDURE REQUIRING	400.00
	REPEATED EVALUATION(S) WITH OR WITHOUT	
	SUBSTANTIAL REVISION OF DIALYSIS	
04.000	PRESCRIPTION	
91000	ESOPHAGEAL INTUBATION AND COLLECTION	60.00
	OF WASHINGS FOR CYTOLOGY, INCLUDING	

CPT#	CPT DESCRIPTION	FEE(\$)
	PREPARATION OF SPECIMENS	
	(SEPARATE PROCEDURE) PROCEDURE)	
91010	ÈSOPHAGEAL MOTILITY ŚTUDY;	120.00
91011	ESOPHAGEAL MOTILITY STUDY;	130.00
	WITH MECHOLYL OR SIMILAR STIMULANT	
91012	ESOPHAGEAL MOTILITY STUDY;	138.00
	WITH ACID PERFUSION STUDIES	
91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	60.00
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN)	62.00
	TEST FOR ESOPHAGITIS	
91032	ESOPHAGUS, ACID REFLUX TEST, WITH	125.00
	INTRALUMINAL PH ELECTRODE FOR DETECTION	
	OF GASTROESOPHAGEAL REFLUX;	
91033	ESOPHAGUS, ACID REFLUX TEST, WITH	170.00
	INTRALUMINAL PH ELECTRODE FOR	
	DETECTION OF GASTROESOPHAGEAL REFLUX;	
	PROLONGED RECORDING	
91052	GASTRIC ANALYSIS TEST WITH INJECTION	85.00
	OF STIMULANT OF GASTRIC SECRETION	
	(EG, HISTAMINE, INSULIN, PENTAGASTRIN,	
	CALCIUM AND SECRETIN)	
91055	GASTRIC INTUBATION, WASHINGS, AND	70.00
	PREPARING SLIDES FOR CYTOLOGY	
	(SEPARATE PROCEDURE)	
91060	GASTRIC SALINE LOAD TEST	40.00
91065	BREATH HYDROGEN TEST (EG, FOR	45.00
	DETECTION OF LACTASE DEFICIENCY)	55.00
91100	INTESTINAL BLEEDING TUBE, PASSAGE,	55.00
	POSITIONING AND MONITORING	00.00
91105	GASTRIC INTUBATION, AND ASPIRATION	30.00
	OR LAVAGE FOR TREATMENT (EG, FOR	
	INGESTED POISONS)	405.00
91122	ANORECTAL MANOMETRY	125.00
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL	64.00
	EXAMINATION AND EVALUATION WITH	
	INITIATION OF DIAGNOSTIC AND TREATMENT	
00004	PROGRAM; INTERMEDIATE, NEW PATIENT	00.00
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL	93.00
	EXAMINATION AND EVALUATION WITH	
	INITIATION OF DIAGNOSTIC AND TREATMENT	
	PROGRAM; COMPREHENSIVE, NEW PATIENT,	
	ONE OR MORE VISITS	

CPT#	CPT DESCRIPTION	FEE(\$)
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT	54.00
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, ONE OR MORE VISITS	68.00
92015	DETERMINATION OF REFRACTIVE STATE	16.00
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; COMPLETE	85.00
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; LIMITED	76.00
92020	GONIOSCOPY WITH MEDICAL DIAGNOSTIC EVALUATION (SEPARATE PROCEDURE)	28.00
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION AND MEDICAL DIAGNOSTIC EVALUATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) (SEPARATE PROCEDURE)	38.00
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	30.00
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	83.00
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTOPLOT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT) AS OCTOPUS 3 OR 7 EQUIVALENT)	28.00

CPT#	CPT DESCRIPTION	FEE(\$)
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; INTERMEDIATE EXAMINATION (EG, AT LEAST 2 ISOPTERS ON GOLDMANN PERIMETER, OR SEMIQUANTITATIVE, AUTOMATED SUPRATHRESHOLD SCREENING PROGRAM, HUMPHREY SUPRATHRESHOLD AUTOMATIC DIAGNOSTIC TEST, OCTOPUS PROGRAM 33)	40.00
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; EXTENDED EXAMINATION (EG, GOLDMANN VISUAL FIELDS WITH AT LEAST 3 ISOPTERS PLOTTED AND STATIC DETERMINATION WITHIN THE CENTRAL 30, OR QUANTITATIVE, AUTOMATED THRESHOLD PERIMETRY, OCTOPUS PROGRAM G-1, 32 OR 42, HUMPHREY VISUAL FIELD ANALYZER FULL THRESHOLD PROGRAMS 30-2, 24-2, OR 30/60-2)	58.00
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE OVER AN EXTENDED TIME PERIOD WITH MEDICAL DIAGNOSTIC EVALUATION, SAME DAY (EG, DIURNAL CURVE OR MEDICAL TREATMENT OF ACUTE ELEVATION OF INTRAOCULAR PRESSURE)	28.00
92120	TONOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION, RECORDING INDENTATION TONOMETER METHOD OR PERILIMBAL SUCTION METHOD	48.00
92130 92140	TONOGRAPHY WITH WATER PROVOCATION PROVOCATIVE TESTS FOR GLAUCOMA, WITH MEDICAL DIAGNOSTIC EVALUATION, WITHOUT TONOGRAPHY	56.00 34.00
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH MEDICAL DIAGNOSTIC EVALUATION; INITIAL	45.00
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH MEDICAL DIAGNOSTIC EVALUATION; SUBSEQUENT	39.00

CPT # CPT DESCRIPTION	FEE(\$)
92230 FLUORESCEIN ANGIOSCOPY WITH MEDICAL DIAGNOSTIC EVALUATION WITH FLUORESCI ANGIOSCOPY (OBSERVATION ONLY)	
92235 FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH MEDICAL DIAGNOSTIC EVALUATION PHOTOGRAPHY)	104.00
92250 FUNDUS PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION WITH FUNDUS PHOTOGRAPHY	37.00
92260 OPHTHALMODYNAMOMETRY	46.00
92265 NEEDLE OCULOELECTROMYOGRAPHY, ONE	
MORE EXTRAOCULAR MUSCLES, ONE OR BEEVES, WITH MEDICAL DIAGNOSTIC EVALUATION	OTH
92270 ELECTRO-OCULOGRAPHY, WITH MEDICAL DIAGNOSTIC EVALUATION	64.00
92275 ELECTRORETINOGRAPHY, WITH MEDICAL DIAGNOSTIC EVALUATION	83.00
92280 VISUALLY EVOKED POTENTIAL (RESPONSE) STUDY, WITH MEDICAL DIAGNOSTIC EVALUATION	51.00
92283 COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	23.00
92284 DARK ADAPTATION EXAMINATION, WITH MEDICAL DIAGNOSTIC EVALUATION	34.00
92285 EXTERNAL OCULAR PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION FOR DOCUMENTATION OF MEDICAL PROGRESS CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY)	21.00 (EG,
92286 SPECIAL ANTERIOR SEGMENT PHOTOGRAP WITH MEDICAL DIAGNOSTIC EVALUATION; WITH SPECULAR ENDOTHELIAL MICROSCOF AND CELL COUNT	
92287 SPECIAL ANTERIOR SEGMENT PHOTOGRAP WITH MEDICAL DIAGNOSTIC EVALUATION; WITH FLUORESCEIN ANGIOGRAPHY	HY 101.00
92310 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CON LENS, WITH MEDICAL SUPERVISION OF ADA CORNEAL LENS, BOTH EYES, EXCEPT FOR A	PTATION;
92311 PRESCRIPTION OF OPTICAL AND PHYSICAL	

CPT#	CPT DESCRIPTION	FEE(\$)
	CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE	
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR	103.00
92313	APHAKIA, BOTH EYES PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOSCLERAL LENS	77.00
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA	50.00
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, ONE EYE	48.00
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, BOTH EYES	70.00
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEOSCLERAL LENS	36.00
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION	16.00
92326	REPLACEMENT OF CONTACT LENS	68.00
92330	PRESCRIPTION, FITTING, AND SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE),	96.00

CPT #	CPT DESCRIPTION	FEE(\$)
92335	WITH MEDICAL SUPERVISION OF ADAPTATION PRESCRIPTION OF OCULAR PROSTHESIS (ARTIFICIAL EYE) AND DIRECTION OF FITTING AND SUPPLY BY INDEPENDENT TECHNICIAN,	107.00
92340	WITH MEDICAL SUPERVISION OF ADAPTATION FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	25.00
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	30.00
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	31.00
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	28.00
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	38.00
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	350.00
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER	170.00
92358	COMPOUND LENS SYSTEM PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN,	40.00
92370	INCLUDING MATERIALS) REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	15.00
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	26.00
92552	PURE TOME AUDIOMETRY(THRESHOLD); AIR ONLY	16.00
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	215.00
92953	TEMPORARY TRANSCUTANEOUS PACING	65.00
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL ARRHYTHMIA, EXTERNAL	148.00
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	255.00
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY ANGIOGRAPHY	460.00
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH	40.00

CPT#	CPT DESCRIPTION	FEE(\$)
	AT LEAST 12 LEADS; WITH INTERPRETATION	
93005	AND REPORT ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY,	30.00
93010	WITHOUT INTERPRETATION AND REPORT ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	25.00
93012	REPORT ONLY TELEPHONIC OR TELEMETRIC TRANSMISSION	9.00
93014	OF ELECTROCARDIOGRAM RHYTHM STRIP; TELEPHONIC OR TELEMETRIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP;	13.00
93015	PHYSICIAN REVIEW WITH INTERPRETATION AND REPORT ONLY CARDIOVASCULAR STRESS TEST USING?)	125.00
	MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE AND/OR PHARMACOLOGICAL STRESS; CONTINOUS ELECTROCARDIOGRAPHIC MONITORING WITH PHYSICIAN SUPERVISION, WITH INTERPRETATION AND REPORT	120.00
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	15.00
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	5.00
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	10.00
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND	165.00
93225	INTERPRETATION ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION) RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION)	45.00
93226	ELECTROCARDIOGRAPHIC MONITORING FOR	77.00

CPT#	CPT DESCRIPTION	FEE(\$)
	24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; SCANNING ANALYSIS WITH REPORT	
93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE,	47.00
	WITH VISUAL SUPERIMPOSITION SCANNING; PHYSICIAN REVIEW AND INTERPRETATION	
93230	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	150.00
	WAVEFORM RECORDING AND STORAGE WITHOUT	
	SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL	
	MINIATURIZED PRINTOUT:	
	INCLUDES RECORDING, MICROPROCESSOR	
	-BASED ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND INTERPRETATION	
93231	ELECTROCARDIOGRAPHIC MONITORING FOR	55.00
	24 HOURS BY CONTINUOUS ORIGINAL ECG	
	WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A	
	DEVICE CAPABLE OF PRODUCING A FULL	
	MINIATURIZED PRINTOUT; RECORDING	
	(INCLUDES HOOK-UP, RECORDING, AND	
93232	DISCONNECTION) ELECTROCARDIOGRAPHIC MONITORING FOR	76.00
	24 HOURS BY CONTINUOUS ORIGINAL ECG	7 0.00
	WAVEFORM RECORDING AND STORAGE WITHOUT	
	SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL	
	MINIATURIZED PRINTOUT; MICROPROCESSOR	
	-BASED ANALYSIS WITH REPORT	
93233	ELECTROCARDIOGRAPHIC MONITORING FOR	55.00
	24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT	
	SUPERIMPOSITION SCANNING UTILIZING A	
	DEVICE CAPABLE OF PRODUCING A FULL	
	MINIATURIZED PRINTOUT; PHYSICIAN	
93235	REVIEW AND INTERPRETATION ELECTROCARDIOGRAPHIC MONITORING FOR	125.00
3 3233	24 HOURS BY CONTINUOUS COMPUTERIZED	135.00

CPT#	CPT DESCRIPTION	FEE(\$)
	MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; INCLUDES MONITORING AND REAL TIME DATA ANALYSIS WITH REPORT,	
93236	PHYSICIAN REVIEW AND INTERPRETATION ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; MONITORING AND REAL-TIME DATA ANALYSIS WITH REPORT	90.00
93237	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; PHYSICIAN REVIEW AND INTERPRETATION	45.00
93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION, PER 30 DAY PERIOD OF TIME	160.00
93501 93503	RIGHT HEART CATHETERIZATION INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	835.00 175.00
93612	INTRAVENTRICULAR PACING	245.00
93770	DETERMINATION OF VENOUS PRESSURE	13.00
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	285.00
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S),	40.00

CPT#	CPT DESCRIPTION	FEE(\$)
	AND/OR MAXIMAL VOLUNTARY VENTILATION	
94050	INCENTIVE SPIROMETRY	40.00
94060	BRONCHOSPASM EVALUATION: SPIROMETRY	80.00
	AS IN 94010, BEFORE AND AFTER	
	BRONCHODILATOR (AEROSOL OR PARENTERAL)	
04150	OR EXERCISE	12.00
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	12.00
94160	VITAL CAPACITY SCREENING TESTS:	20.00
34100	TOTAL CAPACITY, WITH TIMED FORCED	20.00
	EXPIRATORY VOLUME (STATE DURATION),	
	AND PEAK FLOW RATE	
94375	RESPIRATORY FLOW VOLUME LOOP	35.00
94640	NONPRESSURIZED INHALATION TREATMENT	15.00
	FOR ACUTE AIRWAY OBSTRUCTION	
94656	VENTILATION ASSIST AND MANAGEMENT,	100.00
	INITIATION OF PRESSURE OR VOLUME	
	PRESET VENTILATORS FOR ASSISTED OR	
0.4057	CONTROLLED BREATHING; FIRST DAY	60.00
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME	60.00
	PRESET VENTILATORS FOR ASSISTED OR	
	CONTROLLED BREATHING; SUBSEQUENT DAYS	
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	53.00
	VENTILATION (CPAP), INITIATION AND	
	MANAGEMENT	
94664	AEROSOL OR VAPOR INHALATIONS FOR	30.00
	SPUTUM MOBILIZATION, BRONCHODILATION,	
	OR SPUTUM INDUCTION FOR DIAGNOSTIC	
	PURPOSES; INITIAL DEMONSTRATION	
0.4005	AND/OR EVALUATION	00.00
94665	AEROSOL OR VAPOR INHALATIONS FOR	30.00
	SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC	
	PURPOSES; SUBSEQUENT	
94667	MANIPULATION CHEST WALL, SUCH AS	40.00
J-1007	CUPPING, PERCUSSING, AND VIBRATION TO	10.00
	FACILITATE LUNG FUNCTION; INITIAL	
	DEMONSTRATION AND/OR EVALUATION	
94668	MANIPULATION CHEST WALL, SUCH AS	10.00
	CUPPING, PERCUSSING, AND VIBRATION TO	
	FACILITATE LUNG FUNCTION; SUBSEQUENT	

CPT#	CPT DESCRIPTION	FEE(\$)
94750 94760	PULMONARY COMPLIANCE STUDY, ANY METHOD NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	38.00 20.00
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	40.00
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	30.00
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE - OXYHOOD PER 24 HRS - CROUPETTE TENT AND	20.00
	OTHER UNLISTED SERVICES	ACTUAL PLUS
95816	ELECTROENCEPHALOGRAM(EEG) INCLUDING RECORDING AWAKE AND DROWSY, WITH HYPERVENTILATION AND/OR PHOTIC STIMULATION; STANDARD OR PORTABLE, SAME FACILITY	130.00
95819	ELECTROENCEPHALOGRAM(EEG) INCLUDING RECORDING AWAKE AND ASLEEP, WITH HYPERVENTILATION AND/OR PHOTIC STIMULATION; STANDARD OR PORTABLE, SAME FACILITY	200.00
95824	ELECTROENCEPHALOGRAM(EEG) INCLUDING RECORDING AWAKE AND ASLEEP, WITH HYPERVENTILATION AND/OR PHOTIC STIMULATION; CEREBRAL DEATH EVALUATION	90.00
95831	MUSCLE TESTING, MANUAL,(SEPARATE PROCEDURE); EXTREMITY (EXCLUDING HAND) OR TRUNK, WITH REPORT	25.00
95832	MUSCLE TESTING, MANUAL; HAND (WITH OR WITHOUT COMPARISON WITH NORMAL SIDE)	35.00
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)	30.00
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	40.00
95882	NEUROBEHAVIORAL STATUS EXAM (CLINICAL	60.00

CPT#	CPT DESCRIPTION	FEE(\$)
	ASSESSMENT OF THINKING, REASONING AND JUDGEMENT, EG, ACQUIRED KNOWLEDGE	
96408	CHEMOTHERAPY ADMINISTRATION, INTRA- VENOUS; PUSH TECHNIQUE	35.00
96410	CHEMOTHERAPY ADMINISTRATION, INFUSION TECHNIQUE, UP TO ONE HOUR	55.00
96412	CHEMOTHERAPY ADMINISTRATION, INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR	40.00
96414	CHEMOTHERAPY ADMINISTRATION, INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP	45.00
97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	20.00
97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	25.00
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA: PARAFFIN BATH	25.00
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRPOOL	25.00
97039	PHYSICAL MEDICINE TREATMENT TO ONE AREA; UNLISTED MODALITY	20.00
97110	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; THERAPEUTIC EXERCISES	30.00
97112	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; NEUROMUSCULAR REEDUCATION	45.00
97114	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; FUNCTIONAL ACTIVITIES	45.00
97116	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; GAIT TRAINING	22.00
97118	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; ELECTRICAL STIMULATION(MANUAL)	30.00
97120	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; IONTOPHORESIS	30.00

CPT#	CPT DESCRIPTION	FEE(\$)
97122	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; TRACTION, MANUAL	30.00
97124	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; MASSAGE	30.00
97128	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; ULTRASOUND	20.00
97139	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; UNLISTED PROCEDURE (SPECIFY)	20.00
97145	PHYSICAL MEDICINE TREATMENT TO ONE AREA, EACH ADDITIONAL 15 MINUTES	10.00
97500	ORTHOTICS TRAINING (DYNAMIC BRACING, SPLINTING), UPPER AND/OR LOWER EXTREMITIES; INITIAL 30 MINUTES, EACH VISIT	25.00
97501	ORTHOTICS TRAINING (DYNAMIC BRACING, SPLINTING), UPPER AND/OR LOWER EXTREMITIES; EACH ADDITIONAL 15 MINUTES	10.00
97520	PROSTHETIC TRAINING; INITIAL 30 MINUTES, EACH VISIT	25.00
97521	PROSTHETIC TRAINING; EACH ADDITIONAL 15 MINUTES	15.00
97530	KINETIC ACTIVITIES TO INCREASE COORDINATION, STRENGTH AND/OR RANGE OF MOTION, ONE AREA (ANY TWO EXTREMITIES OR TRUNK); INITIAL 30 MINUTES, EACH VISIT INITIAL 30 MINUTES, EACH VISIT	25.00
97531	KINETIC ACTIVITIES TO INCREASE COORDINATION, STRENGTH AND/OR RANGE OF MOTION, ONE AREA (ANY TWO EXTREMITIES OR TRUNK); EACH ADDITIONAL 15 MINUTES	10.00
97540	TRAINING IN ACTIVITIES OF DAILY LIVING (SELF CARE SKILLS AND/OR DAILY LIFE MANAGEMENT SKILLS); INITIAL 30 MINUTES, EACH VISIT	25.00
97541	TRAINING IN ACTIVITIES OF DAILY LIVING (SELF CARE SKILLS AND/OR DAILY LIFE MANAGEMENT SKILLS); EACH	10.00

CPT#	CPT DESCRIPTION	FEE(\$)
97700	ADDITIONAL 15 MINUTES OFFICE VISIT, INCLUDING ONE OF THE FOLLOWING TESTS OR MEASUREMENTS, WITH REPORT	45.00
97701	A. ORTHOTIC "CHECK-OUT" B. PROSTHETIC "CHECK-OUT" C. ACTIVITIES OF DAILY LIVING "CHECK-OUT"; INITIAL 30 MINUTES, EACH VISIT OFFICE VISIT, INCLUDING ONE OF THE FOLLOWING TESTS OR MEASUREMENTS, WITH REPORT	15.00
	A. ORTHOTIC "CHECK-OUT" B. PROSTHETIC "CHECK-OUT" C. ACTIVITIES OF DAILY LIVING "CHECK-OUT"; EACH ADDITIONAL 15 MINUTES	
97799	UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE	19.00
99001	HANDLING, CONVEYANCE OF SPECIMEN FOR TRANSFER TROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A LABORATORY (DISTANCE MAYBE	20.00
22224	INCLUDED)	
99024	POSTOPERATIVE FOLLOW-UP VISIT, INCLUDED IN GLOBAL SERVICE	NO COST
99050	SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE	20.00
99058	OFFICE SERVICES PROVIDED ON AND EMERGENCY BASIS	20.00
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	ACTUAL PLUS OVERHEAD COST
99075 99078	MEDICAL TESTIMONY; PER HOUR PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING(EG, PRENATAL, OBESITY, OR DIABETIC INSTRUCTIONS); PER HOUR	100.00 30.00
99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS, MORE THAN THE INFORMATION CONVEYED IN THE USUAL MEDICAL	15.00

CPT#	CPT DESCRIPTION	FEE(\$)
	COMMUNICATIONS OR STANDARD REPORTING	
00475	FORM; PER 30 MINUTES	100.00
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERVATION	100.00
	UNTIL STOMACH ADEQUATELY EMPTIED OF POISON	
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE	36.00
	PROCEDURE)	
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR	28.00
	THE EVALUATION AND MANAGEMENT OF A	
	NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:	
	A PROBLEM FOCUSED HISTORY;	
	A PROBLEM FOCUSED EXAMINATION: AND	
	STRAIGHTFORWARD MEDICAL DECISION MAKING.	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE	36.00
	EVALUATION AND MANAGEMENT OF A NEW	
	PATIENT, WHICH REQUIRES THESE THREE	
	KEY COMPONENTS:	
	AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION;	
	AND STRAIGHTFORWARD MEDICAL DECISION	
	MAKING.	
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR	48.00
	THE EVALUATION AND MANAGEMENT OF A	
	NEW PATIENT, WHICH REQUIRES THESE	
	THREE KEY COMPONENTS:	
	A DETAILED HISTORY;	
	A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF	
	LOW COMPLEXITY.	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR	60.00
	THE EVALUATION AND MANAGEMENT OF A	
	NEW PATIENT, WHICH REQUIRES THESE	
	THREE KEY COMPONENTS:	
	A COMPREHENSIVE HISTORY;	
	A COMPREHENSIVE EXAMINATION;	
	AND MEDICAL DECISION MAKING OF	
99205	MODERATE COMPLEXITY. OFFICE OR OTHER OUTPATIENT VISIT FOR	80.00
JJ200	THE EVALUATION AND MANAGEMENT OF A	00.00
	NEW PATIENT, WHICH REQUIRES THESE	
	THREE KEY COMPONENTS:	

CPT#	CPT DESCRIPTION	FEE(\$)
99211	A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. OFFICE OR OTHER OUTPATIENT VISIT FOR	18.00
33211	THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT	10.00
99212	PERFORMING OR SUPERVISING THESE SERVICES. OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION;	26.00
99213	STRAIGHTFORWARD MEDICAL DECISION MAKING. OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION:	38.00
99214	MEDICAL DECISION MAKING OF LOW COMPLEXITY. OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION;	50.00
99215	MEDICAL DECISION MAKING OF MODERATE COMPL OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION;	EXITY. 70.00
99218	MEDICAL DECISION MAKING OF HIGH COMPLEXITY. INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE	100.00

CPT#	CPT DESCRIPTION	FEE(\$)
	KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS	
99219	STRAIGHTFORWARD OR OF LOW COMPLEXITY. INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION;	130.00
99220	AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. INITIAL OBSERVATION CARE, PER DAY, FOR	150.00
	THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY COMPONEN A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY.	50.00 TS:
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONEN A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY.	100.00 TS:
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONEN A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	150.00 TS:

C	PT#	CPT DESCRIPTION	FEE(\$)
9	9231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A PROBLEM FOCUSED INTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY.	40.00
9	9232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTO AN EXPANDED PROBLEM FOCUSED EXAMINATION;	•
_	0000	MEDICAL DECISION MAKING OF MODERATE COMPLE	
9	9233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION;	85.00
9	9238	MEDICAL DECISION MAKING OF HIGH COMPLEXITY. HOSPITAL DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, IF OTHER THAN THE INITIAL DATE OF INPATIENT STATUS. TO REPORT SERVICES TO A PATIENT WHO IS ADMITTED AS AN INPATIENT, AND DISCHARGED ON THE SAME DATE, USE ONLY THE CODES FOR INITIAL HOSPITAL INPATIENT SERVICES, 99221-99223. TO REPORT CONCURRENT CARE SERVICES PROVIDED BY A PHYSICIAN(S) OTHER THAN THE ATTENDING PHYSICIAN, USE SUBSEQUENT HOSPITAL CARE CODES (99231-99233) ON THE DAY OF DISCHARGE.)	60.00
99	9241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL	30.00

CPT#	CPT DESCRIPTION	FEE(\$)
99242	DECISION MAKING. OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION;	55.00
99243	AND STRAIGHTFORWARD MEDICAL DECISION MAKING. OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HISTORY;	75.00
99244	A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:	100.00
99245	A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY;	120.00
99251	A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:	40.00
99252	A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION;	60.00

CPT#	CPT DESCRIPTION	FEE(\$)
	AND STRAIGHTFORWARD MEDICAL DECISION	
	MAKING.	
99253	INITIAL INPATIENT CONSULTATION FOR	80.00
	A NEW OR ESTABLISHED PATIENT, WHICH	
	REQUIRES THESE THREE KEY COMPONENTS:	
	A DETAILED HISTORY;	
	A DETAILED EXAMINATION;	
	AND MEDICAL DECISION MAKING OF	
00054	LOW COMPLEXITY.	440.00
99254	INITIAL INPATIENT CONSULTATION FOR A	110.00
	NEW OR ESTABLISHED PATIENT, WHICH	
	REQUIRES THREE KEY COMPONENTS:	
	A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION:	
	AND MEDICAL DECISION MAKING OF	
	MODERATE COMPLEXITY.	
99255	INITIAL INPATIENT CONSULTATION FOR	150.00
33200	A NEW OR ESTABLISHED PATIENT, WHICH	100.00
	REQUIRES THESE THREE KEY COMPONENTS:	
	A COMPREHENSIVE HISTORY:	
	A COMPREHENSIVE EXAMINATION;	
	AND MEDICAL DECISION MAKING OF	
	HIGH COMPLEXITY.	
99261	FOLLOW-UP INPATIENT CONSULTATION FOR	30.00
	AN ESTABLISHED PATIENT, WHICH	
	REQUIRES AT LEAST TWO OF THESE THREE	
	KEY COMPONENTS:	
	A PROBLEM FOCUSED INTERVAL HISTORY;	
	A PROBLEM FOCUSED EXAMINATION;	
	MEDICAL DECISION MAKING THAT IS	
	STRAIGHTFORWARD OR OF LOW COMPLEXITY.	
99262	FOLLOW-UP INPATIENT CONSULTATION FOR	40.00
	AN ESTABLISHED PATIENT WHICH	
	REQUIRES AT LEAST TWO OF THESE	
	THREE KEY COMPONENTS:	TODV.
	AN EXPANDED PROBLEM FOCUSED INTERVAL HIS AN EXPANDED PROBLEM FOCUSED EXAMINATION	,
	MEDICAL DECISION MAKING OF MODERATE COMP	•
99263	FOLLOW-UP INPATIENT CONSULTATION FOR	60.00
33200	AN ESTABLISHED PATIENT WHICH REQUIRES	00.00
	AT LEAST TWO OF THESE THREE KEY COMPONEI	NTS.
	A DETAILED INTERVAL HISTORY;	410.
	A DETAILED INTERVAL HISTORY;	

CPT#	CPT DESCRIPTION	FEE(\$)
99271	A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOCUSED HISTORY;	35.00
99272	A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION;	55.00
99273	AND STRAIGHTFORWARD MEDICAL DECISION MAKING. CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HISTORY;	75.00
99274	A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. CONFIRMATORY CONSULTATION FOR A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY;	100.00
99275	A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. CONFIRMATORY CONSULTATION FOR A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY;	125.00
99281	A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOCUSED HISTORY;	35.00

CPT#	CPT DESCRIPTION	FEE(\$)
99282	A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:	45.00
99283	AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY;	70.00
99284	AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:	110.00
99285	A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS WITHIN THE CONSTRAINTS IMPOSED BY THE URGENCY OF THE PATIENT'S	130.00
99291	CLINICAL CONDITION AND MENTAL STATUS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT, REQUIRING THE CONSTANT ATTENDANCE OF THE PHYSICIAN; FIRST HOUR	130.00

CPT#	CPT DESCRIPTION	FEE(\$)
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT, REQUIRING THE CONSTANT ATTENDANCE OF THE PHYSICIAN; EACH ADDITIONAL 30 MINUTES	65.00
99295	INITIAL NICU CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE OR INFANT THIS CARE IS PROVIDED ON THE DATE OF ADMISSION OF A NEONATE WHO REQUIRES CARDIOPULMONARY MONITORING AND SUPPORT. SUCH CARE INCLUDES THE FOLLOWING, AS NECESSARY: INITIATION OF MECHANICAL VENTILATION OR CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP); SURFACTANT ADMINISTRATION; PHARMACOLOGIC CONTROL OF THE CIRCULATORY SYSTEM; INTRAVASCULAR FLUID ADMINISTRATION; TRANSFUSION OF BLOOD COMPONENTS; VASCULAR PUNCTURES; AND BLOOD GAS INTERPRETATION.	300.00
99296	SUBSEQUENT NICU CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL AND UNSTABLE NEONATE OR INFANT A CRITICALLY ILL AND UNSTABLE NEONATE REPRESENTS A NEONATE WHOSE CARDIOPULMONARY AND METABOLIC STATUS IS UNSTABLE; WHOSE NEUROLOGIC STATUS MAY BE UNSTABLE; WHO REQUIRES FREQUENT VENTILATOR CHANGES, INOTROPIC AND CHRONOTROPIC SUPPORT; WHO REQUIRES FREQUENT IV CHANGES AND WHOSE CONDITION IS CHANGING ALMOST MINUTE TO MINUTE. SUCH AN INFANT REQUIRES ALMOST CONSTANT ATTENTION BY A PHYSICIAN.	150.00
99297	SUBSEQUENT NICU CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL AND STABLE NEONATE OR INFANT A CRITICALLY ILL AND STABLE NEONATE MAY REPRESENT AN INFANT WHO IS STILL INTUBATED AND REQUIRES INVASIVE CARDIOPULMONARY MONITORING BUT WHOSE VITAL SIGNS ARE STABLE; WHO IS NOT SEIZING; WHOSE	75.00

CPT#	CPT DESCRIPTION	FEE(\$)
	METABOLIC STATUS IS STABLE BUT WHO IS STILL NPO AND RECEIVING PARENTERAL NUTRITION AND IV MEDICATIONS; AND WHO IS NOT YET OVER THE ACUTE PHASE OF THE INITIAL PROBLEM.	
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE (EG, PROLONGED CARE AND TREATMENT OF AN ACUTE ASTHMATIC PATIENT IN AN OUTPATIENT SETTING); FIRST HOUR	60.00
99355	PROLONGED SERVICE, OFFICE REQUIRING DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE (EG, PROLONGED CARE AND TREATMENT OF AN ACUTE ASTHMATIC PATIENT IN AN OUTPATIENT SETTING); EACH ADDITIONAL 30 MINUTES	30.00
99356	PROLONGED SERVICE, INPATIENT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE (EG, MATERNAL FETAL MONITORING FOR HIGH RISK DELIVERY OR OTHER PHYSIOLOGICAL MONITORING, PROLONGED CARE OF AN ACUTELY ILL INPATIENT); FIRST HOUR	55.00
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE (EG, MATERNAL FETAL MONITORING FOR HIGH RISK DELIVERY OR OTHER PHYSIOLOGICAL MONITORING, PROLONGED CARE OF AN ACUTELY ILL	30.00
99361	INPATIENT); EACH ADDITIONAL 30 MINUTES MEDICAL CONFERENCES BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES OF COMMUNITY AGENCIES TO COORDINATE ACTIVITIES OF PATIENT CARE(PATIENT NOT PRESENT); APPROXIMATELY 30 MINUTES	35.00
99362	MEDICAL CONFERENCES BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES OF	50.00

CPT#	CPT DESCRIPTION	FEE(\$)
99381	COMMUNITY AGENCIES TO COORDINATE ACTIVITIES OF PATIENT CARE(PATIENT NOT PRESENT); APPROXIMATELY 60 MINUTES INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS, AND THE ORDERING OF APPROPRIATE	65.00
99382	LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; INFANT (AGE UNDER 1 YEAR) INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS, AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, NEW	65.00
99383	PATIENT; EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS) INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS, AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, NEW	86.00
99384	PATIENT; LATE CHILDHOOD (AGE 5 THROUGH 11 YEARS) INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS, AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; ADOLESCENT (AGE 12 THROUGH	108.00
99385	17 YEARS) INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS, AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; 18-39 YEARS	129.00
99386	INITIAL EVALUATION AND MANAGEMENT	140.00

CPT#	CPT DESCRIPTION	FEE(\$)
	OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS, AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; 40-64 YEARS	
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS, AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; 65 YEARS AND OVER	162.00
99391	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; INFANT (AGE UNDER 1 YEAR)	43.00
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; EARLY	43.00
99393	CHILDHOOD (AGE 1 THROUGH 4 YEARS) PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; LATE	54.00
99394	CHILDHOOD (AGE 5 THROUGH 11 YEARS) PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS AND THE ORDERING OF	75.00

CPT#	CPT DESCRIPTION	FEE(\$)
99395	APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; ADOLESCENT (AGE 12 THROUGH 17 YEARS) PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT;	86.00
99396	18-39 YEARS PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT;	97.00
99397	40-64 YEARS PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE EXAMINATION, THE IDENTIFICATION OF RISK FACTORS AND THE ORDERING OF APPROPRIATE LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT;	118.00
99401	65 YEARS AND OVER COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL;	20.00
99402	APPROXIMATELY 15 MINUTES COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL;	36.00
99403	APPROXIMATELY 30 MINUTES COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL;	50.00
99404	APPROXIMATELY 45 MINUTES COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL;	70.00

CPT#	CPT DESCRIPTION	FEE(\$)
99411	APPROXIMATELY 60 MINUTES COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO HEALTHY INDIVIDUALS IN A GROUP SETTING;	40.00
99412	APPROXIMATELY 30 MINUTES COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO HEALTHY INDIVIDUALS IN A GROUP SETTING; APPROXIMATELY 60 MINUTES	80.00
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAMS AND PREPARATION OF HOSPITAL RECORDS. (THIS CODE SHOULD ALSO BE USED FOR BIRTHING ROOM DELIVERIES.)	75.00
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUDING PHYSICAL EXAMINATION OF BABY AND CONFERENCE(S) WITH PARENT(S)	40.00
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEWBORN, PER DAY	50.00
99440	NEWBORN RESUSCITATION: CARE OF THE HIGH RISK NEWBORN AT DELIVERY, INCLUDING, FOR EXAMPLE, INHALATION THERAPY, ASPIRATION, ADMINISTRATION OF MEDICATION FOR INITIAL STABILIZATION	100.00
A0070	AMBULANCE SERVICE, OXYGEN, ADMINISTRATION AND SUPPLIES, LIFE SUSTAINING SITUATION	150.00
A4644	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL(100-199 MGS OF IODINE)	ACTUAL COST+
A4646	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL(200-299 MGS OF IODINE	OVERHEAD ACTUAL COST+
A4820 E0453	HEMODIALYSIS KIT SUPPLY THERAPEUTIC VENTILATOR, SUITABLE FOR USE 12 HOURS OR LESS PER DAY	OVERHEAD 80.00 ACTUAL COST +
G0001 H5300	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN OCCUPATIONAL THERAPY, EXCLUDING	7.00 7.00
110000	OUDDIA HOMAL HILMANT, LAULUDING	10.00

CPT#	CPT DESCRIPTION	FEE(\$)
	INITIAL OR PERIODIC EVALUATION	PER HOUR
J0110	ADMINISTRATION OF INJECTION	15.00 +DC
J1631	INJECTION, HALOPERIDOL	ACTUAL+2
	DECANOATE, PER 50 MG	OVERHEAD
J2680	INJECTION, FLUPHENAZINE	ACTUAL+
	DECANOATE, UP TO 25 GM	OVERHEAD
J7140	PRESCRIPTION DRUG, ORAL,	15.00 +DC
	DISPENSED IN PHYSICIAN'S OFFICE	
M0064	BRIEF OFFICE VISIT FOR THE SOLE	28.00
	PURPOSE OF MONITORING OR CHANGING	
	DRUG PRESCRIPTION USED IN THE	
	TREATMENT OF MENTAL PSYCHO-	•
	NEUROTIC AND PERSONALITY DISORDER	
P9010	BLOOD(WHOLE), FOR TRANSFUSION,	200.00
	PER UNIT	
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	25.00
LAB CPT-9	REFERENCE (OUTSIDE)	ACTUAL+
	LABORATORY	PROCESS

DEPARTMENT OF PUBLIC HEALTH SERVICES COMMONWEALTH HEALTH CENTER PROPOSED FEE SCHEDULE 1995

ROOM AND BOARD	FEE(\$)	
MEDICAL AND SURGICAL - PER DAY	250.00	
OBSTETRICS - PER DAY	250.00	
PEDIATRICS - PER DAY	250.00	
PSYCHIATRIC - ACUTE - PER DAY PHYSCHIATRIC - CHRONIC - PER DAY	100.00	
INTENSIVE CARE UNIT - PER DAY	80.00 500.00	
NICU - PER DAY	450.00	
NURSERY - PER DAY	80.00	
OPERATING ROOM USE - PER 15 MINUTES		
RECOVERY ROOM USE - PER 30 MINUTES	25.00	
LABOR AND DELIVERY - PER DELIVERY	400.00	
EMERGENCY ROOM USE - PER VISIT	25.00	
MORGUE - PER DAY	20.00	
SUPPLIES		
PHARMACEUTICAL SUPPLIES	ACTUAL+OVERHEAD	
MEDICAL SUPPLIES	ACTUAL+OVERHEAD	
MINIMUM FEES:		
- PHARMACEUTICAL SUPPLIES	3.00	
- MEDICAL SUPPLIES	3.00	
EMBALMING SUPPLIES	ACTUAL+OVERHEAD	
DURABLE MEDICAL EQUIPMENTS	ACTUAL+OVERHEAD	
SPECIAL PHYSICAL EXAMINATIONS		
FOODHANDLER	110.00	
PRE-EMPLOYMENT	140.00	
STUDENT P.E.	140.00	
PRE-MARITAL	110.00	
PERMANENT RESIDENT	200.00	
CERTIFICATES		
IMMUNIZATION CERTIFICATE FOR	2.50	
SCHOOL ENROLLEMENT		
IMMUNIZATION HISTORY (UPDATE)	2.50	
BIRTH CERTIFICATE	10.00	
BURIAL PLOT		
ADULT SIZE(15 YEARS AND OVER)	150.00	
CHILD SIZE (BELOW 15 YEARS)	75.00	

CHC PROPOSED FEE, CON'T

OTHERS	FEES(\$)
REPRODUCTION OF MEDICAL RECORDS	.25
(PHOTOCOPY, ETC.) - PER SHEET	
OXYGEN REFILL - LARGE	50.00
OXYGEN REFILL - SMALL	30.00
REFUNDABLE DEPOSITS	
OXYGEN TANK - LARGE	120.00
OXYGEN TANK - SMALL	90.00
OXYGEN REGULATOR - LARGE	110.00
OXYGEN REGULATOR - SMALL	85.00
ANESTHESIA SERVICES	
ANESTHESIA FEE - PER UNIT VALUE *	\$25.00

* CALCULATIONS OF TOTAL ANESTHESIA VALUE AND FEES:

BASIC VALUE + TIME VALUE = TOTAL ANESTHESIA VALUE TOTAL ANESTHESIA VALUE x PROPOSED FEE = ANESTHESIA FEE

TIME VALUE IS COMPUTED BY ALLOWING 1.0 UNIT FOR EACH 15 MINUTES OF ANESTHESIA OF TIME.

BUSINESS HEALTH PERMITS Sanitation Services

	TYPE OF ESTABLISHMENT	FEE
101	Eating/Drinking Est.	4- 00
101.1	•	45.00
	Snack Bars Cafe/Coffee Shops	45.00 45.00
101.3	Care/Corree Snops	45.00
102	Catering Svcs. Kitchenettes	70.00
102.1 102.2		45.00
102.2	Lanciteorie (tes	45.00
103	Drinking Est.	60.00
103.1	Bars Karaoke Lounge	60.00 60.00
103.2	Nightclubs	60.00
103.3	Taverns	60.00
	Refreshment Stands	45.00
104	Retail Food Stores	
104.1		45.00
104.2		70.00
104.3	Markets	70.00
	Mini Marts	45.00
104.5	Sale of Cosm. (Gift Shop)	45.00
104.6	Sale of Ref. (Gift Shop)	45.00
	Manufactured Foods	45.00
104.8	Processed Foods	45.00
105	Roadside Vendors	
	Produce Vendors	45.00
	Fish Vendors Fish & Produce Vendors	45.00 45.00
105.3	Fish & Produce Vehicors	45.00
106	Room Accommodations	70.00
106.1	Hotels - Small (1-50 rms) Hotels - Med. (51-100 rms)	70.00
106.2	Hotels - Lg. (100 & above)	
106.4	Motels	70.00
106.5		70.00
106.6	•	70.00
106.7		
106.8	Staff Hsg L (21 & above)	
106.9	•	70.00
106.10	O Room Rentals	70.00
107	Barbecue House or Stands	
107.1	Outdoor BBQ Stands	45.00
108	Food Proc'g/Mfg. of Foods	
108.1		45.00
	Water/Ice Proc'g Plant	70.00
108.3	Other Manufactured Foods	45.00
	::	

BUSINESS HEALTH PERMITS October 01, 1994

TYPE OF ESTABLISHMENT		NEW FEE
109	Wholesale	70,00
	General Merchandise	70.00
	Storage Facility (Dry/Cold)	70.00
110	Shops & Clinics	
110.1	Barber Shop	45.00
110.2	Beauty Shop	45.00
110.3	Barber/Beauty Shop	45.00
110.4	Barber/Beauty Shop Massage Parlor	45.00
110.5	Optical Clinics	70.00
110.6	Facial/Manicure/Pedicure	70.00
110.7	Dental Clinic	70.00
110.8	Sanitariums	70.00
110.9	Health Clinics	70.00
) Sauna/Jacuzzi	70.00
111	Recreational Facility	60.00
112	Educational Institutions	
112.1	Schools Schools	115.00
112.2	Daycare Center	115.00
	Transportation	
113.2	Delivery Vehicle	45.00
113.2	Snack Mobile	45.00
119	Penalties	
119.1	F/Up Inspection due to non-compliance of deficiencies	20.00
110 2	Resuming ceased operation	300.00
113.2	w/o prior clearance	300.00
119.0	BExpired Business Permits	50.00
120	Others	
	Duplicate Permit	25.00
120.2		160.00
120,2	(payable on-site)	100.00

NORTHERN MARIANA ISLANDS RETIREMENT FUND



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

NOTICE OF THE PROPOSED AMENDMENTS TO THE MEMBER HOME LOAN PROGRAM REGULATIONS

The Board of Trustees of the Northern Mariana Islands Retirement Fund hereby notifies the general public that it proposes to amend the Member Home Loan Program Regulations as published in Volume 11, No. 6, dated June 15, 1989, and as amended in Volume 12, No. 3, dated March 15, 1990, Volume 13, No. 4, dated April 15, 1991, Volume 13, No. 10, dated October 15, 1991, Volume 15, No. 3, dated March 15, 1993, Volume 15, No. 9, dated September 15, 1993 Volume 15, No. 12, dated December 15, 1993, Volume 16, No. 04, dated April 15, 1994 Volume 16, No. 05, dated May 15, 1994, Volume 16, No. 09, dated September 15, 1994, and as further amended in Volume 16, No. 11, dated November 15, 1994 of the Commonwealth Register.

Dated this 20 day of	January, 1995.
Haner	Many
Dino M. Jones	Edward H. Manglona
Chairperson	Administrator
Board of Trustees	NMI Retirement Fund
NMI Retirement Fund	
Date: //23/95	Donna J. Oruz Filed by The Governor's Office
Date: 1/23/95	Soledad B. Sasamoto Filed by the Registrar of Corp.

NORTHERN MARIANA ISLANDS RETIREMENT FUND



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

NOTICIA POT I MA PROPONE NA AMENDASION I REGULASION YAN AREKLAMENTO I MEMBER HOME LOAN PROGAM

I Board of Trustees, NMI Retirement Fund, man nanae noticia para i publico na ma propone i tinilaika gi regulasion i Member Home Loan Program anai i ma publika gi Volume 11, No. 6, Junio 15, 1989, ya ma amenda gi Volume 12, No. 3, Matso 15, 1990, Volume 13, No. 4, Abrit 15, 1991, Volume 13, No. 10, Octubre 15, 1991, Volume 15, No. 3, Matso 15, 1993, Volume 15, No. 9, Septembre 15, 1993, Volume 15, No. 12, Decembre 15, 1993, Volume 16, No. 04, Abrit 15, 1994, Volume 16, No. 05, gi Mayo 15, 1994, Volume 16, No. 09, Septembre 15, 1994, ya ma amenda talo gi Volume 16, No. 11, Novembre 15, 1994 gi Commonwealth Register.

Mafecha gi dia 20 gi Januare	<u>1</u>
Dino M. Jones	Dangby Edward H. Manhara
Chairperson	Edward H/. Manglona Administrator
Board of Trustees	NMI Retirement Fund
NMI Retirement Fund	
Date: 1/23/95	Donna J. Cruz
•	Filed by The Governor's Office
1/20/05	mm/2
Date: // 23/95	Soledad B. Sasamoto Filed by the Registrar of Corp.
	FIICO DY LIIC KCYISHAI OL COID.

NORTHERN MARIANA ISLANDS RETIREMENT FUND

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

NORTHERN MARIANA ISLANDS RETIREMENT FUND PROPOSED MEMBER HOME LOAN PROGRAM REGULATIONS

The Board of Trustees of the NMI Retirement Fund hereby proposes to amend the Member Home Loan Rules and Regulations as published in the Commonwealth Register in Volume 11 No. 06, dated June 15, 1989, and as amended in Volume 12, No. 3, dated March 15, 1990, Volume 13, No. 4, dated April 15, 1991, Volume 13, No. 10, dated October 15, 1991, Volume 15, No. 3, dated March 15, 1993, Volume 15, No. 9, dated September 15, 1993, Volume 16, No. 5, dated May 15, 1994, Volume 16, No. 09, dated September 15, 1994, and further amended in Volume 16, No. 11, dated November 15, 1994, in the Commonwealth Register.

Part I. AUTHORITY

1. By virtue of the authority provided under 1 CMC § 8314(f), and the Administrative Procedures Act, at 1 CMC § 9101, et. seq., the Board of Trustees hereby promulgates these proposed amendments to the Member Home Loan Program Regulations.

Part II. AMENDMENTS

- 1. To amend Part 13, Section 13.1(a) of the Member Home Loan Program Regulations, to delete the last three sentences in that paragraph and replace it with the following:
 - "(a) "...The interest rate for first mortgages shall be the prevailing local mortgage rate minus 1%, but not less than the actuarial assumption rate plus 2%. The interest rate for second mortgages shall be the prevailing local mortgage rate plus 2%, but not less than the actuarial assumption rate plus 2%. The "prevailing local mortgage rate" means the average rate charged by local lenders providing loans similar to the Member Home Loan Program."

PART III. EFFECTIVE DATE

The effective date of these proposed amendments shall be pursuant to 1 CMC § 9105(b).

Adopted as proposed amendments to the Member Home Loan Program Rules and Regulations by the Board of Trustees this <u>11th</u> day of <u>January</u>, 1995.

Dimo M. Jones

Chairperson

Board of Trustees NMI Retirement Fund Edward H. Manglona

Administrator

NMI Retirement Fund



Main Office: SAIPAN INTERNATIONAL AIRPORT P.O. BOX 1055 • SAIPAN • MP 96950

Phone: (670) 234-8315/6/7 FAX: (670) 234-5962

PUBLIC NOTICE TO PROPOSED ADOPTION OF REVISED RULES AND REGULATIONS CONCERNING TERMINAL TARIFFS

The Commonwealth Ports Authority, pursuant to the authority of 2 CMC § 2122 (j), and in accordance with the provisions of 1 CMC 9104(a), hereby gives notice to the public of its intention to adopt amendments to the Rules and Regulations concerning the Terminal Tariffs for the Commonwealth Ports Authority. The proposed amendments are

All interested persons are requested to submit date, views, or arguments, in writing, concerning the proposed regulations. Written comments must be submitted to the Executive Director, Commonwealth Ports Authority, not later than the close of business thirty (30) calendar days following the date of publication of this Notice.

Received by: A

published herewith.

DONNA J. CRUZ

Governor's Office

CARLOS A. SHODA

Executive Director

Commonwealth Ports Authority

SOLEDAD B. SASAMOTO

Filed by Registrar of Corporations



Main Office: SAIPAN INTERNATIONAL AIRPORT P.O. BOX 1055 • SAIPAN • MP 96950

Phone: (670) 234-8315/6/7 FAX: (670) 234-5962

CERTIFICATION OF RULES AND REGULATIONS REGARDING TERMINAL TARIFFS

I, CARLOS A. SHODA, Executive Director of the Commonwealth Ports Authority, which is promulgating Amendments to the Rules and Regulations regarding Terminal Tariffs for the Commonwealth of Seaports, by signature below, hereby certifies that the Proposed Amendments to the regulations regarding terminal tariffs are a true, complete and correct copy of the Amendments to the Rules and Regulations adopted by the Board of Directors of the Commonwealth Ports Authority.

I declare under penalty of perjury that the foregoing is true and correct and that this Declaration was executed on the /3 day of February, 1995, at Saipan, Commonwealth of the Northern Mariana Islands.

CARLOS A. SHODA

Executive Director

Commonwealth Ports Authority



Main Office: SAIPAN INTERNATIONAL AIRPORT P.O. BOX 1055 SAIPAN MP 96950

Phone: (670) 234-8315/6/7 FAX: (670) 234-5962

NOTISIAN PUBLIKU

I Commonwealth Ports Authority, sgun gi 2 CMC, seksiona 2212 (j), yan sigun gi probision 1 CMC 9104(a), ha notitisia I publiku pot intention para umaadapta repasa I Arelamiento yan Regulasions i Terminal Tariff i Commonwealth Ports Authority, ni ma recohe antes de maadapta i refotma guato gi originat na regulasions yan mapropone refotma guato gi regulasions ni antes ti maadapta. I mapropone repasa na regulasions ma publica guine.

Todos personas ni man interesao siempre manae opportunidad ni unfanmatugi ya umasubmiti opinion pot este na mapropopone na regulasion gi Executive Director, Commonwealth Ports Authority, gi halom trenta (30) dias despues de mapublika este na Notisia.

Received by:

Governor's Office

CARLOS A. SHODA

Executive Director

Commonwealth Ports Authority

Filed by:

SOLEDAD B. SASAMOTO

Registrar of Corporations



Main Office: SAIPAN INTERNATIONAL AIRPORT P.O. BOX 1055 • SAIPAN • MP 96950

Phone: (670) 234-8315/6/7 FAX: (670) 234-5962

NOTISIAL PUBLIKO SANGI ADOPTAAL SIWEL REEL ALLEGHUL TERMINAL TARIFFS

Ofisinal Commonwealth Ports Authority sangi allegh ye 2 CMC me sangi alleghleghul 1 CMC a aghuley ngalir publiko reel yaal ebwe adoptaali me siweli alongal alleghul Terminal Tariffs me loll ofisinal Commonwealth Ports Authority ye eiseli alongal fasul allegh kkewe e adopta sangi fasul allegh kka re kke allegheleghiu bwe ebwe siwel sangi allegh kka essal adopta. Allegh ye ebwe siwel ngiye ebwe iseiswow.

Alonger aramas re tingor ngalir bwe rebwe iseislong yaar mengemeng, ngare mwuschel nge rebwe ischilong sangi allegh yeel. Alongal mwuschel nge ebwe toolong loll ofisinal Executive Director, Commonwealth Ports Authority sangi (eliigh) raal igha ebwe allegheleghlo allegh yeel.

Raal yeey Feb 13

Received by:

Governor's Office

CARLOS A. SHODA

Executive Director

Commonwealth Ports Authority

SOLEDAD B, SASAMOTO

Registrar of Corporations

Filed by:



Main Office: SAIPAN INTERNATIONAL AIRPORT P.O. BOX 1055 • SAIPAN • MP 96950

Phone: (670) 234-8315/6/7 FAX: (670) 234-5962

AMENDMENTS TO COMMONWEALTH PORTS AUTHORITY TERMINAL TARIFFS

AMENDMENT NO. 1

Sections "A" and "B" of Part III are deleted in their entirety and replace with the following:

PART III

WHARFAGE

- A. WHARFAGE RATES The wharfage rates for cargo will be \$2.71 per Revenue Ton. Minimum charge per bill of lading will be \$2.71.
- B. LIMITATIONS Provided the ocean bill-of-lading reads transshipment, and the cargo does not leave the control of the inward or outward carriers at the port while awaiting transshipment, and the second carrier's bill-of-lading provided by the agent involved indicates the first carrier's vessel's name, voyage number, and other pertinent information, and (a) if the final destination of the cargo is a port outside the Commonwealth, the wharfage rates specified in Paragraph A of this Part III shall not apply.

Instead, the wharfage rates for such cargo will be \$1.08 per revenue ton. The minimum charge per bill-of-lading will be \$1.08; or (b) if the final destination of the cargo is a port within the Commonwealth, the wharfage rates specified in Paragraph A of this Part III shall apply provided that cargo upon which wharfage charges have been paid at the port of transshipment shall not be subject to a wharfage charge at the port of final destination. Alternatively, the Executive Director may provide for the collection of wharfage charges at the port of final destination.

AMENDMENT NO. 2

Part IV is deleted in its entirety and replace with the following:

PART IV

PORT ENTRY FEE

All vessels (except military and governmental-owned) shall pay a PORT ENTRY FEE as indicated in the schedule below when entering a CNMI port, or refueling within the territorial waters of the Commonwealth of the Northern Mariana Islands. Port Entry Fees:

For vessels of 1,000 registered gross tons and under:	\$61.88
For vessels between 1,000 registered gross tons and 2,000 registered gross tons:	\$123.75
For vessels over 2,000 registered gross tons: plus an additional charge of \$61.88 per each 2,000 registered gross tons or fraction thereof in excess of 2,000 registered gross tons.	\$123.75

AMENDMENT NO. 3

Section "D" of Part V is deleted in its entirety and replaced with the following:

D. DOCKAGE RATES Overall Length of Vessel in Fleet

Over	But not over	Charge per 24-Hour or fraction thereof
0	100	\$ 46.57
100	150	59.51
150	200	72.45
200	250	124.20
250	300	124.20
300	350	188.02
350	375	227.70
375	400	227.70
400	425	266.51
425	450	266.51
450	475	305.33
475	500	305.33
500	525	344.14

525 550 344.14 550 and over 486.45

The Commonwealth Ports Authority declares that the commercial docks and wharves of the Commonwealth are intended for use for the purpose of active loading and unloading of vessels. It is therefore the policy of the Authority to discourage inefficient use of the limited space at the commercial docks and wharves of the Commonwealth, by providing a surcharge for vessels moored or docked there at which are not actively engaged in loading or unloading. The Authority further finds that the principal source of abuse of dock privileges are fishing vessels.

- (1) Catch vessels, including but not limited to purse seiners, pole and line vessels, and small fish carriers, may remain in port while waiting to unload their cargo, while actively unloading their cargo, and for a period of three days thereafter for the purpose of re-provisioning, without the payment of a surcharge. Any catch vessel which remains at a commercial dock or wharf of the Commonwealth for a period of time in excess of that permitted by this Paragraph, without an exemption of surcharges by the Port Superintendent, shall pay a surcharge of \$300 per 24-hour day or fraction thereof for each excess day that it remains in port, in addition to the dockage charges provided hereinabove. If such a vessel remains in port for longer than three continuous days, it shall provide reasons satisfactory to the Port Superintendent as to why surcharge should not be levied under this Paragraph. In the event that the Port Superintendent does not accept such reasons and does not exempt the vessel from payment of the surcharge, the vessel and its owner shall be liable for the surcharge, and shall promptly pay the same.
- (2) Motherships, including but not limited to refrigerated cargo vessels carrying or intending to carry fish, shall, promptly upon their arrival in port, advise the Port Superintendent of their proposed plan for loading and transshipment of cargo. The Port Superintendent may reject a plan if he determines that it is not reasonable. The Port Superintendent shall approve the plan if he determines that the plan is calculated to accomplish the business of the vessel within a reasonable time. A mother ship may not remain at a commercial dock or wharf of the Commonwealth for a period of time in excess of ten days, unless such a plan has been approved by the Port Superintendent. If the Port Superintendent determines that the vessel is not endeavoring in good faith to comply with such plan, the Port Superintendent may in his discretion either (1) require the vessel to leave port, or (2) require the vessel to pay a surcharge of \$300.00 per day for each day that the vessel remains in port without an approved plan.
- (3) For the purposes of this Paragraph, a dockage period shall not be construed as ending unless and until a vessel shall have vacated its berth or slip for a period of not less than 24 consecutive hours.

(4) Any person aggrieved by a decision or order of the Port Superintendent made pursuant to this Paragraph may appeal such decision or order to the Board of Directors, within ten days thereof. The Board shall promptly afford such person notice of and the opportunity to be heard at a hearing within 30 days after filing the appeal and the Board of Directors decision shall be released not more than twenty days (20) after the final hearing.

AMENDMENT NO. 4

PART VI is deleted in its entirety and replaced with the following:

PART VI

MISCELLANEOUS CHARGES

- A. FRESH WATER Fresh water, if available, will be furnished to vessels at a rate of thirty cents (\$.30) per metered ton or fraction of a ton.
 - In addition, a charge of \$35 will be levied to connect and disconnect hoses and couplings except on Saturdays, Sundays and holidays. On Saturdays, Sundays and holidays, a charge of \$80 will be levied for this service.
- B. ELECTRIC SERVICE CHARGES At the request of a carrier, or its agent, electric power shall be supplied to vessels at the same rates that the Government of the Northern Mariana Islands would charge for the service if supplied directly, plus the following service charges:
 - 1. For connecting light or power circuits to vessel when shore cables, plugs or motor connections are supplied by the vessel, the service charge shall be \$8. If the vessel temporarily leaves the terminal and returns during the same voyage, an additional charge will be made for again connecting the light or power circuits as herein provided.
 - 2. For connecting light or power circuits to vessel when shore cables, plugs or motor connections are supplied by the Port, or for the extension of light or power circuits, the service charge shall be \$11 plus time at the established man-hour rates.
- C. BUNKER FEE A charge of \$0.18 per barrel for residual oil, and \$0.32 per barrel for diesel oil, will be assessed all suppliers of oil for bunkering at the Port.
- D. HOME PORT FEE Rates and fees for vessels operating in the territorial waters of the Commonwealth on a continuing and long term basis may be established by agreement, exclusive of this Terminal Tariff, pursuant to the powers conferred upon CPA by law. In the absence of such an agreement, all of the rates and fees set forth

in this Terminal Tariff and elsewhere in the Harbor Regulations shall apply, except that the dockage rates shall be as follows:

At the Commercial Ports of Saipan and Tinian:

Overall length of vessel in feet:		Charge per month or fraction thereof:	
Over	But not over		
0	25	\$27.00	
25	75	45.00	
75	100	135.00	
100	150	180.00	
150		Daily rates specified in	
		Part V.D. shall apply	

At the Commercial Port of Rota:

Overall length oversel in feet:	of	Charge per month of fraction thereof:	
Over	But not over		
0	10	\$6.00	
10	12	8.40	
12	14	10.80	
14	16	13.20	
16	18	18.00	
17	20	21.60	
20	22	24.00	
22	24	26.40	
24	26	28.80	
26	75	60.00	
75	100	90.00	
100	150	120.00	
150		Daily rates specified in Part V.D. shall apply	

E. PORT SERVICES FEE Not later than December 31 of each year, CPA shall establish a Port Services Fee for each port of the Commonwealth for the following year. The Port Services Fee shall be computed as follows: CPA will estimate, based upon data obtained from the current year, the total cost of services to be provided to all vessels in the port by agencies of the Commonwealth Government other than

CPA, and the total costs to be incurred by agencies of the Commonwealth other than CPA as a result of the activities of the ships in the port, said costs to include (but not limited to) additional police protection over and above that provided by CPA, environmental services, medical services, and legal services. CPA shall then estimate the total number of days which all vessels will spend in the port during the following year. The Port Services Fee for the port shall be the first figure divided by the second figure.

The Port Services Fee established by CPA for each port pursuant to the provisions of this Paragraph may be amended from time to time whenever, in the opinion of CPA, it is necessary to do so.

Every vessel which enters a port of the Commonwealth shall pay the Port Services fee for such port, for each day or fraction thereof during which such vessel remains in such port.

CPA shall reimburse the Government of the Northern Mariana Islands, to the extent of the Port Services Fees collected by it at a port pursuant to the provisions of this Paragraph, for the cost of all services provided to vessels in the port by agencies of the Commonwealth Government other than CPA, and for costs incurred by agencies of the Commonwealth Government other than the CPA as a result of the activities of vessels in the port.

F. PASSENGER FEE There shall be a charge of \$3.75 for every person that boards a vessel through any port or harbor in the Commonwealth which CPA exercises the various powers conferred upon it by law.

These Amendments to the Commonwealth Ports Authority Terminal Tariff Regulations shall take effect upon their adoption by the Authority and their promulgation in the manner provided by law. All applicable fees, charges and tariffs as set forth in these iAmendments shall be imposed and take effect on April 1, 1995.

BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDED POLICIES

The Board of Education, Commonwealth of the Northern Mariana Islands, hereby notifies the general public of its intention to adopt certain proposed policies. The amended policies, which would have the force and effect of law, are promulgated pursuant to the authority provided by the Education Act of 1988 and the Administrative Procedures Act.

The policies involve the following subject area:

- 1. Amend. PSPSRR 3401(A) Separations not Involving Personal Causes
- Amend. PSPSRR 3203(G) Types of Appointments
 Amend. PSPSRR 7105 (L) Leave with Pay
- 4. Amend. Policy CNMI Board of Education By-Laws Article IX Section 1, Section 2 & Section 4

The text of the proposed amended policies are published following this notice. Anyone interested in commenting on the policies may do so by submitting comments in writing to the Chairperson, Board of Education, P.O. Box 1370 CK, Saipan, MP 96950 within thirty days of the date of publication of this issue of the Commonwealth Register.

February **9**, 1995

Chairman, Board of Education

Received By:

Filed By: Soledad B. Sasamoto

Registrar of Corperations

BOARD OF EDUCATION

NUTISIA POT I PROPOSISION MA'AMENDA POLICIES

I Board of Education, Commonwealth of the Northern Mariana Islands, ha emfofotma i pupbliku henerat pot i entension-ña na para u fanadapta manmaproposa na policies. I amendasion policies u gai fuetsa taiguihi ha' i lai ni macho'gue sigun aturidat i Education Act of 1988 yan i Administrative Procedures Act.

I policies ha kukubre i sigiente na aria:

- 1. Amenda PSPSRR 3401(A) Separations not Involving Personal Causes
- 2. Amenda PSPSRR 3203(G) Types of Appointments
- 3. Amenda PSPSRR 7105 (L) Leave with Pay
- 4. Amenda Policy CNMI Board of Education By-Laws Article IX
 Section 1, Section 2 & Section 4

I intension i ma proposa na <u>policy</u> siempre u fan mapupblika huyong despues di malaknos-ña este na nutisia. Hayi na petsona malago' mama'tinas kumento pot este siha na <u>policies</u>, siña ha tuge' papa' ya u sabmiti halom gi <u>Chairperson</u>, <u>Board of Education</u>, P.O. Box 1370 CK, Saipan, MP 96950 gi halom trenta (30) dias despues di mapupblika huyong este na nutisia gi <u>Commonwealth</u> <u>Register</u>.

Febrera 09, 1995

Chairman Board of Education

Received By:

Donna Cruz, Governor C

Filed By:

BOARD OF EDUCATION

ARONGORONG REEL FFEERUL ALLEGH

Schóól <u>Board of Education</u>, mellól <u>Commonwealth of the Northern Mariana Islands</u>, rekke arongaar towlap reel mángemángiir igha rebwe adaptáálil allégh kka e efféétá. E pwal yoor bwángil me allégh kka re bwal féérú sángi bwángil me ailééwal <u>Education Act of 1988</u> me <u>Administrative Procedures Act</u>.

Llól allégh kkaal nge e bwal toolong ffél kka faal:

- 1. Liiwelil PSPSRR 3401(A) Separations not Involving Personal Causes
- 2. Liiwelil PSPSRR 3203(G) Types of Appointments
- 2. Liiwelil PSPSRR 7105 (L) Leave with Pay
- 3. Liiwelil Policy CNMI Board of Education By-Laws Article IX
 Section 1, Section 2 & Section 4

Owtol allégh yeel nge ebwe toowow mwiril arongorong yeel. Iyo e mwuschál bwe e bwe atotoolong meeta tipal me mángemángil nge ebwe ischiitiw nge aa afanga ngáli <u>Chairperson</u>, <u>Board of Education</u>, <u>P.O. Box 1370 CK</u>, <u>Saipan</u>, <u>MP 96950</u>. Llól eliigh rál sángi igha e toowow arongorong yeel llól <u>Commonwealth Register</u>.

Febreero 09, 1995

Chairman, Board of Education

Iyo E Risibiiy:

Donna Cruz, Governor Office

Iyo E File-li:

3401(A) Separations not Involving Personal Causes

Intent: The Public School System of the Northern Mariana Islands is in a unique situation regarding identification and retention of contractees. Due to PSS's isolated geographic location and need to find and hire numerous contractees from the mainland U.S.A. and the significant time delays involved in finding replacement contractees it is necessary that PSS be notified at as early of a date as possible of a contractee's intent to either terminate a contract early or to non-renew a contract at its completion. There are also significant interagency accounting and financing arrangements that must be made by PSS for early termination of non-renewal of a contract that can take up to ninety (90) days to complete. PSS also recognized that our contractee's deserve to be notified at an early date of whether or not they will be renewed at the completion of their contract. THEREFORE:

A. Resignation.

Resignations shall be in writing and shall be submitted at least ten (10) working days in advance of the effective dates. The Commissioner of Education may designate management and highly skilled technical classes for which this period may be extended to thirty (30) days.

The Public School Personnel Officer shall submit a copy of the written resignation, together with the necessary terminating documents, to the Commissioner of Education for consummation of the action. Withdrawal of a resignation may be permitted provided:

- (1) The employee makes his wishes known, in writing, prior to the effective date; and
- (2) The manager concerned agrees to the proposed withdrawal.

A. Termination of Contract Notification Requirements.

- (i) If an Employee determines that he/she will resign before completion of a contract, they must provide written notice to the Commissioner of Education at least one-hundred and twenty (120) days before the intended last day of employment at PSS.
- (ii) If an Employee intends to non-renew a contract at its expiration date, they must provide written notice to the Commissioner of Education at least ninety (90) days before the expiration of the contract.

- (iii) If notice as required in Sections (A)(i)(ii) is given. PSS agrees to provide all appropriate termination benefits within five working days of Employee's last day of employment at PSS, provided funds are available at the time.
- (iv) If Employee does not provide notice as required in Section (A)(i)(ii). PSS only agrees to provide appropriate termination benefits within ninety (90) days of Employee's last day of employment at PSS.
- (v) PSS agrees to provide Employee at least ninety (90) days notice of intent of non-renew Employee's contract at its expiration. If PSS fails to provide such timely notice. Employee has the option of being Provisionally Appointed for a period not to exceed ninety (90) days to the same or a similar position (PSS to determine final placement provisions) as previously contracted for, and at the same pay scale as previously provided. This sub-section shall not apply to employee's who are ineligible for re employment according to either local or federal law.

Existing

3203(G) All teachers on 190-Day Contract may elect to receive lump-sum payment on unused personal leave at the end of each school year.

Existing 7105(L) Leave With Pay

All unused vacation hours accumulated in any single school year, shall be paid in lump-sum at the end of each school year, provided funds are available and if request are made to the Commissioner of Education at least (3) three months prior to the end of each school year.

PROPOSED CONSOLIDATION (existing 3203(G) to be repealed)

7105(L) All teachers on 190-Day Contract may elect to receive a lump-sum payment at the end of each school year for the unused annual leave that they had accrued during that school year, provided that there are funds available. Such lump-sum payment must be requested in writing, at least (90) ninety days before the end of each school year and such request must be addressed to the Commissioner of Education. Teachers employed at a year-around school must request their payment before March 1. 190-Day Contract accrued annual leave for which there has been no timely lump-sum payment request shall be forfeited.

BOARD POLICY CNMI BOARD OF EDUCATION BY-LAWS

ARTICLE IX. COMMITTEES

Section 1

There shall be the folling standing committees of the Board: Fiscal and Personnel Committee and Program and Legislative Committee.

There shall be the following standing committees of the Board:

- A. Committee on Fiscal & Personnel
- B. Committee on Curriculum and Equal Opportunity
- C Committee on Legislative & Intergovernmental Affairs
- D. Committee on School Reform & Parental Involvement
- E. Committee on Chartering, Accreditation & Privatization
- F. Committee on Teacher & Student Affairs
- G. Committee on School Community Relations

Section 2

The duties and responsibilities of the standing committee shall be as follows:

A. Fiscal and Personnittee Committee:

To familiarize itself with the business operations of the Public School System and to recommend policies or directives to be considered by the full Board.

To review on a quarterly basis reports on the business and financial conditions of the PSS.

To recommend for Board action policies and directives on matters pertaining to the business operations of the PSS.

To perform such other duties and responisibilities as may be provided by the Board.

The business operations of the PSS include personnel management, fiscal and budget, food services program, pupil transportation, audit of programs, review of the annual budget, to report on the financial status of the Board, utilities, and other auxiliary programs that contribute to the success of the PSS educational process.

B. Program and Legislative Committee:

To familiarize itself with the curriculum and students learning and achievement.

To familiarize itself with the innovations and research in curriculum and instruction.

To familiarize itself with the laws, regulations and policies affecting the PSS.

To perform such other duties and responsibilities as may be provided by the Board.

To review and recommend for Board action policies or directives on matters relating to programs, student activites, community relations, legislative matters, and other matters that may affect the programs and policies of the PSS.

The duties and responsibilities of the standing committees shall be as follows:

A. Committee on Fiscal & Personnel (FPC)

- * To review and recommend to the full Board the fiscal budget for the PSS.
- * To review and recommend to the full Board all audit reports of the PSS.
- * To review a range of revenue generating opportunities for the PSS through user fees and legislation which designate certain revenue streams exclusively for the PSS and make recommendations to the full Board.

B. Committee on Curriculum and Equal Opportunity (CEO)

- * To review staffing levels of the PSS and make recommendations to the full Board.
- * To review procurement and cost thresholds and make recommendations to the full Board.
- * To review wage and compensation of PSS staff for external and internal worth and make recommendations to the full Board.

C Committee on Legislative & Intergovernmental Affairs (LIA)

- * To familiarize itself with local, federal, and applicable regional regulations, policies, and procedures as they apply to the PSS.
- * To review and recommend to the Full Board actions, policies, comments, on proposed legislation, and other matters as they pertain to schools and activities of the PSS.

D. Committee on School Reform & Parental Involvement (SRPI)

- * To familiarize itself with current practices of the PSS and innovations in education that lead to demonstrated student learning gains and greater community control of schools.
- * To review and recommend to the Full Board policies, practices, and procedures that facilitate real educational reforms which result in demonstrated student learning gains.

E. Committee on Accreditation, Chartering, & Privatization (CAP)

- * To familiarize itself with the latest trends in education with respect to accreditation, chartering, and privatization.
- * To recommend to the full Board policies, practices, and procedures which assist our schools to retain/achieve full accreditation, chartering, and enable privatization of secondary and tertiary activities of the PSS (i.e., Food Services, Bussing, Security, and Janitorial Services, etc.)

F. Committee on Student & Teacher Affairs (STA)

- * To act as a facilitator, catalyst, and advocate on issues that affect students.
- * To recommend to the full Board policies, practices, and procedures that directly benefit students.
- * To act as a facilitator, catalyst, and advocate on issues that affect teachers.
- * To recommend to the full Board policies, practices, and procedures that affect teachers.

G. Committee on School-Community Relations

- * To act as a facilitator, catalyst, and coordinator on schoolcommunity relations.
- * To recommend to the full Board policies, practices, and procedures which support school-based management while maximizing community input and participation in this process.

Section 4. (Delete Section)

No member of the Board may be the Chairperson of more then one standing committee and the Chairman of the Board may not serve as the Chairman of a standing committee.

NOTICE OF ADOPTION

BOARD OF EDUCATION POLICY

The Board of Education of the Northern Mariana Islands hereby notifies the general public that it has adopted an amended school policy pursuant to the Education Act of 1988 and the Administrative Procedures Act.

The policy adopted were published in Commonwealth Register Vol.16-No.12 (December 15, 1994) in proposed form for public comment. The policy adopted is:

1.	New Policy	416	Performance	Standards,	Language	Arts
2.	New Policy	417	Performance	Standards,	Math	
3.	New Policy	418	Performance	Standards,	Science	
4.	New Policy	419	Performance	Standards.	Social Stu	dies

Copy of the policy may be obtained from the Office of the Comissioner of Education, Public School System, Lower Base, Saipan, MP 96950.

In accordance with 1 CMC Sec. 9105(b), the adopted policy shall take effect ten (10) days after the date of publication of this Commonwealth Register issue.

February 09, 1995

Daniel O. Contugua Chairman, Board of Education

Received By:

Filed By:

CERTIFICATION OF RULES REGARDING THE PUBLIC SCHOOL SYSTEM

ADOPTED POLICY

BOARD OF EDUCATION

I, Daniel O. Quitugua, Chairman, Board of Education, which is promulgating the rules regarding the Public School System to be published in the Commonwealth Register Adopted Board of Education policy numbers as follows: New Policies: 416 Performance Standards, Language Arts; Performance Standards, Math: 418 Performance Standards. Performance Standards, Social Science & 419 Studies, by signing below hereby certify that such Rules are a true, complete, and correct copy of the policies regarding the Public School System formally Adopted by the Board of Education. 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 Policies regarding the Public School System referenced above.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration will be executed on the 15th day of February 1995 at Saipan, Commonwealth of the Northern Mariana Islands.

Chairman Board of Education

Received By:

Donna Cruz, Governor Office

Filed By:

NUTISIA POT MA'ADAPTAN

BOARD OF EDUCATION POLICY

I Board of Education gi halom i Northern Mariana Islands ginen este ha nutitisia i pupbliku henerat na esta manadapta amendasion para areklamento eskuela sigun i ginagagao i Education Act of 1988 yan i Administrative Procedures Act.

I areklamento ni manma'adapta manmapupblika huyong gi <u>Commonwealth</u> <u>Register</u> Vol. 16, No. 12 (Decembre 15, 1994) gi fotman i mapropoponi para i pupbliku. Estague' i sigiente na manma'adapta na <u>policy</u> siha:

- 1. Nuebu na Policy 416 Performance Standards, Language Arts
- 2. Nuebu na Policy 417 Performance Standards, Math
- 3. Nuebu na Policy 418 Performance Standards, Science
- 4. Nuebu na Policy 419 Performance Standards, Social Studies

Hayi malago' siña' ha' mañule' kopian este siha na <u>policy</u> gi Ufusinan <u>Commissioner of Education</u>, <u>Public School System</u>, <u>Lower Base</u>, <u>Saipan</u>, <u>MP</u> 96950.

Sigun i fuetsan 1 CMC Sec. 9105 (b), i manma'adapta siha na <u>policy</u> u fanefektibu gi halom dies (10) dias despues di mapupblika huyong este na nutisia gi <u>Commonwealth Register</u>.

Febreru 09, 1995

Daniel O. Quitugua

Chairman, Board of Education

Received By:

Donna Cruz, Governor

Filed By:

ARONGORONGOL ADAPTAAL

ALLEGHUL BOARD OF EDUCATION

Schóól Board of Education me llól Northern Marianas Islands re kke aghuleey ngaliir aramas towlap bwe ra adaptálil alléghúl imwal rágháfishch kkewe re amendáli sángi Education Act of 1988 me Administrative Act.

Allégh kka re adaptáálil nge aa takkal toowow llól Commonwealth Register Vol.16-No.12 (Decembre 15, 1994) igha re féérú reel proposed form bwe towlap rebwe iraalong meeta tipeer me mángemángiir.

Allégh kka re adaptáálil nge ikka faal:

- 1. Policy iye e ffé 416 Performance Standards, Language Arts
- 2. Policy iye e ffé 417 Performance Standards, Math
- 3. Policy iye e ffé 418 Performance Standards, Science
- 4. Policy iye e ffé 419 Performance Standards, Social Studies

Kkopiyaal allégh kkaal nge emmwel aramas ebwe ló bweibwogh sángi Office of the Commissioner of Education, Public School System, Lower Base, Saipan, MP 96950.

Reel bwángil me aileewal 1 CMC Sec. 9105 (b), nge allégh kka re adaptaalil ebwe aléghéléghéló llól seigh (10) rál sángi igha e toowow arongorong yeel mellól Commonwealth Register.

Febreero 09, 1995

Chairman, Board of Education

Iyo E Risibiiy:

Iyo E File-li: