

**GMHA PROFESSIONAL FEE SCHEDULE
UPDATED - MARCH 01, 2024**

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE	
00100	00100	ANESTH, SALIVARY GLAND	*	
00102	00102	ANESTH, REPAIR OF CLEFT LIP	*	
00103	00103	ANESTH FOR EYE, BLEPHAROPLASTY	*	* The fees for these procedures are caculated based on anesthesia unit value, time, and modifiers and multiplied by the current conversion factor.
00104	00104	ANESTH, ELECTROSHOCK	*	
00120	00120	ANESTH, EAR SURGERY	*	
00124	00124	ANESTH, EAR EXAM	*	
00126	00126	ANESTH, TYMPANOTOMY	*	
00140	00140	ANESTH, PROCEDURES ON EYE	*	
00142	00142	ANESTH, LENS SURGERY	*	
00144	00144	ANESTH, CORNEAL TRANSPLANT	*	
00145	00145	ANESTH, VITRECTOMY	*	
00147	00147	ANESTH, IRIDECTOMY	*	
00148	00148	ANESTH, EYE EXAM	*	
00160	00160	ANESTH, NOSE/SINUS SURGERY	*	
00162	00162	ANESTH, NOSE/SINUS SURGERY	*	
00164	00164	ANESTH, BIOPSY OF NOSE	*	
00170	00170	ANESTH, PROCEDURE ON MOUTH	*	
00172	00172	ANESTH, CLEFT PALATE REPAIR	*	
00174	00174	ANESTH, PHARYNGEAL SURGERY	*	
00176	00176	ANESTH, PHARYNGEAL SURGERY	*	
00190	00190	ANESTH, FACIAL BONE SURGERY	*	
00192	00192	ANESTH, FACIAL BONE SURGERY	*	
00210	00210	ANESTH, OPEN HEAD SURGERY	*	
00211	00211	ANESTH CRAN SURG HEMATOMA	*	
00212	00212	ANESTH, SKULL DRAINAGE	*	
00214	00214	ANESTH, SKULL DRAINAGE	*	
00215	00215	ANESTH, SKULL, EXTRADURAL	*	
00216	00216	ANESTH, HEAD VESSEL SURGERY	*	
00218	00218	ANESTH, SPECIAL HEAD SURGERY	*	
00220	00220	ANESTH, SPINAL FLUID SHUNT	*	
00222	00222	ANESTH, HEAD NERVE SURGERY	*	
00300	00300	ANESTH, HEAD/NECK/PTRUNK	*	
00320	00320	ANESTH, NECK ORGAN SURGERY	*	
00322	00322	ANESTH, BIOPSY OF THYROID	*	
00326	00326	ANESTH, PROCEDURES ON NECK	*	
00350	00350	ANESTH, NECK VESSEL SURGERY	*	

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00352	00352	ANESTH, NECK VESSEL SURGERY	*
00400	00400	ANESTH, SKIN, EXT/PER/ATRUNK	*
00402	00402	ANESTH, SURGERY OF BREAST	*
00404	00404	ANESTH, SURGERY OF BREAST	*
00406	00406	ANESTH, SURGERY OF BREAST	*
00410	00410	ANESTH, CORRECT HEART RHYTHM	*
00450	00450	ANESTH, SURGERY OF SHOULDER	*
00454	00454	ANESTH, COLLARBONE BIOPSY	*
00470	00470	ANESTH, REMOVAL OF RIB	*
00472	00472	ANESTH, CHEST WALL REPAIR	*
00474	00474	ANESTH, SURGERY OF RIB(S)	*
00500	00500	ANESTH, ESOPHAGEAL SURGERY	*
00520	00520	ANESTH, CHEST PROCEDURE	*
00522	00522	ANESTH, CHEST LINING BIOPSY	*
00524	00524	ANESTH, CHEST DRAINAGE	*
00528	00528	ANESTH, CHEST PARTITION VIEW	*
00529	00529	ANESTH, CHEST PARTITION VIEW	*
00530	00530	ANESTH, PACEMAKER INSERTION	*
00532	00532	ANESTH, VASCULAR ACCESS	*
00534	00534	ANESTH, CARDIOVERTER/DEFIB	*
00537	00537	ANESTH, INTRATHORACIC PROCEDUR	*
00539	00539	ANESTH, TRACHEOBRONCHIAL RECON	*
00540	00540	ANESTH, CHEST SURGERY	*
00541	00541	ANESTH, ONE LUNG VENTILATION	*
00542	00542	ANESTH, RELEASE OF LUNG	*
00546	00546	ANESTH, LUNG, CHESTWALL SURG	*
00548	00548	ANESTH, TRACHEA, BRONCHI SURG	*
00550	00550	ANESTH, STERNAL DEBRIDEMENT	*
00560	00560	ANESTH, OPEN HEART SURGERY	*
00561	00561	ANESTH, HEART SURG < 1 YR	*
00562	00562	ANESTH, OPEN HEART SURGERY	*
00563	00563	ANESTH, HYPOTHERMIC CIRCULATOR	*
00566	00566	ANESTH, CABG W/O PUMP	*
00567	00567	ANESTH, CABG W/PUMP	*
00580	00580	ANESTH HEART/LUNG TRANSPLANT	*
00600	00600	ANESTH, SPINE, CORD SURGERY	*
00604	00604	ANESTH, SURGERY OF VERTEBRA	*
00620	00620	ANESTH, SPINE, CORD SURGERY	*
00625	00625	ANESTH, PROCEDURES FOR SPINE A	*
00626	00626	ANESTH, PROCEDURES THORACIC SP	*

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00630	00630	ANESTH, SPINE, CORD SURGERY	*
00632	00632	ANESTH, REMOVAL OF NERVES	*
00635	00635	DIAG, THERAPEUTIC LUMBAR PUNCT	*
00640	00640	ANESTH, MANIPULATION OF SPINE	*
00670	00670	ANESTH, SPINE, CORD SURGERY	*
00700	00700	ANESTH, ABDOMINAL WALL SURG	*
00702	00702	ANESTHESIA FOR LIVER BIOPSY	*
00730	00730	ANESTH, ABDOMINAL WALL SURG	*
00731	00731	ANES UPR GI NDSC PX NOS	*
00732	00732	ANES UPR GI NDSC PX ERCP	*
00750	00750	ANESTH, REPAIR OF HERNIA	*
00752	00752	ANESTH, REPAIR OF HERNIA	*
00754	00754	ANESTH, REPAIR OF HERNIA	*
00756	00756	ANESTH, REPAIR OF HERNIA	*
00770	00770	ANESTH, BLOOD VESSEL REPAIR	*
00790	00790	ANESTH, SURG UPPER ABDOMEN	*
00792	00792	ANESTH, PART LIVER REMOVAL	*
00794	00794	ANESTH, PANCREAS REMOVAL	*
00796	00796	ANESTH, FOR LIVER TRANSPLANT	*
00797	00797	ANESTH, FOR INTRAPERITONEAL PR	*
00800	00800	ANESTH, ABDOMINAL WALL SURG	*
00802	00802	ANESTH, FAT LAYER REMOVAL	*
00811	00811	ANES LWR INTST NDSC NOS	*
00812	00812	ANES LWR INTST SCR COLSC	*
00813	00813	ANES UPR LWR GI NDSC PX	*
00820	00820	ANESTH, ABDOMINAL WALL SURG	*
00830	00830	ANESTH, REPAIR OF HERNIA	*
00832	00832	ANESTH, REPAIR OF HERNIA	*
00834	00834	ANESTH, HERNIA REPAIR < 1 YR	*
00836	00836	ANESTH, HERNIA REPAIR PREEMIE	*
00840	00840	ANESTH, SURG LOWER ABDOMEN	*
00842	00842	ANESTH, AMNIOCENTESIS	*
00844	00844	ANESTH, PELVIS SURGERY	*
00846	00846	ANESTH, HYSTERECTOMY	*
00848	00848	ANESTH, PELVIC ORGAN SURG	*
00851	00851	ANESTH, TUBAL LIGATION	*
00860	00860	ANESTH, SURGERY OF ABDOMEN	*
00862	00862	ANESTH, KIDNEY/URETER SURG	*
00864	00864	ANESTH, REMOVAL OF BLADDER	*
00865	00865	RADICAL PROSTATECTOMY	*

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00866	00866	ANESTH, REMOVAL OF ADRENAL	*
00868	00868	ANESTH, KIDNEY TRANSPLANT	*
00870	00870	ANESTH, BLADDER STONE SURG	*
00872	00872	ANESTH KIDNEY STONE DESTRUCT	*
00873	00873	ANESTH KIDNEY STONE DESTRUCT	*
00880	00880	ANESTH, ABDOMEN VESSEL SURG	*
00882	00882	ANESTH, MAJOR VEIN LIGATION	*
00902	00902	ANESTH, ANORECTAL SURGERY	*
00904	00904	ANESTH, PERINEAL SURGERY	*
00906	00906	ANESTH, REMOVAL OF VULVA	*
00908	00908	ANESTH, REMOVAL OF PROSTATE	*
00910	00910	ANESTH, BLADDER SURGERY	*
00912	00912	ANESTH, BLADDER TUMOR SURG	*
00914	00914	ANESTH, REMOVAL OF PROSTATE	*
00916	00916	ANESTH, BLEEDING CONTROL	*
00918	00918	ANESTH, STONE REMOVAL	*
00920	00920	ANESTH, GENITALIA SURGERY	*
00921	00921	ANESTH, PROCEDURES MALE GENITA	*
00922	00922	ANESTH, SPERM DUCT SURGERY	*
00924	00924	ANESTH, TESTIS EXPLORATION	*
00926	00926	ANESTH, REMOVAL OF TESTIS	*
00928	00928	ANESTH, REMOVAL OF TESTIS	*
00930	00930	ANESTH, TESTIS SUSPENSION	*
00932	00932	ANESTH, AMPUTATION OF PENIS	*
00934	00934	ANESTH, PENIS, NODES REMOVAL	*
00936	00936	ANESTH, PENIS, NODES REMOVAL	*
00938	00938	ANESTH, INSERT PENIS DEVICE	*
00940	00940	ANESTH, VAGINAL PROCEDURES	*
00942	00942	ANESTH, SURGERY ON VAGINA	*
00944	00944	ANESTH, VAGINAL HYSTERECTOMY	*
00948	00948	ANESTH, REPAIR OF CERVIX	*
00950	00950	ANESTH, VAGINAL ENDOSCOPY	*
00952	00952	ANESTH, HYSTEROSCOPE/GRAPH	*
01112	01112	ANESTH, BONE MARROW ASPIRATION	*
01120	01120	ANESTH, PELVIS SURGERY	*
01130	01130	ANESTH, BODY CAST PROCEDURE	*
01140	01140	ANESTH, AMPUTATION AT PELVIS	*
01150	01150	ANESTH, PELVIC TUMOR SURGERY	*
01160	01160	ANESTH, PELVIS PROCEDURE	*
01170	01170	ANESTH, PELVIS SURGERY	*

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01173	01173	ANESTH, FX REPAIR, PELVIS	*
01200	01200	ANESTH, HIP JOINT PROCEDURE	*
01202	01202	ANESTH, ARTHROSCOPY OF HIP	*
01210	01210	ANESTH, HIP JOINT SURGERY	*
01212	01212	ANESTH, HIP DISARTICULATION	*
01214	01214	ANESTH, REPLACEMENT OF HIP	*
01215	01215	ANESTH, PROCEDURES UPPER LEG	*
01220	01220	ANESTH, PROCEDURE ON FEMUR	*
01230	01230	ANESTH, SURGERY OF FEMUR	*
01232	01232	ANESTH, AMPUTATION OF FEMUR	*
01234	01234	ANESTH, RADICAL FEMUR SURG	*
01250	01250	ANESTH, UPPER LEG SURGERY	*
01260	01260	ANESTH, UPPER LEG VEINS SURG	*
01270	01270	ANESTH, THIGH ARTERIES SURG	*
01272	01272	ANESTH, FEMORAL ARTERY SURG	*
01274	01274	ANESTH, FEMORAL EMBOLLECTOMY	*
01320	01320	ANESTH, KNEE AREA SURGERY	*
01340	01340	ANESTH, KNEE AREA PROCEDURE	*
01360	01360	ANESTH, KNEE AREA SURGERY	*
01380	01380	ANESTH, KNEE JOINT PROCEDURE	*
01382	01382	ANESTH, KNEE ARTHROSCOPY	*
01390	01390	ANESTH, KNEE AREA PROCEDURE	*
01392	01392	ANESTH, KNEE AREA SURGERY	*
01400	01400	ANESTH, KNEE JOINT SURGERY	*
01402	01402	ANESTH, REPLACEMENT OF KNEE	*
01404	01404	ANESTH, AMPUTATION AT KNEE	*
01420	01420	ANESTH, KNEE JOINT CASTING	*
01430	01430	ANESTH, KNEE VEINS SURGERY	*
01432	01432	ANESTH, KNEE VESSEL SURG	*
01440	01440	ANESTH, KNEE ARTERIES SURG	*
01442	01442	ANESTH, KNEE ARTERY SURG	*
01444	01444	ANESTH, KNEE ARTERY REPAIR	*
01462	01462	ANESTH, LOWER LEG PROCEDURE	*
01464	01464	ANESTH, ANKLE ARTHROSCOPY	*
01470	01470	ANESTH, LOWER LEG SURGERY	*
01472	01472	ANESTH, ACHILLES TENDON SURG	*
01474	01474	ANESTH, LOWER LEG SURGERY	*
01480	01480	ANESTH, LOWER LEG BONE SURG	*
01482	01482	ANESTH, RADICAL LEG SURGERY	*
01484	01484	ANESTH, LOWER LEG REVISION	*

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01486	01486	ANESTH, ANKLE REPLACEMENT	*
01490	01490	ANESTH, LOWER LEG CASTING	*
01500	01500	ANESTH, LEG ARTERIES SURG	*
01502	01502	ANESTH, LWR LEG EMBOLECTOMY	*
01520	01520	ANESTH, LOWER LEG VEIN SURG	*
01522	01522	ANESTH, LOWER LEG VEIN SURG	*
01610	01610	ANESTH, SURGERY OF SHOULDER	*
01620	01620	ANESTH, SHOULDER PROCEDURE	*
01622	01622	ANESTH, SHOULDER ARTHROSCOPY	*
01630	01630	ANESTH, SURGERY OF SHOULDER	*
01634	01634	ANESTH, SHOULDER JOINT AMPUT	*
01636	01636	ANESTH, FOREQUARTER AMPUT	*
01638	01638	ANESTH, SHOULDER REPLACEMENT	*
01650	01650	ANESTH, SHOULDER ARTERY SURG	*
01652	01652	ANESTH, SHOULDER VESSEL SURG	*
01654	01654	ANESTH, SHOULDER VESSEL SURG	*
01656	01656	ANESTH, ARM-LEG VESSEL SURG	*
01670	01670	ANESTH, SHOULDER VEIN SURG	*
01680	01680	ANESTH, SHOULDER CASTING	*
01710	01710	ANESTH, ELBOW AREA SURGERY	*
01712	01712	ANESTH, UPPR ARM TENDON SURG	*
01714	01714	ANESTH, UPPR ARM TENDON SURG	*
01716	01716	ANESTH, BICEPS TENDON REPAIR	*
01730	01730	ANESTH, UPPR ARM PROCEDURE	*
01732	01732	ANESTH, ELBOW ARTHROSCOPY	*
01740	01740	ANESTH, UPPER ARM SURGERY	*
01742	01742	ANESTH, HUMERUS SURGERY	*
01744	01744	ANESTH, HUMERUS REPAIR	*
01756	01756	ANESTH, RADICAL HUMERUS SURG	*
01758	01758	ANESTH, HUMERAL LESION SURG	*
01760	01760	ANESTH, ELBOW REPLACEMENT	*
01770	01770	ANESTH, UPPR ARM ARTERY SURG	*
01772	01772	ANESTH, UPPR ARM EMBOLECTOMY	*
01780	01780	ANESTH, UPPER ARM VEIN SURG	*
01782	01782	ANESTH, UPPR ARM VEIN REPAIR	*
01810	01810	ANESTH, LOWER ARM SURGERY	*
01820	01820	ANESTH, LOWER ARM PROCEDURE	*
01829	01829	ANESTH, PROCEDURES FOREARM, WR	*
01830	01830	ANESTH, LOWER ARM SURGERY	*
01832	01832	ANESTH, WRIST REPLACEMENT	*

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01840	01840	ANESTH, LOWR ARM ARTERY SURG	*
01842	01842	ANESTH, LOWR ARM EMBOLECTOMY	*
01844	01844	ANESTH, VASCULAR SHUNT SURG	*
01850	01850	ANESTH, LOWER ARM VEIN SURG	*
01852	01852	ANESTH, LOWR ARM VEIN REPAIR	*
01860	01860	ANESTH, LOWER ARM CASTING	*
01916	01916	ANESTH, HEAD ARTERIOGRAM	*
01920	01920	ANESTH, CATHETERIZE HEART	*
01922	01922	ANESTH, CAT OR MRI SCAN	*
01924	01924	ANES, THER INTERVEN RAD, ART	*
01925	01925	ANESTH, FOR THERAPEUTIC INTERV	*
01926	01926	ANES, THERAPEUTIC INTERVENTION	*
01930	01930	ANESTH, THERAPEUTIC INTERVENTI	*
01931	01931	ANESTH, ARTERIAL SYSTEM	*
01932	01932	ANESTH, THERAPEUTIC INTERVENTI	*
01933	01933	ANESTH, THERAPEUTIC INTERVENTI	*
01935	01935	ANESTHESIA, PERCUTANEOUS IMPA	*
01936	01936	ANESTHESIA, PERCUTANEOUS IMPA	*
01937	01937	ANES PERCU IMAGE GUIDED INJECT	*
01938	01938	ANES PERCU LUMBAR OR SACRAL	*
01939	01939	ANES CERVICAL OR THORACIC	*
01940	01940	ANEST LUMBAR OR SACRAL NUEROLY	*
01941	01941	ANES SPINAL CORD CERVICAL THOR	*
01942	01942	ANES NUEROMODULATION SPINAL CO	*
01951	01951	ANESTH, BURN, LESS 4 PERCENT	*
01952	01952	ANESTH, BURN, 4-9 PERCENT	*
01953	01953	ANESTH, BURN, EACH 9 PERCENT	*
01958	01958	ANESTH, ANTEPARTUM MANIPUL	*
01960	01960	ANEST VAGINAL DELIVERY	*
01961	01961	ANESTH, CESAREAN SECTION	*
01962	01962	ANESTH, URGENT HYSTERECTOMY	*
01963	01963	ANESTHESIA FOR CESAREAN HYSTER	*
01965	01965	ANESTH, INC/MISSED AB	*
01966	01966	ANESTH, INDUCED AB	*
01967	01967	ANESTH/ANALG NEURAXIAL LABOR	*
01968	01968	ANES/ANALG CS DELIVERY ADD-ON	*
01969	01969	ANESTHESIA FOR CESAREAN HYSTER	*
01990	01990	SUPPORT FOR ORGAN DONORS	*
01991	01991	ANESTH, NERVE BLOCK/INJ	*
01992	01992	ANESTH, DIAGNOSTIC OR THERAPEU	*

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01996	01996	HOSP MANAGE CONT DRUG ADMIN	*
01999	01999	UNLISTED ANESTHESIA PROCEDURE	*
10004	10004	FNA BX W/O IMG GDN EA ADDL	\$ 176.00
10005	10005	FNA BX W/US GDN 1ST LES	\$ 412.00
10006	10006	FNA BX W/US GDN EA ADDL	\$ 198.00
10007	10007	FNA BX W/FLUOR GDN 1ST LES	\$ 957.00
10008	10008	FNA BX W/FLUOR GDN EA ADDL	\$ 529.00
10009	10009	FNA BX W/CT GDN 1ST LES	\$ 1,521.00
10010	10010	FNA BX W/CT GDN EA ADDL	\$ 917.00
10011	10011	FNA BX W/MR GDN 1ST LES	\$ 715.00
10012	10012	FNA BX W/MR GDN EA ADDL	\$ 529.00
10021	10021	MD NEEDLE ASPIRATION WITHOUT I	\$ 330.00
10030	10030	MD DRAINAGE SOFT TISSUE (EXT,A	\$ 753.00
10035	10035	PERQ DEV SOFT TISS 1ST IMAG	\$ 1,547.00
10036	10036	PERQ DEV SOFT TISS ADD IMAG	\$ 983.00
10040	10040	ACNE SURGERY	\$ 219.00
10060	10060	DRAINAGE OF SKIN ABSCESS	\$ 236.00
10061	10061	DRAINAGE OF SKIN ABSCESS	\$ 393.00
10080	10080	DRAINAGE OF PILONIDAL CYST	\$ 424.00
10081	10081	DRAINAGE OF PILONIDAL CYST	\$ 642.00
10120	10120	REMOVE FOREIGN BODY	\$ 293.00
10121	10121	REMOVE FOREIGN BODY	\$ 560.00
10140	10140	DRAINAGE OF HEMATOMA/FLUID	\$ 318.00
10160	10160	MD PUNCTURE ASPIRATION OF ABSC	\$ 305.00
10180	10180	COMPLEX DRAINAGE, WOUND	\$ 606.00
11000	11000	SURGICAL CLEANSING OF SKIN	\$ 116.00
11001	11001	DEBRIDE INFECTED SKIN ADD-ON	\$ 65.00
11004	11004	DEBRIDE GENITALIA & PERINEUM	\$ 1,500.00
11005	11005	DEBRIDE ABDOM WALL	\$ 2,260.00
11006	11006	DEBRIDE GENIT/PER/ABDOM WALL	\$ 2,097.00
11008	11008	REMOVE MESH FROM ABD WALL	\$ 835.00
11010	11010	DEBRIDE SKIN AT FX SITE	\$ 1,068.00
11011	11011	DEBRIDE SKIN MUSC AT FX SITE	\$ 1,218.00
11012	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	\$ 1,853.00
11042	11042	CLEANSING OF SKIN/TISSUE	\$ 261.00
11043	11043	CLEANSING OF TISSUE/MUSCLE	\$ 593.00
11044	11044	CLEANSING TISSUE/MUSCLE/BONE	\$ 792.00
11045	11045	DEB SUBQ TISSUE ADD-ON	\$ 98.00
11046	11046	DEB MUSC/FASCIA ADD-ON	\$ 167.00
11047	11047	DEB BONE ADD-ON	\$ 315.00

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11055	11055	TRIM SKIN LESION	\$ 104.00
11056	11056	TRIM SKIN LESIONS, 2 TO 4	\$ 120.00
11057	11057	TRIM SKIN LESIONS, OVER 4	\$ 131.00
11102	11102	TANGNTL BX SKIN SINGLE LES	\$ 211.00
11103	11103	TANGNTL BX SKIN EA SEP/ADDL	\$ 106.00
11104	11104	PUNCH BX SKIN SINGLE LESION	\$ 258.00
11105	11105	PUNCH BX SKIN EA SEP/ADDL	\$ 129.00
11106	11106	INCAL BX SKIN SINGLE LES	\$ 304.00
11107	11107	INCAL BX SKIN EA SEP/ADDL	\$ 146.00
11200	11200	REMOVAL OF SKIN TAGS	\$ 183.00
11201	11201	REMOVE SKIN TAGS ADD-ON	\$ 60.00
11300	11300	SHAVE SKIN LESION	\$ 193.00
11301	11301	SHAVE SKIN LESION	\$ 233.00
11302	11302	SHAVE SKIN LESION	\$ 251.00
11303	11303	SHAVE SKIN LESION	\$ 278.00
11305	11305	SHAVE SKIN LESION	\$ 164.00
11306	11306	SHAVE SKIN LESION	\$ 204.00
11307	11307	SHAVE SKIN LESION	\$ 244.00
11308	11308	SHAVE SKIN LESION	\$ 251.00
11310	11310	SHAVE SKIN LESION	\$ 219.00
11311	11311	SHAVE SKIN LESION	\$ 256.00
11312	11312	SHAVE SKIN LESION	\$ 280.00
11313	11313	SHAVE SKIN LESION	\$ 324.00
11400	11400	REMOVAL OF SKIN LESION	\$ 254.00
11401	11401	REMOVAL OF SKIN LESION	\$ 309.00
11402	11402	REMOVAL OF SKIN LESION	\$ 336.00
11403	11403	REMOVAL OF SKIN LESION	\$ 403.00
11404	11404	REMOVAL OF SKIN LESION	\$ 457.00
11406	11406	REMOVAL OF SKIN LESION	\$ 664.00
11420	11420	REMOVAL OF SKIN LESION	\$ 246.00
11421	11421	REMOVAL OF SKIN LESION	\$ 313.00
11422	11422	REMOVAL OF SKIN LESION	\$ 363.00
11423	11423	REMOVAL OF SKIN LESION	\$ 418.00
11424	11424	REMOVAL OF SKIN LESION	\$ 481.00
11426	11426	REMOVAL OF SKIN LESION	\$ 692.00
11440	11440	REMOVAL OF SKIN LESION	\$ 279.00
11441	11441	REMOVAL OF SKIN LESION	\$ 347.00
11442	11442	REMOVAL OF SKIN LESION	\$ 397.00
11443	11443	REMOVAL OF SKIN LESION	\$ 479.00
11444	11444	REMOVAL OF SKIN LESION	\$ 580.00

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11446	11446	REMOVAL OF SKIN LESION	\$ 870.00
11450	11450	REMOVAL, SWEAT GLAND LESION	\$ 995.00
11451	11451	REMOVAL, SWEAT GLAND LESION	\$ 1,163.00
11462	11462	REMOVAL, SWEAT GLAND LESION	\$ 1,009.00
11463	11463	REMOVAL, SWEAT GLAND LESION	\$ 1,161.00
11470	11470	REMOVAL, SWEAT GLAND LESION	\$ 1,028.00
11471	11471	REMOVAL, SWEAT GLAND LESION	\$ 1,225.00
11600	11600	REMOVAL OF SKIN LESION	\$ 374.00
11601	11601	REMOVAL OF SKIN LESION	\$ 441.00
11602	11602	REMOVAL OF SKIN LESION	\$ 496.00
11603	11603	REMOVAL OF SKIN LESION	\$ 565.00
11604	11604	REMOVAL OF SKIN LESION	\$ 634.00
11606	11606	REMOVAL OF SKIN LESION	\$ 933.00
11620	11620	REMOVAL OF SKIN LESION	\$ 401.00
11621	11621	REMOVAL OF SKIN LESION	\$ 449.00
11622	11622	REMOVAL OF SKIN LESION	\$ 511.00
11623	11623	REMOVAL OF SKIN LESION	\$ 603.00
11624	11624	REMOVAL OF SKIN LESION	\$ 693.00
11626	11626	REMOVAL OF SKIN LESION	\$ 889.00
11640	11640	REMOVAL OF SKIN LESION	\$ 409.00
11641	11641	REMOVAL OF SKIN LESION	\$ 485.00
11642	11642	REMOVAL OF SKIN LESION	\$ 564.00
11643	11643	REMOVAL OF SKIN LESION	\$ 667.00
11644	11644	REMOVAL OF SKIN LESION	\$ 822.00
11646	11646	REMOVAL OF SKIN LESION	\$ 1,153.00
11719	11719	TRIM NAIL(S)	\$ 39.00
11720	11720	DEBRIDE NAIL, 1-5	\$ 63.00
11721	11721	DEBRIDE NAIL, 6 OR MORE	\$ 82.00
11730	11730	REMOVAL OF NAIL PLATE	\$ 193.00
11732	11732	REMOVE NAIL PLATE, ADD-ON	\$ 85.00
11740	11740	DRAIN BLOOD FROM UNDER NAIL	\$ 99.00
11750	11750	REMOVAL OF NAIL BED	\$ 389.00
11755	11755	BIOPSY, NAIL UNIT	\$ 240.00
11760	11760	REPAIR OF NAIL BED	\$ 438.00
11762	11762	RECONSTRUCTION OF NAIL BED	\$ 574.00
11765	11765	EXCISION OF NAIL FOLD TOE	\$ 266.00
11770	11770	REMOVAL OF PILONIDAL LESION	\$ 686.00
11771	11771	REMOVAL OF PILONIDAL LESION	\$ 1,345.00
11772	11772	REMOVAL OF PILONIDAL LESION	\$ 1,755.00
11900	11900	INJECTION INTO SKIN LESIONS	\$ 119.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
11901	11901	ADDED SKIN LESION INJECTIONS	\$ 144.00
11920	11920	CORRECT SKIN COLOR DEFECTS	\$ 599.00
11921	11921	CORRECT SKIN COLOR DEFECTS	\$ 744.00
11922	11922	CORRECT SKIN COLOR DEFECTS	\$ 311.00
11950	11950	THERAPY FOR CONTOUR DEFECTS	\$ 308.00
11951	11951	THERAPY FOR CONTOUR DEFECTS	\$ 432.00
11952	11952	THERAPY FOR CONTOUR DEFECTS	\$ 565.00
11954	11954	THERAPY FOR CONTOUR DEFECTS	\$ 627.00
11960	11960	INSERT TISSUE EXPANDER(S)	\$ 2,869.00
11970	11970	REPLACE TISSUE EXPANDER	\$ 2,470.00
11971	11971	REMOVE TISSUE EXPANDER(S)	\$ 1,338.00
11976	11976	REMOVAL OF CONTRACEPTIVE CAP	\$ 361.00
11980	11980	IMPLANT HORMONE PELLETT (S)	\$ 268.00
11981	11981	INSERT DRUG IMPLANT DEVICE	\$ 358.00
11982	11982	REMOVE DRUG IMPLANT DEVICE	\$ 392.00
11983	11983	REMOVE/INSERT DRUG IMPLANT	\$ 610.00
12001	12001	REPAIR SUPERFICIAL WOUND(S)	\$ 335.00
12002	12002	REPAIR SUPERFICIAL WOUND(S)	\$ 398.00
12004	12004	REPAIR SUPERFICIAL WOUND(S)	\$ 509.00
12005	12005	REPAIR SUPERFICIAL WOUND(S)	\$ 655.00
12006	12006	REPAIR SUPERFICIAL WOUND(S)	\$ 753.00
12007	12007	REPAIR SUPERFICIAL WOUND(S)	\$ 848.00
12011	12011	REPAIR SUPERFICIAL WOUND(S)	\$ 422.00
12013	12013	REPAIR SUPERFICIAL WOUND(S)	\$ 460.00
12014	12014	REPAIR SUPERFICIAL WOUND(S)	\$ 570.00
12015	12015	REPAIR SUPERFICIAL WOUND(S)	\$ 755.00
12016	12016	REPAIR SUPERFICIAL WOUND(S)	\$ 978.00
12017	12017	REPAIR SUPERFICIAL WOUND(S)	\$ 980.00
12018	12018	REPAIR SUPERFICIAL WOUND(S)	\$ 874.00
12020	12020	CLOSURE OF SPLIT WOUND	\$ 650.00
12021	12021	CLOSURE OF SPLIT WOUND	\$ 381.00
12031	12031	INTMD WND REPAIR S/A/T/EXT	\$ 508.00
12032	12032	LAYER CLOSURE OF WOUND(S)	\$ 618.00
12034	12034	LAYER CLOSURE OF WOUND(S)	\$ 683.00
12035	12035	LAYER CLOSURE OF WOUND(S)	\$ 876.00
12036	12036	LAYER CLOSURE OF WOUND(S)	\$ 1,077.00
12037	12037	LAYER CLOSURE OF WOUND(S)	\$ 1,289.00
12041	12041	LAYER CLOSURE OF WOUND(S)	\$ 529.00
12042	12042	LAYER CLOSURE OF WOUND(S)	\$ 618.00
12044	12044	LAYER CLOSURE OF WOUND(S)	\$ 770.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
12045	12045	LAYER CLOSURE OF WOUND(S)	\$ 928.00
12046	12046	LAYER CLOSURE OF WOUND(S)	\$ 1,092.00
12047	12047	LAYER CLOSURE OF WOUND(S)	\$ 1,280.00
12051	12051	INTD WND REPAIR FACE/MM	\$ 577.00
12052	12052	LAYER CLOSURE OF WOUND(S)	\$ 634.00
12053	12053	LAYER CLOSURE OF WOUND(S)	\$ 751.00
12054	12054	LAYER CLOSURE OF WOUND(S)	\$ 838.00
12055	12055	LAYER CLOSURE OF WOUND(S)	\$ 1,105.00
12056	12056	LAYER CLOSURE OF WOUND(S)	\$ 1,315.00
12057	12057	LAYER CLOSURE OF WOUND(S)	\$ 1,446.00
13100	13100	REPAIR OF WOUND OR LESION	\$ 702.00
13101	13101	REPAIR OF WOUND OR LESION	\$ 841.00
13102	13102	REPAIR WOUND/LESION ADD-ON	\$ 286.00
13120	13120	REPAIR OF WOUND OR LESION	\$ 712.00
13121	13121	REPAIR OF WOUND OR LESION	\$ 872.00
13122	13122	REPAIR WOUND/LESION ADD-ON	\$ 305.00
13131	13131	REPAIR OF WOUND OR LESION	\$ 790.00
13132	13132	REPAIR OF WOUND OR LESION	\$ 1,075.00
13133	13133	REPAIR WOUND/LESION ADD-ON	\$ 403.00
13151	13151	REPAIR OF WOUND OR LESION	\$ 875.00
13152	13152	REPAIR OF WOUND OR LESION	\$ 1,203.00
13153	13153	REPAIR WOUND/LESION ADD-ON	\$ 455.00
13160	13160	LATE CLOSURE OF WOUND	\$ 2,114.00
14000	14000	SKIN TISSUE REARRANGEMENT	\$ 1,385.00
14001	14001	SKIN TISSUE REARRANGEMENT	\$ 1,676.00
14020	14020	SKIN TISSUE REARRANGEMENT	\$ 1,436.00
14021	14021	SKIN TISSUE REARRANGEMENT	\$ 1,755.00
14040	14040	SKIN TISSUE REARRANGEMENT	\$ 1,570.00
14041	14041	SKIN TISSUE REARRANGEMENT	\$ 2,088.00
14060	14060	SKIN TISSUE REARRANGEMENT	\$ 1,794.00
14061	14061	SKIN TISSUE REARRANGEMENT	\$ 2,320.00
14301	14301	SKIN TISSUE REARRANGEMENT	\$ 2,581.00
14302	14302	SKIN TISSUE REARRANGE ADD-ON	\$ 634.00
14350	14350	SKIN TISSUE REARRANGEMENT	\$ 1,756.00
15002	15002	SKIN FULL GRAFT, TRUNK	\$ 901.00
15003	15003	WND PREP,CH/INF ADDL 100 CM	\$ 245.00
15004	15004	WND PREP CH/INF,F/N/HF/G	\$ 1,009.00
15005	15005	WND PREP,F/N/HF/G,ADDL CM	\$ 409.00
15040	15040	HARVEST CULTURED SKIN GRAFT	\$ 613.00
15050	15050	SKIN PINCH GRAFT	\$ 1,192.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
15100	15100	SKIN SPLIT GRAFT	\$ 2,333.00
15101	15101	SKIN SPLIT GRAFT ADD-ON	\$ 587.00
15110	15110	EPRDRM AUTOGRFT TRNK/ARM/LEG	\$ 2,182.00
15111	15111	EPRDRM AUTOGRFT T/A/L ADD-ON	\$ 371.00
15115	15115	EPRDRM A-GRFT FACE/NCK/HF/G	\$ 1,924.00
15116	15116	EPRDRM A-GRFT F/NHF/G ADDL	\$ 515.00
15120	15120	SKIN SPLIT GRAFT	\$ 2,473.00
15121	15121	SKIN SPLIT GRAFT ADD-ON	\$ 828.00
15130	15130	DERM AUTOGRAFT. TRNK/ARM/LEG	\$ 2,060.00
15131	15131	DERM AUTOGRAFT.T/A/L ADD-ON	\$ 285.00
15135	15135	DERM AUTOGRAFT.FACE/NCK/HF/G	\$ 2,239.00
15136	15136	DERM AUTOGRAFT,F/N/HF/G ADD	\$ 259.00
15150	15150	CULT EPIDERM GRFT T/ARM/LEG	\$ 1,894.00
15151	15151	CULT EPIDERM GRFT T/A/L ADDL	\$ 403.00
15152	15152	CULT EPIDERM GRAFT T/AL+%	\$ 481.00
15155	15155	CULT EPIDERM GRAFT,F/N/HF/G	\$ 2,091.00
15156	15156	CULT EPIDERM GRAFT,F/N/HFG ADD	\$ 473.00
15157	15157	CULT EPIDERM GRAFT,F/N/HFG +%	\$ 522.00
15200	15200	SKIN FULL GRAFT	\$ 2,198.00
15201	15201	SKIN FULL GRAFT ADD-ON	\$ 395.00
15220	15220	SKIN FULL GRAFT	\$ 1,823.00
15221	15221	SKIN FULL GRAFT ADD-ON	\$ 423.00
15240	15240	SKIN FULL GRAFT	\$ 2,161.00
15241	15241	SKIN FULL GRAFT ADD-ON	\$ 550.00
15260	15260	SKIN FULL GRAFT	\$ 2,231.00
15261	15261	SKIN FULL GRAFT ADD-ON	\$ 579.00
15271	15271	SKIN SUB GRAFT TRNK/ARM/LEG	\$ 388.00
15272	15272	SKIN SUB GRAFT T/A/L ADD-ON	\$ 74.00
15273	15273	SKIN SUB GRFT T/ARM/LG CHILD	\$ 856.00
15274	15274	SKIN SUB GRFT T/A/L CHILD ADD	\$ 211.00
15275	15275	SKIN SUB GRAFT FACE/NK/HF/G	\$ 369.00
15276	15276	SKIN SUB GRAFT F/N/HF/G ADDL	\$ 101.00
15277	15277	SKN SUB GRFT F/N/HF/G CHILD	\$ 947.00
15278	15278	SKN SUB GRFT F/N/HF/G CH ADD	\$ 282.00
15570	15570	FORM SKIN PEDICLE FLAP	\$ 2,268.00
15572	15572	FORM SKIN PEDICLE FLAP	\$ 2,177.00
15574	15574	FORM SKIN PEDICLE FLAP	\$ 2,153.00
15576	15576	FORM SKIN PEDICLE FLAP	\$ 2,001.00
15600	15600	SKIN GRAFT	\$ 909.00
15610	15610	SKIN GRAFT	\$ 1,025.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
15620	15620	SKIN GRAFT	\$ 1,266.00
15630	15630	SKIN GRAFT	\$ 1,301.00
15650	15650	TRANSFER SKIN PEDICLE FLAP	\$ 1,461.00
15730	15730	MDFC FLAP W/PRSV VASC PEDCL	\$ 4,216.00
15731	15731	FOREHEAD FLAP W/VASC PEDICLE	\$ 3,295.00
15733	15733	MUSC MYOG/FSCQ FLP H&N PEDCL	\$ 3,402.00
15734	15734	MUSCLE-SKIN GRAFT, TRUNK	\$ 4,839.00
15736	15736	MUSCLE-SKIN GRAFT, ARM	\$ 4,088.00
15738	15738	MUSCLE-SKIN GRAFT, LEG	\$ 4,498.00
15740	15740	ISLAND PEDICLE FLAP GRAFT	\$ 2,992.00
15750	15750	NEUROVASCULAR PEDICLE GRAFT	\$ 3,156.00
15756	15756	FREE MUSCLE FLAP, MICROVASC	\$ 9,542.00
15757	15757	FREE SKIN FLAP, MICROVASC	\$ 9,815.00
15758	15758	FREE FASCIAL FLAP, MICROVASC	\$ 10,130.00
15760	15760	COMPOSITE SKIN GRAFT	\$ 2,412.00
15769	15769	GRFT AUTOL SOFT TISS DIR EXC	\$ 1,577.00
15770	15770	DERMA-FAT-FASCIA GRAFT	\$ 2,126.00
15771	15771	GRFT AUTOL FAT LIPO 50 CC/<	\$ 1,865.00
15772	15772	GRFT AUTOL FAT LIPO EA ADDL	\$ 593.00
15773	15773	GRFT AUTOL FAT LIPO 25 CC/<	\$ 1,921.00
15774	15774	GRFT AUTOL FAT LIPO EA ADDL	\$ 618.00
15775	15775	HAIR TRANSPLANT PUNCH GRAFTS	\$ 686.00
15776	15776	HAIR TRANSPLANT PUNCH GRAFTS	\$ 920.00
15777	15777	ACELLULAR DERM MATRIX IMPLT	\$ 731.00
15780	15780	ABRASION TREATMENT OF SKIN	\$ 1,859.00
15781	15781	ABRASION TREATMENT OF SKIN	\$ 1,199.00
15782	15782	ABRASION TREATMENT OF SKIN	\$ 1,157.00
15783	15783	ABRASION TREATMENT OF SKIN	\$ 1,006.00
15786	15786	ABRASION, LESION, SINGLE	\$ 503.00
15787	15787	ABRASION, LESIONS, ADD-ON	\$ 100.00
15788	15788	CHEMICAL PEEL, FACE, EPIDERM	\$ 768.00
15789	15789	CHEMICAL PEEL, FACE, DERMAL	\$ 1,201.00
15792	15792	CHEMICAL PEEL, NONFACIAL	\$ 853.00
15793	15793	CHEMICAL PEEL, NONFACIAL	\$ 1,104.00
15819	15819	PLASTIC SURGERY, NECK	\$ 2,026.00
15820	15820	REVISION OF LOWER EYELID	\$ 2,037.00
15821	15821	REVISION OF LOWER EYELID	\$ 1,928.00
15822	15822	REVISION OF UPPER EYELID	\$ 1,429.00
15823	15823	REVISION OF UPPER EYELID	\$ 1,933.00
15824	15824	REMOVAL OF FOREHEAD WRINKLES	\$ 2,834.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
15828	15828	REMOVAL OF FACE WRINKLES	\$ 6,829.00
15829	15829	REMOVAL OF SKIN WRINKLES	\$ 8,443.00
15830	15830	EXC SKIN ABD	\$ 3,858.00
15832	15832	EXCISE EXCESSIVE SKIN TISSUE	\$ 3,026.00
15833	15833	EXCISE EXCESSIVE SKIN TISSUE	\$ 3,253.00
15834	15834	EXCISE EXCESSIVE SKIN TISSUE	\$ 3,352.00
15835	15835	EXCISE EXCESSIVE SKIN TISSUE	\$ 3,806.00
15836	15836	EXCISE EXCESSIVE SKIN TISSUE	\$ 2,881.00
15837	15837	EXCISE EXCESSIVE SKIN TISSUE	\$ 3,021.00
15838	15838	EXCISE EXCESSIVE SKIN TISSUE	\$ 1,892.00
15839	15839	EXCISE EXCESSIVE SKIN TISSUE	\$ 2,727.00
15840	15840	GRAFT FOR FACE NERVE PALSY	\$ 4,057.00
15841	15841	GRAFT FOR FACE NERVE PALSY	\$ 5,868.00
15842	15842	GRAFT FOR FACE NERVE PALSY	\$ 10,278.00
15845	15845	SKIN AND MUSCLE REPAIR, FACE	\$ 3,587.00
15847	15847	EXC SKIN ABD ADD-ON	\$ 1,900.00
15851	15851	REMOVAL OF SUTURES	\$ 194.00
15852	15852	DRESSING CHANGE, NOT FOR BURN	\$ 166.00
15860	15860	TEST FOR BLOOD FLOW IN GRAFT	\$ 385.00
15876	15876	SUCTION ASSISTED LIPECTOMY	\$ 1,909.00
15877	15877	SUCTION ASSISTED LIPECTOMY	\$ 2,716.00
15878	15878	SUCTION ASSISTED LIPECTOMY	\$ 2,075.00
15879	15879	SUCTION ASSISTED LIPECTOMY	\$ 2,559.00
15920	15920	REMOVAL OF TAIL BONE ULCER	\$ 1,803.00
15922	15922	REMOVAL OF TAIL BONE ULCER	\$ 2,318.00
15931	15931	REMOVE SACRUM PRESSURE SORE	\$ 1,901.00
15933	15933	REMOVE SACRUM PRESSURE SORE	\$ 2,491.00
15934	15934	REMOVE SACRUM PRESSURE SORE	\$ 2,640.00
15935	15935	REMOVE SACRUM PRESSURE SORE	\$ 3,194.00
15936	15936	REMOVE SACRUM PRESSURE SORE	\$ 2,459.00
15937	15937	REMOVE SACRUM PRESSURE SORE	\$ 2,967.00
15940	15940	REMOVE HIP PRESSURE SORE	\$ 2,079.00
15941	15941	REMOVE HIP PRESSURE SORE	\$ 2,787.00
15944	15944	REMOVE HIP PRESSURE SORE	\$ 2,698.00
15945	15945	REMOVE HIP PRESSURE SORE	\$ 3,133.00
15946	15946	REMOVE HIP PRESSURE SORE	\$ 4,588.00
15950	15950	REMOVE THIGH PRESSURE SORE	\$ 1,767.00
15951	15951	REMOVE THIGH PRESSURE SORE	\$ 2,474.00
15952	15952	REMOVE THIGH PRESSURE SORE	\$ 2,793.00
15953	15953	REMOVE THIGH PRESSURE SORE	\$ 2,818.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
15956	15956	REMOVE THIGH PRESSURE SORE	\$ 3,386.00
15958	15958	REMOVE THIGH PRESSURE SORE	\$ 3,388.00
16000	16000	INITIAL TREATMENT OF BURN(S)	\$ 181.00
16020	16020	TREATMENT OF BURN(S)	\$ 216.00
16025	16025	TREATMENT OF BURN(S)	\$ 361.00
16030	16030	TREATMENT OF BURN(S)	\$ 484.00
16035	16035	INCISION OF BURN SCAB	\$ 547.00
16036	16036	ESCHAROTOMY;ADDL INCISION	\$ 232.00
17000	17000	DESTRUCTION OF FACIAL LESION	\$ 145.00
17003	17003	DESTROY LESIONS, 2-14	\$ 24.00
17004	17004	DESTROY LESIONS, 15 OR MORE	\$ 350.00
17106	17106	DESTRUCTION OF SKIN LESIONS	\$ 758.00
17107	17107	DESTRUCTION OF SKIN LESIONS	\$ 1,044.00
17108	17108	DESTRUCTION OF SKIN LESIONS	\$ 1,345.00
17110	17110	DESTRUCT LESION, 1-14	\$ 219.00
17111	17111	DESTRUCT LESION, 15 OR MORE	\$ 261.00
17250	17250	CHEMICAL CAUTERY, TISSUE	\$ 183.00
17260	17260	DESTRUCTION OF SKIN LESIONS	\$ 198.00
17261	17261	DESTRUCTION OF SKIN LESIONS	\$ 283.00
17262	17262	DESTRUCTION OF SKIN LESIONS	\$ 349.00
17263	17263	DESTRUCTION OF SKIN LESIONS	\$ 371.00
17264	17264	DESTRUCTION OF SKIN LESIONS	\$ 392.00
17266	17266	DESTRUCTION OF SKIN LESIONS	\$ 462.00
17270	17270	DESTRUCTION OF SKIN LESIONS	\$ 285.00
17271	17271	DESTRUCTION OF SKIN LESIONS	\$ 316.00
17272	17272	DESTRUCTION OF SKIN LESIONS	\$ 365.00
17273	17273	DESTRUCTION OF SKIN LESIONS	\$ 400.00
17274	17274	DESTRUCTION OF SKIN LESIONS	\$ 469.00
17276	17276	DESTRUCTION OF SKIN LESIONS	\$ 556.00
17280	17280	DESTRUCTION OF SKIN LESIONS	\$ 269.00
17281	17281	DESTRUCTION OF SKIN LESIONS	\$ 350.00
17282	17282	DESTRUCTION OF SKIN LESIONS	\$ 397.00
17283	17283	DESTRUCTION OF SKIN LESIONS	\$ 456.00
17284	17284	DESTRUCTION OF SKIN LESIONS	\$ 522.00
17286	17286	DESTRUCTION OF SKIN LESIONS	\$ 683.00
17311	17311	MOHS 1 STAGE H/N/HF/G	\$ 1,368.00
17312	17312	2ND STAGE CHEMOSURGERY	\$ 834.00
17313	17313	MOHS,1 STAGE,T/A/L	\$ 1,298.00
17314	17314	MOHS,1 ADDL STAGE, T/A/L	\$ 797.00
17315	17315	MOHS SURG,ADDL BLOCK	\$ 181.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
17340	17340	CRYOTHERAPY OF SKIN	\$ 103.00
17360	17360	SKIN PEEL THERAPY	\$ 274.00
17380	17380	HAIR REMOVAL BY ELECTROLYSIS	\$ 115.00
19000	19000	DRAINAGE OR BREAST LESION	\$ 315.00
19001	19001	MD PUNCTURE ASPIRATION OF CYST	\$ 102.00
19020	19020	INCISION OF BREAST LESION	\$ 1,132.00
19030	19030	INJECTION FOR BREAST X-RAY	\$ 425.00
19081	19081	BIOPS BREAST W/PLACM DEV W/STE	\$ 2,166.00
19082	19082	MD BREAST BIOPSY W/DEVICE PLAC	\$ 1,726.00
19083	19083	MD BREAST BIOPSY WITH DEVICE P	\$ 2,121.00
19084	19084	BIPS BRST W/PLCM DEV W/ULTR AD	\$ 1,702.00
19085	19085	MD BIOPSY BREAST WITH DEVICE P	\$ 3,211.00
19086	19086	MD BREAST BIOPSY, WITH PLACEME	\$ 2,467.00
19100	19100	BIOPSY OF BREAST	\$ 401.00
19101	19101	BIOPSY OF BREAST OPEN	\$ 878.00
19110	19110	NIPPLE EXPLORATION	\$ 1,189.00
19112	19112	EXCISE BREAST DUCT FISTULA	\$ 1,142.00
19120	19120	REMOVAL OF BREAST LESION	\$ 1,235.00
19125	19125	EXCISION, BREAST LESION	\$ 1,465.00
19126	19126	EXCISION, ADDL BREAST LESION	\$ 545.00
19281	19281	PLACEMENT DEVICE W/MAM GUID FI	\$ 476.00
19282	19282	PERQ DEVICE BREAST EA IMAG	\$ 310.00
19283	19283	PLACEMENT DEVICE W/STER GUID F	\$ 536.00
19284	19284	PLACEMENT DEVICE W/STER GUID A	\$ 310.00
19285	19285	PLACEMENT DEVICE W/ULTRAS GUID	\$ 452.00
19286	19286	PLACEMENT DEVICE W/ULTRAS GUID	\$ 240.00
19287	19287	PLACEMENT DEVICE W/MR GUID FIR	\$ 893.00
19288	19288	PLACEMENT DEVICE W/MR GUID ADD	\$ 434.00
19294	19294	PREPJ TUM CAV IORT PRTL MAST	\$ 522.00
19296	19296	PLACE PO BREAST CATH FOR RAD	\$ 10,633.00
19297	19297	PLACE BREAST CATH FOR RAD	\$ 300.00
19298	19298	PLACE BREAST RAD TUBE/CATHS	\$ 2,985.00
19300	19300	REMOVAL OF BREAST TISSUE	\$ 1,389.00
19301	19301	PARTICAL MASTECTOMY	\$ 1,932.00
19302	19302	P-MASTECTOMY W/LN REMOVAL	\$ 2,648.00
19303	19303	MAST,SIMPLE,COMPLETE	\$ 2,909.00
19305	19305	MAST,RADICAL	\$ 3,329.00
19306	19306	MAST,RAD,URBAN TYPE	\$ 3,663.00
19307	19307	MAST MOD RAD	\$ 3,483.00
19316	19316	SUSPENSION OF BREAST	\$ 2,994.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
19318	19318	REDUCTION OF LARGE BREAST	\$ 4,131.00
19325	19325	ENLARGE BREAST WITH IMPLANT	\$ 2,610.00
19328	19328	REMOVAL OF BREAST IMPLANT	\$ 1,629.00
19330	19330	REMOVAL OF IMPLANT MATERIAL	\$ 2,150.00
19340	19340	IMMEDIATE BREAST PROSTHESIS	\$ 3,075.00
19342	19342	DELAYED BREAST PROSTHESIS	\$ 3,017.00
19350	19350	BREAST RECONSTRUCTION	\$ 2,894.00
19355	19355	CORRECT INVERTED NIPPLE(S)	\$ 2,455.00
19357	19357	BREAST RECONSTRUCTION	\$ 5,024.00
19361	19361	BREAST RECONSTRUCTION	\$ 6,050.00
19364	19364	BREAST RECONSTRUCTION	\$ 13,936.00
19367	19367	BREAST RECONSTRUCTION	\$ 7,492.00
19368	19368	BREAST RECONSTRUCTION	\$ 9,233.00
19369	19369	BREAST RECONSTRUCTION	\$ 8,563.00
19370	19370	SURGERY OF BREAST CAPSULE	\$ 2,414.00
19371	19371	REMOVAL OF BREAST CAPSULE	\$ 2,708.00
19380	19380	REVISE BREAST RECONSTRUCTION	\$ 2,893.00
20100	20100	EXPLORE WOUND, NECK	\$ 1,980.00
20101	20101	EXPLORE WOUND, CHEST	\$ 1,229.00
20102	20102	EXPLORE WOUND, ABDOMEN	\$ 1,251.00
20103	20103	EXPLORE WOUND, EXTREMITY	\$ 1,596.00
20200	20200	MUSCLE BIOPSY	\$ 551.00
20205	20205	DEEP MUSCLE BIOPSY	\$ 787.00
20206	20206	MD BIOPSY, MUSCLE, PERCUTANEOU	\$ 385.00
20220	20220	MD BIOPSY BONE, SUPERFICIAL (T	\$ 437.00
20225	20225	MD BIOPSY BONE, DEEP (TROCAR O	\$ 818.00
20240	20240	BONE BIOPSY, OPEN	\$ 576.00
20245	20245	BONE BIOPSY, EXCISIONAL	\$ 1,565.00
20250	20250	OPEN BONE BIOPSY	\$ 1,529.00
20251	20251	OPEN BONE BIOPSY	\$ 1,584.00
20500	20500	INJECTION OF SINUS TRACT	\$ 342.00
20501	20501	MD DIAGNOSTIC, SINOGRAM	\$ 199.00
20520	20520	REMOVAL OF FOREIGN BODY	\$ 493.00
20525	20525	REMOVAL OF FOREIGN BODY	\$ 1,074.00
20526	20526	THER INJECTION CARP TUNNEL	\$ 214.00
20527	20527	INJ DUPUYTREN COR W/ENZYME	\$ 236.00
20550	20550	INJ TENDON SHEATH/LIGAMENT	\$ 155.00
20551	20551	INJ TENDON ORIGIN INSERTION	\$ 158.00
20552	20552	INJ TRIGER POINT1/2 MUSCL	\$ 160.00
20553	20553	INJ TRIGER POINT=/>3	\$ 194.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
20555	20555	20555 PLACE NEEDLE MUSCLE FOR	\$ 947.00
20560	20560	NDL INSJ W/O NJX 1 OR 2 MUSC	\$ 43.00
20561	20561	NDL INSJ W/O NJX 3+ MUSC	\$ 65.00
20600	20600	DRAIN/INJECT, JOINT/BURSA	\$ 140.00
20604	20604	DRAIN/INJ JOINT BURSA W/US	\$ 213.00
20605	20605	MD ARTHROCENTESIS ASPIRATION/I	\$ 151.00
20606	20606	DRAIN/INJ JOINT/BURSA W/US	\$ 253.00
20610	20610	DRAIN/INJECT, JOINT/BURSA	\$ 200.00
20611	20611	DRAIN/INJ JOINT/BURSA W/US	\$ 307.00
20612	20612	MD ASPIRATION AND/OR INJECTION	\$ 161.00
20615	20615	TREATMENT OF BONE CYST	\$ 515.00
20650	20650	INSERT AND REMOVE BONE PIN	\$ 542.00
20660	20660	APPLY, REMOVE FIXATION DEVICE	\$ 921.00
20661	20661	APPLICATION OF HEAD BRACE	\$ 1,766.00
20662	20662	APPLICATION OF PELVIS BRACE	\$ 1,478.00
20663	20663	APPLICATION OF THIGH BRACE	\$ 1,358.00
20664	20664	HALO BRACE APPLICATION	\$ 2,577.00
20665	20665	REMOVAL OF FIXATION DEVICE	\$ 389.00
20670	20670	REMOVAL OF SUPPORT IMPLANT	\$ 886.00
20680	20680	REMOVAL OF SUPPORT IMPLANT	\$ 1,545.00
20690	20690	APPLY BONE FIXATION DEVICE	\$ 1,761.00
20692	20692	APPLY BONE FIXATION DEVICE	\$ 3,163.00
20693	20693	ADJUST BONE FIXATION DEVICE	\$ 1,431.00
20694	20694	REMOVE BONE FIXATION DEVICE	\$ 1,264.00
20696	20696	COMP MULTIPLANE EXT FIXATION	\$ 3,529.00
20697	20697	COMP EXT FIXATE STRUT CHANGE	\$ 5,255.00
20700	20700	MNL PREP &INSJ DP RX DLVR DEV	\$ 278.00
20701	20701	RMVL DEEP RX DELIVERY DEVICE	\$ 208.00
20702	20702	MNL PREP &INSJ IMED RX DEV	\$ 477.00
20703	20703	RMVL IMED RX DELIVERY DEVICE	\$ 351.00
20704	20704	MNL PREP&INSJ I-ARTIC RX DEV	\$ 491.00
20705	20705	RMVL I-ARTIC RX DELIVERY DEV	\$ 407.00
20802	20802	REPLANTATION, ARM, COMPLETE	\$ 10,256.00
20805	20805	REPLANT, FOREARM, COMPLETE	\$ 12,187.00
20808	20808	REPLANTATION HAND, COMPLETE	\$ 14,742.00
20816	20816	REPLANTATION, DIGIT, COMPLETE	\$ 7,665.00
20822	20822	REPLANTATION, DIGIT, COMPLETE	\$ 7,101.00
20824	20824	REPLANTATION, THUMB, COMPLETE	\$ 8,226.00
20827	20827	REPLANTATION, THUMB, COMPLETE	\$ 7,274.00
20838	20838	REPLANTATION FOOT, COMPLETE	\$ 11,132.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
20900	20900	REMOVAL OF BONE FOR GRAFT	\$ 1,161.00
20902	20902	REMOVAL OF BONE FOR GRAFT	\$ 1,338.00
20910	20910	REMOVE CARTILAGE FOR GRAFT	\$ 1,431.00
20912	20912	REMOVE CARTILAGE FOR GRAFT	\$ 1,463.00
20920	20920	REMOVAL OF FASCIA FOR GRAFT	\$ 1,252.00
20922	20922	REMOVAL OF FASCIA FOR GRAFT	\$ 1,787.00
20924	20924	REMOVAL OF TENDON FOR GRAFT	\$ 1,581.00
20930	20930	SPINAL BONE ALLOGRAFT	\$ 646.00
20931	20931	SPINAL BONE ALLOGRAFT	\$ 563.00
20932	20932	OSTEOART ALGRFT W/SURF & B1	\$ 3,197.00
20933	20933	HEMICRT INTRCLRY ALGRFT PRTL	\$ 2,933.00
20934	20934	INTERCALARY ALGRFT COMPL	\$ 3,196.00
20936	20936	SPINAL BONE AUTOGRAFT	\$ 883.00
20937	20937	SPINAL BONE AUTOGRAFT	\$ 889.00
20938	20938	SPINAL BONE AUTOGRAFT	\$ 941.00
20939	20939	BONE MARROW ASPIR BONE GRFG	\$ 269.00
20950	20950	FLUID PRESSURE, MUSCLE	\$ 647.00
20955	20955	MICROVASCULAR FIBULA GRAFT	\$ 9,538.00
20956	20956	ILIAC BONE GRAFT, MICROVASC	\$ 9,850.00
20957	20957	MT BONE GRAFT, MICROVASC	\$ 8,580.00
20962	20962	MICROVASCULAR BONE GRAFT	\$ 8,367.00
20969	20969	BONE-SKIN GRAFT	\$ 11,072.00
20970	20970	BONE-SKIN GRAFT, PELVIS	\$ 11,241.00
20972	20972	BONE/SKIN GRAFT, METATARSAL	\$ 11,209.00
20973	20973	BONE/SKIN GRAFT, GREAT TOE	\$ 11,838.00
20974	20974	ELECTRICAL BONE STIMULATION	\$ 621.00
20975	20975	ELECTRICAL BONE STIMULATION	\$ 948.00
20979	20979	US BONE STIMULATION	\$ 210.00
20982	20982	ABLATE BONE TUMOR(S) PERQ	\$ 6,775.00
20985	20985	CPTR-ASST DIR MS PX	\$ 529.00
21010	21010	INCISION OF JAW JOINT	\$ 2,922.00
21011	21011	EXC FACE LES SC < 2 CM	\$ 837.00
21012	21012	EXC FACE LES SC = 2 CM	\$ 915.00
21013	21013	EXC FACE TUM DEEP < 2 CM	\$ 1,323.00
21014	21014	EXC FACE TUM DEEP = 2 CM	\$ 1,420.00
21015	21015	RESEC FACE TUM <2CM	\$ 1,870.00
21016	21016	RESECT FACE TUM = 2 CM	\$ 3,318.00
21025	21025	EXCISION OF BONE, LOWER JAW	\$ 2,281.00
21026	21026	EXCISION OF FACIAL BONE(S)	\$ 1,878.00
21029	21029	CONTOUR OF FACE BONE LESION	\$ 2,317.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
21030	21030	REMOVAL OF FACE BONE LESION	\$ 1,228.00
21031	21031	REMOVE EXOSTOSIS, MANDIBLE	\$ 1,002.00
21032	21032	REMOVE EXOSTOSIS, MAXILLA	\$ 1,048.00
21034	21034	REMOVAL OF FACE BONE LESION	\$ 3,850.00
21040	21040	REMOVAL OF JAW BONE LESION	\$ 1,287.00
21044	21044	REMOVAL OF JAW BONE LESION	\$ 3,036.00
21045	21045	EXTENSIVE JAW SURGERY	\$ 4,626.00
21046	21046	REMOVE MANDIBLE CYST COMPLEX	\$ 3,526.00
21047	21047	EXCISE LWR JAW CYST W/REPAIR	\$ 4,605.00
21048	21048	REMOVE MAXILLA CYST COMPLEX	\$ 3,720.00
21049	21049	EXCIS UPPR JAW CYST W/REPAIR	\$ 4,053.00
21050	21050	REMOVAL OF JAW JOINT	\$ 3,299.00
21060	21060	REMOVE JAW JOINT CARTILAGE	\$ 3,271.00
21070	21070	REMOVE CORONOID PROCESS	\$ 2,636.00
21073	21073	MNPG OF TMJ W/ANESTH	\$ 982.00
21076	21076	PREPARE FACE/ORAL PROSTHESIS	\$ 2,841.00
21077	21077	PREPARE FACE/ORAL PROSTHESIS	\$ 7,388.00
21079	21079	PREPARE FACE/ORAL PROSTHESIS	\$ 4,746.00
21080	21080	PREPARE FACE/ORAL PROSTHESIS	\$ 5,606.00
21081	21081	PREPARE FACE/ORAL PROSTHESIS	\$ 5,280.00
21082	21082	PREPARE FACE/ORAL PROSTHESIS	\$ 4,870.00
21083	21083	PREPARE FACE/ORAL PROSTHESIS	\$ 4,583.00
21084	21084	PREPARE FACE/ORAL PROSTHESIS	\$ 5,125.00
21085	21085	PREPARE FACE/ORAL PROSTHESIS	\$ 1,685.00
21086	21086	PREPARE FACE/ORAL PROSTHESIS	\$ 5,037.00
21087	21087	PREPARE FACE/ORAL PROSTHESIS	\$ 5,063.00
21088	21088	PREPARE FACE/ORAL PROSTHESIS	\$ 7,669.00
21110	21110	INTERDENTAL FIXATION	\$ 1,877.00
21116	21116	INJECTION JAW JOINT X-RAY	\$ 324.00
21120	21120	RECONSTRUCTION OF CHIN	\$ 2,286.00
21121	21121	RECONSTRUCTION OF CHIN	\$ 2,626.00
21122	21122	RECONSTRUCTION OF CHIN	\$ 2,896.00
21123	21123	RECONSTRUCTION OF CHIN	\$ 3,248.00
21125	21125	AUGMENTATION, LOWER JAW BONE	\$ 4,442.00
21127	21127	AUGMENTATION, LOWER JAW BONE	\$ 4,704.00
21137	21137	REDUCTION OF FOREHEAD	\$ 2,735.00
21138	21138	REDUCTION OF FOREHEAD	\$ 3,545.00
21139	21139	REDUCTION OF FOREHEAD	\$ 4,240.00
21141	21141	RECONSTRUCT MIDFACE, LEFORT	\$ 6,115.00
21142	21142	RECONSTRUCT MIDFACE, LEFORT	\$ 5,946.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
21143	21143	RECONSTRUCT MIDFACE, LEFORT	\$ 6,150.00
21145	21145	RECONSTRUCT MIDFACE, LEFORT	\$ 6,340.00
21146	21146	RECONSTRUCT MIDFACE, LEFORT	\$ 6,401.00
21147	21147	RECONSTRUCT MIDFACE, LEFORT	\$ 7,468.00
21150	21150	RECONSTRUCT MIDFACE, LEFORT	\$ 6,729.00
21151	21151	RECONSTRUCT MIDFACE, LEFORT	\$ 7,500.00
21154	21154	RECONSTRUCT MIDFACE, LEFORT	\$ 8,185.00
21155	21155	RECONSTRUCT MIDFACE, LEFORT	\$ 8,943.00
21159	21159	RECONSTRUCT MIDFACE, LEFORT	\$ 11,074.00
21160	21160	RECONSTRUCT MIDFACE, LEFORT	\$ 11,381.00
21172	21172	RECONSTRUCT ORBIT/FOREHEAD	\$ 8,841.00
21175	21175	RECONSTRUCT ORBIT/FOREHEAD	\$ 9,680.00
21179	21179	RECONSTRUCT ENTIRE FOREHEAD	\$ 6,833.00
21180	21180	RECONSTRUCT ENTIRE FOREHEAD	\$ 7,417.00
21181	21181	CONTOUR CRANIAL BONE LESION	\$ 3,250.00
21182	21182	RECONSTRUCT CRANIAL BONE	\$ 9,133.00
21183	21183	RECONSTRUCT CRANIAL BONE	\$ 9,998.00
21184	21184	RECONSTRUCT CRANIAL BONE	\$ 10,688.00
21188	21188	RECONSTRUCTION OF MIDFACE	\$ 7,082.00
21193	21193	RECONSTRUCT LOWER JAW BONE	\$ 5,413.00
21194	21194	RECONSTRUCT LOWER JAW BONE	\$ 6,243.00
21195	21195	RECONSTRUCT LOWER JAW BONE	\$ 5,958.00
21196	21196	RECONSTRUCT LOWER JAW BONE	\$ 7,013.00
21198	21198	RECONSTRUCT LOWER JAW BONE	\$ 4,956.00
21199	21199	RECONSTR LWR JAW W/ADVANCE	\$ 4,456.00
21206	21206	RECONSTRUCT UPPER JAW BONE	\$ 4,542.00
21208	21208	AUGMENTATION OF FACIAL BONES	\$ 3,770.00
21209	21209	REDUCTION OF FACIAL BONES	\$ 2,647.00
21210	21210	FACE BONE GRAFT	\$ 4,620.00
21215	21215	LOWER JAW BONE GRAFT	\$ 6,344.00
21230	21230	RIB CARTILAGE GRAFT	\$ 2,901.00
21235	21235	EAR CARTILAGE GRAFT	\$ 2,130.00
21240	21240	RECONSTRUCTION OF JAW JOINT	\$ 4,497.00
21242	21242	RECONSTRUCTION OF JAW JOINT	\$ 4,030.00
21243	21243	RECONSTRUCTION OF JAW JOINT	\$ 7,386.00
21244	21244	RECONSTRUCTION OF LOWER JAW	\$ 5,057.00
21245	21245	RECONSTRUCTION OF JAW	\$ 5,254.00
21246	21246	RECONSTRUCTION OF JAW	\$ 4,061.00
21247	21247	RECONSTRUCT LOWER JAW BONE	\$ 6,841.00
21248	21248	RECONSTRUCTION OF JAW	\$ 2,877.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
21249	21249	RECONSTRUCTION OF JAW	\$ 5,959.00
21255	21255	RECONSTRUCT LOWER JAW BONE	\$ 5,457.00
21256	21256	RECONSTRUCTION OF ORBIT	\$ 5,315.00
21260	21260	REVISE EYE SOCKETS	\$ 5,976.00
21261	21261	REVISE EYE SOCKETS	\$ 9,956.00
21263	21263	REVISE EYE SOCKETS	\$ 8,631.00
21267	21267	REVISE EYE SOCKETS	\$ 6,959.00
21268	21268	REVISE EYE SOCKETS	\$ 7,996.00
21270	21270	AUGMENTATION, CHEEK BONE	\$ 3,936.00
21275	21275	REVISION, ORBITOFACIAL BONES	\$ 3,769.00
21280	21280	REVISION OF EYELID	\$ 2,307.00
21282	21282	REVISION OF EYELID	\$ 1,589.00
21295	21295	REVISION OF JAW MUSCLE/BONE	\$ 922.00
21296	21296	REVISION OF JAW MUSCLE/BONE	\$ 2,074.00
21315	21315	TREATMENT OF NOSE FRACTURE	\$ 661.00
21320	21320	TREATMENT OF NOSE FRACTURE	\$ 767.00
21325	21325	TREATMENT OF NOSE FRACTURE	\$ 1,426.00
21330	21330	TREATMENT OF NOSE FRACTURE	\$ 2,165.00
21335	21335	TREATMENT OF NOSE FRACTURE	\$ 2,659.00
21336	21336	TREAT NASAL SEPTAL FRACTURE	\$ 1,983.00
21337	21337	TREAT NASAL SEPTAL FRACTURE	\$ 1,149.00
21338	21338	TREAT NASOETHMOID FRACTURE	\$ 2,605.00
21339	21339	TREAT NASOETHMOID FRACTURE	\$ 2,765.00
21340	21340	TREATMENT OF NOSE FRACTURE	\$ 2,686.00
21343	21343	TREATMENT OF SINUS FRACTURE	\$ 3,795.00
21344	21344	TREATMENT OF SINUS FRACTURE	\$ 5,121.00
21345	21345	TREAT NOSE/JAW FRACTURE	\$ 2,854.00
21346	21346	TREAT NOSE/JAW FRACTURE	\$ 3,504.00
21347	21347	TREAT NOSE/JAW FRACTURE	\$ 4,071.00
21348	21348	TREAT NOSE/JAW FRACTURE	\$ 4,462.00
21355	21355	TREAT CHEEK BONE FRACTURE	\$ 1,574.00
21356	21356	TREAT CHEEK BONE FRACTURE	\$ 1,816.00
21360	21360	TREAT CHEEK BONE FRACTURE	\$ 2,044.00
21365	21365	TREAT CHEEK BONE FRACTURE	\$ 3,933.00
21366	21366	TREAT CHEEK BONE FRACTURE	\$ 4,434.00
21385	21385	TREAT EYE SOCKET FRACTURE	\$ 2,522.00
21386	21386	TREAT EYE SOCKET FRACTURE	\$ 2,667.00
21387	21387	TREAT EYE SOCKET FRACTURE	\$ 3,033.00
21390	21390	TREAT EYE SOCKET FRACTURE	\$ 3,319.00
21395	21395	TREAT EYE SOCKET FRACTURE	\$ 3,933.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
21400	21400	TREAT EYE SOCKET FRACTURE	\$ 731.00
21401	21401	TREAT EYE SOCKET FRACTURE	\$ 1,627.00
21406	21406	TREAT EYE SOCKET FRACTURE	\$ 2,170.00
21407	21407	TREAT EYE SOCKET FRACTURE	\$ 2,642.00
21408	21408	TREAT EYE SOCKET FRACTURE	\$ 3,643.00
21421	21421	TREAT MOUTH ROOF FRACTURE	\$ 2,747.00
21422	21422	TREAT MOUTH ROOF FRACTURE	\$ 2,613.00
21423	21423	TREAT MOUTH ROOF FRACTURE	\$ 3,277.00
21431	21431	TREAT CRANIOFACIAL FRACTURE	\$ 2,762.00
21432	21432	TREAT CRANIOFACIAL FRACTURE	\$ 2,888.00
21433	21433	TREAT CRANIOFACIAL FRACTURE	\$ 6,708.00
21435	21435	TREAT CRANIOFACIAL FRACTURE	\$ 5,328.00
21436	21436	TREAT CRANIOFACIAL FRACTURE	\$ 7,656.00
21440	21440	TREAT DENTAL RIDGE FRACTURE	\$ 1,840.00
21445	21445	TREAT DENTAL RIDGE FRACTURE	\$ 2,443.00
21450	21450	TREAT LOWER JAW FRACTURE	\$ 1,988.00
21451	21451	TREAT LOWER JAW FRACTURE	\$ 2,696.00
21452	21452	TREAT LOWER JAW FRACTURE	\$ 2,058.00
21453	21453	TREAT LOWER JAW FRACTURE	\$ 2,960.00
21454	21454	TREAT LOWER JAW FRACTURE	\$ 2,192.00
21461	21461	TREAT LOWER JAW FRACTURE	\$ 4,679.00
21462	21462	TREAT LOWER JAW FRACTURE	\$ 5,001.00
21465	21465	TREAT LOWER JAW FRACTURE	\$ 3,432.00
21470	21470	TREAT LOWER JAW FRACTURE	\$ 4,407.00
21480	21480	RESET DISLOCATED JAW	\$ 370.00
21485	21485	RESET DISLOCATED JAW	\$ 1,769.00
21490	21490	REPAIR DISLOCATED JAW	\$ 3,035.00
21497	21497	INTERDENTAL WIRING	\$ 1,999.00
21501	21501	DRAIN NECK/CHEST LESION	\$ 1,189.00
21502	21502	DRAIN CHEST LESION	\$ 1,568.00
21510	21510	DRAINAGE OF BONE LESION	\$ 1,431.00
21550	21550	BIOPSY OF NECK/CHEST	\$ 668.00
21552	21552	EXC NECK LES SC = 3CM	\$ 1,316.00
21554	21554	EXC NECK TUM DEEP = 5CM	\$ 2,275.00
21555	21555	EXC NECK LES SC < 3 CM	\$ 1,009.00
21556	21556	EXC NECK TUM DEEP < 5CM	\$ 1,511.00
21557	21557	REMOVE TUMOR, NECK/CHEST	\$ 2,897.00
21558	21558	RESECT NECK TUM DEEP = 5CM	\$ 4,333.00
21600	21600	PARTIAL REMOVAL OF RIB	\$ 1,822.00
21601	21601	EXC CHEST WALL TUMOR W/RIBS	\$ 3,828.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
21602	21602	EXC CH WAL TUM W/O LYMPHADEC	\$ 5,292.00
21603	21603	EXC CH WAL TUM W/LYMPHADEC	\$ 5,832.00
21610	21610	PARTIAL REMOVAL OF RIB	\$ 4,334.00
21615	21615	REMOVAL OF RIB	\$ 2,510.00
21616	21616	REMOVAL OF RIB AND NERVES	\$ 2,862.00
21620	21620	PARTIAL REMOVAL OF STERNUM	\$ 1,643.00
21627	21627	STERNAL DEBRIDEMENT	\$ 1,852.00
21630	21630	EXTENSIVE STERNUM SURGERY	\$ 4,142.00
21632	21632	EXTENSIVE STERNUM SURGERY	\$ 4,222.00
21685	21685	HYOID MYOTOMY & SUSPENSION	\$ 3,255.00
21700	21700	REVISION OF NECK MUSCLE	\$ 1,368.00
21705	21705	REVISION OF NECK MUSCLE/RIB	\$ 2,082.00
21720	21720	REVISION OF NECK MUSCLE	\$ 2,063.00
21725	21725	REVISION OF NECK MUSCLE	\$ 1,887.00
21740	21740	RECONSTRUCTION OF STERNUM	\$ 3,886.00
21750	21750	REPAIR OF STERNUM SEPARATION	\$ 2,540.00
21811	21811	OPTX OF RIB FX W/FIXJ SCOPE	\$ 2,150.00
21812	21812	TREATMENT OF RIB FRACTURE	\$ 2,577.00
21813	21813	TREATMENT OF RIB FRACTURE	\$ 3,584.00
21820	21820	TREAT STERNUM FRACTURE	\$ 578.00
21825	21825	TREAT STERNUM FRACTURE	\$ 1,757.00
21920	21920	BIOPSY SOFT TISSUE OF BACK	\$ 478.00
21925	21925	BIOPSY SOFT TISSUE OF BACK	\$ 1,161.00
21930	21930	REMOVE LESION, BACK OR FLANK	\$ 1,192.00
21931	21931	EXC BACK LES SC = 3CM	\$ 1,332.00
21932	21932	EXC BACK TUM DEEP < 5CM	\$ 1,797.00
21933	21933	EXC BACK TUM DEEP = 5CM	\$ 2,151.00
21935	21935	REMOVE TUMOR, BACK, < 5 CM	\$ 3,119.00
21936	21936	RESECT BACK TUM = 5CM	\$ 4,502.00
22010	22010	I&D P-SPINE, C/T/CERV-THOR	\$ 3,136.00
22015	22015	I&D P-SPINE, L/S/LS	\$ 3,083.00
22100	22100	REMOVE PART OF NECK VERTEBRA	\$ 2,813.00
22101	22101	REMOVE PART, THORAX VERTEBRA	\$ 2,833.00
22102	22102	REMOVE PART, LUMBAR VERTEBRA	\$ 2,665.00
22103	22103	REMOVE EXTRA SPINE SEGMENT	\$ 537.00
22110	22110	REMOVE PART OF NECK VERTEBRA	\$ 3,363.00
22112	22112	REMOVE PART, THORAX VERTEBRA	\$ 3,615.00
22114	22114	REMOVE PART, LUMBAR VERTEBRA	\$ 3,594.00
22116	22116	REMOVE EXTRA SPINE SEGMENT	\$ 524.00
22206	22206	CUT SPINE 3 COL, THOR	\$ 9,226.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
22207	22207	CUT SPINE 3 COL, LUMB	\$ 9,380.00
22208	22208	CUT SPINE 3 COL, ADDL SEG	\$ 2,311.00
22210	22210	REVISION OF NECK SPINE	\$ 7,149.00
22212	22212	REVISION OF THORAX SPINE	\$ 5,875.00
22214	22214	REVISION OF LUMBAR SPINE	\$ 5,992.00
22216	22216	REVISE, EXTRA SPINE SEGMENT	\$ 1,631.00
22220	22220	REVISION OF NECK SPINE	\$ 6,583.00
22222	22222	REVISION OF THORAX SPINE	\$ 6,634.00
22224	22224	REVISION OF LUMBAR SPINE	\$ 6,505.00
22226	22226	REVISE, EXTRA SPINE SEGMENT	\$ 1,550.00
22310	22310	TREAT SPINE FRACTURE	\$ 1,077.00
22315	22315	TREAT SPINE FRACTURE	\$ 2,992.00
22318	22318	TREAT ODONTOID FX W/O GRAFT	\$ 5,673.00
22319	22319	TREAT ODONTOID FX W/ GRAFT	\$ 6,184.00
22325	22325	TREAT SPINE FRACTURE	\$ 4,868.00
22326	22326	TREAT NECK SPINE FRACTURE	\$ 5,816.00
22327	22327	TREAT THORAX SPINE FRACTURE	\$ 5,420.00
22328	22328	TREAT EACH ADD SPINE FX	\$ 1,171.00
22505	22505	MANIPULATION OF SPINE	\$ 423.00
22510	22510	PERQ CERVICOTHORACIC INJECT	\$ 2,008.00
22511	22511	PERQ LUMBOSACRAL INJECTION	\$ 1,801.00
22512	22512	VERTEBROPLASTY ADDL INJECT	\$ 932.00
22513	22513	PERQ VERTEBRAL AUGMENTATION	\$ 2,293.00
22514	22514	PERQ VERTEBRAL AUGMENTATION	\$ 2,010.00
22515	22515	PERQ VERTEBRAL AUGMENTATION	\$ 1,042.00
22532	22532	LAT THORAX SPINE FUSION	\$ 7,679.00
22533	22533	LAT LUMBAR SPINE FUSION	\$ 6,589.00
22534	22534	LAT THOR/LUMB, ADD'L SEG	\$ 1,725.00
22548	22548	NECK SPINE FUSION	\$ 7,467.00
22551	22551	NECK SPINE FUSE&REMOVE ADDL	\$ 6,677.00
22552	22552	ADDL NECK SPINE FUSION	\$ 1,754.00
22554	22554	NECK SPINE FUSION	\$ 5,216.00
22556	22556	THORAX SPINE FUSION	\$ 6,566.00
22558	22558	LUMBAR SPINE FUSION	\$ 5,959.00
22585	22585	ADDITIONAL SPINAL FUSION	\$ 1,410.00
22586	22586	PRESCLR FUSE W/INSTR 15/S1	\$ 7,298.00
22590	22590	SPINE & SKULL SPINAL FUSION	\$ 6,136.00
22595	22595	NECK SPINAL FUSION	\$ 5,846.00
22600	22600	SUTURE SILK 3-0 30" KS	\$ 5,340.00
22610	22610	THORAX SPINE FUSION	\$ 5,225.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
22612	22612	LUMBAR SPINE FUSION	\$ 6,349.00
22614	22614	SPINE FUSION, EXTRA SEGMENT	\$ 1,654.00
22630	22630	LUMBAR SPINE FUSION	\$ 5,811.00
22632	22632	SPINE FUSION, EXTRA SEGMENT	\$ 1,389.00
22633	22633	LUMBAR SPINE FUSION COMBINED	\$ 6,972.00
22634	22634	SPINE FUSION EXTRA SEGMENT	\$ 2,044.00
22800	22800	FUSION OF SPINE	\$ 5,347.00
22802	22802	FUSION OF SPINE	\$ 8,970.00
22804	22804	FUSION OF SPINE	\$ 10,339.00
22808	22808	FUSION OF SPINE	\$ 7,309.00
22810	22810	FUSION OF SPINE	\$ 8,072.00
22812	22812	FUSION OF SPINE	\$ 9,318.00
22818	22818	KYPHECTOMY, 1-2 SEGMENTS	\$ 8,761.00
22819	22819	KYPHECTOMY, 3 OR MORE	\$ 10,827.00
22830	22830	EXPLORATION OF SPINAL FUSION	\$ 3,843.00
22840	22840	INSERT SPINE FIXATION DEVICE	\$ 3,554.00
22841	22841	INSERT SPINE FIXATION DEVICE	\$ 2,577.00
22842	22842	INSERT SPINE FIXATION DEVICE	\$ 4,001.00
22843	22843	INSERT SPINE FIXATION DEVICE	\$ 4,234.00
22844	22844	INSERT SPINE FIXATION DEVICE	\$ 5,141.00
22845	22845	INSERT SPINE FIXATION DEVICE	\$ 3,680.00
22846	22846	INSERT SPINE FIXATION DEVICE	\$ 3,852.00
22847	22847	INSERT SPINE FIXATION DEVICE	\$ 4,413.00
22848	22848	INSERT PELV FIXATION DEVICE	\$ 1,701.00
22849	22849	REINSERT SPINAL FIXATION	\$ 4,909.00
22850	22850	REMOVE SPINE FIXATION DEVICE	\$ 2,766.00
22852	22852	REMOVE SPINE FIXATION DEVICE	\$ 2,876.00
22853	22853	INSJ BIOMECHANICAL DEVICE	\$ 1,055.00
22854	22854	INSJ BIOMECHANICAL DEVICE	\$ 1,370.00
22855	22855	REMOVE SPINE FIXATION DEVICE	\$ 4,238.00
22856	22856	CERV ARTIFIC DISKECTOMY	\$ 6,445.00
22857	22857	LUMBAR ARTIF DISKECTOMY	\$ 7,052.00
22858	22858	SECOND LEVEL CER DISKECTOMY	\$ 2,040.00
22859	22859	INSJ BIOMECHANICAL DEVICE	\$ 1,276.00
22861	22861	REVISE CERV ARTIFIC DISC	\$ 8,184.00
22864	22864	REMOVE CERV ARTIF DISC	\$ 7,630.00
22865	22865	REMOVE LUMB ARTIF DISC	\$ 7,967.00
22867	22867	INSJ STABLJ DEV W/DCMPRN	\$ 3,953.00
22868	22868	INSJ STABLJ DEV W/DCMPRN	\$ 1,003.00
22869	22869	INSJ STABLJ DEV W/O DCMRPN	\$ 1,656.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
22870	22870	INSJ STABLJ DEV W/O DCMPRN	\$ 752.00
22900	22900	EXC ABDL TUM DEEP < 5 CM	\$ 1,626.00
22901	22901	EXC BACK TUM DEEP = 5CM	\$ 1,911.00
22902	22902	EXC ABD LES SC < 3CM	\$ 1,209.00
22903	22903	EXC ABD LES SC > 3CM	\$ 1,218.00
22904	22904	RESECT ABD TUM < 5CM	\$ 2,980.00
22905	22905	RESECT ABD TUM > 5CM	\$ 4,207.00
23000	23000	REMOVAL OF CALCIUM DEPOSITS	\$ 1,469.00
23020	23020	RELEASE SHOULDER JOINT	\$ 2,339.00
23030	23030	DRAIN SHOULDER LESION	\$ 1,177.00
23031	23031	DRAIN SHOULDER BURSA	\$ 967.00
23035	23035	DRAIN SHOULDER BONE LESION	\$ 2,202.00
23040	23040	EXPLORATORY SHOULDER SURGER	\$ 2,395.00
23044	23044	EXPLORATORY SHOULDER SURGER	\$ 1,775.00
23065	23065	BIOPSY SHOULDER TISSUES	\$ 409.00
23066	23066	BIOPSY SHOULDER TISSUES	\$ 1,461.00
23071	23071	EXC SHOULDER LES SC > 3CM	\$ 1,217.00
23073	23073	EXC SHOULDER TUM DEEP > 5CM	\$ 2,105.00
23075	23075	EXC SHOULDER LES SC < 3 CM	\$ 1,068.00
23076	23076	EXC SHOULDER TUM DEEP < 5 CM	\$ 1,566.00
23077	23077	RESECT SHOULDER TUH < 5 CM	\$ 3,204.00
23078	23078	RESECT SHOULDER TUM > 5CM	\$ 4,659.00
23100	23100	BIOPSY OF SHOULDER JOINT	\$ 1,645.00
23101	23101	SHOULDER JOINT SURGERY	\$ 1,552.00
23105	23105	REMOVE SHOULDER JOINT LINING	\$ 2,202.00
23106	23106	INCISION OF COLLARBONE JOINT	\$ 1,760.00
23107	23107	EXPLORE TREAT SHOULDER JOINT	\$ 2,267.00
23120	23120	PARTIAL REMOVAL, COLLARBONE	\$ 1,828.00
23125	23125	REMOVAL OF COLLAR BONE	\$ 2,619.00
23130	23130	REMOVE SHOULDER BONE, PART	\$ 1,913.00
23140	23140	REMOVAL OF BONE LESION	\$ 1,598.00
23145	23145	REMOVAL OF BONE LESION	\$ 2,177.00
23146	23146	REMOVAL OF BONE LESION	\$ 1,846.00
23150	23150	REMOVAL OF HUMERUS LESION	\$ 2,440.00
23155	23155	REMOVAL OF HUMERUS LESION	\$ 2,390.00
23156	23156	REMOVAL OF HUMERUS LESION	\$ 2,273.00
23170	23170	REMOVE COLLARBONE LESION	\$ 1,827.00
23172	23172	REMOVE SHOULDER BLADE LESION	\$ 1,796.00
23174	23174	REMOVE HUMERUS LESION	\$ 2,455.00
23180	23180	REMOVE COLLARBONE LESION	\$ 2,101.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
23182	23182	REMOVE SHOULDERBLADE LESION	\$ 2,081.00
23184	23184	REMOVE HUMERUS LESION	\$ 2,363.00
23190	23190	PARTIAL REMOVAL OF SCAPULA	\$ 2,063.00
23195	23195	REMOVAL OF HEAD OF HUMERUS	\$ 2,589.00
23200	23200	REMOVAL OF COLLARBONE	\$ 4,624.00
23210	23210	REMOVAL OF SHOULDERBLADE	\$ 5,844.00
23220	23220	PARTIAL REMOVAL OF HUMERUS	\$ 6,454.00
23330	23330	REMOVE SHOULDER FOREIGN BODY	\$ 650.00
23333	23333	REMOVE SHOULDER FB DEEP	\$ 1,561.00
23334	23334	SHOULDER PROSTHESIS REMOVAL	\$ 3,530.00
23335	23335	SHOULDER PROSTHESIS REMOVAL	\$ 4,300.00
23350	23350	INJECTION FOR SHOULDER X-RAY	\$ 512.00
23395	23395	MUSCLE TRANSFER, SHOULDER/ARM	\$ 4,420.00
23397	23397	MUSCLE TRANSFERS	\$ 3,961.00
23400	23400	FIXATION OF SHOULDERBLADE	\$ 3,254.00
23405	23405	INCISION OF TENDON & MUSCLE	\$ 2,067.00
23406	23406	INCISE TENDON(S) & MUSCLE(S)	\$ 2,529.00
23410	23410	REPAIR ROTATOR CUFF, ACUTE	\$ 2,749.00
23412	23412	REPAIR ROTATOR CUFF, CHRONIC	\$ 2,956.00
23415	23415	RELEASE OF SHOULDER LIGAMENT	\$ 2,181.00
23420	23420	REPAIR OF SHOULDER	\$ 3,268.00
23430	23430	REPAIR BICEPS TENDON	\$ 2,472.00
23440	23440	REMOVE/TRANSPLANT TENDON	\$ 2,496.00
23450	23450	REPAIR SHOULDER CAPSULE	\$ 3,033.00
23455	23455	REPAIR SHOULDER CAPSULE	\$ 3,374.00
23460	23460	REPAIR SHOULDER CAPSULE	\$ 3,585.00
23462	23462	REPAIR SHOULDER CAPSULE	\$ 3,731.00
23465	23465	REPAIR SHOULDER CAPSULE	\$ 3,674.00
23466	23466	REPAIR SHOULDER CAPSULE	\$ 3,760.00
23470	23470	RECONSTRUCT SHOULDER JOINT	\$ 3,973.00
23472	23472	RECONSTRUCT SHOULDER JOINT	\$ 5,063.00
23473	23473	REVIS RECONST SHOULDER JOINT	\$ 5,633.00
23474	23474	REVIS RECONST SHOULDER JOINT	\$ 5,923.00
23480	23480	REVISION OF COLLARBONE	\$ 2,601.00
23485	23485	REVISION OF COLLARBONE	\$ 3,034.00
23490	23490	REINFORCE CLAVICLE	\$ 2,702.00
23491	23491	REINFORCE SHOULDER BONES	\$ 3,305.00
23500	23500	TREAT CLAVICLE FRACTURE	\$ 770.00
23505	23505	TREAT CLAVICLE FRACTURE	\$ 1,210.00
23515	23515	TREAT CLAVICLE FRACTURE	\$ 2,264.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
23520	23520	TREAT CLAVICLE DISLOCATION	\$ 712.00
23525	23525	TREAT CLAVICLE DISLOCATION	\$ 1,262.00
23530	23530	TREAT CLAVICLE DISLOCATION	\$ 1,901.00
23532	23532	TREAT CLAVICLE DISLOCATION	\$ 2,023.00
23540	23540	TREAT CLAVICLE DISLOCATION	\$ 787.00
23545	23545	TREAT CLAVICLE DISLOCATION	\$ 1,156.00
23550	23550	TREAT CLAVICLE DISLOCATION	\$ 1,949.00
23552	23552	TREAT CLAVICLE DISLOCATION	\$ 2,286.00
23570	23570	TREAT SHOULDERBLADE FX	\$ 731.00
23575	23575	TREAT SHOULDERBLADE FX	\$ 1,210.00
23585	23585	TREAT SCAPULA FRACTURE	\$ 3,101.00
23600	23600	TREAT HUMERUS FRACTURE	\$ 1,006.00
23605	23605	TREAT HUMERUS FRACTURE	\$ 1,535.00
23615	23615	TREAT HUMERUS FRACTURE	\$ 2,822.00
23616	23616	TREAT HUMERUS FRACTURE	\$ 4,433.00
23620	23620	TREAT HUMERUS FRACTURE	\$ 869.00
23625	23625	TREAT HUMERUS FRACTURE	\$ 1,368.00
23630	23630	TREAT HUMERUS FRACTURE	\$ 2,416.00
23650	23650	TREAT SHOULDER DISLOCATION	\$ 1,146.00
23655	23655	TREAT SHOULDER DISLOCATION	\$ 1,332.00
23660	23660	TREAT SHOULDER DISLOCATION	\$ 2,102.00
23665	23665	TREAT DISLOCATION/FRACTURE	\$ 1,290.00
23670	23670	TREAT DISLOCATION/FRACTURE	\$ 2,814.00
23675	23675	TREAT DISLOCATION/FRACTURE	\$ 1,728.00
23680	23680	TREAT DISLOCATION/FRACTURE	\$ 3,015.00
23700	23700	FIXATION OF SHOULDER	\$ 655.00
23800	23800	FUSION OF SHOULDER JOINT	\$ 3,630.00
23802	23802	FUSION OF SHOULDER JOINT	\$ 4,573.00
23900	23900	AMPUTATION OF ARM & GIRDLE	\$ 5,033.00
23920	23920	AMPUTATION AT SHOULDER JOINT	\$ 4,149.00
23921	23921	AMPUTATION FOLLOW-UP SURGERY	\$ 1,648.00
23930	23930	DRAINAGE OF ARM LESION	\$ 947.00
23931	23931	DRAINAGE OF ARM BURSA	\$ 742.00
23935	23935	DRAIN ARM/ELBOW BONE LESION	\$ 1,645.00
24000	24000	EXPLORATORY ELBOW SURGERY	\$ 1,640.00
24006	24006	RELEASE ELBOW JOINT	\$ 2,409.00
24065	24065	BIOPSY ARM/ELBOW SOFT TISSUE	\$ 525.00
24066	24066	BIOPSY ARM/ELBOW SOFT TISSUE	\$ 1,592.00
24071	24071	EXC ARM/ELBOW LES SC = 3CM	\$ 1,163.00
24073	24073	EXC ARM/ELBOW TUM DEEP > 5CM	\$ 2,113.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
24075	24075	EXC ARM/ELBOW LES SC < 3 CM	\$ 1,288.00
24076	24076	EX ARM/ELBOW TUM DEEP < 5 CM	\$ 1,521.00
24077	24077	RESECT ARM/ELBOW TUM < 5 CM	\$ 3,045.00
24079	24079	RESECT ARM/ELBOW TUM > 5CM	\$ 4,384.00
24100	24100	BIOPSY ELBOW JOINT LINING	\$ 1,531.00
24101	24101	EXPLORE/TREAT ELBOW JOINT	\$ 1,847.00
24102	24102	REMOVE ELBOW JOINT LINING	\$ 2,363.00
24105	24105	REMOVAL OF ELBOW BURSA	\$ 1,075.00
24110	24110	REMOVE HUMERUS LESION	\$ 1,980.00
24115	24115	REMOVE/GRAFT BONE LESION	\$ 2,281.00
24116	24116	REMOVE/GRAFT BONE LESION	\$ 2,705.00
24120	24120	REMOVE ELBOW LESION	\$ 1,728.00
24125	24125	REMOVE/GRAFT BONE LESION	\$ 1,873.00
24126	24126	REMOVE/GRAFT BONE LESION	\$ 1,964.00
24130	24130	REMOVAL OF HEAD OF RADIUS	\$ 1,727.00
24134	24134	REMOVAL OF ARM BONE LESION	\$ 2,445.00
24136	24136	REMOVE RADIUS BONE LESION	\$ 2,066.00
24138	24138	REMOVE ELBOW BONE LESION	\$ 2,230.00
24140	24140	PARTIAL REMOVAL OF ARM BONE	\$ 2,550.00
24145	24145	PARTIAL REMOVAL OF RADIUS	\$ 1,921.00
24147	24147	PARTIAL REMOVAL OF ELBOW	\$ 2,022.00
24149	24149	RADICAL RESECTION OF ELBOW	\$ 3,857.00
24150	24150	EXTENSIVE HUMERUS SURGERY	\$ 4,929.00
24152	24152	EXTENSIVE RADIUS SURGERY	\$ 4,275.00
24155	24155	REMOVAL OF ELBOW JOINT	\$ 2,662.00
24160	24160	REMOVE ELBOW JOINT IMPLANT	\$ 3,420.00
24164	24164	REMOVE RADIUS HEAD IMPLANT	\$ 2,088.00
24200	24200	REMOVAL OF ARM FOREIGN BODY	\$ 478.00
24201	24201	REMOVAL OF ARM FOREIGN BODY	\$ 1,385.00
24220	24220	INJECTION FOR ELBOW X-RAY	\$ 540.00
24300	24300	MANIPULATE ELBOW W/ANESTH	\$ 1,284.00
24301	24301	MUSCLE/TENDON TRANSFER	\$ 2,284.00
24305	24305	ARM TENDON LENGTHENING	\$ 1,888.00
24310	24310	REVISION OF ARM TENDON	\$ 1,437.00
24320	24320	REPAIR OF ARM TENDON	\$ 2,621.00
24330	24330	REVISION OF ARM MUSCLES	\$ 2,340.00
24331	24331	REVISION OF ARM MUSCLES	\$ 2,513.00
24332	24332	TENOLYSIS, TRICEPS	\$ 2,032.00
24340	24340	REPAIR OF BICEPS TENDON	\$ 2,108.00
24341	24341	REPAIR ARM TENDON/MUSCLE	\$ 2,413.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
24342	24342	REPAIR OF RUPTURED TENDON	\$ 2,737.00
24343	24343	REPAIR ELBOW LAT LIGMNT W/TISS	\$ 2,549.00
24344	24344	RECONSTRUCT ELBOW LAT LIGMNT	\$ 3,584.00
24345	24345	REPR ELBW LIGNMT W/TISSUE	\$ 2,309.00
24346	24346	RECONSTRUCT ELBOW MED LIGMNT	\$ 3,563.00
24357	24357	REPAIR ELBOW,PERC	\$ 1,377.00
24358	24358	REPAIR ELBOW,W/DEB,OPEN	\$ 1,635.00
24359	24359	REPAIR ELBOW DEB/ATTCH OPEN	\$ 2,138.00
24360	24360	RECONSTRUCT ELBOW JOINT	\$ 3,138.00
24361	24361	RECONSTRUCT ELBOW JOINT	\$ 3,184.00
24362	24362	RECONSTRUCT ELBOW JOINT	\$ 3,378.00
24363	24363	REPLACE ELBOW JOINT	\$ 5,114.00
24365	24365	RECONSTRUCT HEAD OF RADIUS	\$ 2,086.00
24366	24366	RECONSTRUCT HEAD OF RADIUS	\$ 2,295.00
24370	24370	REVIS RECONST ELBOW JOINT	\$ 5,165.00
24371	24371	REVIS RECONST ELBOW JOINT	\$ 6,008.00
24400	24400	REVISION OF HUMERUS	\$ 2,901.00
24410	24410	REVISION OF HUMERUS	\$ 3,674.00
24420	24420	REVISION OF HUMERUS	\$ 3,327.00
24430	24430	REPAIR OF HUMERUS	\$ 3,631.00
24435	24435	REPAIR HUMERUS WITH GRAFT	\$ 3,712.00
24470	24470	REVISION OF ELBOW JOINT	\$ 2,303.00
24495	24495	DECOMPRESSION OF FOREARM	\$ 2,179.00
24498	24498	REINFORCE HUMERUS	\$ 2,999.00
24500	24500	TREAT HUMERUS FRACTURE	\$ 1,098.00
24505	24505	TREAT HUMERUS FRACTURE	\$ 1,716.00
24515	24515	TREAT HUMERUS FRACTURE	\$ 2,878.00
24516	24516	TREAT HUMERUS FRACTURE	\$ 2,890.00
24530	24530	TREAT HUMERUS FRACTURE	\$ 1,155.00
24535	24535	TREAT HUMERUS FRACTURE	\$ 1,913.00
24538	24538	TREAT HUMERUS FRACTURE	\$ 2,331.00
24545	24545	TREAT HUMERUS FRACTURE	\$ 3,121.00
24546	24546	TREAT HUMERUS FRACTURE	\$ 3,662.00
24560	24560	TREAT HUMERUS FRACTURE	\$ 955.00
24565	24565	TREAT HUMERUS FRACTURE	\$ 1,567.00
24566	24566	TREAT HUMERUS FRACTURE	\$ 2,072.00
24575	24575	TREAT HUMERUS FRACTURE	\$ 2,394.00
24576	24576	TREAT HUMERUS FRACTURE	\$ 1,072.00
24577	24577	TREAT HUMERUS FRACTURE	\$ 1,623.00
24579	24579	TREAT HUMERUS FRACTURE	\$ 2,686.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
24582	24582	TREAT HUMERUS FRACTURE	\$ 2,333.00
24586	24586	TREAT ELBOW FRACTURE	\$ 3,564.00
24587	24587	TREAT ELBOW FRACTURE	\$ 3,503.00
24600	24600	TREAT ELBOW DISLOCATION	\$ 1,586.00
24605	24605	TREAT ELBOW DISLOCATION	\$ 1,438.00
24615	24615	TREAT ELBOW DISLOCATION	\$ 2,354.00
24620	24620	TREAT ELBOW FRACTURE	\$ 1,889.00
24635	24635	TREAT ELBOW FRACTURE	\$ 2,630.00
24640	24640	TREAT ELBOW DISLOCATION	\$ 389.00
24650	24650	TREAT RADIUS FRACTURE	\$ 783.00
24655	24655	TREAT RADIUS FRACTURE	\$ 1,447.00
24665	24665	TREAT RADIUS FRACTURE	\$ 2,088.00
24666	24666	TREAT RADIUS FRACTURE	\$ 2,463.00
24670	24670	TREAT ULNAR FRACTURE	\$ 923.00
24675	24675	TREAT ULNAR FRACTURE	\$ 1,430.00
24685	24685	TREAT ULNAR FRACTURE	\$ 2,158.00
24800	24800	FUSION OF ELBOW JOINT	\$ 2,800.00
24802	24802	FUSION/GRAFT OF ELBOW JOINT	\$ 3,386.00
24900	24900	AMPUTATION OF UPPER ARM	\$ 2,553.00
24920	24920	AMPUTATION OF UPPER ARM	\$ 2,357.00
24925	24925	AMPUTATION FOLLOW-UP SURGERY	\$ 1,656.00
24930	24930	AMPUTATION FOLLOW-UP SURGERY	\$ 2,429.00
24931	24931	AMPUTATE UPPER ARM & IMPLANT	\$ 2,839.00
24935	24935	REVISION OF AMPUTATION	\$ 3,691.00
25000	25000	INCISION OF TENDON SHEATH	\$ 1,182.00
25001	25001	INCISE FLEXOR CARPI RADIALS	\$ 1,158.00
25020	25020	DECOMPRESS FOREARM 1 SPACE	\$ 1,970.00
25023	25023	DECOMPRESS FOREARM 1 SPACE	\$ 3,323.00
25024	25024	DECOMPRESS FOREARM 2 SPACE	\$ 2,406.00
25025	25025	DECOMPRESS FOREARM 2 SPACES	\$ 3,648.00
25028	25028	DRAINAGE OF FOREARM LESION	\$ 1,643.00
25031	25031	DRAINAGE OF FOREARM BURSA	\$ 1,152.00
25035	25035	TREAT FOREARM BONE LESION	\$ 1,881.00
25040	25040	EXPLORE/TREAT WRIST JOINT	\$ 1,865.00
25065	25065	BIOPSY FOREARM SOFT TISSUES	\$ 498.00
25066	25066	BIOPSY FOREARM SOFT TISSUES	\$ 1,091.00
25071	25071	EXC FOREARM LES SC >3CM	\$ 1,210.00
25073	25073	EXC FOREARM TUM DEEP = 3CM	\$ 1,611.00
25075	25075	EXC FOREARM LES SC < 3 CM	\$ 1,126.00
25076	25076	EXC FOREARM TUM DEEP < 3 CM	\$ 1,546.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
25077	25077	RESECT FOREARM/WRIST TUM<3CM	\$ 2,652.00
25078	25078	RESECT FORARM/WRIST TUM 3CM>	\$ 3,727.00
25085	25085	INCISION OF WRIST CAPSULE	\$ 1,441.00
25100	25100	BIOPSY OF WRIST JOINT	\$ 1,223.00
25101	25101	EXPLORE/TREAT WRIST JOINT	\$ 1,440.00
25105	25105	REMOVE WRIST JOINT LINING	\$ 1,723.00
25107	25107	REMOVE WRIST JOINT CARTILAGE	\$ 1,944.00
25109	25109	EXCISE TENDON FOREARM/WRIST	\$ 1,729.00
25110	25110	REMOVE WRIST TENDON LESION	\$ 1,057.00
25111	25111	REMOVE WRIST TENDON LESION	\$ 1,041.00
25112	25112	REREMOVE WRIST TENDON LESION	\$ 1,201.00
25115	25115	REMOVE WRIST/FOREARM LESION	\$ 2,544.00
25116	25116	REMOVE WRIST/FOREARM LESION	\$ 2,016.00
25118	25118	EXCISE WRIST TENDON SHEATH	\$ 1,506.00
25119	25119	PARTIAL REMOVAL OF ULNA	\$ 1,742.00
25120	25120	REMOVAL OF FOREARM LESION	\$ 1,883.00
25125	25125	REMOVE/GRAFT FOREARM LESION	\$ 2,142.00
25126	25126	REMOVE/GRAFT FOREARM LESION	\$ 2,200.00
25130	25130	REMOVAL OF WRIST LESION	\$ 1,604.00
25135	25135	REMOVE & GRAFT WRIST LESION	\$ 2,031.00
25136	25136	REMOVE & GRAFT WRIST LESION	\$ 1,751.00
25145	25145	REMOVE FOREARM BONE LESION	\$ 1,877.00
25150	25150	PARTIAL REMOVAL OF ULNA	\$ 1,946.00
25151	25151	PARTIAL REMOVAL OF RADIUS	\$ 2,062.00
25170	25170	EXTENSIVE FOREARM SURGERY	\$ 5,403.00
25210	25210	REMOVAL OF WRIST BONE	\$ 1,664.00
25215	25215	REMOVAL OF WRIST BONES	\$ 2,180.00
25230	25230	PARTIAL REMOVAL OF RADIUS	\$ 1,562.00
25240	25240	PARTIAL REMOVAL OF ULNA	\$ 1,529.00
25246	25246	INJECTION FOR WRIST X-RAY	\$ 564.00
25248	25248	REMOVE FOREARM FOREIGN BODY	\$ 1,297.00
25250	25250	REMOVAL OF WRIST PROSTHESIS	\$ 1,820.00
25251	25251	REMOVAL OF WRIST PROSTHESIS	\$ 2,300.00
25259	25259	MAIPULATE WRIST W/ANESTHES	\$ 1,302.00
25260	25260	REPAIR FOREARM TENDON/MUSCLE	\$ 2,154.00
25263	25263	REPAIR FOREARM TENDON/MUSCLE	\$ 2,179.00
25265	25265	REPAIR FOREARM TENDON/MUSCLE	\$ 2,554.00
25270	25270	REPAIR FOREARM TENDON/MUSCLE	\$ 1,646.00
25272	25272	REPAIR FOREARM TENDON/MUSCLE	\$ 1,786.00
25274	25274	REPAIR FOREARM TENDON/MUSCLE	\$ 2,211.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
25275	25275	REPAIR FOREARM TENDON SHEATH	\$ 2,199.00
25280	25280	REVISE WRIST/FOREARM TENDON	\$ 2,094.00
25290	25290	INCISE WRIST/FOREARM TENDON	\$ 1,710.00
25295	25295	RELEASE WRIST/FOREARM TENDON	\$ 1,792.00
25300	25300	FUSION OF TENDONS AT WRIST	\$ 2,215.00
25301	25301	FUSION OF TENDONS AT WRIST	\$ 2,240.00
25310	25310	TRANSPLANT FOREARM TENDON	\$ 2,159.00
25312	25312	TRANSPLANT FOREARM TENDON	\$ 2,493.00
25315	25315	REVISE PALSY HAND TENDON(S)	\$ 2,765.00
25316	25316	REVISE PALSY HAND TENDON(S)	\$ 3,268.00
25320	25320	REPAIR/REVISE WRIST JOINT	\$ 3,347.00
25332	25332	REVISE WRIST JOINT	\$ 2,754.00
25335	25335	REALIGNMENT OF HAND	\$ 3,100.00
25337	25337	RECONSTRUCT ULNA/RADIOULNAR	\$ 2,963.00
25350	25350	REVISION OF RADIUS	\$ 2,341.00
25355	25355	REVISION OF RADIUS	\$ 2,762.00
25360	25360	REVISION OF ULNA	\$ 2,240.00
25365	25365	REVISE RADIUS & ULNA	\$ 3,138.00
25370	25370	REVISE RADIUS OR ULNA	\$ 3,453.00
25375	25375	REVISE RADIUS & ULNA	\$ 3,278.00
25390	25390	SHORTEN RADIUS OR ULNA	\$ 2,659.00
25391	25391	LENGTHEN RADIUS OR ULNA	\$ 3,350.00
25392	25392	SHORTEN RADIUS & ULNA	\$ 3,389.00
25393	25393	LENGTHEN RADIUS & ULNA	\$ 3,749.00
25394	25394	REPAIR CARPAL BONE,SHORTEN	\$ 2,557.00
25400	25400	REPAIR RADIUS OR ULNA	\$ 2,761.00
25405	25405	REPAIR/GRAFT RADIUS OR ULNA	\$ 3,509.00
25415	25415	REPAIR RADIUS & ULNA	\$ 3,206.00
25420	25420	REPAIR/GRAFT RADIUS & ULNA	\$ 3,772.00
25425	25425	REPAIR/GRAFT RADIUS OR ULNA	\$ 3,126.00
25426	25426	REPAIR/GRAFT RADIUS & ULNA	\$ 3,616.00
25430	25430	VASC GRAFT INTO CARPAL BONE	\$ 2,539.00
25431	25431	REPAIR NONUNION CARPAN BONE	\$ 2,734.00
25440	25440	REPAIR/GRAFT WRIST BONE	\$ 2,556.00
25441	25441	RECONSTRUCT WRIST JOINT	\$ 3,031.00
25442	25442	RECONSTRUCT WRIST JOINT	\$ 2,525.00
25443	25443	RECONSTRUCT WRIST JOINT	\$ 2,510.00
25444	25444	RECONSTRUCT WRIST JOINT	\$ 2,617.00
25445	25445	RECONSTRUCT WRIST JOINT	\$ 2,382.00
25446	25446	WRIST REPLACEMENT	\$ 4,076.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
25447	25447	REPAIR WRIST JOINT(S)	\$ 2,765.00
25449	25449	REMOVE WRIST JOINT IMPLANT	\$ 3,253.00
25450	25450	REVISION OF WRIST JOINT	\$ 1,958.00
25455	25455	REVISION OF WRIST JOINT	\$ 2,309.00
25490	25490	REINFORCE RADIUS	\$ 2,359.00
25491	25491	REINFORCE ULNA	\$ 2,384.00
25492	25492	REINFORCE RADIUS AND ULNA	\$ 2,962.00
25500	25500	TREAT FRACTURE OF RADIUS	\$ 823.00
25505	25505	TREAT FRACTURE OF RADIUS	\$ 1,570.00
25515	25515	TREAT FRACTURE OF RADIUS	\$ 2,176.00
25520	25520	TREAT FRACTURE OF RADIUS	\$ 1,829.00
25525	25525	TREAT FRACTURE OF RADIUS	\$ 2,593.00
25526	25526	TREAT FRACTURE OF RADIUS	\$ 2,949.00
25530	25530	TREAT FRACTURE OF ULNA	\$ 791.00
25535	25535	TREAT FRACTURE OF ULNA	\$ 1,523.00
25545	25545	TREAT FRACTURE OF ULNA	\$ 2,017.00
25560	25560	TREAT FRACTURE RADIUS & ULNA	\$ 920.00
25565	25565	TREAT FRACTURE RADIUS & ULNA	\$ 1,774.00
25574	25574	TREAT FRACTURE RADIUS & ULNA	\$ 2,176.00
25575	25575	TREAT FRACTURE RADIUS/ULNA	\$ 2,912.00
25600	25600	TREAT FRACTURE RADIUS/ULNA	\$ 1,026.00
25605	25605	TREAT FRACTURE RADIUS/ULNA	\$ 1,835.00
25606	25606	TREAT FX DISTAL RADIAL	\$ 2,028.00
25607	25607	TREAT FX RAD EXTRA-ARTICUL	\$ 2,234.00
25608	25608	TREAT FX RAD INTRA-ARTICUL	\$ 2,565.00
25609	25609	TREAT FX RADIAL3+ FRAG	\$ 3,306.00
25622	25622	TREAT WRIST BONE FRACTURE	\$ 1,031.00
25624	25624	TREAT WRIST BONE FRACTURE	\$ 1,526.00
25628	25628	TREAT WRIST BONE FRACTURE	\$ 2,249.00
25630	25630	TREAT WRIST BONE FRACTURE	\$ 952.00
25635	25635	TREAT WRIST BONE FRACTURE	\$ 1,492.00
25645	25645	TREAT WRIST BONE FRACTURE	\$ 1,857.00
25650	25650	TREAT WRIST BONE FRACTURE	\$ 1,067.00
25651	25651	PIN ULNAR STYLOID FRACTURE	\$ 1,516.00
25652	25652	TREAT FRACTURE ULNAR STYLOID	\$ 1,984.00
25660	25660	TREAT WRIST DISLOCATION	\$ 1,445.00
25670	25670	TREAT WRIST DISLOCATION	\$ 1,902.00
25671	25671	PIN RADIOULNAR DICLOCATION	\$ 1,523.00
25675	25675	TREAT WRIST DISLOCATION	\$ 2,064.00
25676	25676	TREAT WRIST DISLOCATION	\$ 2,599.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
25680	25680	TREAT WRIST FRACTURE	\$ 1,629.00
25685	25685	TREAT WRIST FRACTURE	\$ 2,064.00
25690	25690	TREAT WRIST DISLOCATION	\$ 1,581.00
25695	25695	TREAT WRIST DISLOCATION	\$ 2,070.00
25800	25800	FUSION OF WRIST JOINT	\$ 2,398.00
25805	25805	FUSION/GRAFT OF WRIST JOINT	\$ 2,798.00
25810	25810	FUSION/GRAFT OF WRIST JOINT	\$ 2,965.00
25820	25820	FUSION OF HAND BONES	\$ 2,110.00
25825	25825	FUSE HAND BONES WITH GRAFT	\$ 2,650.00
25830	25830	FUSION, RADIOULNAR JNT/ULNA	\$ 3,201.00
25900	25900	AMPUTATION OF FOREARM	\$ 2,354.00
25905	25905	AMPUTATION OF FOREARM	\$ 2,305.00
25907	25907	AMPUTATION FOLLOW-UP SURGERY	\$ 1,986.00
25909	25909	AMPUTATION FOLLOW-UP SURGERY	\$ 2,357.00
25915	25915	AMPUTATION OF FOREARM	\$ 3,829.00
25920	25920	AMPUTATE HAND AT WRIST	\$ 2,245.00
25922	25922	AMPUTATE HAND AT WRIST	\$ 1,986.00
25924	25924	AMPUTATION FOLLOW-UP SURGERY	\$ 2,181.00
25927	25927	AMPUTATION OF HAND	\$ 2,624.00
25929	25929	AMPUTATION FOLLOW-UP SURGERY	\$ 1,799.00
25931	25931	AMPUTATION FOLLOW-UP SURGERY	\$ 2,424.00
26010	26010	DRAINAGE OF FINGER ABSCESS	\$ 723.00
26011	26011	DRAINAGE OF FINGER ABSCESS	\$ 1,018.00
26020	26020	DRAIN HAND TENDON SHEATH	\$ 1,458.00
26025	26025	DRAINAGE OF PALM BURSA	\$ 1,365.00
26030	26030	DRAINAGE OF PALM BURSA(S)	\$ 1,668.00
26034	26034	TREAT HAND BONE LESION	\$ 1,803.00
26035	26035	DECOMPRESS FINGERS/HAND	\$ 2,647.00
26037	26037	DECOMPRESS FINGERS/HAND	\$ 1,901.00
26040	26040	RELEASE PALM CONTRACTURE	\$ 1,065.00
26045	26045	RELEASE PALM CONTRACTURE	\$ 1,549.00
26055	26055	INCISE FINGER TENDON SHEATH	\$ 1,564.00
26060	26060	INCISION OF FINGER TENDON	\$ 786.00
26070	26070	EXPLORE/TREAT HAND JOINT	\$ 1,003.00
26075	26075	EXPLORE/TREAT FINGER JOINT	\$ 1,104.00
26080	26080	EXPLORE/TREAT FINGER JOINT	\$ 1,228.00
26100	26100	BIOPSY HAND JOINT LINING	\$ 1,037.00
26105	26105	BIOPSY FINGER JOINT LINING	\$ 1,184.00
26110	26110	BIOPSY FINGER JOINT LINING	\$ 1,020.00
26111	26111	EXC HAND LES SC > 1.5CM	\$ 1,287.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
26113	26113	EXC HAND TUM DEEP > 1.5CM	\$ 1,729.00
26115	26115	EXC HAND LES SC < 1.5CM	\$ 1,408.00
26116	26116	EXC HAND TUM DEEP < 1.5CM	\$ 1,699.00
26117	26117	EXC HAND TUM RA < 3 CM	\$ 2,518.00
26118	26118	EXC HAND TUM RA 3 CM/>	\$ 3,440.00
26121	26121	RELEASE PALM CONTRACTURE	\$ 2,121.00
26123	26123	RELEASE PALM CONTRACTURE	\$ 2,755.00
26125	26125	RELEASE PALM CONTRACTURE	\$ 968.00
26130	26130	REMOVE WRIST JOINT LINING	\$ 1,509.00
26135	26135	REVISE FINGER JOINT, EACH	\$ 1,807.00
26140	26140	REVISE FINGER JOINT,EACH	\$ 1,621.00
26145	26145	TENDON EXCISION, PALM/FINGER	\$ 1,758.00
26160	26160	REMOVE TENDON SHEATH LESION	\$ 1,545.00
26170	26170	REMOVAL OF PALM TENDON, EACH	\$ 1,315.00
26180	26180	REMOVAL OF FINGER TENDON	\$ 1,349.00
26185	26185	REMOVE FINGER BONE	\$ 1,729.00
26200	26200	REMOVE HAND BONE LESION	\$ 1,371.00
26205	26205	REMOVE/GRAFT BONE LESION	\$ 1,882.00
26210	26210	REMOVAL OF FINGER LESION	\$ 1,444.00
26215	26215	REMOVE/GRAFT FINGER LESION	\$ 1,847.00
26230	26230	PARTIAL REMOVAL OF HAND BONE	\$ 1,566.00
26235	26235	PARTIAL REMOVAL, FINGER BONE	\$ 1,542.00
26236	26236	PARTIAL REMOVAL, FINGER BONE	\$ 1,368.00
26250	26250	EXTENSIVE HAND SURGERY	\$ 3,341.00
26260	26260	EXTENSIVE FINGER SURGERY	\$ 2,481.00
26262	26262	PARTIAL REMOVAL OF FINGER	\$ 2,161.00
26320	26320	REMOVAL OF IMPLANT FROM HAND	\$ 1,147.00
26340	26340	MANIPULATE FINGER W/ANESTH	\$ 1,131.00
26341	26341	MANIPULAT PALM CORD POST INJ	\$ 353.00
26350	26350	REPAIR FINGER/HAND TENDON	\$ 2,312.00
26352	26352	REPAIR/GRAFT HAND TENDON	\$ 2,758.00
26356	26356	REPAIR FINGER/HAND TENDON	\$ 2,941.00
26357	26357	REPAIR FINGER/HAND TENDON	\$ 2,729.00
26358	26358	PARTIAL/GRAFT HAND TENDON	\$ 3,010.00
26370	26370	REPAIR FINGER/HAND TENDON	\$ 2,500.00
26372	26372	REPAIR/GRAFT HAND TENDON	\$ 2,775.00
26373	26373	REPAIR FINGER/HAND TENDON	\$ 2,632.00
26390	26390	REVISE HAND/FINGER TENDON	\$ 2,722.00
26392	26392	REPAIR/GRAFT HAND TENDON	\$ 3,427.00
26410	26410	REPAIR HAND TENDON	\$ 1,855.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
26412	26412	REPAIR/GRAFT HAND TENDON	\$ 2,134.00
26415	26415	EXCISION, HAND/FINGER TENDON	\$ 2,557.00
26416	26416	GRAFT HAND OR FINGER TENDON	\$ 2,643.00
26418	26418	REPAIR FINGER TENDON	\$ 1,849.00
26420	26420	REPAIR/GRAFT FINGER TENDON	\$ 2,207.00
26426	26426	REPAIR FINGER/HAND TENDON	\$ 1,732.00
26428	26428	REPAIR/GRAFT FINGER TENDON	\$ 2,400.00
26432	26432	REPAIR FINGER TENDON	\$ 1,655.00
26433	26433	REPAIR FINGER TENDON	\$ 1,773.00
26434	26434	REPAIR/GRAFT FINGER TENDON	\$ 2,228.00
26437	26437	REALIGNMENT OF TENDONS	\$ 1,927.00
26440	26440	RELEASE PALM/FINGER TENDON	\$ 2,075.00
26442	26442	RELEASE PALM & FINGER TENDON	\$ 3,055.00
26445	26445	RELEASE HAND/FINGER TENDON	\$ 1,819.00
26449	26449	RELEASE FOREARM/HAND TENDON	\$ 2,406.00
26450	26450	INCISION OF PALM TENDON	\$ 1,255.00
26455	26455	INCISION OF FINGER TENDON	\$ 1,286.00
26460	26460	INCISE HAND/FINGER TENDON	\$ 1,250.00
26471	26471	FUSION OF FINGER TENDONS	\$ 2,065.00
26474	26474	FUSION OF FINGER TENDONS	\$ 2,299.00
26476	26476	TENDON LENGTHENING	\$ 1,681.00
26477	26477	TENDON SHORTENING	\$ 1,651.00
26478	26478	LENGHTENING OF HAND TENDON	\$ 2,088.00
26479	26479	SHORTENING OF HAND TENDON	\$ 2,083.00
26480	26480	TRANSPLANT HAND TENDON	\$ 2,449.00
26483	26483	TRANSPLANT/GRAFT HAND TENDON	\$ 2,707.00
26485	26485	TRANSPLANT PALM TENDON	\$ 2,677.00
26489	26489	TRANSPLANT/GRAFT PALM TENDON	\$ 2,958.00
26490	26490	REVISE THUMB TENDON	\$ 2,495.00
26492	26492	TENDON TRANSFER WITH GRAFT	\$ 2,871.00
26494	26494	HAND TENDON/MUSCLE TRANSFER	\$ 2,616.00
26496	26496	REVISE THUMB TENDON	\$ 2,828.00
26497	26497	FINGER TENDON TRANSFER	\$ 2,718.00
26498	26498	FINGER TENDON TRANSFER	\$ 3,480.00
26499	26499	REVISION OF FINGER	\$ 2,541.00
26500	26500	HAND TENDON RECONSTRUCTION	\$ 1,931.00
26502	26502	HAND TENDON RECONSTRUCTION	\$ 2,298.00
26508	26508	RELEASE THUMB CONTRACTURE	\$ 1,857.00
26510	26510	THUMB TENDON TRANSFER	\$ 1,770.00
26516	26516	FUSION OF KNUCKLE JOINTS	\$ 2,151.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
26517	26517	FUSION OF KNUCKLE JOINTS	\$ 2,494.00
26518	26518	FUSION OF KNUCKLE JOINTS	\$ 2,685.00
26520	26520	RELEASE KNUCKLE CONTRACTURE	\$ 2,072.00
26525	26525	RELEASE FINGER CONTRACTURE	\$ 2,188.00
26530	26530	REVISE KNUCKLE JOINT	\$ 1,752.00
26531	26531	REVISE KNUCKLE WITH IMPLANT	\$ 2,112.00
26535	26535	REVISE FINGER JOINT	\$ 1,496.00
26536	26536	REVISE/IMPLANT FINGER JOINT	\$ 2,262.00
26540	26540	REPAIR HAND JOINT	\$ 2,180.00
26541	26541	REPAIR HAND JOINT WITH GRAFT	\$ 2,540.00
26542	26542	REPAIR HAND JOINT WITH GRAFT	\$ 2,184.00
26545	26545	RECONSTRUCTION FINGER JOINT	\$ 2,256.00
26546	26546	REPAIR NON-UNION HAND	\$ 3,034.00
26548	26548	RECONSTRUCT FINGER JOINT	\$ 2,374.00
26550	26550	CONSTRUCT THUMB REPLACEMENT	\$ 5,155.00
26551	26551	GREAT TOE-HAND TRANSFER	\$ 10,439.00
26553	26553	SINGLE TRANSFER, TOE-HAND	\$ 10,371.00
26554	26554	DOUBLE TRANSFER, TOE-HAND	\$ 12,096.00
26555	26555	POSITIONAL CHANGE OF FINGER	\$ 4,432.00
26556	26556	TOE JOINT TRANSFER	\$ 10,774.00
26560	26560	REPAIR OF WEB FINGER	\$ 2,071.00
26561	26561	REPAIR OF WEB FINGER	\$ 2,992.00
26562	26562	REPAIR OF WEB FINGER	\$ 4,374.00
26565	26565	CORRECT METACARPAL FLAW	\$ 2,151.00
26567	26567	CORRECT FINGER DEFORMITY	\$ 2,164.00
26568	26568	LENGTHEN METACARPAL/FINGER	\$ 2,845.00
26580	26580	REPAIR HAND DEFORMITY	\$ 4,731.00
26587	26587	RECONSTRUCT EXTRA FINGER	\$ 3,202.00
26590	26590	REPAIR FINGER DEFORMITY	\$ 4,400.00
26591	26591	REPAIR MUSCLES OF HAND	\$ 1,563.00
26593	26593	RELEASE MUSCLES OF HAND	\$ 1,951.00
26596	26596	EXCISION CONSTRICTING TISSUE	\$ 2,369.00
26600	26600	TREAT METACARPAL FRACTURE	\$ 852.00
26605	26605	TREAT METACARPAL FRACTURE	\$ 1,009.00
26607	26607	TREAT METACARPAL FRACTURE	\$ 1,513.00
26608	26608	TREAT METACARPAL FRACTURE	\$ 1,503.00
26615	26615	TREAT METACARPAL FRACTURE	\$ 1,769.00
26641	26641	TREAT THUMB DISLOCATION	\$ 1,360.00
26645	26645	TREAT THUMB FRACTURE	\$ 1,331.00
26650	26650	TREAT THUMB FRACTURE	\$ 1,481.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
26665	26665	TREAT THUMB FRACTURE	\$ 1,990.00
26670	26670	TREAT HAND DISLOCATION	\$ 1,239.00
26675	26675	TREAT HAND DISLOCATION	\$ 1,422.00
26676	26676	PIN HAND DISLOCATION	\$ 1,580.00
26685	26685	TREAT HAND DISLOCATION	\$ 1,808.00
26686	26686	TREAT HAND DISLOCATION	\$ 2,035.00
26700	26700	TREAT KNUCKLE DISLOCATION	\$ 1,138.00
26705	26705	TREAT KNUCKLE DISLOCATION	\$ 1,218.00
26706	26706	PIN KNUCKLE DISLOCATION	\$ 1,337.00
26715	26715	TREAT KNUCKLE DISLOCATION	\$ 1,811.00
26720	26720	TREAT FINGER FRACTURE, EACH	\$ 675.00
26725	26725	TREAT FINGER FRACTURE, EACH	\$ 1,140.00
26727	26727	TREAT FINGER FRACTURE, EACH	\$ 1,500.00
26735	26735	TREAT FINGER FRACTURE, EACH	\$ 1,821.00
26740	26740	TREAT FINGER FRACTURE, EACH	\$ 733.00
26742	26742	TREAT FINGER FRACTURE, EACH	\$ 1,224.00
26746	26746	TREAT FINGER FRACTURE, EACH	\$ 2,305.00
26750	26750	TREAT FINGER FRACTURE, EACH	\$ 613.00
26755	26755	TREAT FINGER FRACTURE, EACH	\$ 1,062.00
26756	26756	PIN FINGER FRACTURE, EACH	\$ 1,319.00
26765	26765	TREAT FINGER FRACTURE, EACH	\$ 1,532.00
26770	26770	TREAT FINGER DISLOCATION	\$ 965.00
26775	26775	TREAT FINGER DISLOCATION	\$ 1,128.00
26776	26776	PIN FINGER DISLOCATION	\$ 1,413.00
26785	26785	TREAT FINGER DISLOCATION	\$ 1,591.00
26820	26820	THUMB FUSION WITH GRAFT	\$ 2,604.00
26841	26841	FUSION OF THUMB	\$ 2,289.00
26842	26842	THUMB FUSION WITH GRAFT	\$ 2,406.00
26843	26843	FUSION OF HAND JOINT	\$ 2,396.00
26844	26844	FUSION/GRAFT OF HAND JOINT	\$ 2,677.00
26850	26850	FUSION OF KNUCKLE	\$ 2,202.00
26852	26852	FUSION OF KNUCKLE WITH GRAFT	\$ 2,486.00
26860	26860	FUSION OF FINGER JOINT	\$ 1,802.00
26861	26861	FUSION OF FINGER JNT, ADD-ON	\$ 393.00
26862	26862	FUSION/GRAFT OF FINGER JOINT	\$ 2,331.00
26863	26863	FUSE/GRAFT ADDED JOINT	\$ 776.00
26910	26910	AMPUTATE METACARPAL BONE	\$ 2,277.00
26951	26951	AMPUTATION OF FINGER/THUMB	\$ 2,013.00
26952	26952	AMPUTATION OF FINGER/THUMB	\$ 2,183.00
26990	26990	MD DRN PELVIS/HIP,DP ABSCESS	\$ 1,943.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
26991	26991	DRAINAGE OF PELVIS BURSA	\$ 1,990.00
26992	26992	DRAINAGE OF BONE LESION	\$ 3,137.00
27000	27000	INCISION OF HIP TENDON	\$ 1,255.00
27001	27001	INCISION OF HIP TENDON	\$ 1,593.00
27003	27003	INCISION OF HIP TENDON	\$ 1,792.00
27005	27005	INCISION OF HIP TENDON	\$ 2,323.00
27006	27006	INCISION OF HIP TENDONS	\$ 2,251.00
27025	27025	INCISION OF HIP/THIGH FASCIA	\$ 2,713.00
27027	27027	BUTTOCK FASCIOTOMY	\$ 2,593.00
27030	27030	DRAINAGE OF HIP JOINT	\$ 3,121.00
27033	27033	EXPLORATION OF HIP JOINT	\$ 3,229.00
27035	27035	DENERVATION OF HIP JOINT	\$ 3,636.00
27036	27036	EXCISION OF HIP JOINT/MUSCLE	\$ 3,322.00
27040	27040	BIOPSY OF SOFT TISSUES	\$ 927.00
27041	27041	BIOPSY OF SOFT TISSUES	\$ 2,179.00
27043	27043	EXC HIP PELVIS LES SC > 3CM	\$ 1,462.00
27045	27045	EXC HIP/PELV DEEP > 5CM	\$ 2,297.00
27047	27047	REMOVE HIP/PELVIS LESION, < 3	\$ 1,358.00
27048	27048	REMOVE HIP/PELVIS LESION, < 5	\$ 1,795.00
27049	27049	REMOVE TUMOR, HIP/PELVIS, < 5	\$ 4,281.00
27050	27050	BIOPSY OF SAROILIAC JOINT	\$ 1,328.00
27052	27052	BIOPSY OF HIP JOINT	\$ 1,864.00
27054	27054	REMOVAL OF HIP JOINT LINING	\$ 2,269.00
27057	27057	BUTTOCK FASCIOTOMY W/DBRDMT	\$ 3,099.00
27059	27059	RESECT HIP/PELV TUM > 5CM	\$ 6,191.00
27060	27060	REMOVAL OF ISCHIAL BURSA	\$ 1,454.00
27062	27062	REMOVE FEMUR LESION/BURSA	\$ 1,440.00
27065	27065	REMOVAL OF HIP BONE LESION	\$ 1,702.00
27066	27066	REMOVAL OF HIP BONE LESION	\$ 2,746.00
27067	27067	REMOVE/GRAFT HIP BONE LESION	\$ 3,427.00
27070	27070	PARTIAL REMOVAL OF HIP BONE	\$ 2,885.00
27071	27071	PARTIAL REMOVAL OF HIP BONE	\$ 3,026.00
27075	27075	EXTENSIVE HIP SURGERY	\$ 7,311.00
27076	27076	EXTENSIVE HIP SURGERY	\$ 8,205.00
27077	27077	EXTENSIVE HIP SURGERY	\$ 9,657.00
27078	27078	EXTENSIVE HIP SURGERY	\$ 6,517.00
27080	27080	REMOVAL OF TAIL BONE	\$ 1,701.00
27086	27086	REMOVE HIP FOREIGN BODY	\$ 697.00
27087	27087	REMOVE HIP FOREIGN BODY	\$ 1,790.00
27090	27090	REMOVAL OF HIP PROSTHESIS	\$ 2,632.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27091	27091	REMOVAL OF HIP PROSTHESIS	\$ 5,531.00
27093	27093	INJECTION FOR HIP X-RAY	\$ 705.00
27095	27095	INJECTION FOR HIP X-RAY	\$ 824.00
27096	27096	INJECT SACROILIAC JOINT	\$ 669.00
27097	27097	REVISION OF HIP TENDON	\$ 2,532.00
27098	27098	TRANSFER TENDON TO PELVIS	\$ 2,583.00
27100	27100	TRANSFER OF ABDOMINAL MUSCLE	\$ 3,201.00
27105	27105	TRANSFER OF SPINAL MUSCLE	\$ 3,251.00
27110	27110	TRANSFER OF ILIOPSOAS MUSCLE	\$ 3,686.00
27111	27111	TRANSFER OF ILIOPSOAS MUSCLE	\$ 3,390.00
27120	27120	RECONSTRUCTION OF HIP SOCKET	\$ 4,818.00
27122	27122	RECONSTRUCTION OF HIP SOCKET	\$ 4,091.00
27125	27125	PARTIAL HIP REPLACEMENT	\$ 3,773.00
27130	27130	TOTAL HIP ARTHROPLASTY	\$ 5,575.00
27132	27132	TOTAL HIP ARTHROPLASTY	\$ 6,623.00
27134	27134	REVISE HIP JOINT REPLACEMENT	\$ 7,447.00
27137	27137	REVISE HIP JOINT REPLACEMENT	\$ 6,025.00
27138	27138	REVISE HIP JOINT REPLACEMENT	\$ 5,699.00
27140	27140	TRANSPLANT FEMUR RIDGE	\$ 2,925.00
27146	27146	INCISION OF HIP BONE	\$ 4,149.00
27147	27147	REVISION OF HIP BONE	\$ 5,186.00
27151	27151	INCISION OF HIP BONES	\$ 5,000.00
27156	27156	REVISION OF HIP BONES	\$ 5,882.00
27158	27158	REVISION OF PELVIS	\$ 4,858.00
27161	27161	INCISION OF NECK OF FEMUR	\$ 3,984.00
27165	27165	INCISION/FIXATION OF FEMUR	\$ 4,792.00
27170	27170	REPAIR/GRAFT FEMUR HEAD/NECK	\$ 4,191.00
27175	27175	TREAT SLIPPED EPIPHYSIS	\$ 2,285.00
27176	27176	TREAT SLIPPED EPIPHYSIS	\$ 3,185.00
27177	27177	TREAT SLIPPED EPIPHYSIS	\$ 4,021.00
27178	27178	TREAT SLIPPED EPIPHYSIS	\$ 3,328.00
27179	27179	REVISE HEAD/NECK OF FEMUR	\$ 3,552.00
27181	27181	TREAT SLIPPED EPIPHYSIS	\$ 4,556.00
27185	27185	REVISION OF FEMUR EPIPHYSIS	\$ 2,495.00
27187	27187	REINFORCE HIP BONES	\$ 3,610.00
27197	27197	CLSD TX PELVIC RING FX	\$ 488.00
27198	27198	CLSD TX PELVIC RING FX	\$ 1,098.00
27200	27200	TREAT TAIL BONE FRACTURE	\$ 637.00
27202	27202	REPAIR TAIL BONE FRACTURE	\$ 1,760.00
27215	27215	TREAT PELVIC FRACTURE(S)	\$ 2,066.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27216	27216	TREAT PELVIC RING FRACTURE	\$ 3,259.00
27217	27217	TREAT PELVIC RING FRACTURE	\$ 3,298.00
27218	27218	TREAT PELVIC RING FRACTURE	\$ 4,815.00
27220	27220	TREAT HIP SOCKET FRACTURE	\$ 1,719.00
27222	27222	TREAT HIP SOCKET FRACTURE	\$ 3,230.00
27226	27226	TREAT HIP WALL FRACTURE	\$ 3,773.00
27227	27227	TREAT HIP FRACTURE(S)	\$ 5,956.00
27228	27228	TREAT HIP FRACTURE(S)	\$ 6,865.00
27230	27230	TREAT THIGH FRACTURE	\$ 1,524.00
27232	27232	TREAT THIGH FRACTURE	\$ 2,600.00
27235	27235	TREAT THIGH FRACTURE	\$ 3,246.00
27236	27236	TREAT THIGH FRACTURE	\$ 4,054.00
27238	27238	TREAT THIGH FRACTURE	\$ 1,505.00
27240	27240	TREAT THIGH FRACTURE	\$ 3,034.00
27244	27244	TREAT THIGH FRACTURE	\$ 3,960.00
27245	27245	TREAT THIGH FRACTURE	\$ 4,138.00
27246	27246	TREATMENT OF THIGH FRACTURE	\$ 1,206.00
27248	27248	TREAT THIGH FRACTURE	\$ 2,357.00
27250	27250	TREAT HIP DISLOCATION	\$ 1,769.00
27252	27252	TREAT HIP DISLOCATION	\$ 2,302.00
27253	27253	TREAT HIP DISLOCATION	\$ 2,982.00
27254	27254	TREAT HIP DISLOCATION	\$ 4,060.00
27256	27256	TREAT HIP DISLOCATION	\$ 1,022.00
27257	27257	TREAT HIP DISLOCATION	\$ 1,327.00
27258	27258	TREAT HIP DISLOCATION	\$ 3,730.00
27259	27259	TREAT HIP DISLOCATION	\$ 4,865.00
27265	27265	TREAT HIP DISLOCATION	\$ 1,709.00
27266	27266	TREAT HIP DISLOCATION	\$ 1,804.00
27267	27267	CLTX THIGH FX	\$ 1,419.00
27268	27268	CLTX THIGH FX W/MNPJ	\$ 1,903.00
27269	27269	OPTX THIGH FX	\$ 3,922.00
27275	27275	MANIPULATION OF HIP JOINT	\$ 589.00
27279	27279	ARTHRODESIS SACROILIAC JOINT	\$ 2,349.00
27280	27280	FUSION OF SACROILIAC JOINT	\$ 4,176.00
27282	27282	FUSION OF PUBIC BONES	\$ 2,760.00
27284	27284	FUSION OF HIP JOINT	\$ 5,073.00
27286	27286	FUSION OF HIP JOINT	\$ 5,229.00
27290	27290	AMPUTATION OF LEG AT HIP	\$ 6,262.00
27295	27295	AMPUTATION OF LEG AT HIP	\$ 4,542.00
27301	27301	DRAIN THIGH/KNEE LESION	\$ 1,834.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27303	27303	DRAINAGE OF BONE LESION	\$ 2,028.00
27305	27305	INCISE THIGH TENDON & FASCIA	\$ 1,502.00
27306	27306	INCISION OF THIGH TENDON	\$ 1,100.00
27307	27307	INCISION OF THIGH TENDONS	\$ 1,491.00
27310	27310	EXPLORATION OF KNEE JOINT	\$ 2,368.00
27323	27323	BIOPSY, THIGH SOFT TISSUES	\$ 642.00
27324	27324	BIOPSY, THIGH SOFT TISSUES	\$ 1,291.00
27325	27325	NEURECTOMY, HAMSTRING	\$ 1,740.00
27326	27326	BIOPSY, THIGH SOFT TISSUES	\$ 1,611.00
27327	27327	REMOVAL OF THIGH LESION, < 3 C	\$ 1,284.00
27328	27328	REMOVAL OF THIGH LESION, < 5 C	\$ 1,818.00
27329	27329	REMOVE TUMOR, THIGH/KNEE, < 5	\$ 3,609.00
27330	27330	BIOPSY KNEE JOINT LINING	\$ 1,717.00
27331	27331	EXPLORE/TREAT KNEE JOINT	\$ 1,948.00
27332	27332	REMOVAL OF KNEE CARTILAGE	\$ 2,263.00
27333	27333	REMOVAL OF KNEE CARTILAGE	\$ 2,179.00
27334	27334	REMOVE KNEE JOINT LINING	\$ 2,398.00
27335	27335	REMOVE KNEE JOINT LINING	\$ 2,888.00
27337	27337	EXC THIGH/KNEE LES SC > 3CM	\$ 1,275.00
27339	27339	EXC THIGH/KNEE TUM DEEP > 5CM	\$ 2,580.00
27340	27340	REMOVAL OF KNEECAP BURSA	\$ 1,336.00
27345	27345	REMOVAL OF KNEE CYST	\$ 1,690.00
27347	27347	REMOVE KNEE CYST	\$ 1,666.00
27350	27350	REMOVAL OF KNEECAP	\$ 2,135.00
27355	27355	REMOVE FEMUR LESION	\$ 2,176.00
27356	27356	REMOVE FEMUR LESION/GRAFT	\$ 2,903.00
27357	27357	REMOVE FEMUR LESION/GRAFT	\$ 3,333.00
27358	27358	REMOVE FEMUR LESION/FIXATION	\$ 1,319.00
27360	27360	PARTIAL REMOVAL, LEG BONE(S)	\$ 3,065.00
27364	27364	RESECT THIGH/KNEE TUM > 5CM	\$ 5,417.00
27365	27365	EXTENSIVE LEG SURGERY	\$ 7,002.00
27369	27369	NJX CNTRST KNE ARTHG/CT/MRI	\$ 610.00
27372	27372	REMOVAL OF FOREIGN BODY	\$ 1,409.00
27380	27380	REPAIR OF KNEECAP TENDON	\$ 1,958.00
27381	27381	REPAIR/GRAFT KNEECAP TENDON	\$ 2,688.00
27385	27385	REPAIR OF THIGH MUSCLE	\$ 2,145.00
27386	27386	REPAIR/GRAFT OF THIGH MUSCLE	\$ 2,771.00
27390	27390	INCISION OF THIGH TENDON	\$ 1,466.00
27391	27391	INCISION OF THIGH TENDONS	\$ 2,068.00
27392	27392	INCISION OF THIGH TENDONS	\$ 2,412.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27393	27393	LENGTHENING OF THIGH TENDON	\$ 1,609.00
27394	27394	LENGTHENING OF THIGH TENDONS	\$ 1,920.00
27395	27395	LENGTHENING OF THIGH TENDONS	\$ 2,901.00
27396	27396	TRANSPLANT OF THIGH TENDON	\$ 1,986.00
27397	27397	TRANSPLANTS OF THIGH TENDONS	\$ 3,132.00
27400	27400	REVISE THIGH MUSCLES/TENDONS	\$ 2,202.00
27403	27403	REPAIR OF KNEE CARTILAGE	\$ 2,268.00
27405	27405	REPAIR OF KNEE LIGAMENT	\$ 2,349.00
27407	27407	REPAIR OF KNEE LIGAMENT	\$ 2,789.00
27409	27409	REPAIR OF KNEE LIGAMENTS	\$ 3,251.00
27412	27412	AUTOCHONDROCYTE IMPLANT KNEE	\$ 5,804.00
27415	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	\$ 4,687.00
27416	27416	OSTEOCHONDRAL KNEE AUTOGRAFT	\$ 3,313.00
27418	27418	REPAIR DEGENERATED KNEECAP	\$ 2,779.00
27420	27420	REVISION OF UNSTABLE KNEECAP	\$ 2,630.00
27422	27422	REVISION OF UNSTABLE KNEECAP	\$ 2,843.00
27424	27424	REVISION/REMOVAL OF KNEECAP	\$ 2,818.00
27425	27425	LATERAL RETINACULAR RELEASE	\$ 1,634.00
27427	27427	RECONSTRUCTION, KNEE	\$ 2,558.00
27428	27428	RECONSTRUCTION, KNEE	\$ 4,025.00
27429	27429	RECONSTRUCTION, KNEE	\$ 4,494.00
27430	27430	REVISION OF THIGH MUSCLES	\$ 2,430.00
27435	27435	INCISION OF KNEE JOINT	\$ 2,524.00
27437	27437	REVISE KNEECAP	\$ 2,304.00
27438	27438	REVISE KNEECAP WITH IMPLANT	\$ 2,923.00
27440	27440	REVISION OF KNEE JOINT	\$ 2,716.00
27441	27441	REVISION OF KNEE JOINT	\$ 2,601.00
27442	27442	REVISION OF KNEE JOINT	\$ 3,263.00
27443	27443	REVISION OF KNEE JOINT	\$ 3,021.00
27445	27445	REVISION OF KNEE JOINT	\$ 4,600.00
27446	27446	REVISION OF KNEE JOINT	\$ 4,246.00
27447	27447	TOTAL KNEE ARTHROPLASTY	\$ 5,424.00
27448	27448	INCISION OF THIGH	\$ 2,829.00
27450	27450	INCISION OF THIGH	\$ 3,695.00
27454	27454	REALIGNMENT OF THIGH BONE	\$ 4,289.00
27455	27455	REALIGNMENT OF KNEE	\$ 3,080.00
27457	27457	REALIGNMENT OF KNEE	\$ 3,154.00
27465	27465	SHORTENING OF THIGH BONE	\$ 3,947.00
27466	27466	LENGTHENING OF THIGH BONE	\$ 4,459.00
27468	27468	SHORTEN/LENGTHEN THIGHS	\$ 4,592.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27470	27470	REPAIR OF THIGH	\$ 4,055.00
27472	27472	REPAIR/GRAFT OF THIGH	\$ 4,388.00
27475	27475	SURGERY TO STOP LEG GROWTH	\$ 2,500.00
27477	27477	SURGERY TO STOP LEG GROWTH	\$ 2,766.00
27479	27479	SURGERY TO STOP LEG GROWTH	\$ 3,487.00
27485	27485	SURGERY TO STOP LEG GROWTH	\$ 2,519.00
27486	27486	REVISE/REPLACE KNEE JOINT	\$ 4,928.00
27487	27487	REVISE/REPLACE KNEE JOINT	\$ 6,366.00
27488	27488	REMOVAL OF KNEE PROSTHESIS	\$ 4,051.00
27495	27495	REINFORCE THIGH	\$ 3,731.00
27496	27496	DECOMPRESSION OF THIGH/KNEE	\$ 1,726.00
27497	27497	DECOMPRESSION OF THIGH/KNEE	\$ 1,931.00
27498	27498	DECOMPRESSION OF THIGH/KNEE	\$ 2,070.00
27499	27499	DECOMPRESSION OF THIGH/KNEE	\$ 2,217.00
27500	27500	TREATMENT OF THIGH FRACTURE	\$ 1,646.00
27501	27501	TREATMENT OF THIGH FRACTURE	\$ 1,657.00
27502	27502	TREATMENT OF THIGH FRACTURE	\$ 2,702.00
27503	27503	TREATMENT OF THIGH FRACTURE	\$ 2,719.00
27506	27506	TREATMENT OF THIGH FRACTURE	\$ 4,386.00
27507	27507	TREATMENT OF THIGH FRACTURE	\$ 3,346.00
27508	27508	TREATMENT OF THIGH FRACTURE	\$ 1,684.00
27509	27509	TREATMENT OF THIGH FRACTURE	\$ 2,153.00
27510	27510	TREATMENT OF THIGH FRACTURE	\$ 2,425.00
27511	27511	TREATMENT OF THIGH FRACTURE	\$ 3,394.00
27513	27513	TREATMENT OF THIGH FRACTURE	\$ 4,308.00
27514	27514	REPAIR OF THIGH FRACTURE	\$ 3,529.00
27516	27516	TREAT THIGH FX GROWTH PLATE	\$ 1,640.00
27517	27517	TREAT THIGH FX GROWTH PLATE	\$ 2,152.00
27519	27519	TREAT THIGH FX GROWTH PLATE	\$ 3,053.00
27520	27520	TREAT KNEECAP FRACTURE	\$ 1,051.00
27524	27524	TREAT KNEECAP FRACTURE	\$ 2,541.00
27530	27530	TREAT KNEE FRACTURE	\$ 1,048.00
27532	27532	TREAT KNEE FRACTURE	\$ 2,032.00
27535	27535	TREAT KNEE FRACTURE	\$ 2,949.00
27536	27536	TREAT KNEE FRACTURE	\$ 3,889.00
27538	27538	TREAT KNEE FRACTURE(S)	\$ 1,424.00
27540	27540	TREAT KNEE FRACTURE	\$ 2,739.00
27550	27550	TREAT KNEE DISLOCATION	\$ 1,807.00
27552	27552	TREAT KNEE DISLOCATION	\$ 1,913.00
27556	27556	TREAT KNEE DISLOCATION	\$ 2,834.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27557	27557	TREAT KNEE DISLOCATION	\$ 3,352.00
27558	27558	TREAT KNEE DISLOCATION	\$ 3,824.00
27560	27560	TREAT KNEECAP DISLOCATION	\$ 1,486.00
27562	27562	TREAT KNEECAP DISLOCATION	\$ 1,535.00
27566	27566	TREAT KNEECAP DISLOCATION	\$ 2,792.00
27570	27570	FIXATION OF KNEE JOINT	\$ 529.00
27580	27580	FUSION OF KNEE	\$ 4,736.00
27590	27590	AMPUTATE LEG AT THIGH	\$ 2,535.00
27591	27591	AMPUTATE LEG AT THIGH	\$ 3,059.00
27592	27592	AMPUTATE LEG AT THIGH	\$ 2,323.00
27594	27594	AMPUTATION FOLLOW-UP SURGERY	\$ 1,590.00
27596	27596	AMPUTATION FOLLOW-UP SURGERY	\$ 2,365.00
27598	27598	AMPUTATE LOWER LEG AT KNEE	\$ 2,363.00
27600	27600	DECOMPRESSION OF LOWER LEG	\$ 1,292.00
27601	27601	DECOMPRESSION OF LOWER LEG	\$ 1,462.00
27602	27602	DECOMPRESSION OF LOWER LEG	\$ 1,640.00
27603	27603	DRAIN LOWER LEG LESION	\$ 1,383.00
27604	27604	DRAIN LOWER LEG BURSA	\$ 1,232.00
27605	27605	INCISION OF ACHILLES TENDON	\$ 918.00
27606	27606	INCISION OF ACHILLES TENDON	\$ 1,013.00
27607	27607	TREAT LOWER LEG BONE LESION	\$ 1,955.00
27610	27610	EXPLORE/TREAT ANKLE JOINT	\$ 2,030.00
27612	27612	EXPLORATION OF ANKLE JOINT	\$ 1,850.00
27613	27613	BIOPSY LOWER LEG SOFT TISSUE	\$ 628.00
27614	27614	BIOPSY LOWER LEG SOFT TISSUE	\$ 1,480.00
27615	27615	REMOVE TUMOR, LOWER LEG, < 5 C	\$ 3,179.00
27616	27616	RESECT LEG/ANKLE TUM > 5CM	\$ 4,239.00
27618	27618	REMOVE LOWER LEG LESION, < 3 C	\$ 1,190.00
27619	27619	REMOVE LOWER LEG LESION, < 5 C	\$ 1,474.00
27620	27620	EXPLORE/TREAT ANKLE JOINT	\$ 1,480.00
27625	27625	REMOVE ANKLE JOINT LINING	\$ 1,857.00
27626	27626	REMOVE ANKLE JOINT LINING	\$ 2,200.00
27630	27630	REMOVAL OF TENDON LESION	\$ 1,361.00
27632	27632	EXC LEG/ANKLE LES SC > 3CM	\$ 1,234.00
27634	27634	EXC LEG/ANKLE TUM DEEP > 5CM	\$ 2,132.00
27635	27635	REMOVE LOWER LEG BONE LESION	\$ 2,021.00
27637	27637	REMOVE/GRAFT LEG BONE LESION	\$ 2,650.00
27638	27638	REMOVE/GRAFT LEG BONE LESION	\$ 2,654.00
27640	27640	PARTIAL REMOVAL OF TIBIA	\$ 2,884.00
27641	27641	PARTIAL REMOVAL OF FIBULA	\$ 2,354.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27645	27645	EXTENSIVE LOWER LEG SURGERY	\$ 5,936.00
27646	27646	EXTENSIVE LOWER LEG SURGERY	\$ 4,842.00
27647	27647	EXTENSIVE ANKLE/HEEL SURGERY	\$ 3,056.00
27648	27648	INJECTION FOR ANKLE X-RAY	\$ 479.00
27650	27650	REPAIR ACHILLES TENDON	\$ 2,159.00
27652	27652	REPAIR/GRAFT ACHILLES TENDON	\$ 2,193.00
27654	27654	REPAIR OF ACHILLES TENDON	\$ 2,210.00
27656	27656	REPAIR LEG FASCIA DEFECT	\$ 1,739.00
27658	27658	REPAIR OF LEG TENDON, EACH	\$ 1,243.00
27659	27659	REPAIR OF LEG TENDON, EACH	\$ 1,608.00
27664	27664	REPAIR OF LEG TENDON, EACH	\$ 1,262.00
27665	27665	REPAIR OF LEG TENDON, EACH	\$ 1,442.00
27675	27675	REPAIR LOWER LEG TENDONS	\$ 1,538.00
27676	27676	REPAIR LOWER LEG TENDONS	\$ 1,965.00
27680	27680	RELEASE OF LOWER LEG TENDON	\$ 1,357.00
27681	27681	RELEASE OF LOWER LEG TENDONS	\$ 1,776.00
27685	27685	REVISION OF LOWER LEG TENDON	\$ 1,760.00
27686	27686	REVISE LOWER LEG TENDONS	\$ 1,843.00
27687	27687	REVISION OF CALF TENDON	\$ 1,431.00
27690	27690	REVISE LOWER LEG TENDON	\$ 1,858.00
27691	27691	REVISE LOWER LEG TENDON	\$ 2,351.00
27692	27692	REVISE ADDITIONAL LEG TENDON	\$ 369.00
27695	27695	REPAIR OF ANKLE LIGAMENT	\$ 1,574.00
27696	27696	REPAIR OF ANKLE LIGAMENTS	\$ 1,897.00
27698	27698	REPAIR OF ANKLE LIGAMENT	\$ 2,267.00
27700	27700	REVISION OF ANKLE JOINT	\$ 2,040.00
27702	27702	RECONSTRUCT ANKLE JOINT	\$ 3,641.00
27703	27703	RECONSTRUCTION, ANKLE JOINT	\$ 3,845.00
27704	27704	REMOVAL OF ANKLE IMPLANT	\$ 1,835.00
27705	27705	INCISION OF TIBIA	\$ 2,571.00
27707	27707	INCISION OF FIBULA	\$ 1,408.00
27709	27709	INCISION OF TIBIA & FIBULA	\$ 3,537.00
27712	27712	REALIGNMENT OF LOWER LEG	\$ 3,633.00
27715	27715	REVISION OF LOWER LEG	\$ 3,869.00
27720	27720	REPAIR OF TIBIA	\$ 3,163.00
27722	27722	REPAIR/GRAFT OF TIBIA	\$ 3,268.00
27724	27724	REPAIR/GRAFT OF TIBIA	\$ 4,245.00
27725	27725	REPAIR OF LOWER LEG	\$ 3,987.00
27726	27726	REPAIR FIBULA NONUNION	\$ 3,108.00
27727	27727	REPAIR OF LOWER LEG	\$ 3,439.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27730	27730	REPAIR OF TIBIA EPIPHYSIS	\$ 1,969.00
27732	27732	REPAIR OF FIBULA EPIPHYSIS	\$ 1,479.00
27734	27734	REPAIR LOWER LEG EPIPHYSES	\$ 2,140.00
27740	27740	REPAIR OF LEG EPIPHYSES	\$ 2,308.00
27742	27742	REPAIR OF LEG EPIPHYSES	\$ 2,511.00
27745	27745	REINFORCE TIBIA	\$ 2,842.00
27750	27750	TREATMENT OF TIBIA FRACTURE	\$ 1,153.00
27752	27752	TREATMENT OF TIBIA FRACTURE	\$ 1,685.00
27756	27756	TREATMENT OF TIBIA FRACTURE	\$ 1,996.00
27758	27758	TREATMENT OF TIBIA FRACTURE	\$ 2,909.00
27759	27759	TREATMENT OF TIBIA FRACTURE	\$ 3,391.00
27760	27760	CLTX MEDIAL ANKLE FX	\$ 1,031.00
27762	27762	CLTX MED ANKLE FX W/MNPJ	\$ 1,710.00
27766	27766	OPTX MEDIAL ANKLE FX	\$ 1,967.00
27767	27767	CLTX POST ANKLE FX	\$ 884.00
27768	27768	CLTX POST ANKLE FX W/MNPJ	\$ 1,347.00
27769	27769	OPTX POST ANKLE FX	\$ 2,234.00
27780	27780	TREATMENT OF FIBULA FRACTURE	\$ 954.00
27781	27781	TREATMENT OF FIBULA FRACTURE	\$ 1,336.00
27784	27784	TREATMENT OF FIBULA FRACTURE	\$ 2,127.00
27786	27786	TREATMENT OF ANKLE FRACTURE	\$ 960.00
27788	27788	TREATMENT OF ANKLE FRACTURE	\$ 1,441.00
27792	27792	TREATMENT OF ANKLE FRACTURE	\$ 2,112.00
27808	27808	TREATMENT OF ANKLE FRACTURE	\$ 1,046.00
27810	27810	TREATMENT OF ANKLE FRACTURE	\$ 1,782.00
27814	27814	TREATMENT OF ANKLE FRACTURE	\$ 2,548.00
27816	27816	TREATMENT OF ANKLE FRACTURE	\$ 1,022.00
27818	27818	TREATMENT OF ANKLE FRACTURE	\$ 1,954.00
27822	27822	TREATMENT OF ANKLE FRACTURE	\$ 2,768.00
27823	27823	TREATMENT OF ANKLE FRACTURE	\$ 3,082.00
27824	27824	TREAT LOWER LEG FRACTURE	\$ 1,030.00
27825	27825	TREAT LOWER LEG FRACTURE	\$ 1,694.00
27826	27826	TREAT LOWER LEG FRACTURE	\$ 2,662.00
27827	27827	TREAT LOWER LEG FRACTURE	\$ 3,715.00
27828	27828	TREAT LOWER LEG FRACTURE	\$ 4,157.00
27829	27829	TREAT LOWER LEG JOINT	\$ 2,144.00
27830	27830	TREAT LOWER LEG DISLOCATION	\$ 1,264.00
27831	27831	TREAT LOWER LEG DISLOCATION	\$ 1,312.00
27832	27832	TREAT LOWER LEG DISLOCATION	\$ 2,324.00
27840	27840	TREAT ANKLE DISLOCATION	\$ 1,686.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
27842	27842	TREAT ANKLE DISLOCATION	\$ 1,462.00
27846	27846	TREAT ANKLE DISLOCATION	\$ 2,236.00
27848	27848	TREAT ANKLE DISLOCATION	\$ 2,548.00
27860	27860	FIXATION OF ANKLE JOINT	\$ 542.00
27870	27870	FUSION OF ANKLE JOINT	\$ 3,383.00
27871	27871	FUSION OF TIBIOFIBULAR JOINT	\$ 2,335.00
27880	27880	AMPUTATION OF LOWER LEG	\$ 2,751.00
27881	27881	AMPUTATION OF LOWER LEG	\$ 2,637.00
27882	27882	AMPUTATION OF LOWER LEG	\$ 2,036.00
27884	27884	AMPUTATION FOLLOW-UP SURGERY	\$ 1,769.00
27886	27886	AMPUTATION FOLLOW-UP SURGERY	\$ 2,199.00
27888	27888	AMPUTATION OF FOOT AT ANKLE	\$ 2,150.00
27889	27889	AMPUTATION OF FOOT AT ANKLE	\$ 2,105.00
27892	27892	DECOMPRESSION OF LEG	\$ 1,728.00
27893	27893	DECOMPRESSION OF LEG	\$ 1,986.00
27894	27894	DECOMPRESSION OF LEG	\$ 2,625.00
28001	28001	DRAINAGE OF BURSA OF FOOT	\$ 462.00
28002	28002	TREATMENT OF FOOT INFECTION	\$ 962.00
28003	28003	TREATMENT OF FOOT INFECTION	\$ 1,514.00
28005	28005	TREAT FOOT BONE LESION	\$ 1,462.00
28008	28008	INCISION OF FOOT FASCIA	\$ 940.00
28010	28010	INCISION OF TOE TENDON	\$ 577.00
28011	28011	INCISION OF TOE TENDONS	\$ 784.00
28020	28020	EXPLORATION OF FOOT JOINT	\$ 1,409.00
28022	28022	EXPLORATION OF FOOT JOINT	\$ 1,063.00
28024	28024	EXPLORATION OF TOE JOINT	\$ 933.00
28035	28035	DECOMPRESSION OF TIBIA NERVE	\$ 1,387.00
28039	28039	EXC FOOT/TOE TUM SC > 1.5CM	\$ 1,115.00
28041	28041	EXC FOOT/TOE TUM DEEP > 1.5CM	\$ 1,212.00
28043	28043	EXCISION OF FOOT LESION, < 1.5	\$ 887.00
28045	28045	EXCISION OF FOOT LESION, < 1.5	\$ 1,054.00
28046	28046	RESECTION OF TUMOR, FOOT, < 3	\$ 1,764.00
28047	28047	RESECT FOOT/TOE TUMOR > 3CM	\$ 2,789.00
28050	28050	BIOPSY OF TOE JOINT LINING	\$ 1,047.00
28052	28052	BIOPSY OF TOE JOINT LINING	\$ 960.00
28054	28054	BIOPSY OF TOE JOINT LINING	\$ 887.00
28055	28055	NEURECTOMY, FOOT	\$ 991.00
28060	28060	PARTIAL REMOVAL, FOOT FASCIA	\$ 1,158.00
28062	28062	REMOVAL OF FOOT FASCIA	\$ 1,256.00
28070	28070	REMOVAL OF FOOT JOINT LINING	\$ 1,358.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
28072	28072	REMOVAL OF FOOT JOINT LINING	\$ 1,100.00
28080	28080	REMOVAL OF FOOT LESION	\$ 1,128.00
28086	28086	EXCISE FOOT TENDON SHEATH	\$ 1,249.00
28088	28088	EXCISE FOOT TENDON SHEATH	\$ 1,129.00
28090	28090	REMOVAL OF FOOT LESION	\$ 1,018.00
28092	28092	REMOVAL OF TOE LESIONS	\$ 927.00
28100	28100	REMOVAL OF ANKLE/HEEL LESION	\$ 1,522.00
28102	28102	REMOVE/GRAFT FOOT LESION	\$ 1,786.00
28103	28103	REMOVE/GRAFT FOOT LESION	\$ 1,260.00
28104	28104	REMOVAL OF FOOT LESION	\$ 1,336.00
28106	28106	REMOVE/GRAFT FOOT LESION	\$ 1,271.00
28107	28107	REMOVE/GRAFT FOOT LESION	\$ 1,373.00
28108	28108	REMOVAL OF TOE LESIONS	\$ 1,027.00
28110	28110	PART REMOVAL OF METATARSAL	\$ 1,021.00
28111	28111	PART REMOVAL OF METATARSAL	\$ 1,284.00
28112	28112	PART REMOVAL OF METATARSAL	\$ 1,075.00
28113	28113	PART REMOVAL OF METATARSAL	\$ 1,252.00
28114	28114	REMOVAL OF METATARSAL HEADS	\$ 2,462.00
28116	28116	REVISION OF FOOT	\$ 1,781.00
28118	28118	REMOVAL OF HEEL BONE	\$ 1,386.00
28119	28119	REMOVAL OF HEEL SPUR	\$ 1,220.00
28120	28120	PART REMOVAL OF ANKLE/HEEL	\$ 1,591.00
28122	28122	PARTIAL REMOVAL OF FOOT BONE	\$ 1,387.00
28124	28124	PARTIAL REMOVAL OF TOE	\$ 1,018.00
28126	28126	PARTIAL REMOVAL OF TOE	\$ 825.00
28130	28130	REMOVAL OF ANKLE BONE	\$ 1,795.00
28140	28140	REMOVAL OF METATARSAL	\$ 1,371.00
28150	28150	REMOVAL OF TOE	\$ 938.00
28153	28153	PARTIAL REMOVAL OF TOE	\$ 914.00
28160	28160	PARTIAL REMOVAL OF TOE	\$ 925.00
28171	28171	EXTENSIVE FOOT SURGERY	\$ 2,291.00
28173	28173	EXTENSIVE FOOT SURGERY	\$ 1,683.00
28175	28175	EXTENSIVE FOOT SURGERY	\$ 1,144.00
28190	28190	REMOVAL OF FOOT FOREIGN BODY	\$ 617.00
28192	28192	REMOVAL OF FOOT FOREIGN BODY	\$ 1,034.00
28193	28193	REMOVAL OF FOOT FOREIGN BODY	\$ 1,188.00
28200	28200	REPAIR OF FOOT TENDON	\$ 1,129.00
28202	28202	REPAIR/GRAFT OF FOOT TENDON	\$ 1,381.00
28208	28208	REPAIR OF FOOT TENDON	\$ 1,007.00
28210	28210	REPAIR/GRAFT OF FOOT TENDON	\$ 1,255.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
28220	28220	RELEASE OF FOOT TENDON	\$ 1,010.00
28222	28222	RELEASE OF FOOT TENDONS	\$ 1,177.00
28225	28225	RELEASE OF FOOT TENDON	\$ 910.00
28226	28226	RELEASE OF FOOT TENDONS	\$ 1,161.00
28230	28230	INCISION OF FOOT TENDON(S)	\$ 958.00
28232	28232	INCISION OF TOE TENDON	\$ 829.00
28234	28234	INCISION OF FOOT TENDON	\$ 837.00
28238	28238	REVISION OF FOOT TENDON	\$ 1,688.00
28240	28240	RELEASE OF BIG TOE	\$ 977.00
28250	28250	REVISION OF FOOT FASCIA	\$ 1,373.00
28260	28260	RELEASE OF MIDFOOT JOINT	\$ 1,817.00
28261	28261	REVISION OF FOOT TENDON	\$ 2,828.00
28262	28262	REVISION OF FOOT AND ANKLE	\$ 4,495.00
28264	28264	RELEASE OF MIDFOOT JOINT	\$ 2,677.00
28270	28270	RELEASE OF FOOT CONTRACTURE	\$ 1,044.00
28272	28272	RELEASE OF TOE JOINT, EACH	\$ 802.00
28280	28280	FUSION OF TOES	\$ 1,152.00
28285	28285	REPAIR OF HAMMERTOES	\$ 1,197.00
28286	28286	REPAIR OF HAMMERTOES	\$ 992.00
28288	28288	PARTIAL REMOVAL OF FOOT BONE	\$ 1,338.00
28289	28289	REPAIR HALLUX RIGIDUS	\$ 1,684.00
28291	28291	CORRJ HALUX RIGDUS W/IMPLT	\$ 1,698.00
28292	28292	CORRECTION OF BUNION	\$ 1,664.00
28295	28295	CORRECTION HALLUX VALGUS	\$ 2,083.00
28296	28296	CORRECTION OF BUNION	\$ 1,895.00
28297	28297	CORRECTION OF BUNION	\$ 2,219.00
28298	28298	CORRECTION OF BUNION	\$ 1,755.00
28299	28299	CORRECTION OF BUNION	\$ 2,233.00
28300	28300	INCISION OF HEEL BONE	\$ 2,065.00
28302	28302	INCISION OF ANKLE BONE	\$ 2,287.00
28304	28304	INCISION OF MIDFOOT BONES	\$ 2,182.00
28305	28305	INCISE/GRAFT MIDFOOT BONES	\$ 2,074.00
28306	28306	INCISION OF METATARSAL	\$ 1,545.00
28307	28307	INCISION OF METATARSAL	\$ 1,672.00
28308	28308	INCISION OF METATARSAL	\$ 1,295.00
28309	28309	INCISION OF METATARSALS	\$ 2,640.00
28310	28310	REVISION OF BIG TOE	\$ 1,227.00
28312	28312	REVISION OF TOE	\$ 1,242.00
28313	28313	REPAIR DEFORMITY OF TOE	\$ 1,233.00
28315	28315	REMOVAL OF SESAMOID BONE	\$ 1,124.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
28320	28320	REPAIR OF FOOT BONES	\$ 1,888.00
28322	28322	REPAIR OF METATARSALS	\$ 1,885.00
28340	28340	RESECT ENLARGED TOE TISSUE	\$ 1,349.00
28341	28341	RESECT ENLARGED TOE	\$ 1,632.00
28344	28344	REPAIR EXTRA TOE(S)	\$ 1,091.00
28345	28345	REPAIR WEBBED TOE(S)	\$ 1,186.00
28360	28360	RECONSTRUCT CLEFT FOOT	\$ 2,889.00
28400	28400	TREATMENT OF HEEL FRACTURE	\$ 803.00
28405	28405	TREATMENT OF HEEL FRACTURE	\$ 1,168.00
28406	28406	TREATMENT OF HEEL FRACTURE	\$ 1,681.00
28415	28415	TREAT HEEL FRACTURE	\$ 3,477.00
28420	28420	TREAT/GRAFT HEEL FRACTURE	\$ 3,947.00
28430	28430	TREATMENT OF ANKLE FRACTURE	\$ 808.00
28435	28435	TREATMENT OF ANKLE FRACTURE	\$ 1,026.00
28436	28436	TREATMENT OF ANKLE FRACTURE	\$ 1,469.00
28445	28445	TREAT ANKLE FRACTURE	\$ 3,227.00
28446	28446	OSTEOCHONDRAL TALUS AUTOGRAFT	\$ 3,700.00
28450	28450	TREAT MIDFOOT FRACTURE,EACH	\$ 668.00
28455	28455	TREAT MIDFOOT FRACTURE,EACH	\$ 873.00
28456	28456	TREAT MIDFOOT FRACTURE	\$ 984.00
28465	28465	TREAT MIDFOOT FRACTURE, EACH	\$ 1,866.00
28470	28470	TREAT METATARSAL FRACTURE	\$ 640.00
28475	28475	TREAT METATARSAL FRACTURE	\$ 692.00
28476	28476	TREAT METATARSAL FRACTURE	\$ 1,083.00
28485	28485	TREAT METATARSAL FRACTURE	\$ 1,558.00
28490	28490	TREAT BIG TOE FRACTURE	\$ 446.00
28495	28495	TREAT BIG TOE FRACTURE	\$ 493.00
28496	28496	TREAT BIG TOE FRACTURE	\$ 1,053.00
28505	28505	TREAT BIG TOE FRACTURE	\$ 1,508.00
28510	28510	TREATMENT OF TOE FRACTURE	\$ 387.00
28515	28515	TREATMENT OF TOE FRACTURE	\$ 499.00
28525	28525	TREAT TOE FRACTURE	\$ 1,298.00
28530	28530	TREAT SESAMOID BONE FRACTURE	\$ 334.00
28531	28531	TREAT SESAMOID BONE FRACTURE	\$ 995.00
28540	28540	TREAT FOOT DISLOCATION	\$ 587.00
28545	28545	TREAT FOOT DISLOCATION	\$ 855.00
28546	28546	TREAT FOOT DISLOCATION	\$ 1,513.00
28555	28555	REPAIR FOOT DISLOCATION	\$ 2,213.00
28570	28570	TREAT FOOT DISLOCATION	\$ 632.00
28575	28575	TREAT FOOT DISLOCATION	\$ 958.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
28576	28576	TREAT FOOT DISLOCATION	\$ 1,116.00
28585	28585	REPAIR FOOT DISLOCATION	\$ 2,269.00
28600	28600	TREAT FOOT DISLOCATION	\$ 543.00
28605	28605	TREAT FOOT DISLOCATION	\$ 798.00
28606	28606	TREAT FOOT DISLOCATION	\$ 1,326.00
28615	28615	REPAIR FOOT DISLOCATION	\$ 2,486.00
28630	28630	TREAT TOE DISLOCATION	\$ 505.00
28635	28635	TREAT TOE DISLOCATION	\$ 492.00
28636	28636	TREAT TOE DISLOCATION	\$ 833.00
28645	28645	REPAIR TOE DISLOCATION	\$ 1,421.00
28660	28660	TREAT TOE DISLOCATION	\$ 432.00
28665	28665	TREAT TOE DISLOCATION	\$ 453.00
28666	28666	TREAT TOE DISLOCATION	\$ 584.00
28675	28675	REPAIR OF TOE DISLOCATION	\$ 1,276.00
28705	28705	FUSION OF FOOT BONES	\$ 4,046.00
28715	28715	FUSION OF FOOT BONES	\$ 3,301.00
28725	28725	FUSION OF FOOT BONES	\$ 2,677.00
28730	28730	FUSION OF FOOT BONES	\$ 2,297.00
28735	28735	FUSION OF FOOT BONES	\$ 2,436.00
28737	28737	REVISION OF FOOT BONES	\$ 2,168.00
28740	28740	FUSION OF FOOT BONES	\$ 2,138.00
28750	28750	FUSION OF BIG TOE JOINT	\$ 2,039.00
28755	28755	FUSION OF BIG TOE JOINT	\$ 1,282.00
28760	28760	FUSION OF BIG TOE JOINT	\$ 1,802.00
28800	28800	AMPUTATION OF MIDFOOT	\$ 1,670.00
28805	28805	AMPUTATION THRU METATARSAL	\$ 1,996.00
28810	28810	AMPUTATION TOE & METATARSAL	\$ 1,288.00
28820	28820	AMPUTATION OF TOE	\$ 1,270.00
28825	28825	PARTIAL AMPUTATION OF TOE	\$ 1,239.00
28890	28890	HIGH ENERGY ESWT,PLANTAR F	\$ 940.00
29000	29000	APPLICATION OF BODY CAST	\$ 788.00
29010	29010	APPLICATION OF BODY CAST	\$ 639.00
29015	29015	APPLICATION OF BODY CAST	\$ 737.00
29035	29035	APPLICATION OF BODY CAST	\$ 630.00
29040	29040	APPLICATION OF BODY CAST	\$ 720.00
29044	29044	APPLICATION OF BODY CAST	\$ 708.00
29046	29046	APPLICATION OF BODY CAST	\$ 735.00
29049	29049	APPLICATION OF SHOULDER CAST	\$ 237.00
29055	29055	APPLICATION OF SHOULDER CAST	\$ 537.00
29058	29058	APPLICATION OF SHOULDER CAST	\$ 313.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
29065	29065	APPLICATION OF LONG ARM CAST	\$ 287.00
29075	29075	APPLICATION OF FOREARM CAST	\$ 257.00
29085	29085	APPLY HAND/WRIST CAST	\$ 278.00
29086	29086	APPLY FINGER CAST	\$ 219.00
29105	29105	APPLY LONG ARM SPLINT	\$ 266.00
29125	29125	APPLY FOREARM SPLINT	\$ 191.00
29126	29126	APPLY FOREARM SPLINT	\$ 237.00
29130	29130	APPLICATION OF FINGER SPLINT	\$ 123.00
29131	29131	APPLICATION OF FINGER SPLINT	\$ 159.00
29200	29200	STRAPPING OF CHEST	\$ 91.00
29240	29240	STRAPPING OF SHOULDER	\$ 93.00
29260	29260	STRAPPING OF ELBOW OR WRIST	\$ 96.00
29280	29280	STRAPPING OF HAND OR FINGER	\$ 99.00
29305	29305	APPLICATION OF HIP CAST	\$ 722.00
29325	29325	APPLICATION OF HIP CASTS	\$ 761.00
29345	29345	APPLICATION OF LONG LEG CAST	\$ 408.00
29355	29355	APPLICATION OF LONG LEG CAST	\$ 393.00
29358	29358	APPLY LONG LEG CAST BRACE	\$ 481.00
29365	29365	APPLICATION OF LONG LEG CAST	\$ 385.00
29405	29405	APPLY SHORT LEG CAST	\$ 250.00
29425	29425	APPLY SHORT LEG CAST	\$ 252.00
29435	29435	APPLY SHORT LEG CAST	\$ 346.00
29440	29440	ADDITION OF WALKER TO CAST	\$ 109.00
29445	29445	APPLY RIGID LEG CAST	\$ 386.00
29450	29450	APPLICATION OF LEG CAST	\$ 361.00
29505	29505	APPLICATION, LONG LEG SPLINT	\$ 229.00
29515	29515	APPLICATION LOWER LEG SPLINT	\$ 187.00
29520	29520	STRAPPING OF HIP	\$ 94.00
29530	29530	STRAPPING OF KNEE	\$ 91.00
29540	29540	STRAPPING OF ANKLE	\$ 76.00
29550	29550	STRAPPING OF TOES	\$ 57.00
29580	29580	APPLICATION OF PASTE BOOT	\$ 128.00
29581	29581	APPLY MULTLAY COMPRS LWR LEG	\$ 188.00
29584	29584	APPL MULTLAY COMPRS ARM/HAND	\$ 177.00
29700	29700	REMOVAL/REVISION OF CAST	\$ 152.00
29705	29705	REMOVAL/REVISION OF CAST	\$ 209.00
29710	29710	REMOVAL/REVISION OF CAST	\$ 313.00
29720	29720	REPAIR OF BODY CAST	\$ 189.00
29730	29730	WINDOWING OF CAST	\$ 158.00
29740	29740	WEDGING OF CAST	\$ 234.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
29750	29750	WEDGING OF CLUBFOOT CAST	\$ 230.00
29800	29800	JAW ARTHROSCOPY/SURGERY	\$ 2,189.00
29804	29804	JAW ARTHROSCOPY/SURGERY	\$ 3,217.00
29805	29805	SHOULDER ARTHROSCOPY,DX	\$ 1,652.00
29806	29806	SHOULDER ARTHROSCOPY/SURGERY	\$ 3,651.00
29807	29807	SHOULDER ARTHROSCOPY/SURGERY	\$ 3,430.00
29819	29819	SHOULDER ARTHROSCOPY/SURGERY	\$ 2,122.00
29820	29820	SHOULDER ARTHROSCOPY/SURGERY	\$ 2,270.00
29821	29821	SHOULDER ARTHROSCOPY/SURGERY	\$ 2,249.00
29822	29822	SHOULDER ARTHROSCOPY/SURGERY	\$ 2,060.00
29823	29823	SHOULDER ARTHROSCOPY/SURGERY	\$ 2,415.00
29824	29824	SHOULDER ARTHROSCOPY/SURGERY	\$ 2,231.00
29825	29825	SHOULDER ARTHROSCOPY/SURGERY	\$ 2,197.00
29826	29826	SHOULDER ARTHROSCOPY/SURGERY	\$ 1,889.00
29827	29827	ARTHROSCOP ROTATOR CUFF REPR	\$ 3,655.00
29828	29828	ARTHROSCOPY BICEPS TENODESIS	\$ 2,923.00
29830	29830	ELBOW ARTHROSCOPY	\$ 1,644.00
29834	29834	ELBOW ARTHROSCOPY/SURGERY	\$ 1,821.00
29835	29835	ELBOW ARTHROSCOPY/SURGERY	\$ 2,079.00
29836	29836	ELBOW ARTHROSCOPY/SURGERY	\$ 2,357.00
29837	29837	ELBOW ARTHROSCOPY/SURGERY	\$ 2,196.00
29838	29838	ELBOW ARTHROSCOPY/SURGERY	\$ 2,489.00
29840	29840	WRIST ARTHROSCOPY	\$ 1,716.00
29843	29843	WRIST ARTHROSCOPY/SURGERY	\$ 1,875.00
29844	29844	WRIST ARTHROSCOPY/SURGERY	\$ 1,902.00
29845	29845	WRIST ARTHROSCOPY/SURGERY	\$ 2,184.00
29846	29846	WRIST ARTHROSCOPY/SURGERY	\$ 2,000.00
29847	29847	WRIST ARTHROSCOPY/SURGERY	\$ 2,163.00
29848	29848	WRIST ENDOSCOPY/SURGERY	\$ 1,739.00
29850	29850	KNEE ARTHROSCOPY/SURGERY	\$ 2,184.00
29851	29851	KNEE ARTHROSCOPY/SURGERY	\$ 3,254.00
29855	29855	TIBIAL ARTHROSCOPY/SURGERY	\$ 2,704.00
29856	29856	TIBIAL ARTHROSCOPY/SURGERY	\$ 3,465.00
29860	29860	HIP ARTHROSCOPY, DX	\$ 2,389.00
29861	29861	HIP ARTHROSCOPY/SURGERY	\$ 2,556.00
29862	29862	HIP ARTHROSCOPY/SURGERY	\$ 3,132.00
29863	29863	HIP ARTHROSCOPY/SURGERY	\$ 2,925.00
29866	29866	AUTGRFT IMPLNT,KNEE W/SCOPE	\$ 3,811.00
29867	29867	ALLGRFT IMPLNT,KNEE W/SCOPE	\$ 4,780.00
29868	29868	MENISCAL TRNSPL, KNEE W/SCOPE	\$ 6,021.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
29870	29870	KNEE ARTHROSCOPY, DX	\$ 1,568.00
29871	29871	KNEE ARTHROSCOPY/DRAINAGE	\$ 1,827.00
29873	29873	KNEE ARTHROSCOPY/SURGERY	\$ 1,851.00
29874	29874	KNEE ARTHROSCOPY/SURGERY	\$ 1,896.00
29875	29875	KNEE ARTHROSCOPY/SURGERY	\$ 1,807.00
29876	29876	KNEE ARTHROSCOPY/SURGERY	\$ 2,389.00
29877	29877	KNEE ARTHROSCOPY/SURGERY	\$ 2,282.00
29879	29879	KNEE ARTHROSCOPY/SURGERY	\$ 2,401.00
29880	29880	KNEE ARTHROSCOPY/SURGERY	\$ 2,536.00
29881	29881	KNEE ARTHROSCOPY/SURGERY	\$ 2,252.00
29882	29882	KNEE ARTHROSCOPY/SURGERY	\$ 2,730.00
29883	29883	KNEE ARTHROSCOPY/SURGERY	\$ 3,769.00
29884	29884	KNEE ARTHROSCOPY/SURGERY	\$ 2,573.00
29885	29885	KNEE ARTHROSCOPY/SURGERY	\$ 3,132.00
29886	29886	KNEE ARTHROSCOPY/SURGERY	\$ 2,681.00
29887	29887	KNEE ARTHROSCOPY/SURGERY	\$ 2,936.00
29888	29888	KNEE ARTHROSCOPY/SURGERY	\$ 3,915.00
29889	29889	KNEE ARTHROSCOPY/SURGERY	\$ 4,822.00
29891	29891	ANKLE ARTHROSCOPY/SURGERY	\$ 2,343.00
29892	29892	ANKLE ARTHROSCOPY/SURGERY	\$ 2,197.00
29893	29893	SCOPE, PLANTAR FASCIOTOMY	\$ 1,335.00
29894	29894	ANKLE ARTHROSCOPY/SURGERY	\$ 2,135.00
29895	29895	ANKLE ARTHROSCOPY/SURGERY	\$ 1,862.00
29897	29897	ANKLE ARTHROSCOPY/SURGERY	\$ 1,927.00
29898	29898	ANKLE ARTHROSCOPY/SURGERY	\$ 2,009.00
29899	29899	ANKLE ARTHROSCOPY/SURGERY	\$ 3,741.00
29900	29900	MCP JOINT ARTHROCOSPY,DX	\$ 1,821.00
29901	29901	MCP JOINT ARTHROCOSPY,SURG	\$ 1,904.00
29902	29902	MCP JOINT ARTHROCOSPY,SURG	\$ 2,021.00
29904	29904	SUBTALAR ARTHRO W/FB RMVL	\$ 2,264.00
29905	29905	SUBTALAR ARTHRO W/EXC	\$ 2,055.00
29906	29906	SUBTALAR ARTHRO W/DEB	\$ 2,405.00
29907	29907	SUBTALAR ARTHRO W/FUSION	\$ 3,179.00
29914	29914	HIP ARTHRO W/FEMOPLASTY	\$ 3,557.00
29915	29915	HIP ARTHRO ACETABULOPLASTY	\$ 3,589.00
29916	29916	HIP ARTHRO W/LABRAL REPAIR	\$ 3,780.00
30000	30000	DRAINAGE OF NOSE LESION	\$ 515.00
30020	30020	DRAINAGE OF NOSE LESION	\$ 508.00
30100	30100	INTRANASAL BIOPSY	\$ 308.00
30110	30110	REMOVAL OF NOSE POLYP(S)	\$ 536.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
30115	30115	REMOVAL OF NOSE POLYP(S)	\$ 1,072.00
30117	30117	REMOVAL OF INTRANASAL LESION	\$ 2,111.00
30118	30118	REMOVAL OF INTRANASAL LESION	\$ 2,085.00
30120	30120	REVISION OF NOSE	\$ 1,383.00
30124	30124	REMOVAL OF NOSE LESION	\$ 683.00
30125	30125	REMOVAL OF NOSE LESION	\$ 1,608.00
30130	30130	REMOVAL OF TURBINATE BONES	\$ 1,092.00
30140	30140	RESECT INFERIOR TURBINATE	\$ 1,201.00
30150	30150	PARTIAL REMOVAL OF NOSE	\$ 2,447.00
30160	30160	REMOVAL OF NOSE	\$ 2,445.00
30200	30200	INJECTION TREATMENT OF NOSE	\$ 264.00
30210	30210	NASAL SINUS THERAPY	\$ 332.00
30220	30220	INSERT NASAL SEPTAL BUTTON	\$ 685.00
30300	30300	REMOVE NASAL FOREIGN BODY	\$ 479.00
30310	30310	REMOVE NASAL FOREIGN BODY	\$ 646.00
30320	30320	REMOVE NASAL FOREIGN BODY	\$ 1,485.00
30400	30400	RECONSTRUCTION OF NOSE	\$ 3,534.00
30410	30410	RECONSTRUCTION OF NOSE	\$ 4,148.00
30420	30420	RECONSTRUCTION OF NOSE	\$ 4,629.00
30430	30430	REVISION OF NOSE	\$ 3,140.00
30435	30435	REVISION OF NOSE	\$ 3,993.00
30450	30450	REVISION OF NOSE	\$ 5,385.00
30460	30460	REVISION OF NOSE	\$ 2,440.00
30462	30462	REVISION OF NOSE	\$ 4,911.00
30465	30465	REPAIR OF NASAL SEPTUM	\$ 2,991.00
30468	30468	RPR NSL VLV COLLAPSE W/IMPLT	\$ 8,192.00
30520	30520	REPAIR OF NASAL DEFECT	\$ 2,182.00
30540	30540	REPAIR NASAL DEFECT	\$ 2,278.00
30545	30545	REPAIR NASAL DEFECT	\$ 3,109.00
30560	30560	REPAIR UPPER JAW FISTULA	\$ 640.00
30580	30580	REPAIR UPPER JAW FISTULA	\$ 1,892.00
30600	30600	REPAIR MOUTH/NOSE FISTULA	\$ 1,783.00
30620	30620	INTRANASAL RECONSTRUCTION	\$ 2,140.00
30630	30630	REPAIR NASAL SEPTUM DEFECT	\$ 2,067.00
30801	30801	ABLATE INF TURBINATE, SUPERF	\$ 543.00
30802	30802	CAUTERIZATION, INNER NOSE	\$ 738.00
30901	30901	CONTROL OF NOSEBLEED	\$ 313.00
30903	30903	CONTROL OF NOSEBLEED	\$ 522.00
30905	30905	CONTROL OF NOSEBLEED	\$ 695.00
30906	30906	REPEAT CONTROL OF NOSEBLEED	\$ 744.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
30915	30915	LIGATION, NASAL SINUS ARTERY	\$ 1,699.00
30920	30920	LIGATION, UPPER JAW ARTERY	\$ 2,523.00
30930	30930	THERAPY, FRACTURE OF NOSE	\$ 416.00
31000	31000	IRRIGATION, MAXILLARY SINUS	\$ 418.00
31002	31002	IRRIGATION, SPHENOID SINUS	\$ 435.00
31020	31020	EXPLORATION, MAXILLARY SINUS	\$ 1,014.00
31030	31030	EXPLORATION, MAXILLARY SINUS	\$ 2,112.00
31032	31032	EXPLORE SINUS, REMOVE POLYPS	\$ 1,962.00
31040	31040	EXPLORATION BEHIND UPPER JAW	\$ 2,928.00
31050	31050	EXPLORATION, SPHENOID SINUS	\$ 1,677.00
31051	31051	SPHENOID SINUS SURGERY	\$ 2,244.00
31070	31070	EXPLORATION OF FRONTAL SINUS	\$ 1,545.00
31075	31075	EXPLORATION OF FRONTAL SINUS	\$ 2,644.00
31080	31080	REMOVAL OF FRONTAL SINUS	\$ 3,566.00
31081	31081	REMOVAL OF FRONTAL SINUS	\$ 3,941.00
31084	31084	REMOVAL OF FRONTAL SINUS	\$ 4,088.00
31085	31085	REMOVAL OF FRONTAL SINUS	\$ 4,248.00
31086	31086	REMOVAL OF FRONTAL SINUS	\$ 3,771.00
31087	31087	REMOVAL OF FRONTAL SINUS	\$ 3,559.00
31090	31090	EXPLORATION OF SINUSES	\$ 3,589.00
31200	31200	REMOVAL OF ETHMOID SINUS	\$ 1,469.00
31201	31201	REMOVAL OF ETHMOID SINUS	\$ 1,927.00
31205	31205	REMOVAL OF ETHMOID SINUS	\$ 2,804.00
31225	31225	REMOVAL OF UPPER JAW	\$ 6,023.00
31230	31230	REMOVAL OF UPPER JAW	\$ 6,853.00
31231	31231	NASAL ENDOSCOPY, DX	\$ 481.00
31233	31233	NASAL/SINUS ENDOSCOPY, DX	\$ 603.00
31235	31235	NASAL/SINUS ENDOSCOPY, DX	\$ 729.00
31237	31237	NASAL/SINUS ENDOSCOPY, SURG	\$ 766.00
31238	31238	NASAL/SINUS ENDOSCOPY, SURG	\$ 805.00
31239	31239	NASAL/SINUS ENDOSCOPY, SURG	\$ 2,294.00
31240	31240	NASAL/SINUS ENDOSCOPY, SURG	\$ 566.00
31241	31241	NASAL/SINUS ENDO W/ARTERY LIG	\$ 1,395.00
31253	31253	NASAL/SINUS ENDO TOTAL	\$ 1,637.00
31254	31254	REVISION OF ETHMOID SINUS	\$ 1,144.00
31255	31255	REMOVAL OF ETHMOID SINUS	\$ 1,464.00
31256	31256	EXPLORATION MAXILLARY SINUS	\$ 780.00
31257	31257	NASAL/SINS ENDO TOT W/SPHENDT	\$ 1,494.00
31259	31259	NASAL/SINS ENDO SPHN TISS RMVL	\$ 1,560.00
31267	31267	ENDOSCOPY, MAXILLARY SINUS	\$ 1,091.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
31276	31276	SINUS ENDOSCOPY, SURGICAL	\$ 1,647.00
31287	31287	NASAL/SINUS ENDOSCOPY, SURG	\$ 908.00
31288	31288	NASAL/SINUS ENDOSCOPY, SURG	\$ 1,079.00
31290	31290	NASAL/SINUS ENDOSCOPY, SURG	\$ 3,866.00
31291	31291	NASAL/SINUS ENDOSCOPY, SURG	\$ 4,314.00
31292	31292	NASAL/SINUS ENDOSCOPY, SURG	\$ 3,552.00
31293	31293	NASAL/SINUS ENDOSCOPY, SURG	\$ 3,911.00
31294	31294	NASAL/SINUS ENDOSCOPY, SURG	\$ 4,471.00
31295	31295	SINUS ENDO W/BALLOON DIL	\$ 5,637.00
31296	31296	SINUS ENDO W/BALLOON DIL	\$ 6,126.00
31297	31297	SINUS ENDO W/BALLOON DIL	\$ 6,156.00
31298	31298	NSL/SINS NDSC SURG FRNT&SPHN	\$ 9,876.00
31300	31300	REMOVAL OF LARYNX LESION	\$ 4,044.00
31360	31360	REMOVAL OF LARYNX	\$ 6,899.00
31365	31365	REMOVAL OF LARYNX	\$ 8,173.00
31367	31367	PARTIAL REMOVAL OF LARYNX	\$ 7,098.00
31368	31368	PARTIAL REMOVAL OF LARYNX	\$ 7,481.00
31370	31370	PARTIAL REMOVAL OF LARYNX	\$ 6,502.00
31375	31375	PARTIAL REMOVAL OF LARYNX	\$ 6,342.00
31380	31380	PARTIAL REMOVAL OF LARYNX	\$ 6,136.00
31382	31382	PARTIAL REMOVAL OF LARYNX	\$ 6,795.00
31390	31390	REMOVAL OF LARYNX & PHARYNX	\$ 8,935.00
31395	31395	RECONSTRUCT LARYNX & PHARYNX	\$ 9,682.00
31400	31400	REVISION OF LARYNX	\$ 3,704.00
31420	31420	REMOVAL OF EPIGLOTTIS	\$ 2,884.00
31500	31500	INSERT EMERGENCY AIRWAY	\$ 602.00
31502	31502	CHANGE OF WINDPIPE AIRWAY	\$ 170.00
31505	31505	DIAGNOSTIC LARYNGOSCOPY	\$ 186.00
31510	31510	LARYNGOSCOPY WITH BIOPSY	\$ 565.00
31511	31511	REMOVE FOREIGN BODY, LARYNX	\$ 588.00
31512	31512	REMOVAL OF LARYNX LESION	\$ 585.00
31513	31513	INJECTION INTO VOCAL CORD	\$ 511.00
31515	31515	LARYNGOSOCOPY FOR ASPIRATION	\$ 509.00
31520	31520	DIAGNOSTIC LARYNGOSCOPY	\$ 524.00
31525	31525	DIAGNOSTIC LARYNGOSCOPY	\$ 670.00
31526	31526	DIAGNOSTIC LARYNGOSCOPY	\$ 687.00
31527	31527	LARYNGOSCOPY FOR TREATMENT	\$ 896.00
31528	31528	LARYNGOSCOPY AND DILATION	\$ 657.00
31529	31529	LARYNGOSCOPY AND DILATION	\$ 746.00
31530	31530	OPERATIVE LARYNGOSCOPY	\$ 716.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
31531	31531	OPERATIVE LARYNGOSCOPY	\$ 843.00
31535	31535	OPERATIVE LARYNGOSCOPY	\$ 758.00
31536	31536	OPERATIVE LARYNGOSCOPY	\$ 879.00
31540	31540	OPERATIVE LARYNGOSCOPY	\$ 963.00
31541	31541	OPERATIVE LARYNGOSCOPY	\$ 1,153.00
31545	31545	REMOVE VC LESION W/SCOPE	\$ 1,405.00
31546	31546	REMOVE VC LESION SCOPE GRAFT	\$ 2,103.00
31551	31551	LARYNGOPLASTY LARYNGEAL STEN	\$ 5,033.00
31552	31552	LARYNGOPLASTY LARYNGEAL STEN	\$ 4,863.00
31553	31553	LARYNGOPLASTY LARYNGEAL STEN	\$ 5,762.00
31554	31554	LARYNGOPLASTY LARYNGEAL STEN	\$ 5,740.00
31560	31560	OPERATIVE LARYNGOSCOPY	\$ 1,257.00
31561	31561	OPERATIVE LARYNGOSCOPY	\$ 1,398.00
31570	31570	LARYNGOSCOPE W/VC INJ	\$ 1,179.00
31571	31571	LARYNGOSCOPY WITH INJECTION	\$ 1,053.00
31572	31572	LARGSC W/LASER DSTRJ LES	\$ 1,816.00
31573	31573	LARGSC W/THER INJECTION	\$ 830.00
31574	31574	LARGSC W/NJX AUGMENTATION	\$ 3,660.00
31575	31575	DIAGNOSTIC LARYNGOSCOPY	\$ 335.00
31576	31576	LARYNGOSCOPY WITH BIOPSY	\$ 731.00
31577	31577	REMOVE FOREIGN BODY, LARYNX	\$ 829.00
31578	31578	REMOVAL OF LARYNX LESION	\$ 969.00
31579	31579	DIAGNOSTIC LARYNGOSCOPY	\$ 626.00
31580	31580	REVISION OF LARYNX	\$ 4,208.00
31584	31584	TREAT LARYNX FRACTURE	\$ 4,455.00
31587	31587	REVISION OF LARYNX	\$ 3,935.00
31590	31590	REINNERVATE LARYNX	\$ 2,839.00
31591	31591	LARYNGOPLASTY MEDIALIZATION	\$ 3,509.00
31592	31592	CRICOTHYROID RESECTION	\$ 5,532.00
31600	31600	INCISION OF WINDPIPE	\$ 1,202.00
31603	31603	INCISION OF WINDPIPE	\$ 945.00
31605	31605	INCISION OF WINDPIPE	\$ 964.00
31610	31610	INCISION OF WINDPIPE	\$ 2,377.00
31611	31611	SURGERY/SPEECH PROSTHESIS	\$ 1,885.00
31612	31612	PUNCTURE/CLEAR WINDPIPE	\$ 272.00
31613	31613	REPAIR WINDPIPE OPENING	\$ 1,353.00
31614	31614	REPAIR WINDPIPE OPENING	\$ 2,268.00
31615	31615	VISUALIZATION OF WINDPIPE	\$ 560.00
31622	31622	DX BRONCHOSCOPE/WASH	\$ 708.00
31623	31623	DX BRONCHOSCOPE/BRUSH	\$ 642.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
31624	31624	DX BRONCHOSCOPE/LAVAGE	\$ 653.00
31625	31625	BRONCHOSCOPY WITH BIOPSY	\$ 791.00
31626	31626	BRONCHOSCOPY WITH MARKERS	\$ 993.00
31627	31627	NAVIGATIONAL BRONCHOSCOPY	\$ 670.00
31628	31628	BRONCHOSCOPY WITH BIOPSY	\$ 895.00
31629	31629	BRONCHOSCOPY WITH BIOPSY	\$ 1,144.00
31630	31630	BRONCHOSCOPY WITH REPAIR	\$ 861.00
31631	31631	BRONCHOSCOPY WITH DILATION	\$ 929.00
31632	31632	BRONCHOSCOPY W/LUNG BX,ADDL	\$ 251.00
31633	31633	BRONCHOSCOPY NEEDLE BX ADD'L	\$ 243.00
31634	31634	BRONCH W/BALLOON OCCLUSION	\$ 3,654.00
31635	31635	REMOVE FOREIGN BODY, AIRWAY	\$ 896.00
31636	31636	BRONCHOSCOPY, BRONCH STENTS	\$ 862.00
31637	31637	BRONCHOSCOPY,STENT ADD-ON	\$ 319.00
31638	31638	BRONCHOSCOPY,REVISE STENT	\$ 1,029.00
31640	31640	BRONCHOSCOPY & REMOVE LESION	\$ 951.00
31641	31641	BRONCHOSCOPY, TREAT BLOCKAGE	\$ 1,124.00
31643	31643	DIAG BRONCHOSCOPE/CATHETER	\$ 738.00
31645	31645	BRONCHOSCOPY, CLEAR AIRWAYS	\$ 745.00
31646	31646	BRONCHOSCOPY, RECLEAR AIRWAY	\$ 624.00
31647	31647	BRONCHIAL VALVE INIT INSERT	\$ 690.00
31648	31648	BRONCHIAL VALVE ADDL INSERT	\$ 672.00
31649	31649	BRONCHIAL VALVE REMOVE INIT	\$ 235.00
31651	31651	BRONCHIAL VALVE REOV ADDL	\$ 246.00
31652	31652	BRONCH EBUS SAMPLING 1/2 NODE	\$ 1,171.00
31653	31653	BRONCH EBUS SAMPLING 3/> NODE	\$ 1,253.00
31654	31654	BRONCH EBUS IVNT PERPH LES	\$ 295.00
31660	31660	BRONCH THERMOPLSTY 1 LOBE	\$ 666.00
31661	31661	BRONCH THERMOPLSTY 2/>LOBES	\$ 689.00
31720	31720	CLEARANCE OF AIRWAYS	\$ 166.00
31725	31725	CLEARANCE OF AIRWAYS	\$ 263.00
31730	31730	INTRO, WINDPIPE WIRE/TUBE	\$ 1,012.00
31750	31750	REPAIR OF WINDPIPE	\$ 4,896.00
31755	31755	REPAIR OF WINDPIPE	\$ 5,649.00
31760	31760	REPAIR OF WINDPIPE	\$ 4,794.00
31766	31766	RECONSTRUCTION OF WINDPIPE	\$ 5,980.00
31770	31770	REPAIR/GRAFT OF BRONCHUS	\$ 4,654.00
31775	31775	RECONSTRUCT BRONCHUS	\$ 5,189.00
31780	31780	RECONSTRUCT WINDPIPE	\$ 4,405.00
31781	31781	RECONSTRUCT WINDPIPE	\$ 4,648.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
31785	31785	REMOVE WINDPIPE LESION	\$ 3,677.00
31786	31786	REMOVE WINDPIPE LESION	\$ 5,297.00
31800	31800	REPAIR OF WINDPIPE INJURY	\$ 2,486.00
31805	31805	REPAIR OF WINDPIPE INJURY	\$ 2,873.00
31820	31820	CLOSURE OF WINDPIPE LESION	\$ 1,256.00
31825	31825	REPAIR OF WINDPIPE DEFECT	\$ 1,733.00
31830	31830	REVISE WINDPIPE SCAR	\$ 1,295.00
32035	32035	EXPLORATION OF CHEST	\$ 2,141.00
32036	32036	EXPLORATION OF CHEST	\$ 2,464.00
32096	32096	OPEN WEDGE/BX LUNG INFILTR	\$ 2,480.00
32097	32097	OPEN WEDGE/BX LUNG NODULE	\$ 2,504.00
32098	32098	OPEN BIOPSY OF LUNG PLEURA	\$ 2,334.00
32100	32100	EXPLORATION/BIOPSY OF CHEST	\$ 2,751.00
32110	32110	EXPLORE/REPAIR CHEST	\$ 4,832.00
32120	32120	RE-EXPLORATION OF CHEST	\$ 2,861.00
32124	32124	EXPLORE CHEST FREE ADHESIONS	\$ 2,956.00
32140	32140	REMOVAL OF LUNG LESION(S)	\$ 3,138.00
32141	32141	REMOVE/TREAT LUNG LESIONS	\$ 4,091.00
32150	32150	REMOVAL OF LUNG LESION(S)	\$ 3,064.00
32151	32151	REMOVE LUNG FOREIGN BODY	\$ 3,031.00
32160	32160	OPEN CHEST HEART MASSAGE	\$ 2,523.00
32200	32200	DRAIN, OPEN, LUNG LESION	\$ 3,250.00
32215	32215	TREAT CHEST LINING	\$ 2,220.00
32220	32220	RELEASE OF LUNG	\$ 4,653.00
32225	32225	PARTIAL RELEASE OF LUNG	\$ 3,002.00
32310	32310	REMOVAL OF CHEST LINING	\$ 3,095.00
32320	32320	FREE/REMOVE CHEST LINING	\$ 5,105.00
32400	32400	NEEDLE BIOPSY CHEST LINING	\$ 422.00
32408	32408	CORE NDL BX IMG/MED PERQ	\$ 478.00
32440	32440	REMOVAL OF LUNG	\$ 5,214.00
32442	32442	SLEEVE PNEUMONECTOMY	\$ 9,216.00
32445	32445	REMOVAL OF LUNG	\$ 11,105.00
32480	32480	PARTIAL REMOVAL OF LUNG	\$ 4,683.00
32482	32482	BILOBECTOMY	\$ 4,975.00
32484	32484	SEGMENTECTOMY	\$ 4,824.00
32486	32486	SLEEVE LOBECTOMY	\$ 7,987.00
32488	32488	COMPLETION PNEUMONECTOMY	\$ 7,802.00
32491	32491	LUNG VOLUME REDUCTION	\$ 4,790.00
32501	32501	REPAIR BRONCHUS ADD-ON	\$ 872.00
32503	32503	RESECT APICAL LUNG TUMOR	\$ 6,356.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
32504	32504	RESECT APICAL LUNG TUM /CHEST	\$ 6,743.00
32505	32505	WEDGE RESECT OF LUNG INITIAL	\$ 3,198.00
32506	32506	WEDGE RESECT OF LUNG ADD-ON	\$ 546.00
32507	32507	WEDGE RESECT OF LUNG DIAG	\$ 524.00
32540	32540	REMOVAL OF LUNG LESION	\$ 5,008.00
32550	32550	MD INSERT INDWELLING TUNNELED	\$ 1,286.00
32551	32551	MD TUBE THORACOSTOMY CONNECT T	\$ 604.00
32552	32552	REMOVE LUNG CATHETER	\$ 568.00
32553	32553	INS MARK THOR FOR RT PERQ	\$ 905.00
32554	32554	MD THORACENTESIS, W/O IMAGING	\$ 570.00
32555	32555	MD THORACENTESIS, W/ IMAGING G	\$ 522.00
32556	32556	INSERT CATH PLEURA W/O IMAGING	\$ 838.00
32557	32557	INSERT CATH PLEURA W/ IMAGING	\$ 756.00
32560	32560	TREAT LUNG LINING CHEMICALLY	\$ 516.00
32561	32561	LYSE CHEST FIBRIN INIT DAY	\$ 288.00
32562	32562	LYSE CHEST FIBRIN SUBSQ DAY	\$ 234.00
32601	32601	THORACOSCOPY, DIAGNOSTIC	\$ 1,086.00
32604	32604	THORACOSCOPY, DIAGNOSTIC	\$ 1,465.00
32606	32606	THORACOSCOPY, DIAGNOSTIC	\$ 1,580.00
32607	32607	THORACOSCOPY W/BX INFILTRATE	\$ 1,035.00
32608	32608	THORACOSCOPY W/BX NODULE	\$ 1,256.00
32609	32609	THORACOSCOPY W/BX PLEURA	\$ 887.00
32650	32650	MD PRO THORACOSCOPY WITH PLEUR	\$ 2,244.00
32651	32651	THORACOSCOPY, SURGICAL	\$ 3,477.00
32652	32652	THORACOSCOPY, SURGICAL	\$ 5,008.00
32653	32653	THORACOSCOPY, SURGICAL	\$ 3,474.00
32654	32654	THORACOSCOPY, SURGICAL	\$ 3,657.00
32655	32655	THORACOSCOPY, SURGICAL	\$ 3,058.00
32656	32656	THORACOSCOPY, SURGICAL	\$ 2,718.00
32658	32658	THORACOSCOPY, SURGICAL	\$ 2,524.00
32659	32659	THORACOSCOPY, SURGICAL	\$ 2,538.00
32661	32661	THORACOSCOPY, SURGICAL	\$ 2,890.00
32662	32662	THORACOSCOPY, SURGICAL	\$ 3,266.00
32663	32663	THORACOSCOPY, SURGICAL	\$ 4,680.00
32664	32664	THORACOSCOPY, SURGICAL	\$ 3,035.00
32665	32665	THORACOSCOPY, SURGICAL	\$ 4,158.00
32666	32666	THORACOSCOPY W/WEDGE RESECT	\$ 3,076.00
32667	32667	THORACOSCOPY W/W RESECT ADDL	\$ 548.00
32668	32668	THORACOSCOPY W/W RESECT DIAG	\$ 541.00
32669	32669	THORACOSCOPY REMOVE SEGMENT	\$ 4,670.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
32670	32670	THORACOSCOPY BILOBECTOMY	\$ 5,371.00
32671	32671	THORACOSCOPY PNEUMONECTOMY	\$ 6,066.00
32672	32672	THORACOSCOPY FOR LVRS	\$ 5,715.00
32673	32673	THORACOSCOPY W/THYMUS RESECT	\$ 4,139.00
32674	32674	THORACOSCOPY LYMPH NODE EXC	\$ 751.00
32701	32701	THORAX STERIO RAD TARGET W/TX	\$ 729.00
32800	32800	REPAIR LUNG HERNIA	\$ 3,155.00
32810	32810	CLOSE CHEST AFTER DRAINAGE	\$ 2,960.00
32815	32815	CLOSE BRONCHIAL FISTULA	\$ 8,670.00
32820	32820	RECONSTRUCT INJURED CHEST	\$ 4,512.00
32851	32851	LUNG TRANSPLANT, SINGLE	\$ 17,216.00
32852	32852	LUNG TRANSPLANT WITH BYPASS	\$ 16,204.00
32853	32853	LUNG TRANSPLANT, DOUBLE	\$ 23,181.00
32854	32854	LUNG TRANSPLANT WITH BYPASS	\$ 23,485.00
32855	32855	PREPARE DONOR LUNG SINGLE	\$ 2,249.00
32856	32856	PREPARE DONOR LUNG DOUBLE	\$ 2,648.00
32900	32900	REMOVAL OF RIB(S)	\$ 4,241.00
32905	32905	REVISE & REPAIR CHEST WALL	\$ 3,884.00
32906	32906	REVISE & REPAIR CHEST WALL	\$ 5,416.00
32940	32940	REVISION OF LUNG	\$ 3,742.00
32960	32960	THERAPEUTIC PNEUMOTHORAX	\$ 386.00
32997	32997	TOTAL LUNG LAVAGE	\$ 1,121.00
32998	32998	PERQ RF ABLATE TX	\$ 1,806.00
33016	33016	PERICARDIOCENTESIS W/IMAGING	\$ 732.00
33017	33017	PRCRD DRG 6YR+ W/O CGEN CAR	\$ 749.00
33018	33018	PRCRD DRG 0-5YR OR W/ANOMLY	\$ 850.00
33019	33019	PERQ PRCRD DRG INSJ CATH CT	\$ 775.00
33020	33020	INCISION OF HEART SAC	\$ 2,793.00
33025	33025	INCISION OF HEART SAC	\$ 2,686.00
33030	33030	PARTIAL REMOVAL OF HEART SAC	\$ 5,547.00
33031	33031	PARTIAL REMOVAL OF HEART SAC	\$ 7,181.00
33050	33050	REMOVAL OF HEART SAC LESION	\$ 3,501.00
33120	33120	REMOVAL OF HEART LESION	\$ 6,999.00
33130	33130	REMOVAL OF HEART LESION	\$ 4,847.00
33140	33140	HEART REVASCULARIZE (TMR)	\$ 5,143.00
33141	33141	HEART TMR W/OTHER PROCEDURE	\$ 573.00
33202	33202	INSERT EPICARD ELTRD, OPEN	\$ 2,453.00
33203	33203	INSERT EPICARD ELTRD, ENDO	\$ 2,517.00
33206	33206	INSERTION OF HEART PACEMAKER	\$ 1,520.00
33207	33207	INSERTION OF HEART PACEMAKER	\$ 1,577.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33208	33208	INSERTION OF HEART PACEMAKER	\$ 1,716.00
33210	33210	INSERTION OF HEART ELECTRODE	\$ 567.00
33211	33211	INSERTION OF HEART ELECTRODE	\$ 535.00
33212	33212	INSERTION OF PULSE GENERATOR	\$ 993.00
33213	33213	INSERTION OF PULSE GENERATOR	\$ 1,131.00
33214	33214	UPGRADE OF PACEMAKER SYSTEM	\$ 1,566.00
33215	33215	TREAT CHEST LINING	\$ 928.00
33216	33216	REVISE ELTRD PACING-DEFIB	\$ 1,182.00
33217	33217	REVISE ELTRD PACING-DEFIB	\$ 1,215.00
33218	33218	REVISE ELTRD PACING-DEFIB	\$ 1,105.00
33220	33220	REVISE ELTRD PACING-DEFIB	\$ 1,153.00
33221	33221	INSERT PULSE GEN MULT LEADS	\$ 1,109.00
33222	33222	REVISE POCKET, PACEMAKER	\$ 1,031.00
33223	33223	REVISE POCKET, PACING-DEFIB	\$ 1,250.00
33224	33224	INSERT PACING LEAD &CONNECT	\$ 1,537.00
33225	33225	LVNTRIC PACING LEAD ADD-ON	\$ 1,389.00
33226	33226	REPOSITION L VENTRIC LEAD	\$ 1,363.00
33227	33227	REMOVE&REPLACE PM GEN SINGL	\$ 1,009.00
33228	33228	REMOV&REPLC PM GEN DUAL LEAD	\$ 1,059.00
33229	33229	REMOV&REPLC PM GEN MULT LEADS	\$ 1,121.00
33230	33230	INSRT PULSE GEN W/DUAL LEADS	\$ 1,111.00
33231	33231	INSRT PULSE GEN W/MULT LEADS	\$ 1,195.00
33233	33233	REMOVAL OF PACEMAKER SYSTEM	\$ 725.00
33234	33234	REMOVAL OF PACEMAKER SYSTEM	\$ 1,563.00
33235	33235	REMOVAL PACEMAKER ELECTRODE	\$ 1,958.00
33236	33236	REMOVE ELECTRODE/THORACOTOMY	\$ 2,531.00
33237	33237	REMOVE ELECTRODE/THORACOTOMY	\$ 3,032.00
33238	33238	REMOVE ELECTRODE/THORACOTOMY	\$ 3,411.00
33240	33240	INSERT PULSE GENERATOR	\$ 1,276.00
33241	33241	REMOVE PULSE GENERATOR	\$ 755.00
33243	33243	REMOVE ELTRD/THORACOTOMY	\$ 4,697.00
33244	33244	REMOVE ELTRD, TRANSVEN	\$ 2,775.00
33249	33249	ELTRD/INSERT PACE-DEFIB	\$ 2,926.00
33250	33250	ABLATE HEART DYSRHYTHM FOCUS	\$ 4,554.00
33251	33251	ABLATE HEART DYSRHYTHM FOCUS	\$ 5,313.00
33254	33254	ABLATE ATRIA,LMTD	\$ 4,409.00
33255	33255	ABLATE ATRIA,W/O BYPASS,EXT	\$ 5,058.00
33256	33256	ABLATE ATRIA,W/ BYPASS,EXT	\$ 6,128.00
33257	33257	ABLATE ATRIA,LMTD,ADD-ON	\$ 1,882.00
33258	33258	ABLATE ATRIA,X10SV,ADD-ON	\$ 2,162.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33259	33259	ABLATE ATRIA W/BYPASS ADD-ON	\$ 2,760.00
33261	33261	ABLATE HEART DYSRHYTHM FOCUS	\$ 5,389.00
33262	33262	REMV&REPLC CVD GEN SING LEAD	\$ 1,186.00
33263	33263	REMV&REPLC CVD GEN DUAL LEAD	\$ 1,200.00
33264	33264	REMV&REPLC CVD GEN MULT LEAD	\$ 1,215.00
33265	33265	ABLATE ATRIA W/BYPASS,ENDO	\$ 4,468.00
33266	33266	ABLATE ATRIA W/OBYPASSEENDO	\$ 5,678.00
33267	33267	EXCL LAA OPEN ANY METHOD	\$ 3,012.00
33268	33268	EXCL LAA OPN OTH PX ANY METH	\$ 414.00
33269	33269	EXCL LAA THRSCP ANY METHOD	\$ 2,499.00
33270	33270	INS/REP SUBQ DEFIBRILLATOR	\$ 1,933.00
33271	33271	INS SUBQ IMPLTBL DEF ELCTRD	\$ 1,624.00
33272	33272	REML OF SUBQ DEFIBRILLATOR	\$ 1,542.00
33273	33273	REPOS PREV IMPLTBL SUBQ DEF	\$ 1,256.00
33274	33274	TCAT INSJ/RPL PERM LDLS PM	\$ 1,444.00
33275	33275	TCAT RMVL PERM LDLS PM W/IMG	\$ 1,762.00
33285	33285	INSJ SUBQ CAR RHYTHM MNTR	\$ 10,329.00
33286	33286	RMVL SUBQ CAR RHYTHM MNTR	\$ 339.00
33289	33289	TCAT IMPL WRLS P-ART PRS SNR	\$ 1,044.00
33300	33300	REPAIR OF HEART WOUND	\$ 7,234.00
33305	33305	REPAIR OF HEART WOUND	\$ 11,499.00
33310	33310	EXPLORATORY HEART SURGERY	\$ 3,885.00
33315	33315	EXPLORATORY HEART SURGERY	\$ 5,765.00
33320	33320	REPAIR MAJOR BLOOD VESSEL(S)	\$ 3,617.00
33321	33321	REPAIR MAJOR VESSEL	\$ 4,079.00
33322	33322	REPAIR MAJOR BLOOD VESSEL(S)	\$ 4,789.00
33330	33330	INSERT MAJOR VESSEL GRAFT	\$ 5,220.00
33335	33335	INSERT MAJOR VESSEL GRAFT	\$ 6,864.00
33340	33340	PERQ CLSR TCAT L ATR APNDGE	\$ 2,498.00
33361	33361	REPLACE AORTIC VALVE PERQ	\$ 3,671.00
33362	33362	REPLACE AORTIC VALVE OPEN	\$ 3,916.00
33363	33363	REPLACE AORTIC VALVE OPEN	\$ 4,105.00
33364	33364	REPLACE AORTIC VALVE OPEN	\$ 4,533.00
33365	33365	REPLACE AORTIC VALVE OPEN	\$ 5,568.00
33366	33366	TRCATH REPLACE AORTIC VALVE	\$ 5,403.00
33367	33367	REPLACE AORTIC VALVE W/ BYPSS	\$ 1,950.00
33368	33368	REPLACE AORTIC VALVE W/ BYPSS	\$ 2,299.00
33369	33369	REPLACE AORTIC VALVE W/BYP	\$ 3,009.00
33370	33370	TCAT PLMT&RMVL CEPD PERQ	\$ 420.00
33390	33390	VALVULOPLASTY AORTIC VALVE	\$ 6,354.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33391	33391	VALVULOPLASTY AORTIC VALVE	\$ 7,780.00
33405	33405	REPLACEMENT OF AORTIC VALVE	\$ 7,653.00
33406	33406	REPLACEMENT OF AORTIC VALVE	\$ 9,351.00
33410	33410	REPLACEMENT OF AORTIC VALVE	\$ 7,792.00
33411	33411	REPLACEMENT OF AORTIC VALVE	\$ 10,841.00
33412	33412	REPLACEMENT OF AORTIC VALVE	\$ 9,679.00
33413	33413	REPLACEMENT OF AORTIC VALVE	\$ 10,420.00
33414	33414	REPAIR OF AORTIC VALVE	\$ 7,781.00
33415	33415	REVISION, SUBVALVULAR TISSUE	\$ 6,578.00
33416	33416	REVISE VENTRICLE MUSCLE	\$ 7,242.00
33417	33417	REPAIR OF AORTIC VALVE	\$ 5,747.00
33418	33418	REPAIR TCAT MITRAL VALVE	\$ 5,847.00
33419	33419	REPAIR TCAT MITRAL VALVE	\$ 1,524.00
33422	33422	REVISION OF MITRAL VALVE	\$ 6,401.00
33425	33425	REPAIR OF MITRAL VALVE	\$ 8,848.00
33426	33426	REPAIR OF MITRAL VALVE	\$ 7,717.00
33427	33427	REPAIR OF MITRAL VALVE	\$ 8,308.00
33430	33430	REPLACEMENT OF MITRAL VALVE	\$ 9,346.00
33440	33440	RPLCMT A-VALVE TLCJ AUTOL PV	\$ 10,953.00
33460	33460	REVISION OF TRICUSPID VALVE	\$ 7,817.00
33463	33463	VALVULOPLASTY, TRICUSPID	\$ 9,840.00
33464	33464	VALVULOPLASTY, TRICUSPID	\$ 8,645.00
33465	33465	REPLACE TRICUSPID VALVE	\$ 9,679.00
33468	33468	REVISION OF TRICUSPID VALVE	\$ 8,731.00
33471	33471	VALVOTOMY, PULMONARY VALVE	\$ 5,135.00
33474	33474	REVISION OF PULMONARY VALVE	\$ 8,448.00
33475	33475	REPLACEMENT, PULMONARY VALVE	\$ 9,185.00
33476	33476	REVISION OF HEART CHAMBER	\$ 5,904.00
33477	33477	IMPLANT TCAT PULM VLV PERQ	\$ 5,320.00
33478	33478	REVISION OF HEART CHAMBER	\$ 6,554.00
33496	33496	REPAIR, PROSTH VALVE CLOT	\$ 6,427.00
33500	33500	REPAIR HEART VESSEL FISTULA	\$ 6,036.00
33501	33501	REPAIR HEART VESSEL FISTULA	\$ 3,896.00
33502	33502	CORONARY ARTERY CORRECTION	\$ 4,380.00
33503	33503	CORONARY ARTERY GRAFT	\$ 4,577.00
33504	33504	CORONARY ARTERY GRAFT	\$ 5,228.00
33505	33505	REPAIR ARTERY W/TUNNEL	\$ 7,043.00
33506	33506	REPAIR ARTERY, TRANSLOCATION	\$ 7,012.00
33507	33507	REPAIR ARTERY, INTRAMURAL	\$ 6,457.00
33508	33508	ENDOSCOPIC VEIN HARVEST	\$ 56.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33509	33509	NDSC HRV UXTR ART 1 SGM CAB	\$ 501.00
33510	33510	CABG, VEIN, SINGLE	\$ 6,159.00
33511	33511	CABG, VEIN, TWO	\$ 6,898.00
33512	33512	CABG, VEIN, THREE	\$ 7,769.00
33513	33513	CABG, VEIN, FOUR	\$ 8,355.00
33514	33514	CABG, VEIN, FIVE	\$ 8,920.00
33516	33516	CABG, VEIN, SIX OR MORE	\$ 9,926.00
33517	33517	CABG, ARTERY-VEIN, SINGLE	\$ 634.00
33518	33518	CABG, ARTERY-VEIN, TWO	\$ 1,346.00
33519	33519	CABG, ARTERY-VEIN, THREE	\$ 1,751.00
33521	33521	CABG, ARTERY-VEIN, FOUR	\$ 2,083.00
33522	33522	CABG, ARTERY-VEIN, FIVE	\$ 2,382.00
33523	33523	CABG, ARTERY-VEIN, SIX OR MORE	\$ 2,680.00
33530	33530	CORONARY ARTERY, BYPASS/REOP	\$ 1,804.00
33533	33533	CABG, ARTERIAL, SINGLE	\$ 6,261.00
33534	33534	CABG, ARTERIAL, TWO	\$ 7,436.00
33535	33535	CABG, ARTERIAL, THREE	\$ 8,177.00
33536	33536	CABG, ARTERIAL, FOUR OR MORE	\$ 8,841.00
33542	33542	REMOVAL OF HEART LESION	\$ 8,352.00
33545	33545	REPAIR OF HEART DAMAGE	\$ 10,644.00
33548	33548	RESTORE/REMODEL VENTRICLE	\$ 9,766.00
33572	33572	OPEN CORONARY ENDARTERECTOMY	\$ 766.00
33600	33600	CLOSURE OF VALVE	\$ 6,431.00
33602	33602	CLOSURE OF VALVE	\$ 6,575.00
33606	33606	ANASTOMOSIS/ARTERY-AORTA	\$ 7,406.00
33608	33608	REPAIR ANOMALY W/CONDUIT	\$ 7,828.00
33610	33610	REPAIR BY ENLARGEMENT	\$ 7,671.00
33611	33611	REPAIR DOUBLE VENTRICLE	\$ 8,311.00
33612	33612	REPAIR DOUBLE VENTRICLE	\$ 8,676.00
33615	33615	REPAIR, SIMPLE FONTAN	\$ 8,546.00
33617	33617	REPAIR, MODIFIED FONTAN	\$ 9,287.00
33619	33619	REPAIR SINGLE VENTRICLE	\$ 11,538.00
33620	33620	APPLY R&L PULM ART BANDS	\$ 6,686.00
33621	33621	TRANSTHOR CATH FOR STENT	\$ 3,827.00
33622	33622	REDO COMPL CARDIAC ANOMALY	\$ 15,012.00
33641	33641	REPAIR HEART SEPTUM DEFECT	\$ 5,669.00
33645	33645	REVISION OF HEART VEINS	\$ 6,546.00
33647	33647	REPAIR HEART SEPTUM DEFECTS	\$ 6,320.00
33660	33660	REPAIR OF HEART DEFECTS	\$ 6,591.00
33665	33665	REPAIR OF HEART DEFECTS	\$ 7,604.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33670	33670	REPAIR OF HEART CHAMBERS	\$ 8,182.00
33675	33675	CLOSE MULT VSD	\$ 8,747.00
33676	33676	CLOSE MULT VSD W/RESECTION	\$ 8,932.00
33677	33677	CLOSE MULT VSD W/REM PULBAND	\$ 9,102.00
33681	33681	REPAIR HEART SEPTUM DEFECT	\$ 7,884.00
33684	33684	REPAIR HEART SEPTUM DEFECT	\$ 8,121.00
33688	33688	REPAIR HEART SEPTUM DEFECT	\$ 7,878.00
33690	33690	REINFORCE PULMONARY ARTERY	\$ 4,901.00
33692	33692	REPAIR OF HEART DEFECTS	\$ 7,962.00
33694	33694	REPAIR OF HEART DEFECTS	\$ 7,721.00
33697	33697	REPAIR OF HEART DEFECTS	\$ 8,095.00
33702	33702	REPAIR OF HEART DEFECTS	\$ 6,164.00
33710	33710	REPAIR OF HEART DEFECTS	\$ 8,232.00
33720	33720	REPAIR OF HEART DEFECT	\$ 6,128.00
33724	33724	REPAIR VENOUS ANOMALY	\$ 6,369.00
33726	33726	REPAIR PUL VENOUS STENOSIS	\$ 8,430.00
33730	33730	REPAIR HEART-VEIN DEFECT(S)	\$ 8,263.00
33732	33732	REPAIR HEART-VEIN DEFECT	\$ 6,816.00
33735	33735	REVISION OF HEART CHAMBER	\$ 5,219.00
33736	33736	REVISION OF HEART CHAMBER	\$ 5,637.00
33737	33737	REVISION OF HEART CHAMBER	\$ 5,205.00
33741	33741	TAS CONGENITAL CAR ANOMAL	\$ 2,993.00
33745	33745	TIS CGEN CAR ANOMAL 1ST SHNT	\$ 4,208.00
33746	33746	TIS CGEN CAR ANOMAL EA ADDL	\$ 1,657.00
33750	33750	MAJOR VESSEL SHUNT	\$ 4,895.00
33755	33755	MAJOR VESSEL SHUNT	\$ 5,121.00
33762	33762	MAJOR VESSEL SHUNT	\$ 5,005.00
33764	33764	MAJOR VESSEL SHUNT & GRAFT	\$ 5,170.00
33766	33766	MAJOR VESSEL SHUNT	\$ 5,377.00
33767	33767	ATRIAL SEPTECTOMY/SEPTOSTOMY	\$ 5,741.00
33768	33768	CAVOPULMONARY SHUNTING	\$ 1,699.00
33770	33770	REPAIR GREAT VESSELS DEFECT	\$ 8,558.00
33771	33771	REPAIR GREAT VESSELS DEFECT	\$ 8,881.00
33774	33774	REPAIR GREAT VESSELS DEFECT	\$ 7,383.00
33775	33775	REPAIR GREAT VESSELS DEFECT	\$ 7,420.00
33776	33776	REPAIR GREAT VESSELS DEFECT	\$ 8,092.00
33777	33777	REPAIR GREAT VESSELS DEFECT	\$ 8,002.00
33778	33778	REPAIR GREAT VESSELS DEFECT	\$ 9,778.00
33779	33779	REPAIR GREAT VESSELS DEFECT	\$ 9,929.00
33780	33780	REPAIR GREAT VESSELS DEFECT	\$ 9,608.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33781	33781	REPAIR GREAT VESSELS DEFECT	\$ 9,584.00
33782	33782	NIKAIDOH PROC	\$ 13,085.00
33783	33783	NIKAIDOH PROC W/OSTIA IMPLT	\$ 14,421.00
33786	33786	REPAIR ARTERIAL TRUNK	\$ 9,231.00
33788	33788	REVISION OF PULMONARY ARTERY	\$ 6,213.00
33800	33800	AORTIC SUSPENSION	\$ 3,918.00
33802	33802	REPAIR VESSEL DEFECT	\$ 4,282.00
33803	33803	REPAIR VESSEL DEFECT	\$ 4,687.00
33813	33813	REPAIR SEPTAL DEFECT	\$ 5,100.00
33814	33814	REPAIR SEPTAL DEFECT	\$ 6,398.00
33820	33820	REVISE MAJOR VESSEL	\$ 3,707.00
33822	33822	REVISE MAJOR VESSEL	\$ 4,297.00
33824	33824	REVISE MAJOR VESSEL	\$ 4,887.00
33840	33840	REMOVE AORTA CONSTRICTION	\$ 5,043.00
33845	33845	REMOVE AORTA CONSTRICTION	\$ 5,818.00
33851	33851	REMOVE AORTA CONSTRICTION	\$ 5,485.00
33852	33852	REPAIR SEPTAL DEFECT	\$ 5,974.00
33853	33853	REPAIR SEPTAL DEFECT	\$ 7,780.00
33858	33858	AS-AORT GRFT F/AORTIC DSJ	\$ 13,212.00
33859	33859	AS-AORT GRFT F/DS OTH/THN DSJ	\$ 9,485.00
33863	33863	ASCENDING AORTIC GRAFT	\$ 11,661.00
33864	33864	ASCENDING AORTIC GRAFT	\$ 11,101.00
33866	33866	AORTIC HEMIARCH GRAFT	\$ 3,534.00
33871	33871	TRANSVRS A-ARCH GRF HYPTRM	\$ 12,704.00
33875	33875	THORACIC AORTIC GRAFT	\$ 9,315.00
33877	33877	THORACOABDOMINAL GRAFT	\$ 13,581.00
33880	33880	EDOVASC TAA REPR INCL SUBCL	\$ 6,523.00
33881	33881	EDOVASC TAA REPR W/O SUBCL	\$ 5,732.00
33883	33883	INSERT EDOVASC PROSTH,TAA	\$ 4,374.00
33884	33884	EDOVASC PROSTH, TAA, ADD-ON	\$ 1,619.00
33886	33886	EDOVASC PROSTH, DELAYED	\$ 3,700.00
33889	33889	ARTERY TRANSPOSE/EDOVAS TAA	\$ 2,974.00
33891	33891	CAR-CAR BP GFRT/ENDOVAS TAA	\$ 3,583.00
33894	33894	EVASC ST RPR THRC/AA ACRS BR	\$ 3,622.00
33895	33895	EVASC ST RPR THRC/AA X CRSG	\$ 2,825.00
33897	33897	PERQ TRLUML ANGP NT/RECR COA	\$ 1,998.00
33910	33910	REMOVE LUNG ARTERY EMBOLI	\$ 8,152.00
33915	33915	REMOVE LUNG ARTERY EMBOLI	\$ 4,741.00
33916	33916	SURGERY OF GREAT VESSEL	\$ 13,219.00
33917	33917	REPAIR PULMONARY ARTERY	\$ 6,239.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33922	33922	TRANSECT PULMONARY ARTERY	\$ 5,761.00
33924	33924	REMOVE PULMONARY SHUNT	\$ 1,064.00
33935	33935	TRANSPLANTATION, HEART/LUNG	\$ 23,272.00
33940	33940	REMOVAL OF DONOR HEART	\$ 4,501.00
33944	33944	PREPARE DONOR HEART	\$ 1,761.00
33945	33945	TRANSPLANTATION OF HEART	\$ 21,035.00
33946	33946	ECMO/ECLS INITIATION VENOUS	\$ 1,200.00
33947	33947	ECMO/ECLS INITIATION ARTERY	\$ 1,232.00
33948	33948	ECMO/ECLS DAILY MGMT-VENOUS	\$ 855.00
33949	33949	ECMO/ECLS DAILY MGMT ARTERY	\$ 901.00
33952	33952	ECMO/ECLS INSJ PRPH CANNULA	\$ 1,648.00
33954	33954	ECMO/ECLS INSJ PRPH CANNULA	\$ 1,613.00
33956	33956	ECMO/ECLS INSJ CTR CANNULA	\$ 3,130.00
33958	33958	ECMO/ECLS REPOS PERPH CNULA	\$ 750.00
33962	33962	ECMO/ECLS REPOS PERPH CNULA	\$ 944.00
33964	33964	ECMO/ECLS REPOS PERPH CNULA	\$ 1,927.00
33966	33966	ECMO/ECLS RMVL PRPH CANNULA	\$ 984.00
33967	33967	INSERT IA PERCUT DEVICE	\$ 886.00
33968	33968	REMOVE AORTIC ASSIST DEVICE	\$ 118.00
33970	33970	AORTIC CIRCULATION ASSIST	\$ 1,191.00
33971	33971	AORTIC CIRCULATION ASSIST	\$ 2,346.00
33973	33973	INSERT BALLOON DEVICE	\$ 1,888.00
33974	33974	REMOVE INTRA-AORTIC BALLOON	\$ 3,088.00
33975	33975	IMPLANT VENTRICULAR DEVICE	\$ 4,429.00
33976	33976	IMPLANT VENTRICULAR DEVICE	\$ 5,766.00
33977	33977	REMOVE VENTRICULAR DEVICE	\$ 4,363.00
33978	33978	REMOVE VENTRICULAR DEVICE	\$ 5,502.00
33979	33979	INSERT INTRACORPOREAL DEVICE	\$ 8,644.00
33980	33980	REMOVE INTRACORPOREAL DEVICE	\$ 11,026.00
33981	33981	REPLACE VAD PUMP EXT	\$ 3,052.00
33982	33982	REPLACE VAD INTRA W/O BP	\$ 7,535.00
33983	33983	REPLACE VAD INTRA W/BP	\$ 8,651.00
33984	33984	ECMO/ECLS RMVL PRPH CANNULA	\$ 1,117.00
33986	33986	ECMO/ECLS RMVL CTR CANNULA	\$ 2,165.00
33987	33987	ARTERY EXPOS/GRAFT ARTERY	\$ 757.00
33988	33988	INSERTION OF LEFT HEART VENT	\$ 3,004.00
33989	33989	REMOVAL OF LEFT HEART VENT	\$ 2,039.00
33990	33990	INSERT VAD ARTERY ACCESS	\$ 1,219.00
33991	33991	INSERT VAD ART&VEIN ACCESS	\$ 2,055.00
33992	33992	REMOVE VAD DIFFERENT SESSION	\$ 642.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
33993	33993	REPOSITION VAD DIFF SESSION	\$ 552.00
33995	33995	INSJ PERQ VAD R HRT VENOUS	\$ 1,265.00
33997	33997	RMVL PERQ RIGHT HEART VAD	\$ 563.00
34001	34001	REMOVAL OF ARTERY CLOT	\$ 2,742.00
34051	34051	REMOVAL OF ARTERY CLOT	\$ 3,044.00
34101	34101	REMOVAL OF ARTERY CLOT	\$ 1,947.00
34111	34111	REMOVAL OF ARM ARTERY CLOT	\$ 1,901.00
34151	34151	REMOVAL OF ARTERY CLOT	\$ 4,442.00
34201	34201	REMOVAL OF ARTERY CLOT	\$ 3,136.00
34203	34203	REMOVAL OF LEG ARTERY CLOT	\$ 2,957.00
34401	34401	REMOVAL OF VEIN CLOT	\$ 4,792.00
34421	34421	REMOVAL OF VEIN CLOT	\$ 2,201.00
34451	34451	REMOVAL OF VEIN CLOT	\$ 4,229.00
34471	34471	REMOVAL OF VEIN CLOT	\$ 2,891.00
34490	34490	REMOVAL OF VEIN CLOT	\$ 1,741.00
34501	34501	REPAIR VALVE, FEMORAL VEIN	\$ 2,402.00
34502	34502	RECONSTRUCT VENA CAVA	\$ 5,439.00
34510	34510	TRANSPOSITION OF VEIN VALVE	\$ 3,491.00
34520	34520	CROSS-OVER VEIN GRAFT	\$ 3,372.00
34530	34530	LEG VEIN FUSION	\$ 3,103.00
34701	34701	EVASC RPR A-AO NDGFT	\$ 5,657.00
34702	34702	EVASC RPR A-AO NDGFT RPT	\$ 8,450.00
34703	34703	EVASC RPR A-UNILAC NDGFT	\$ 6,374.00
34704	34704	EVASC RPR A-UNILAC NDGFT RPT	\$ 10,602.00
34705	34705	EVASC RPR A-BIILIAC NDGFT	\$ 7,022.00
34706	34706	EVASC RPR A-BIILIAC RPT	\$ 10,569.00
34707	34707	EVASC RPR ILIO -ILIAC NDGFT	\$ 5,275.00
34708	34708	EVASC RPR ILIO -ILIAC RPT	\$ 8,490.00
34709	34709	PLMT XTN PROSTH EVASC RPR	\$ 1,485.00
34710	34710	DLYD PLMT XTN PROSTH 1ST VSL	\$ 3,682.00
34711	34711	DLYD PLMT XTN PROSTH EA ADDL	\$ 1,371.00
34712	34712	TCAT DLVR ENHNCD FIXJ DEV	\$ 2,015.00
34713	34713	PERQ ACCESS & CLSR FEM ART	\$ 404.00
34714	34714	OPN FEM ART EXPOS CNDT CRTJ	\$ 853.00
34715	34715	OPN AX/SUBCLA ART EXPOS	\$ 998.00
34716	34716	OPN AX/SUBCLA ART EXPOS CNDT	\$ 1,315.00
34717	34717	EVASC RPR A-ILIAC NDGFT	\$ 1,470.00
34718	34718	EVASC RPR N/A A-ILIAC NDGFT	\$ 4,098.00
34808	34808	ENDOVAS ILIAC A DEVICE ADD-ON	\$ 695.00
34812	34812	XPOSE FOR ENDORPROSTH,FEMORL	\$ 1,094.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
34813	34813	FEMORAL ENDOVAS GRAFT ADD-ON	\$ 833.00
34820	34820	XPOSE FOR ENDOSPATH,ILIAC	\$ 1,692.00
34830	34830	OPEN AORTIC TUBE PROSTH REPR	\$ 6,043.00
34831	34831	OPEN AORTOILIAC PROSTH REPR	\$ 6,392.00
34832	34832	OPEN AORTOFEMOR PROSTH REPR	\$ 6,210.00
34833	34833	XPOSE FOR ENDORPROSTH, ILIAC	\$ 2,153.00
34834	34834	XPOSE, ENDOPROSTH, BRACHIAL	\$ 900.00
34839	34839	PLNNING PT SPEC FENEST GRAFT	\$ 1,029.00
34841	34841	ENDOVASC VISC AORTA 1 GRAFT	\$ 5,554.00
34842	34842	ENDOVASC VISC AORTA 2 GRAFT	\$ 6,174.00
34843	34843	ENDOVASC VISC AORTA 3 GRAFT	\$ 7,665.00
34844	34844	ENDOVASC VISC AORTA 4 GRAFT	\$ 14,129.00
34845	34845	VISC & INFRAREN ABD PROSTH	\$ 6,102.00
34846	34846	VISC & INFRAREN ABD 2 PROSTH	\$ 7,237.00
34847	34847	VISC & INFRAREN ABD 3 PROSTH	\$ 9,438.00
34848	34848	VISC & INFRAREN ABD 4+ PROST	\$ 10,897.00
35001	35001	REPAIR DEFECT OF ARTERY	\$ 3,698.00
35002	35002	REPAIR ARTERY RUPTURE, NECK	\$ 3,703.00
35005	35005	REPAIR DEFECT OF ARTERY	\$ 3,242.00
35011	35011	REPAIR DEFECT OF ARTERY	\$ 2,973.00
35013	35013	REPAIR ARTERY RUPTURE, ARM	\$ 3,833.00
35021	35021	REPAIR DEFECT OF ARTERY	\$ 4,158.00
35022	35022	REPAIR ARTERY RUPTURE, CHEST	\$ 4,446.00
35045	35045	REPAIR DEFECT OF ARM ARTERY	\$ 3,102.00
35081	35081	REPAIR DEFECT OF ARTERY	\$ 5,526.00
35082	35082	REPAIR ARTERY RUPTURE, AORTA	\$ 7,017.00
35091	35091	REPAIR DEFECT OF ARTERY	\$ 5,938.00
35092	35092	REPAIR ARTERY RUPTURE, AORTA	\$ 8,310.00
35102	35102	REPAIR DEFECT OF ARTERY	\$ 6,134.00
35103	35103	REPAIR ARTERY RUPTURE, GROIN	\$ 7,081.00
35111	35111	REPAIR DEFECT OF ARTERY	\$ 4,152.00
35112	35112	REPAIR ARTERY RUPTURE, SPLEEN	\$ 5,144.00
35121	35121	REPAIR DEFECT OF ARTERY	\$ 5,794.00
35122	35122	REPAIR ARTERY RUPTURE, BELLY	\$ 6,298.00
35131	35131	REPAIR DEFECT OF ARTERY	\$ 4,518.00
35132	35132	REPAIR ARTERY RUPTURE, GROIN	\$ 5,124.00
35141	35141	REPAIR DEFECT OF ARTERY	\$ 3,494.00
35142	35142	REPAIR ARTERY RUPTURE, THIGH	\$ 4,176.00
35151	35151	REPAIR DEFECT OF ARTERY	\$ 4,072.00
35152	35152	REPAIR ARTERY RUPTURE, KNEE	\$ 3,867.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
35180	35180	REPAIR BLOOD VESSEL LESION	\$ 2,776.00
35182	35182	REPAIR BLOOD VESSEL LESION	\$ 5,522.00
35184	35184	REPAIR BLOOD VESSEL LESION	\$ 3,042.00
35188	35188	REPAIR BLOOD VESSEL LESION	\$ 3,936.00
35189	35189	REPAIR BLOOD VESSEL LESION	\$ 4,729.00
35190	35190	REPAIR BLOOD VESSEL LESION	\$ 2,372.00
35201	35201	REPAIR BLOOD VESSEL LESION	\$ 3,047.00
35206	35206	REPAIR BLOOD VESSEL LESION	\$ 2,483.00
35207	35207	REPAIR BLOOD VESSEL LESION	\$ 2,781.00
35211	35211	REPAIR BLOOD VESSEL LESION	\$ 4,897.00
35216	35216	REPAIR BLOOD VESSEL LESION	\$ 6,413.00
35221	35221	REPAIR BLOOD VESSEL LESION	\$ 4,939.00
35226	35226	REPAIR BLOOD VESSEL LESION	\$ 2,779.00
35231	35231	REPAIR BLOOD VESSEL LESION	\$ 4,385.00
35236	35236	REPAIR BLOOD VESSEL LESION	\$ 3,151.00
35241	35241	REPAIR BLOOD VESSEL LESION	\$ 4,736.00
35246	35246	REPAIR BLOOD VESSEL LESION	\$ 5,700.00
35251	35251	REPAIR BLOOD VESSEL LESION	\$ 6,032.00
35256	35256	REPAIR BLOOD VESSEL LESION	\$ 3,287.00
35261	35261	REPAIR BLOOD VESSEL LESION	\$ 3,367.00
35266	35266	REPAIR BLOOD VESSEL LESION	\$ 2,722.00
35271	35271	REPAIR BLOOD VESSEL LESION	\$ 4,879.00
35276	35276	REPAIR BLOOD VESSEL LESION	\$ 5,062.00
35281	35281	REPAIR BLOOD VESSEL LESION	\$ 5,841.00
35286	35286	REPAIR BLOOD VESSEL LESION	\$ 3,190.00
35301	35301	RECHANNELING OF ARTERY	\$ 3,528.00
35302	35302	RECHANNELING OF ARTERY	\$ 3,361.00
35303	35303	RECHANNELING OF ARTERY	\$ 3,683.00
35304	35304	RECHANNELING OF ARTERY	\$ 3,842.00
35305	35305	RECHANNELING OF ARTERY	\$ 3,668.00
35306	35306	RECHANNELING OF ARTERY	\$ 1,332.00
35311	35311	RECHANNELING OF ARTERY	\$ 4,564.00
35321	35321	RECHANNELING OF ARTERY	\$ 2,866.00
35331	35331	RECHANNELING OF ARTERY	\$ 4,411.00
35341	35341	RECHANNELING OF ARTERY	\$ 4,386.00
35351	35351	RECHANNELING OF ARTERY	\$ 3,814.00
35355	35355	RECHANNELING OF ARTERY	\$ 3,424.00
35361	35361	RECHANNELING OF ARTERY	\$ 4,786.00
35363	35363	RECHANNELING OF ARTERY	\$ 5,155.00
35371	35371	RECHANNELING OF ARTERY	\$ 2,697.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
35372	35372	RECHANNELING OF ARTERY	\$ 3,209.00
35390	35390	REOPERATION, CAROTID ADD-ON	\$ 470.00
35400	35400	ANGIOSCOPY	\$ 484.00
35500	35500	HARVEST VEIN FOR BYPASS	\$ 1,044.00
35501	35501	ARTERY BYPASS GRAFT	\$ 4,733.00
35506	35506	ARTERY BYPASS GRAFT	\$ 4,012.00
35508	35508	ARTERY BYPASS GRAFT	\$ 4,294.00
35509	35509	ARTERY BYPASS GRAFT	\$ 4,551.00
35510	35510	ARTERY BYPASS GRAFT	\$ 3,954.00
35511	35511	ARTERY BYPASS GRAFT	\$ 3,603.00
35512	35512	ARTERY BYPASS GRAFT	\$ 4,037.00
35515	35515	ARTERY BYPASS GRAFT	\$ 4,270.00
35516	35516	ARTERY BYPASS GRAFT	\$ 4,002.00
35518	35518	ARTERY BYPASS GRAFT	\$ 3,673.00
35521	35521	ARTERY BYPASS GRAFT	\$ 4,043.00
35522	35522	ARTERY BYPASS GRAFT	\$ 3,763.00
35523	35523	ARTERY BYPASS GRAFT	\$ 3,987.00
35525	35525	ARTERY BYPASS GRAFT	\$ 3,495.00
35526	35526	ARTERY BYPASS GRAFT	\$ 5,314.00
35531	35531	ARTERY BYPASS GRAFT	\$ 6,288.00
35533	35533	ARTERY BYPASS GRAFT	\$ 4,618.00
35535	35535	ARTERY BYPASS GRAFT	\$ 5,712.00
35536	35536	ARTERY BYPASS GRAFT	\$ 5,325.00
35537	35537	ARTERY BYPASS GRAFT	\$ 7,625.00
35538	35538	ARTERY BYPASS GRAFT	\$ 7,594.00
35539	35539	ARTERY BYPASS GRAFT	\$ 6,810.00
35540	35540	ARTERY BYPASS GRAFT	\$ 7,892.00
35556	35556	ARTERY BYPASS GRAFT	\$ 4,369.00
35558	35558	ARTERY BYPASS GRAFT	\$ 3,965.00
35560	35560	ARTERY BYPASS GRAFT	\$ 5,565.00
35563	35563	ARTERY BYPASS GRAFT	\$ 4,443.00
35565	35565	ARTERY BYPASS GRAFT	\$ 4,543.00
35566	35566	ARTERY BYPASS GRAFT	\$ 5,407.00
35570	35570	ARTERY BYPASS GRAFT	\$ 4,790.00
35571	35571	ARTERY BYPASS GRAFT	\$ 4,345.00
35572	35572	HARVEST FEMOROPOPLITEAL VEIN	\$ 1,066.00
35583	35583	VEIN BYPASS GRAFT	\$ 4,424.00
35585	35585	VEIN BYPASS GRAFT	\$ 5,047.00
35587	35587	VEIN BYPASS GRAFT	\$ 4,207.00
35600	35600	HARVEST ARTERY FOR CABG	\$ 847.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
35601	35601	ARTERY BYPASS GRAFT	\$ 4,436.00
35606	35606	ARTERY BYPASS GRAFT	\$ 3,967.00
35612	35612	ARTERY BYPASS GRAFT	\$ 3,553.00
35616	35616	ARTERY BYPASS GRAFT	\$ 3,564.00
35621	35621	ARTERY BYPASS GRAFT	\$ 3,525.00
35623	35623	BYPASS GRAFT, NOT VEIN	\$ 4,157.00
35626	35626	ARTERY BYPASS GRAFT	\$ 5,583.00
35631	35631	ARTERY BYPASS GRAFT	\$ 6,315.00
35632	35632	ARTERY BYPASS GRAFT	\$ 5,590.00
35633	35633	ARTERY BYPASS GRAFT	\$ 6,498.00
35634	35634	ARTERY BYPASS GRAFT	\$ 5,972.00
35636	35636	ARTERY BYPASS GRAFT	\$ 5,173.00
35637	35637	ARTERY BYPASS GRAFT	\$ 5,584.00
35638	35638	ARTERY BYPASS GRAFT	\$ 5,571.00
35642	35642	ARTERY BYPASS GRAFT	\$ 3,115.00
35645	35645	ARTERY BYPASS GRAFT	\$ 2,986.00
35646	35646	ARTERY BYPASS GRAFT	\$ 5,324.00
35647	35647	ARTERY BYPASS GRAFT	\$ 4,899.00
35650	35650	ARTERY BYPASS GRAFT	\$ 3,282.00
35654	35654	ARTERY BYPASS GRAFT	\$ 4,270.00
35656	35656	ARTERY BYPASS GRAFT	\$ 3,415.00
35661	35661	ARTERY BYPASS GRAFT	\$ 3,477.00
35663	35663	ARTERY BYPASS GRAFT	\$ 3,934.00
35665	35665	ARTERY BYPASS GRAFT	\$ 3,742.00
35666	35666	ARTERY BYPASS GRAFT	\$ 4,131.00
35671	35671	ARTERY BYPASS GRAFT	\$ 3,556.00
35681	35681	COMPOSITE BYPASS GRAFT	\$ 286.00
35682	35682	COMPOSITE BYPASS GRAFT	\$ 1,252.00
35683	35683	COMPOSITE BYPASS GRAFT	\$ 1,297.00
35685	35685	BYPASS GRAFT PATENCY/PATCH	\$ 678.00
35686	35686	BYPASS GRAFT /AV FIST PATENCY	\$ 522.00
35691	35691	ARTERIAL TRANSPOSITION	\$ 3,410.00
35693	35693	ARTERIAL TRANSPOSITION	\$ 3,062.00
35694	35694	ARTERIAL TRANSPOSITION	\$ 3,573.00
35695	35695	ARTERIAL TRANSPOSITION	\$ 3,833.00
35697	35697	REIMPLANT ARTERY EACH	\$ 478.00
35700	35700	REOPERATION, BYPASS GRAFT	\$ 508.00
35701	35701	EXPLORATION, CAROTID ARTERY	\$ 1,950.00
35702	35702	EXPL N/FLWD SURG UXTR ART	\$ 1,231.00
35703	35703	EXPL N/FLWD SURG LXTR ART	\$ 1,292.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
35800	35800	EXPLORE NECK VESSELS	\$ 2,017.00
35820	35820	EXPLORE CHEST VESSELS	\$ 6,202.00
35840	35840	EXPLORE ABDOMINAL VESSELS	\$ 3,665.00
35860	35860	EXPLORE LIMB VESSELS	\$ 2,284.00
35870	35870	REPAIR VESSEL GRAFT DEFECT	\$ 3,639.00
35875	35875	REMOVAL OF CLOT IN GRAFT	\$ 1,907.00
35876	35876	REMOVAL OF CLOT IN GRAFT	\$ 2,990.00
35879	35879	REVISE GRAFT W/ VEIN	\$ 2,854.00
35881	35881	REVISE GRAFT W/ VEIN	\$ 3,076.00
35883	35883	REVISE GRAFT W/NONAUTO GRAFT	\$ 3,465.00
35884	35884	REVISE GRAFT W/VEIN	\$ 3,874.00
35901	35901	EXCISION, GRAFT, NECK	\$ 1,543.00
35903	35903	EXCISION, GRAFT, EXTREMITY	\$ 1,824.00
35905	35905	EXCISION, GRAFT, THORAX	\$ 5,427.00
35907	35907	EXCISION, GRAFT, ABDOMEN	\$ 6,320.00
36000	36000	MD INTRO NDLE/INTRACATH/VEIN	\$ 85.00
36002	36002	PSEUDOANEURYSM INJECTION TRT	\$ 447.00
36005	36005	MD INJECTION PROCEDURE VENOGRA	\$ 365.00
36010	36010	MD INTRO CATH SVC, IVC	\$ 1,440.00
36011	36011	PLACE CATHETER IN VEIN	\$ 2,161.00
36012	36012	MD CATH PLCMNT VENOUS 2ND ORDR	\$ 2,546.00
36013	36013	PLACE CATHETER IN ARTERY	\$ 709.00
36014	36014	PLACE CATHETER IN ARTERY	\$ 785.00
36015	36015	PLACE CATHETER IN ARTERY	\$ 991.00
36100	36100	ESTABLISH ACCESS TO ARTERY	\$ 970.00
36140	36140	MD INTRO NDL/INTRCATH EXT ART	\$ 599.00
36160	36160	MD INTRO NDL/CATH AORTIC/LUMBA	\$ 744.00
36200	36200	MD INTRO CATH, AORTA	\$ 856.00
36215	36215	PLACE CATHETER IN ARTERY	\$ 3,135.00
36216	36216	MD THORACIC/BRACHI ANGIO 2ND O	\$ 1,363.00
36217	36217	MD THORACIC/BRACHI ANGIO 3RD O	\$ 1,728.00
36218	36218	MD THORACIC/BRACHI ANGIO ADDL	\$ 373.00
36221	36221	PLACE CATH THORACIC AORTA	\$ 1,240.00
36222	36222	MD IPSILAT XTRACRANIAL CAROTID	\$ 1,423.00
36223	36223	PLACE CATH CAROTID/INOM ART	\$ 1,556.00
36224	36224	PLACE CATH CAROTID ART	\$ 1,878.00
36225	36225	PLACE CATH SUBCLAVIAN ART	\$ 1,442.00
36226	36226	PLACE CATH VERTIBRAL ART	\$ 1,871.00
36227	36227	PLACE CATH XTRNL CAROTID	\$ 563.00
36228	36228	PLACE CATH PLEURA W/ IMAGING	\$ 1,150.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
36245	36245	PLACE CATHETER IN ARTERY	\$ 1,195.00
36246	36246	PLACE CATHETER IN ARTERY	\$ 1,276.00
36247	36247	PLACE CATHETER IN ARTERY	\$ 1,641.00
36248	36248	PLACE CATHETER IN ARTERY	\$ 283.00
36251	36251	INS CATH REN ART 1ST UNILAT	\$ 1,355.00
36252	36252	INS CATH REN ART 1ST BILAT	\$ 1,588.00
36253	36253	INS CATH REN ART 2ND+ UNILAT	\$ 1,661.00
36254	36254	INS CATH REN ART 2ND+ BILAT	\$ 2,047.00
36260	36260	INSERTION OF INFUSION PUMP	\$ 2,435.00
36261	36261	REVISION OF INFUSION PUMP	\$ 1,203.00
36262	36262	REMOVAL OF INFUSION PUMP	\$ 959.00
36400	36400	DRAWING BLOOD	\$ 69.00
36405	36405	DRAWING BLOOD	\$ 61.00
36406	36406	DRAWING BLOOD	\$ 42.00
36410	36410	NON-ROUTINE BL DRAW 3/> YRS	\$ 39.00
36415	36415	ROUTINE VENIPUNCTURE	\$ 19.00
36416	36416	CAPILLARY BLOOD DRAW	\$ 17.00
36420	36420	ESTABLISH ACCESS TO VEIN	\$ 117.00
36425	36425	ESTABLISH ACCESS TO VEIN	\$ 90.00
36430	36430	BLOOD TRANSFUSION SERVICE	\$ 169.00
36450	36450	EXCHANGE TRANSFUSION SERVICE	\$ 385.00
36455	36455	EXCHANGE TRANSFUSION SERVICE	\$ 334.00
36456	36456	PRTL EXCHANGE TRANFUSE NB	\$ 227.00
36460	36460	TRANSFUSION SERVICE, FETAL	\$ 1,140.00
36465	36465	NJX NONCMPND SCLRSNT 1 VEIN	\$ 3,716.00
36466	36466	NJX NONCMPND SCLRSNT MLT VN	\$ 4,176.00
36468	36468	INJECTION(S), SPIDER VEINS	\$ 334.00
36470	36470	INJECTION THERAPY OF VEIN	\$ 365.00
36471	36471	INJECTION THERAPY OF VEINS	\$ 518.00
36473	36473	ENDOVENOUS MCHNCHEM 1ST VEIN	\$ 4,674.00
36474	36474	ENDOVENOUS MCHNCHEM ADD-ON	\$ 930.00
36475	36475	ENDOVENOUS RF 1ST VEIN	\$ 4,690.00
36476	36476	ENDOVENOUS RF VEIN ADD-ON	\$ 1,075.00
36478	36478	ENDOVENOUS LASER IST VEIN	\$ 3,928.00
36479	36479	ENDEVENOUS LASER,ADD-ON	\$ 1,069.00
36481	36481	INSERTION OF CATHETER, VEIN	\$ 2,032.00
36482	36482	ENDOVEN THER CHEM ADHES 1ST	\$ 4,888.00
36483	36483	ENDOVEN THER CHEM ADHES SBSQ	\$ 466.00
36500	36500	INSERTION OF CATHETER, VEIN	\$ 648.00
36510	36510	INSERTION OF CATHETER VEIN	\$ 309.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
36511	36511	APHERESIS WBC	\$ 398.00
36512	36512	APHERESIS RBC	\$ 359.00
36513	36513	APHERESIS PLATELETS	\$ 329.00
36514	36514	APHERESIS PLASMA	\$ 816.00
36516	36516	APHERESIS, SELECTIVE	\$ 5,199.00
36522	36522	PHOTOPHERESIS	\$ 2,091.00
36555	36555	MD INSERT NONTUNNEL CVC, LESS	\$ 699.00
36556	36556	MD INSERT NONTUNNEL CVC, 5 YEA	\$ 626.00
36557	36557	INSERT TUNNELED CV CATH	\$ 1,961.00
36558	36558	MD INSERT TUNNEL CVC, WITHOUT	\$ 1,423.00
36560	36560	MD INSERT TUNNEL CVC ACCESS DV	\$ 2,339.00
36561	36561	INSERT TUNNELED CV CATH	\$ 1,942.00
36563	36563	INSERT TUNNELED CV CATH	\$ 1,793.00
36565	36565	INSERT TUNNELED CV CATH	\$ 1,566.00
36566	36566	INSERT TUNNELED CV CATH	\$ 1,842.00
36568	36568	INSERT PICC CATH	\$ 616.00
36569	36569	INSERT PICC CATH	\$ 570.00
36570	36570	INSERT PICVAD CATH	\$ 1,849.00
36571	36571	MD PICC INSERT WITH SUBCUTANEO	\$ 2,356.00
36572	36572	INSJ PICC RSI <5 YR	\$ 648.00
36573	36573	INSJ PICC RSI 5 YR+	\$ 609.00
36575	36575	REPAIR TUNNELED CV CATH	\$ 521.00
36576	36576	REPAIR TUNNELED CV CATH	\$ 870.00
36578	36578	MD REPLACE CATHETER ONLY OF CV	\$ 951.00
36580	36580	MD REPLACEMENT, COMPLETE, OR A	\$ 427.00
36581	36581	MD REPLACEMENT, COMPLETE, OF T	\$ 1,038.00
36582	36582	REPLACE TUNNELED CV CATH	\$ 1,600.00
36583	36583	MD REPLACEMENT, COMPLETE TUNNEL	\$ 1,535.00
36584	36584	REPLACE PICC CATH	\$ 367.00
36585	36585	REPLACE PICCVAD CATH	\$ 1,769.00
36589	36589	MD REMOVAL OF TUNNELED CVC WIT	\$ 544.00
36590	36590	REMOVAL TUNNELED CV CATH	\$ 798.00
36591	36591	DRAW BLOOD OFF VENOUS DEVICE	\$ 73.00
36592	36592	COLLECT BLOOD FROM PICC	\$ 78.00
36593	36593	DECLOT VASCULAR DEVICE	\$ 105.00
36595	36595	MECH REMOV TUNNELED CV CATH	\$ 1,560.00
36596	36596	MECH REMOV TUNNELED CV CATH	\$ 227.00
36597	36597	REPOSITION VENOUS CATH	\$ 270.00
36598	36598	MD EVALUATE CVC DEVICE THRU CO	\$ 331.00
36600	36600	WITHDRAWAL OF ARTERIAL BLOOD	\$ 89.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
36620	36620	INSERTION CATHETER, ARTERY	\$ 338.00
36625	36625	INSERTION CATHETER, ARTERY	\$ 374.00
36640	36640	INSERTION CATHETER, ARTERY	\$ 389.00
36660	36660	INSERTION CATHETER ARTERY	\$ 253.00
36680	36680	INSERT NEEDLE, BONE CAVITY	\$ 355.00
36800	36800	INSERTION OF CANNULA	\$ 473.00
36810	36810	INSERTION OF CANNULA	\$ 769.00
36815	36815	INSERTION OF CANNULA	\$ 474.00
36818	36818	AV FUSE, UPPR ARM, CEPHALIC	\$ 2,084.00
36819	36819	AV FUSION/UPPR ARM VEIN	\$ 2,406.00
36820	36820	AV FUSION/FOREARM VEIN	\$ 2,379.00
36821	36821	AV FUSION DIRECT ANY SITE	\$ 2,036.00
36823	36823	INSERTION OF CANNULA(S)	\$ 4,303.00
36825	36825	ARTERY-VEIN GRAFT	\$ 2,217.00
36830	36830	ARTERY-VEIN GRAFT	\$ 2,168.00
36831	36831	AV FISTULA EXCISION	\$ 1,623.00
36832	36832	YV FISTULA REVISION	\$ 2,137.00
36833	36833	AV FISTULA REVISION	\$ 2,167.00
36838	36838	DIST REVAS LIGATION,HEMO	\$ 3,416.00
36860	36860	EXTERNAL CANNULA DECLOTTING	\$ 556.00
36861	36861	CANNULA DECLOTTING	\$ 342.00
36901	36901	INTRO CATH DIALYSIS CIRCUIT	\$ 1,790.00
36902	36902	INTRO CATH DIALYSIS CIRCUIT	\$ 3,432.00
36903	36903	INTRO CATH DIALYSIS CIRCUIT	\$ 14,941.00
36904	36904	THRMBC/NFS DIALYSIS CIRCUIT	\$ 4,622.00
36905	36905	THRMBC/NFS DIALYSIS CIRCUIT	\$ 6,486.00
36906	36906	THRMBC/NFS DIALYSIS CIRCUIT	\$ 19,851.00
36907	36907	BALO ANGIOP CTR DIALYSIS SEG	\$ 2,176.00
36908	36908	STENT PLMT CTR DIALYSIS SEG	\$ 6,663.00
36909	36909	DIALYSIS CIRCUIT EMBOLJ	\$ 5,664.00
37140	37140	REVISION OF CIRCULATION	\$ 7,513.00
37145	37145	REVISION OF CIRCULATION	\$ 6,761.00
37160	37160	REVISION OF CIRCULATION	\$ 6,943.00
37180	37180	REVISION OF CIRCULATION	\$ 6,670.00
37181	37181	SPLICE SPLEEN/KIDNEY VEINS	\$ 7,287.00
37182	37182	INSERT HEPATIC SHUNT (TIPS)	\$ 3,397.00
37183	37183	REMOVE HEPATIC SHUNT (TIPS)	\$ 1,828.00
37184	37184	PRIM ART MECH THROMBECTOMY	\$ 2,071.00
37185	37185	PRIM ART M-THROMBECT ADD-ON	\$ 783.00
37186	37186	SEC ART M-THROMBECT ADD-ON	\$ 1,196.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
37187	37187	VENOUS MECH THROMBECTOMY	\$ 1,729.00
37188	37188	VENOUS M-THROMBECTOMY ADD-ON	\$ 1,243.00
37191	37191	INS ENDOVAS VENA CAVA FILTR	\$ 1,260.00
37192	37192	REDO ENDOVAS VENA CAVA FILT	\$ 1,590.00
37193	37193	REM ENDOVAS VENA CAVA FILTER	\$ 1,671.00
37195	37195	THROMBOLYTIC THERAPY STROKE	\$ 1,395.00
37197	37197	MD TRANSCATHETER RETRIEVAL, PE	\$ 1,761.00
37200	37200	TRANSCATHETER BIOPSY	\$ 948.00
37211	37211	TROMBOLYTIC ART THERAPY	\$ 1,257.00
37212	37212	THROMBOLYTIC VENOUS THERAPY	\$ 1,122.00
37213	37213	THROMBOLYTIC ART/VEN THERAPY	\$ 822.00
37214	37214	CESSJ THERAPY CATH REMOVAL	\$ 431.00
37215	37215	TRASNCATH STENT CCA W/EPS	\$ 3,358.00
37216	37216	TRASNCATH STENT CCA W/O EPS	\$ 3,432.00
37217	37217	PLCMT STNT INTRATHOR CRT ARTR	\$ 3,463.00
37218	37218	STENT PLACEMT ANTE CAROTID	\$ 2,526.00
37220	37220	ILIAC REVASC	\$ 7,481.00
37221	37221	ILIAC REVASC W/STENT	\$ 11,124.00
37222	37222	ILIAC REVASC ADD-ON	\$ 2,339.00
37223	37223	ILIAC REVASC W/STENT ADD-ON	\$ 6,219.00
37224	37224	MD REVASCULARIZATION, FEMORAL,	\$ 9,090.00
37225	37225	FEM/POPL REVAS W/ATHER	\$ 27,094.00
37226	37226	FEM/POPL REVASC W/STENT	\$ 22,912.00
37227	37227	FEM/POPL REVASC STNT & ATHER	\$ 32,303.00
37228	37228	TIB/PER REVASC W/TLA	\$ 13,415.00
37229	37229	TIB/PER REVASC W/ATHER	\$ 26,835.00
37230	37230	TIB/PER REVASC W/STENT	\$ 21,850.00
37231	37231	TIB/PER REVASC STENT & ATHER	\$ 35,946.00
37232	37232	TIB/PER REVASC ADD-ON	\$ 3,553.00
37233	37233	TIBPER REVASC W/ATHER ADD-ON	\$ 3,665.00
37234	37234	REVSC OPN/PRQ TIB/PERO STENT	\$ 11,102.00
37235	37235	TIB/PER REVASC STNT & ATHER	\$ 9,690.00
37236	37236	PLCMT STNT INTRAVASC INITIAL	\$ 8,999.00
37237	37237	PLCMT STNT INTRAVASC ADD	\$ 5,186.00
37238	37238	PLCMT STNT INTRAVASC INITIAL V	\$ 12,051.00
37239	37239	MD TRANSCATH STNT PLCMNT, ADDL	\$ 5,378.00
37241	37241	VASC EMBOLIZE/OCCLUDE VENOUS	\$ 10,995.00
37242	37242	MD EMBOLIZE, ART,OTHR HEMOR/TU	\$ 21,428.00
37243	37243	MD EMBOLIZE, ART TUMOR/ORGANS	\$ 27,570.00
37244	37244	MD EMBOLIZE,ART/VEN HEMORRHAGE	\$ 17,145.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
37246	37246	TRLUML BALO ANGIOP 1ST ART	\$ 6,349.00
37247	37247	TRLUML BALO ANGIOP ADDL ART	\$ 2,099.00
37248	37248	TRLUML BALO ANGIOP 1ST VEIN	\$ 4,268.00
37249	37249	TRLUML BALO ANGIOP ADDL VEIN	\$ 1,927.00
37252	37252	INTRAVASC US NONCORONARY 1ST	\$ 3,352.00
37253	37253	INTRAVASC US NONCORONARY ADDI	\$ 574.00
37500	37500	ENDOSCOPY LIGATE PERF VEINS	\$ 2,126.00
37565	37565	LIGATION OF NECK VEIN	\$ 2,436.00
37600	37600	LIGATION OF NECK ARTERY	\$ 2,392.00
37605	37605	LIGATION OF NECK ARTERY	\$ 2,388.00
37606	37606	LIGATION OF NECK ARTERY	\$ 2,027.00
37607	37607	LIGATION OF A-V FISTULA	\$ 1,203.00
37609	37609	TEMPORAL ARTERY PROCEDURE	\$ 833.00
37615	37615	LIGATION OF NECK ARTERY	\$ 1,636.00
37616	37616	LIGATION OF CHEST ARTERY	\$ 3,453.00
37617	37617	LIGATION OF ABDOMEN ARTERY	\$ 4,171.00
37618	37618	LIGATION OF EXTREMITY ARTERY	\$ 1,253.00
37619	37619	LIGATION OF UNF VENA CAVA	\$ 5,038.00
37650	37650	REVISION OF MAJOR VEIN	\$ 1,489.00
37660	37660	REVISION OF MAJOR VEIN	\$ 4,070.00
37700	37700	REVISE LEG VEIN	\$ 785.00
37718	37718	LIGATE/STRIP SHORT LEG VEIN	\$ 1,389.00
37722	37722	LEGATE/STRIP LONG LEG VEIN	\$ 1,545.00
37735	37735	REMOVAL OF LEG VEINS/LESION	\$ 2,022.00
37760	37760	REVISION OF LEG VEINS	\$ 1,998.00
37761	37761	LIGATE LEG VEINS OPEN	\$ 1,722.00
37765	37765	PHLEB-VEINS EXTREM-TO 20	\$ 1,575.00
37766	37766	PHLEB-VEINS EXTREM-20+	\$ 1,868.00
37780	37780	REVISION OF LEG VEIN	\$ 806.00
37785	37785	LIGATE/DIVIDE/EXCISE VEIN	\$ 996.00
37788	37788	REVASCULARIZATION, PENIS	\$ 3,929.00
37790	37790	PENILE VENOUS OCCLUSION	\$ 1,503.00
38100	38100	REMOVAL OF SPLEEN, TOTAL	\$ 3,511.00
38101	38101	REMOVAL OF SPLEEN,PARTIAL	\$ 3,338.00
38102	38102	REMOVAL OF SPLEEN, TOTAL	\$ 970.00
38115	38115	REPAIR OF RUPTURED SPLEEN	\$ 3,650.00
38120	38120	LAPAROSCOPY, SPLENECTOMY	\$ 3,275.00
38200	38200	INJECTION FOR SPLEEN X-RAY	\$ 425.00
38204	38204	BL DONOR SEARCH MANAGEMENT	\$ 384.00
38205	38205	HARVEST ALLOGENIC STEM CELLS	\$ 490.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
38206	38206	HARVEST AUTO STEM CELLS	\$ 455.00
38220	38220	BONE MARROW ASPIRATION	\$ 461.00
38221	38221	MD BIOPSY BONE MARROW (NEEDLE	\$ 477.00
38222	38222	DX BONE MARROW BX & ASPIR	\$ 504.00
38230	38230	BONE MARROW COLLECTION	\$ 1,045.00
38232	38232	BONE MARROW HARVEST AUTOLOG	\$ 840.00
38240	38240	STEM CELL COLLECTION	\$ 2,295.00
38241	38241	BONE MARROW/STEM TRANSPLANT	\$ 1,953.00
38242	38242	LYMPHOCYTE INFUSE TRANSPLANT	\$ 951.00
38300	38300	DRAINAGE, LYMPH NODE LESION	\$ 675.00
38305	38305	DRAINAGE, LYMPH NODE LESION	\$ 1,110.00
38308	38308	INCISION OF LYMPH CHANNELS	\$ 1,404.00
38380	38380	THORACIC DUCT PROCEDURE	\$ 1,842.00
38381	38381	THORACIC DUCT PROCEDURE	\$ 2,898.00
38382	38382	THORACIC DUCT PROCEDURE	\$ 2,426.00
38500	38500	BIOPSY/REMOVAL LYMPH NODES	\$ 841.00
38505	38505	MD BIOPSY LYMPH NODE, SUPERFIC	\$ 340.00
38510	38510	BIOPSY/REMOVAL, LYMPH NODES	\$ 1,427.00
38520	38520	BIOPSY/REMOVAL, LYMPH NODES	\$ 1,329.00
38525	38525	BIOPSY/REMOVAL, LYMPH NODES	\$ 1,310.00
38530	38530	BIOPSY/REMOVAL, LYMPH NODES	\$ 1,773.00
38531	38531	OPEN BX/EXC INGUINOFEM NODES	\$ 1,355.00
38542	38542	EXPLORE DEEP NODE(S), NECK	\$ 1,519.00
38550	38550	REMOVAL, NECK/ARMPIT LESION	\$ 1,510.00
38555	38555	REMOVAL, NECK/ARMPIT LESION	\$ 2,992.00
38562	38562	REMOVAL, PELVIC LYMPH NODES	\$ 2,236.00
38564	38564	REMOVAL, ABDOMEN LYMPH NODES	\$ 2,256.00
38570	38570	LAPAROSCOPY, LYMPH NODE BIOP	\$ 1,735.00
38571	38571	LAPAROSCOPY, LYMPHADENECTOMY	\$ 2,411.00
38572	38572	LAPAROSCOPY, LYMPHADENECTOMY	\$ 3,087.00
38573	38573	LAPS BIL TOT PELVIC LYMPHADEN	\$ 3,876.00
38700	38700	REMOVAL OF LYMPH NODES, NECK	\$ 2,618.00
38720	38720	REMOVAL OF LYMPH NODES, NECK	\$ 4,264.00
38724	38724	REMOVAL OF LYMPH NODES, NECK	\$ 4,919.00
38740	38740	REMOVE ARMPIT LYMPH NODES	\$ 2,072.00
38745	38745	REMOVE ARMPIT LYMPH NODES	\$ 2,691.00
38746	38746	REMOVE THORACIC LYMPH NODES	\$ 768.00
38747	38747	REMOVE ABDOMINAL LYMPH NODES	\$ 940.00
38760	38760	REMOVE GROIN LYMPH NODES	\$ 2,607.00
38765	38765	REMOVE GROIN LYMPH NODES	\$ 4,205.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
38770	38770	REMOVE PELVIS LYMPH NODES	\$ 2,889.00
38780	38780	REMOVE ABDOMEN LYMPH NODES	\$ 3,600.00
38790	38790	INJECT FOR LYMPHATIC X-RAY	\$ 326.00
38792	38792	IDENTIFY SENTINEL NODE	\$ 161.00
38794	38794	ACCESS THORACIC LYMPH DUCT	\$ 1,082.00
38900	38900	IO MAP OF SENT LYMPH NODE	\$ 444.00
39000	39000	EXPLORATION OF CHEST	\$ 1,598.00
39010	39010	EXPLORATION OF CHEST	\$ 2,586.00
39200	39200	REMOVAL CHEST LESION	\$ 2,767.00
39220	39220	REMOVAL CHEST LESION	\$ 3,785.00
39401	39401	MEDIASTINOSCOPY W/MEDSTNL BX	\$ 1,023.00
39402	39402	MEDIASTINOSCOPY W/LYMPH NOD BX	\$ 1,308.00
39501	39501	REPAIR DIAPHRAGM LACERATION	\$ 2,809.00
39540	39540	REPAIR OF DIAPHRAGM HERNIA	\$ 2,947.00
39541	39541	REPAIR OF DIAPHRAGM HERNIA	\$ 3,039.00
39545	39545	REVISION OF DIAPHRAGM	\$ 2,955.00
39560	39560	RESECT DIAPHRAGM, SIMPLE	\$ 2,838.00
39561	39561	RESECT DIAPHRAGM, COMPLEX	\$ 4,599.00
40490	40490	BIOPSY OF LIP	\$ 261.00
40500	40500	PARTIAL EXCISION OF LIP	\$ 1,176.00
40510	40510	PARTIAL EXCISION OF LIP	\$ 1,247.00
40520	40520	PARTIAL EXCISION OF LIP	\$ 1,266.00
40525	40525	RECONSTRUCT LIP WITH FLAP	\$ 1,773.00
40527	40527	RECONSTRUCT LIP WITH FLAP	\$ 2,088.00
40530	40530	PARTIAL REMOVAL OF LIP	\$ 1,600.00
40650	40650	REPAIR LIP	\$ 1,436.00
40652	40652	REPAIR LIP	\$ 1,431.00
40654	40654	REPAIR LIP	\$ 1,727.00
40700	40700	REPAIR CLEFT LIP/NASAL	\$ 3,031.00
40701	40701	REPAIR CLEFT LIP/NASAL	\$ 3,556.00
40702	40702	REPAIR CLEFT LIP/NASAL	\$ 2,920.00
40720	40720	REPAIR CLEFT LIP/NASAL	\$ 3,007.00
40761	40761	REPAIR CLEFT LIP/NASAL	\$ 3,170.00
40800	40800	DRAINAGE OF MOUTH LESION	\$ 436.00
40801	40801	DRAINAGE OF MOUTH LESION	\$ 686.00
40804	40804	REMOVAL FOREIGN BODY MOUTH	\$ 482.00
40805	40805	REMOVAL FOREIGN BODY MOUTH	\$ 735.00
40806	40806	INCISION OF LIP FOLD	\$ 338.00
40808	40808	BIOPSY OF MOUTH LESION	\$ 459.00
40810	40810	EXCISION OF MOUTH LESION	\$ 495.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
40812	40812	EXCISION/REPAIR MOUTH LESION	\$ 627.00
40814	40814	EXCISION/REPAIR MOUTH LESION	\$ 868.00
40816	40816	EXCISION OF MOUTH LESION	\$ 1,003.00
40818	40818	EXCISE ORAL MUCOSA FOR GRAFT	\$ 835.00
40819	40819	EXCISE LIP OR CHEEK FOLD	\$ 725.00
40820	40820	TREATMENT OF MOUTH LESION	\$ 571.00
40830	40830	REPAIR MOUTH LACERATION	\$ 662.00
40831	40831	REPAIR MOUTH LACERATION	\$ 834.00
40840	40840	RECONSTRUCTION OF MOUTH	\$ 2,017.00
40842	40842	RECONSTRUCTION OF MOUTH	\$ 2,004.00
40843	40843	RECONSTRUCTION OF MOUTH	\$ 2,327.00
40844	40844	RECONSTRUCTION OF MOUTH	\$ 3,043.00
40845	40845	RECONSTRUCTION OF MOUTH	\$ 4,311.00
41000	41000	DRAINAGE OF MOUTH LESION	\$ 399.00
41005	41005	DRAINAGE OF MOUTH LESION	\$ 499.00
41006	41006	DRAINAGE OF MOUTH LESION	\$ 863.00
41007	41007	DRAINAGE OF MOUTH LESION	\$ 830.00
41008	41008	DRAINAGE OF MOUTH LESION	\$ 943.00
41009	41009	DRAINAGE OF MOUTH LESION	\$ 933.00
41010	41010	INCISION OF TONGUE FOLD	\$ 514.00
41015	41015	DRAINAGE OF MOUTH LESION	\$ 1,095.00
41016	41016	DRAINAGE OF MOUTH LESION	\$ 1,070.00
41017	41017	DRAINAGE OF MOUTH LESION	\$ 1,188.00
41018	41018	DRAINAGE OF MOUTH LESION	\$ 1,235.00
41019	41019	PLACE NEEDLES H&N FOR RT	\$ 1,215.00
41100	41100	BIOPSY OF TONGUE	\$ 455.00
41105	41105	BIOPSY OF TONGUE	\$ 453.00
41108	41108	BIOPSY OF FLOOR OF MOUTH	\$ 407.00
41110	41110	EXCISION OF TONGUE LESION	\$ 499.00
41112	41112	EXCISION OF TONGUE LESION	\$ 822.00
41113	41113	EXCISION OF TONGUE LESION	\$ 893.00
41114	41114	EXCISION OF TONGUE LESION	\$ 1,504.00
41115	41115	EXCISION OF TONGUE FOLD	\$ 598.00
41116	41116	EXCISION OF MOUTH LESION	\$ 877.00
41120	41120	PARTIAL REMOVAL OF TONGUE	\$ 3,237.00
41130	41130	PARTIAL REMOVAL OF TONGUE	\$ 4,103.00
41135	41135	TONGUE AND NECK SURGERY	\$ 6,207.00
41140	41140	REMOVAL OF TONGUE	\$ 7,215.00
41145	41145	TONGUE REMOVAL, NECK SURGERY	\$ 8,553.00
41150	41150	TONGUE, MOUTH, JAW SURGERY	\$ 7,662.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
41153	41153	TONGUE, MOUTH, NECK SURGERY	\$ 7,096.00
41155	41155	TONGUE, JAW & NECK SURGERY	\$ 9,478.00
41250	41250	REPAIR TONGUE LACERATION	\$ 793.00
41251	41251	REPAIR TONGUE LACERATION	\$ 856.00
41252	41252	REPAIR TONGUE LACERATION	\$ 1,009.00
41510	41510	TONGUE TO LIP SURGERY	\$ 1,288.00
41512	41512	TONGUE SUSPENSION	\$ 1,869.00
41520	41520	RECONSTRUCTION, TONGUE FOLD	\$ 936.00
41530	41530	TONGUE BASE VOL REDUCTION	\$ 6,570.00
41800	41800	DRAINAGE OF GUM LESION	\$ 780.00
41805	41805	REMOVAL FOREIGN BODY, GUM	\$ 729.00
41806	41806	REMOVAL FOREIGN BODY, JAWBONE	\$ 783.00
41820	41820	EXCISION, GUM, EACH QUADRANT	\$ 780.00
41822	41822	EXCISION OF GUM LESION	\$ 675.00
41823	41823	EXCISION OF GUM LESION	\$ 879.00
41825	41825	EXCISION OF GUM LESION	\$ 521.00
41826	41826	EXCISION OF GUM LESION	\$ 715.00
41827	41827	EXCISION OF GUM LESION	\$ 1,079.00
41828	41828	EXCISION OF GUM LESION	\$ 738.00
41830	41830	REMOVAL OF GUM TISSUE	\$ 835.00
41850	41850	TREATMENT OF GUM LESION	\$ 459.00
41870	41870	GUM GRAFT	\$ 948.00
41872	41872	REPAIR GUM	\$ 891.00
41874	41874	REPAIR TOOTH SOCKET	\$ 805.00
42000	42000	DRAINAGE MOUTH ROOF LESION	\$ 484.00
42100	42100	BIOPSY ROOF OF MOUTH	\$ 420.00
42104	42104	EXCISION LESION, MOUTH ROOF	\$ 556.00
42106	42106	EXCISION LESION, MOUTH ROOF	\$ 681.00
42107	42107	EXCISION LESION, MOUTH ROOF	\$ 1,220.00
42120	42120	REMOVE PALATE/LESION	\$ 3,243.00
42140	42140	EXCISION OF UVULA	\$ 648.00
42145	42145	REPAIR PALATE, PHARYNX/UVULA	\$ 2,237.00
42160	42160	TREATMENT MOUTH ROOF LESION	\$ 550.00
42180	42180	REPAIR PALATE	\$ 651.00
42182	42182	REPAIR PALATE	\$ 875.00
42200	42200	RECONSTRUCT CLEFT PALATE	\$ 3,499.00
42205	42205	RECONSTRUCT CLEFT PALATE	\$ 3,659.00
42210	42210	RECONSTRUCT CLEFT PALATE	\$ 4,270.00
42215	42215	RECONSTRUCT CLEFT PALATE	\$ 2,668.00
42220	42220	RECONSTRUCT CLEFT PALATE	\$ 2,202.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
42225	42225	RECONSTRUCT CLEFT PALATE	\$ 3,660.00
42226	42226	LENGTHENING OF PALATE	\$ 3,591.00
42227	42227	LENGTHENING OF PALATE	\$ 3,435.00
42235	42235	REPAIR PALATE	\$ 2,855.00
42260	42260	REPAIR NOSE TO LIP FISTULA	\$ 2,840.00
42280	42280	PREPARATION, PALATE MOLD	\$ 508.00
42281	42281	INSERTION PALATE PROSTHESIS	\$ 647.00
42300	42300	DRAINAGE OF SALIVARY GLAND	\$ 512.00
42305	42305	DRAINAGE OF SALIVARY GLAND	\$ 1,066.00
42310	42310	DRAINAGE OF SALIVARY GLAND	\$ 440.00
42320	42320	DRAINAGE OF SALIVARY GLAND	\$ 566.00
42330	42330	REMOVAL OF SALIVARY STONE	\$ 575.00
42335	42335	REMOVAL OF SALIVARY STONE	\$ 1,003.00
42340	42340	REMOVAL OF SALIVARY STONE	\$ 1,241.00
42400	42400	BIOPSY OF SALIVARY GLAND	\$ 294.00
42405	42405	BIOPSY OF SALIVARY GLAND	\$ 750.00
42408	42408	EXCISION OF SALIVARY CYST	\$ 1,154.00
42409	42409	DRAINAGE OF SALIVARY CYST	\$ 836.00
42410	42410	EXCISE PAROTID GLAND/LESION	\$ 1,903.00
42415	42415	EXCISE PAROTID GLAND/LESION	\$ 3,421.00
42420	42420	EXCISE PAROTID GLAND/LESION	\$ 4,005.00
42425	42425	EXCISE PAROTID GLAND/LESION	\$ 2,919.00
42426	42426	EXCISE PAROTID GLAND/LESION	\$ 4,318.00
42440	42440	EXCISE SUBMAXILLARY GLAND	\$ 1,543.00
42450	42450	EXCISE SUBLINGUAL GLAND	\$ 1,408.00
42500	42500	REPAIR SALIVARY DUCT	\$ 1,362.00
42505	42505	REPAIR SALIVARY DUCT	\$ 1,909.00
42507	42507	PAROTID DUCT DIVERSION	\$ 1,657.00
42509	42509	PAROTID DUCT DIVERSION	\$ 2,796.00
42510	42510	PAROTID DUCT DIVERSION	\$ 2,139.00
42550	42550	INJECTION FOR SALIVARY X-RAY	\$ 338.00
42600	42600	CLOSURE OF SALIVARY FISTULA	\$ 1,321.00
42650	42650	DILATION OF SALIVARY DUCT	\$ 217.00
42660	42660	DILATION OF SALIVARY DUCT	\$ 353.00
42665	42665	LIGATION OF SALIVARY DUCT	\$ 731.00
42700	42700	DRAINAGE OF TONSIL ABSCESS	\$ 509.00
42720	42720	DRAINAGE OF THROAT ABSCESS	\$ 1,155.00
42725	42725	DRAINAGE OF THROAT ABSCESS	\$ 2,138.00
42800	42800	BIOPSY OF THROAT	\$ 409.00
42804	42804	BIOPSY OF UPPER NOSE/THROAT	\$ 482.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
42806	42806	BIOPSY OF UPPER NOSE/THROAT	\$ 565.00
42808	42808	EXCISE PHARYNX LESION	\$ 658.00
42809	42809	REMOVE PHARYNX FOREIGN BODY	\$ 523.00
42810	42810	EXCISION OF NECK CYST	\$ 904.00
42815	42815	EXCISION OF NECK CYST	\$ 1,582.00
42820	42820	REMOVE TONSILS AND ADENOIDS	\$ 943.00
42821	42821	REMOVE TONSILS AND ADENOIDS	\$ 1,017.00
42825	42825	REMOVAL OF TONSILS	\$ 889.00
42826	42826	REMOVAL OF TONSILS	\$ 839.00
42830	42830	REMOVAL OF ADENOIDS	\$ 665.00
42831	42831	REMOVAL OF ADENOIDS	\$ 706.00
42835	42835	REMOVAL OF ADENOIDS	\$ 659.00
42836	42836	REMOVAL OF ADENOIDS	\$ 754.00
42842	42842	EXTENSIVE SURGERY OF THROAT	\$ 3,359.00
42844	42844	EXTENSIVE SURGERY OF THROAT	\$ 4,763.00
42845	42845	EXTENSIVE SURGERY OF THROAT	\$ 7,499.00
42860	42860	EXCISION OF TONSIL TAGS	\$ 632.00
42870	42870	EXCISION OF LINGUAL TONSIL	\$ 1,804.00
42890	42890	PARTIAL REMOVAL OF PHARYNX	\$ 4,694.00
42892	42892	REVISION OF PHARYNGEAL WALLS	\$ 6,073.00
42894	42894	REVISION OF PHARYNGEAL WALLS	\$ 7,660.00
42900	42900	REPAIR THROAT WOUND	\$ 1,210.00
42950	42950	RECONSTRUCTION OF THROAT	\$ 2,773.00
42953	42953	REPAIR THROAT, ESOPHAGUS	\$ 3,123.00
42955	42955	SURGICAL OPENING OF THROAT	\$ 2,609.00
42960	42960	CONTROL THROAT BLEEDING	\$ 500.00
42961	42961	CONTROL THROAT BLEEDING	\$ 1,204.00
42962	42962	CONTROL THROAT BLEEDING	\$ 1,443.00
42970	42970	CONTROL NOSE/THROAT BLEEDING	\$ 1,067.00
42971	42971	CONTROL NOSE/THROAT BLEEDING	\$ 1,179.00
42972	42972	CONTROL NOSE/THROAT BLEEDING	\$ 1,466.00
42975	42975	DISE EVAL SLP DO BRTH FLX DX	\$ 345.00
43020	43020	INCISION OF ESOPHAGUS	\$ 1,698.00
43030	43030	THROAT MUSCLE SURGERY	\$ 1,963.00
43045	43045	INCISION OF ESOPHAGUS	\$ 4,309.00
43100	43100	EXCISION OF ESOPHAGUS LESION	\$ 2,230.00
43101	43101	EXCISION OF ESOPHAGUS LESION	\$ 3,659.00
43107	43107	REMOVAL OF ESOPHAGUS	\$ 8,535.00
43108	43108	REMOVAL OF ESOPHAGUS	\$ 11,511.00
43112	43112	REMOVAL OF ESOPHAGUS	\$ 9,849.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
43113	43113	REMOVAL OF ESOPHAGUS	\$ 11,156.00
43116	43116	PARTIAL REMOVAL OF ESOPHAGUS	\$ 13,497.00
43117	43117	PARTIAL REMOVAL OF ESOPHAGUS	\$ 8,669.00
43118	43118	PARTIAL REMOVAL OF ESOPHAGUS	\$ 9,699.00
43121	43121	PARTIAL REMOVAL OF ESOPHAGUS	\$ 8,120.00
43122	43122	PARTIAL REMOVAL OF ESOPHAGUS	\$ 7,007.00
43123	43123	PARTIAL REMOVAL OF ESOPHAGUS	\$ 13,348.00
43124	43124	REMOVAL OF ESOPHAGUS	\$ 10,791.00
43130	43130	REMOVAL OF ESOPHAGUS POUCH	\$ 2,518.00
43135	43135	REMOVAL OF ESOPHAGUS POUCH	\$ 4,525.00
43180	43180	ESOPGAGOSCOPY RIGID TRNSO	\$ 1,714.00
43191	43191	ESPHG RGD DX BRSH/WASH	\$ 440.00
43192	43192	ESPHG RGD DX BRSH/WASH W/INJ	\$ 547.00
43193	43193	ESPHG RGD DX BRSH/WASH W/BIOP	\$ 543.00
43194	43194	ESPHG RGD DX BRSH/WASH W/REMLV	\$ 537.00
43195	43195	ESPHG RGD DX BRSH/WASH W/DIAL	\$ 600.00
43196	43196	ESPHG RGD DX BRSH/WASH W/WIR D	\$ 660.00
43197	43197	ESPHG FLX TRNASL DX BRSH/WASH	\$ 576.00
43198	43198	ESPHG FLX TRNASL DX BRSH/WS BP	\$ 666.00
43200	43200	ESOPHAGUS ENDOSCOPY	\$ 648.00
43201	43201	ESOPH SCOPE W/SUBMUCOUS INJ	\$ 686.00
43202	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	\$ 773.00
43204	43204	ESOPHAGUS ENDOSCOPY & INJECT	\$ 477.00
43205	43205	ESOPHAGUS ENDOSCOPY/LIGATION	\$ 645.00
43206	43206	ESOPH OPTICAL ENDOMICROSCOPY	\$ 674.00
43210	43210	EGD ESOPHAGOGASTRC ENDOPLSTY	\$ 1,367.00
43211	43211	ESPHG FLX TROR DX BRSH/WSH RSC	\$ 762.00
43212	43212	ESPHG FLX TROR DX BRSH/WSH STN	\$ 675.00
43213	43213	ESPHG FLX TROR DX BRSH/WSH DIL	\$ 1,975.00
43214	43214	ESPHG FLX TRR DX BRSH/WSH DIL3	\$ 636.00
43215	43215	ESOPHAGUS ENDOSCOPY	\$ 808.00
43216	43216	ESOPHAGUS ENDOSCOPY/LESION	\$ 784.00
43217	43217	ESOPHAGUS ENDOSCOPY	\$ 966.00
43220	43220	ESOPH ENDOSCOPY, DILATION	\$ 788.00
43226	43226	ESOPH ENDOSCOPY DILATION	\$ 711.00
43227	43227	ESOPH ENDOSCOPY, REPAIR	\$ 835.00
43229	43229	ESPHG ENDOSCOPY, ABLATION	\$ 1,134.00
43231	43231	ESOPH ENDOSCOPY W/US EXAM	\$ 653.00
43232	43232	ESOPH ENDOSCOPY W/US FN BX	\$ 876.00
43233	43233	UPPER GI ENDOSCOPY, EXAM	\$ 809.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
43235	43235	UPPR GI ENDOSCOPY, DIAGNOSIS	\$ 735.00
43236	43236	UPPR GI SCOPE W/SUBMUC INJ	\$ 820.00
43237	43237	ENDOSCOPIC US EXAM, ESOPH	\$ 753.00
43238	43238	UPPR GI ENDOSCOPY W/US FN BX	\$ 891.00
43239	43239	UPPER GI ENDOSCOPY, BIOPSY	\$ 832.00
43240	43240	ESOPH ENDOSCOPE W/DRAIN CYST	\$ 1,330.00
43241	43241	UPPER GI ENDOSCOPY WITH TUBE	\$ 682.00
43242	43242	UPPR GI ENDOSCOPY W/US FN BX	\$ 1,261.00
43243	43243	UPPER GI ENDOSCOPY & INJECT	\$ 853.00
43244	43244	UPPER GI ENDOSCOPY/LIGATION	\$ 911.00
43245	43245	OPERATIVE UPPER GI ENDOSCOPY	\$ 882.00
43246	43246	PLACE GASTROSTOMY TUBE	\$ 831.00
43247	43247	OPERATIVE UPPER GI ENDOSCOPY	\$ 825.00
43248	43248	UPPR GI ENDOSCOPY/GUIDEWIRE	\$ 749.00
43249	43249	ESOPH ENDOSCOPY DILATION	\$ 794.00
43250	43250	UPPER GI ENDOSCOPY/TUMOR	\$ 851.00
43251	43251	OPERATIVE UPPER GI ENDOSCOPY	\$ 915.00
43252	43252	UPPER GI OPTICL ENDOMICRSCOPY	\$ 968.00
43253	43253	ESOPHGASDUODSCPY W/INJ	\$ 924.00
43254	43254	ESOPHGASDUODSCPY W/RSCT	\$ 1,004.00
43255	43255	OPERATIVE UPPER GI ENDOSCOPY	\$ 1,011.00
43257	43257	UPPR GI SCOPE W/THRML TXMNT	\$ 835.00
43259	43259	ENDOSCOPIC ULTRASOUND EXAM	\$ 957.00
43260	43260	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,161.00
43261	43261	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,207.00
43262	43262	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,365.00
43263	43263	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,250.00
43264	43264	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,613.00
43265	43265	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,661.00
43266	43266	ESOPHGASDUODSCPY W/STNT	\$ 826.00
43270	43270	ESOPHGASDUODSCPY W/ABL	\$ 1,224.00
43273	43273	ENDOSCOPIC PANCREATOSCOPY	\$ 420.00
43274	43274	ERCP W/STENT BILI OR PANCR	\$ 1,610.00
43275	43275	ERCP W/RMVL FORG OR STENT	\$ 1,280.00
43276	43276	ERCP W/RMVL OR EXCH STENT	\$ 1,687.00
43277	43277	ERCP W/DIAL EACH	\$ 1,254.00
43278	43278	ERCP W/ABLATION	\$ 1,485.00
43279	43279	LAP MYOTOMY, HELLER	\$ 4,187.00
43280	43280	LAPAROSCOPY, FUNDOPLASTY	\$ 3,509.00
43281	43281	LAP PARAESOPHAG HERN REPAIR	\$ 4,863.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
43282	43282	LAP PARAESOPH HER RPR W/MESH	\$ 5,235.00
43283	43283	LAP ESOPH LENGTHENING	\$ 539.00
43284	43284	LAPS ESOPHGL SPHNCTR AGMNTJ	\$ 2,088.00
43285	43285	REMLV ESOPHGL SPHNCTR DEV	\$ 2,112.00
43286	43286	ESPHG TOT W/LAPS MOBILIZATION	\$ 9,515.00
43287	43287	ESPHG DSTL 2/3 W/LAPS MOBILIZ	\$ 12,182.00
43288	43288	ESPHG THORACOSCOPI MOBILIZATION	\$ 12,202.00
43300	43300	REPAIR OF ESOPHAGUS	\$ 2,163.00
43305	43305	REPAIR ESOPHAGUS AND FISTULA	\$ 3,740.00
43310	43310	REPAIR OF ESOPHAGUS	\$ 4,571.00
43312	43312	REPAIR ESOPHAGUS AND FISTULA	\$ 5,114.00
43313	43313	ESOPHAGOPLASTY CONGENITAL	\$ 8,427.00
43314	43314	TRACHEO-ESOPHAGOPLASTY CONG	\$ 9,083.00
43320	43320	FUSE ESOPHAGUS & STOMACH	\$ 4,339.00
43325	43325	REVISE ESOPHAGUS & STOMACH	\$ 4,160.00
43327	43327	ESOPH FUNDOPLASTY LAP	\$ 2,545.00
43328	43328	ESOPH FUNDOPLASTY THOR	\$ 3,471.00
43330	43330	REPAIR OF ESOPHAGUS	\$ 4,149.00
43331	43331	REPAIR OF ESOPHAGUS	\$ 4,204.00
43332	43332	TRANSAB ESOPH HIAT HERN RPR	\$ 3,589.00
43333	43333	TRANSAB ESOPH HIAT HERN RPR	\$ 3,816.00
43334	43334	TRANSTHOR DIAPHRAG HERN RPR	\$ 3,871.00
43335	43335	TRANSTHOR DIAPHRAG HERN RPR	\$ 4,290.00
43336	43336	THORABD DIAPHR HERN REPAIR	\$ 4,385.00
43337	43337	THORABD DIAPHR HERN REPAIR	\$ 4,579.00
43338	43338	ESOPH LENGTHENING	\$ 438.00
43340	43340	FUSE ESOPHAGUS & INTESTINE	\$ 3,829.00
43341	43341	FUSE ESOPHAGUS & INTESTINE	\$ 4,054.00
43351	43351	SURGICAL OPENING, ESOPHAGUS	\$ 3,462.00
43352	43352	SURGICAL OPENING, ESOPHAGUS	\$ 3,323.00
43360	43360	GASTROINTESTINAL REPAIR	\$ 6,883.00
43361	43361	GASTROINTESTINAL REPAIR	\$ 7,920.00
43400	43400	LIGATE ESOPHAGUS VEINS	\$ 3,987.00
43405	43405	LIGATE/STAPLE ESOPHAGUS	\$ 3,756.00
43410	43410	REPAIR ESOPHAGUS WOUND	\$ 2,998.00
43415	43415	REPAIR ESOPHAGUS WOUND	\$ 6,675.00
43420	43420	REPAIR ESOPHAGUS OPENING	\$ 3,039.00
43425	43425	REPAIR ESOPHAGUS OPENING	\$ 4,344.00
43450	43450	DILATE ESOPHAGUS	\$ 355.00
43453	43453	DILATE ESOPHAGUS	\$ 654.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
43460	43460	PRESSURE TREATMENT ESOPHAGUS	\$ 775.00
43500	43500	SURGICAL OPENING OF STOMACH	\$ 2,256.00
43501	43501	SURGICAL REPAIR OF STOMACH	\$ 3,477.00
43502	43502	SURGICAL REPAIR OF STOMACH	\$ 4,334.00
43510	43510	SURGICAL OPENING OF STOMACH	\$ 2,629.00
43520	43520	INCISION OF PYLORIC MUSCLE	\$ 2,211.00
43605	43605	BIOPSY OF STOMACH	\$ 2,278.00
43610	43610	EXCISION OF STOMACH LESION	\$ 2,993.00
43611	43611	EXCISION OF STOMACH LESION	\$ 3,728.00
43620	43620	REMOVAL OF STOMACH	\$ 6,051.00
43621	43621	REMOVAL OF STOMACH	\$ 7,214.00
43622	43622	REMOVAL OF STOMACH	\$ 7,200.00
43631	43631	REMOVAL OF STOMACH, PARTIAL	\$ 3,939.00
43632	43632	REMOVAL OF STOMACH, PARTIAL	\$ 5,500.00
43633	43633	REMOVAL OF STOMACH, PARTIAL	\$ 5,476.00
43634	43634	REMOVAL OF STOMACH, PARTIAL	\$ 5,867.00
43635	43635	REMOVAL OF STOMACH, PARTIAL	\$ 384.00
43640	43640	VAGOTOMY & PYLORUS REPAIR	\$ 3,029.00
43641	43641	VAGOTOMY & PYLORUS REPAIR	\$ 3,319.00
43644	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	\$ 6,201.00
43645	43645	LAP GASTR BYPASS INCL SMLL I	\$ 9,435.00
43647	43647	LAP IMPL ELECTRODE ANTRUM	\$ 2,334.00
43648	43648	LAP REVISE/REMV ELTRD ANTRUM	\$ 2,092.00
43651	43651	LAPAROSCOPY, VAGUS NERVE	\$ 2,000.00
43652	43652	LAPAROSCOPY, VAGUS NERVE	\$ 2,412.00
43653	43653	LAPAROSCOPY, GASTROSTOMY	\$ 1,823.00
43752	43752	MD NG/ORO TUBE PLACEMENT WITH	\$ 161.00
43753	43753	MD NASO/ORO GASTRIC TUBE PLACE	\$ 133.00
43754	43754	DX GASTR INTUB W/ASP SPEC	\$ 214.00
43755	43755	DX GASTR INTUB W/ASP SPECS	\$ 420.00
43756	43756	MD DUODENAL INTUBATION AND ASP	\$ 647.00
43761	43761	REPOSITION GASTROSTOMY TUBE	\$ 370.00
43762	43762	RPLC GTUBE NO REVJ TRC	\$ 419.00
43763	43763	RPLC GTUBE REVJ GSTRST TRC	\$ 543.00
43770	43770	LAP, PLACE GASTR ADJUST BAND	\$ 5,154.00
43771	43771	LAP, REVISE GASTR ADJ DEVICE	\$ 4,060.00
43772	43772	LAP, REMOVE ADJUST GAST BAND	\$ 2,811.00
43773	43773	LAP, CHANGE ADJUST GAST BAND	\$ 4,389.00
43774	43774	LAP REMOVE ADJ GAST BAND/PORT	\$ 3,170.00
43775	43775	LAP SLEEVE GASTRECTOMY	\$ 4,683.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
43800	43800	RECONSTRUCTION OF PYLORUS	\$ 2,642.00
43810	43810	FUSION OF STOMACH AND BOWEL	\$ 2,728.00
43820	43820	FUSION OF STOMACH AND BOWEL	\$ 3,864.00
43825	43825	FUSION OF STOMACH AND BOWEL	\$ 3,915.00
43830	43830	PLACE GASTROSTOMY TUBE	\$ 2,065.00
43831	43831	PLACE GASTROSTOMY TUBE	\$ 1,656.00
43832	43832	PLACE GASTROSTOMY TUBE	\$ 2,873.00
43840	43840	REPAIR OF STOMACH LESION	\$ 3,800.00
43842	43842	GASTROPLASTY FOR OBESITY	\$ 3,488.00
43843	43843	GASTROPLASTY FOR OBESITY	\$ 3,667.00
43845	43845	GASTROPLASTY DUODENAL SWITCH	\$ 6,920.00
43846	43846	GASTRIC BYPASS FOR OBESITY	\$ 5,612.00
43847	43847	GASTRIC BYPASS FOR OBESITY	\$ 6,143.00
43848	43848	REVISION GASTROPLASTY	\$ 6,232.00
43860	43860	REVISE STOMACH-BOWEL FUSION	\$ 4,993.00
43865	43865	REVISE STOMACH-BOWEL FUSION	\$ 5,188.00
43870	43870	REPAIR STOMACH OPENING	\$ 2,145.00
43880	43880	REPAIR STOMACH-BOWEL FISTULA	\$ 4,633.00
43881	43881	IMPL/REDO ELECTRD ANTRUM	\$ 2,610.00
43882	43882	REVISE/REMOVE ELECTRD ANTRUM	\$ 2,636.00
43886	43886	REVISE GASTRIC PORT, OPEN	\$ 1,179.00
43887	43887	REMOVE GASTRIC PORT, OPEN	\$ 959.00
43888	43888	CHANGE GASTRIC PORT, OPEN	\$ 1,486.00
44005	44005	FREEING OF BOWEL ADHESION	\$ 3,101.00
44010	44010	INCISION OF SMALL BOWEL	\$ 2,351.00
44015	44015	INSERT NEEDLE CATH BOWEL	\$ 546.00
44020	44020	EXPLORE SMALL INTESTINE	\$ 2,866.00
44021	44021	DECOMPRESS SMALL BOWEL	\$ 2,678.00
44025	44025	INCISION OF LARGE BOWEL	\$ 2,734.00
44050	44050	REDUCE BOWEL OBSTRUCTION	\$ 2,690.00
44055	44055	CORRECT MALROTATION OF BOWEL	\$ 4,178.00
44100	44100	BIOPSY OF BOWEL	\$ 303.00
44110	44110	EXCISE INTESTINE LESION(S)	\$ 2,623.00
44111	44111	EXCISION OF BOWEL LESION(S)	\$ 3,062.00
44120	44120	REMOVAL OF SMALL INTESTINE	\$ 3,590.00
44121	44121	REMOVAL OF SMALL INTESTINE	\$ 799.00
44125	44125	REMOVAL OF SMALL INTESTINE	\$ 3,679.00
44126	44126	ENTERECTOMY W/O TAPER, CONG	\$ 6,834.00
44127	44127	ENTERECTOMY W/TAPER, CONG	\$ 7,898.00
44128	44128	ENTERECTOMY CONG, ADD-ON	\$ 775.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
44130	44130	BOWEL TO BOWEL FUSION	\$ 3,932.00
44139	44139	MOBILIZATION OF COLON	\$ 404.00
44140	44140	PARTIAL REMOVAL OF COLON	\$ 3,806.00
44141	44141	PARTIAL REMOVAL OF COLON	\$ 5,006.00
44143	44143	PARTIAL REMOVAL OF COLON	\$ 4,707.00
44144	44144	PARTIAL REMOVAL OF COLON	\$ 4,819.00
44145	44145	PARTIAL REMOVAL OF COLON	\$ 5,096.00
44146	44146	PARTIAL REMOVAL OF COLON	\$ 5,856.00
44147	44147	PARTIAL REMOVAL OF COLON	\$ 5,022.00
44150	44150	REMOVAL OF COLON	\$ 5,349.00
44151	44151	REMOVAL OF COLON/ILEOSTOMY	\$ 5,756.00
44155	44155	REMOVAL OF COLON/ILEOSTOMY	\$ 5,900.00
44156	44156	REMOVAL OF COLON/ILEOSTOMY	\$ 5,974.00
44157	44157	COLECTOMY W/ILEOANAL ANAST	\$ 5,574.00
44158	44158	COLECTOMY W/NEO-RECTUM POUCH	\$ 5,941.00
44160	44160	REMOVAL OF COLON	\$ 3,706.00
44180	44180	LAP, ENTEROLYSIS	\$ 2,597.00
44186	44186	LAP, JEJUNOSTOMY	\$ 2,014.00
44187	44187	LAP, ILEO/JEJUNO-STOMY	\$ 3,457.00
44188	44188	LAP, COLOSTOMY	\$ 3,653.00
44202	44202	LAP RESECT S/INTESTINE SINGL	\$ 4,176.00
44203	44203	LAP RESECT S/INTESTINE, ADDL	\$ 783.00
44204	44204	LAPARO PARTIAL COLECTOMY	\$ 4,374.00
44205	44205	LAP COLECTOMY PART W/ILEUM	\$ 3,987.00
44206	44206	LAP PART COLECTOMY W/STOMA	\$ 4,921.00
44207	44207	L COLECTOMY/COLOPROCTOSTOMY	\$ 5,458.00
44208	44208	L COLECTOMY/COLOPROCTOSTOMY	\$ 5,899.00
44210	44210	LAPARO TOTAL PROCTOCOLECTOMY	\$ 5,766.00
44211	44211	LAP COLECTOMY W/PROCTECTOMY	\$ 6,827.00
44212	44212	LAPARO TOTAL PROCTOCOLECTOMY	\$ 6,615.00
44213	44213	LAP, MOBIL SPLENIC FL ADD-ON	\$ 599.00
44227	44227	LAP, CLOSE ENTEROSTOMY	\$ 4,886.00
44300	44300	OPEN BOWEL TO SKIN	\$ 2,309.00
44310	44310	ILEOSTOMY/JEJUNOSTOMY	\$ 3,177.00
44312	44312	REVISION OF ILEOSTOMY	\$ 1,783.00
44314	44314	REVISION OF ILEOSTOMY	\$ 2,951.00
44316	44316	DEVISE BOWEL POUCH	\$ 4,150.00
44320	44320	COLOSTOMY	\$ 3,502.00
44322	44322	COLOSTOMY WITH BIOPSIES	\$ 2,793.00
44340	44340	REVISION OF COLOSTOMY	\$ 1,838.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
44345	44345	REVISION OF COLOSTOMY	\$ 2,902.00
44346	44346	REVISION OF COLOSTOMY	\$ 3,321.00
44360	44360	SMALL BOWEL ENDOSCOPY	\$ 649.00
44361	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	\$ 760.00
44363	44363	SMALL BOWEL ENDOSCOPY	\$ 897.00
44364	44364	SMALL BOWEL ENDOSCOPY	\$ 851.00
44365	44365	SMALL BOWEL ENDOSCOPY	\$ 766.00
44366	44366	SMALL BOWEL ENDOSCOPY	\$ 925.00
44369	44369	SMALL BOWEL ENDOSCOPY	\$ 976.00
44370	44370	SMALL BOWEL ENDOSCOPY/STENT	\$ 1,031.00
44372	44372	SMALL BOWEL ENDOSCOPY	\$ 911.00
44373	44373	SMALL BOWEL ENDOSCOPY	\$ 829.00
44376	44376	SMALL BOWEL ENDOSCOPY	\$ 1,020.00
44377	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	\$ 1,047.00
44378	44378	SMALL BOWEL ENDOSCOPY	\$ 1,343.00
44379	44379	S BOWEL ENDOSCOPE W/STENT	\$ 1,393.00
44380	44380	SMALL BOWEL ENDOSCOPY	\$ 375.00
44381	44381	SMALL BOWEL ENDOSCOPY BR/WA	\$ 1,136.00
44382	44382	SMALL BOWEL ENDOSCOPY	\$ 507.00
44384	44384	SMALL BOWEL ENDOSCOPY	\$ 576.00
44385	44385	ENDOSCOPY OF BOWEL POUCH	\$ 706.00
44386	44386	ENDOSCOPY, BOWEL POUCH/BIOP	\$ 990.00
44388	44388	COLON ENDOSCOPY	\$ 880.00
44389	44389	COLONOSCOPY WITH BIOPSY	\$ 944.00
44390	44390	COLONOSCOPY FOR FOREIGN BODY	\$ 1,082.00
44391	44391	COLONOSCOPY FOR BLEEDING	\$ 1,095.00
44392	44392	COLONOSCOPY & POLYPECTOMY	\$ 1,022.00
44394	44394	COLONOSCOPY W/SNARE	\$ 1,088.00
44401	44401	COLONOSCOPY W/STENT PLCMT	\$ 1,172.00
44402	44402	COLONOSCOPY W/STENT PLCMT	\$ 877.00
44403	44403	COLONOSCOPY W/RESECTION	\$ 1,299.00
44404	44404	COLONOSCOPY W/INJECTION	\$ 864.00
44405	44405	COLONOSCOPY W/DILATION	\$ 946.00
44406	44406	COLONOSCOPY W/ULTRASOUND	\$ 709.00
44407	44407	Colonoscopy w/ndl aspir/bx	\$ 1,642.00
44408	44408	COLONOSCOPY W/DECOMPRESSION	\$ 732.00
44500	44500	INTRO GASTROINTESTINAL TUBE	\$ 100.00
44602	44602	SUTURE, SMALL INTESTINE	\$ 3,916.00
44603	44603	SUTURE, SMALL INTESTINE	\$ 4,428.00
44604	44604	SUTURE, LARGE INTESTINE	\$ 3,093.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
44605	44605	REPAIR OF BOWEL LESION	\$ 3,591.00
44615	44615	INTESTINAL STRICTUROPLASTY	\$ 3,080.00
44620	44620	REPAIR BOWEL OPENING	\$ 2,558.00
44625	44625	REPAIR BOWEL OPENING	\$ 3,117.00
44626	44626	REPAIR BOWEL OPENING	\$ 4,503.00
44640	44640	REPAIR BOWEL-SKIN FISTULA	\$ 4,135.00
44650	44650	REPAIR BOWEL FISTULA	\$ 4,207.00
44660	44660	REPAIR BOWEL-BLADDER FISTULA	\$ 3,759.00
44661	44661	REPAIR BOWEL-BLADDER FISTULA	\$ 4,369.00
44680	44680	SURGICAL REVISION, INTESTINE	\$ 2,903.00
44700	44700	SUSPEND BOWEL W/ PROSTHESIS	\$ 3,085.00
44701	44701	INTRAOP COLON LAVAGE ADD-ON	\$ 478.00
44705	44705	PREPARE FECAL MICROBIA	\$ 525.00
44800	44800	EXCISION OF BOWEL POUCH	\$ 2,122.00
44820	44820	EXCISION OF MESENTERY LESION	\$ 2,297.00
44850	44850	REPAIR OF MESENTERY	\$ 2,340.00
44900	44900	DRAIN APP ABSCESS, OPEN	\$ 2,045.00
44950	44950	APPENDECTOMY	\$ 1,887.00
44955	44955	APPENDECTOMY ADD-ON	\$ 301.00
44960	44960	APPENDECTOMY	\$ 2,555.00
44970	44970	LAPAROSCOPY APPENDECTOMY	\$ 1,824.00
45000	45000	DRAINAGE OF PELVIC ABSCESS	\$ 1,264.00
45005	45005	DRAINAGE OF RECTAL ABSCESS	\$ 578.00
45020	45020	DRAINAGE OF RECTAL ABSCESS	\$ 1,517.00
45100	45100	BIOPSY OF RECTUM	\$ 897.00
45108	45108	REMOVAL OF ANORECTAL LESION	\$ 1,036.00
45110	45110	REMOVAL OF RECTUM	\$ 5,538.00
45111	45111	PARTIAL REMOVAL OF RECTUM	\$ 3,345.00
45112	45112	REMOVAL OF RECTUM	\$ 5,984.00
45113	45113	PARTIAL PROCTECTOMY	\$ 5,928.00
45114	45114	PARTIAL REMOVAL OF RECTUM	\$ 5,331.00
45116	45116	PARTIAL REMOVAL OF RECTUM	\$ 4,634.00
45119	45119	REMOVE RECTUM W/ RESERVOIR	\$ 5,744.00
45120	45120	REMOVAL OF RECTUM	\$ 4,725.00
45121	45121	REMOVAL OF RECTUM AND COLON	\$ 4,917.00
45123	45123	PARTIAL PROCTECTOMY	\$ 3,521.00
45126	45126	PELVIC EXENTERATION	\$ 9,162.00
45130	45130	EXCISION OF RECTAL PROLAPSE	\$ 3,188.00
45135	45135	EXCISION OF RECTAL PROLAPSE	\$ 3,940.00
45136	45136	EXCISE ILEOANAL RESERVOIR	\$ 5,658.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
45150	45150	EXCISION OF RECTAL STRICTURE	\$ 1,149.00
45160	45160	EXCISION OF RECTAL LESION	\$ 2,691.00
45171	45171	EXC RECT TUM TRANSANAL PART	\$ 1,790.00
45172	45172	EXC RECT TUM TRANSANAL FULL	\$ 2,445.00
45190	45190	DESTRUCTION RECTAL TUMOR	\$ 2,167.00
45300	45300	PROCTOSIGMOIDOSCOPY	\$ 313.00
45303	45303	PROCTOSIGMOIDOSCOPY	\$ 1,831.00
45305	45305	PROCTOSIGMOIDOSCOPY & BIOPSY	\$ 469.00
45307	45307	PROCTOSIGMOIDOSCOPY	\$ 483.00
45308	45308	PROCTOSIGMOIDOSCOPY	\$ 448.00
45309	45309	PROCTOSIGMOIDOSCOPY	\$ 522.00
45315	45315	PROCTOSIGMOIDOSCOPY	\$ 532.00
45317	45317	PROCTOSIGMOIDOSCOPY	\$ 620.00
45320	45320	PROCTOSIGMOIDOSCOPY	\$ 593.00
45321	45321	PROCTOSIGMOIDOSCOPY VOLVUL	\$ 367.00
45327	45327	PROCTOSIGMOIDOSCOPY W/STENT	\$ 347.00
45330	45330	DIAGNOSTIC SIGMOIDOSCOPY	\$ 369.00
45331	45331	SIGMOIDOSCOPY AND BIOPSY	\$ 460.00
45332	45332	SIGMOIDOSCOPY W/FB REMOVAL	\$ 646.00
45333	45333	SIGMOIDOSCOPY & POLYPECTOMY	\$ 624.00
45334	45334	SIGMOIDOSCOPY FOR BLEEDING	\$ 617.00
45335	45335	SIGMOIDOSCOPY W/SUBMUC INJ	\$ 553.00
45337	45337	SIGMOIDOSCOPY & DECOMPRESS	\$ 530.00
45338	45338	SIGMOIDOSCOPY	\$ 746.00
45340	45340	SIG W/BALLOON DILATION	\$ 769.00
45341	45341	SIGMOIDOSCOPY W/ULTRASOUND	\$ 525.00
45342	45342	SIGMOIDOSCOPY W/US GUIDE BX	\$ 743.00
45346	45346	SIGMOIDOSCOPY W/ABLATION	\$ 812.00
45347	45347	SIGMOIDOSCOPY W/PLCMT STENT	\$ 578.00
45349	45349	SIGMOIDOSCOPY W/RESECTION	\$ 726.00
45350	45350	SGMDSC W/BAND LIGATION	\$ 734.00
45378	45378	DIAGNOSTIC COLONOSCOPY	\$ 956.00
45379	45379	COLONOSCOPY W/ FB REMOVAL	\$ 1,242.00
45380	45380	COLONOSCOPY AND BIOPSY	\$ 1,113.00
45381	45381	COLONOSCOPY, SUBMUCOUS INJ	\$ 1,070.00
45382	45382	COLONOSCOPY, CONTROL BLEEDING	\$ 1,386.00
45384	45384	LESION REMOVE COLONOSCOPY	\$ 1,116.00
45385	45385	LESION REMOVAL COLONOSCOPY	\$ 1,279.00
45386	45386	COLONOSCOPY DILATE STRICTURE	\$ 1,377.00
45388	45388	COLONOSCOPY W/ABLATION	\$ 1,227.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
45389	45389	COLONOSCOPY W/STNT PLCMT	\$ 1,061.00
45390	45390	COLONOSCOPY W/RESECTION	\$ 1,263.00
45391	45391	COLONOSCOPY W/ENDOSCOPE US	\$ 1,057.00
45392	45392	COLONOSCOPY W/ENDOSCOPIC FNB	\$ 1,166.00
45393	45393	COLONOSCOPY W/DECOMPRESSION	\$ 912.00
45395	45395	LAP, REMOVAL OF RECTUM	\$ 6,048.00
45397	45397	LAP REMOVE RECTUM W/POUCH	\$ 6,726.00
45398	45398	COLONOSCOPY W/BAND LIGATION	\$ 1,386.00
45400	45400	LAPAROSCOPIC PROC	\$ 3,444.00
45402	45402	LAP PROCTOPEXY W/SIG RESECT	\$ 4,581.00
45500	45500	REPAIR OF RECTUM	\$ 1,526.00
45505	45505	REPAIR OF RECTUM	\$ 1,700.00
45520	45520	TREATMENT OF RECTAL PROLAPSE	\$ 271.00
45540	45540	CORRECT RECTAL PROLAPSE	\$ 3,347.00
45541	45541	CORRECT RECTAL PROLAPSE	\$ 2,728.00
45550	45550	REPAIR RECTUM/REMOVE SIGMOID	\$ 4,176.00
45560	45560	REPAIR RECTOCELE	\$ 1,975.00
45562	45562	EXPLORATION/REPAIR RECTUM	\$ 3,229.00
45563	45563	EXPLORATION/REPAIR RECTUM	\$ 4,263.00
45800	45800	REPAIR RECT/BLADDER FISTULA	\$ 3,369.00
45805	45805	REPAIR FISTULA W/ COLOSTOMY	\$ 3,841.00
45820	45820	REPAIR RECTOURETHRAL FISTULA	\$ 3,711.00
45825	45825	REPAIR FISTULA W/ COLOSTOMY	\$ 4,475.00
45900	45900	REDUCTION OF RECTAL PROLAPSE	\$ 586.00
45905	45905	DILATION OF ANAL SPHINCTER	\$ 517.00
45910	45910	DILATION OF RECTAL NARROWING	\$ 614.00
45915	45915	REMOVE RECTAL OBSTRUCTION	\$ 818.00
45990	45990	SURG DX EXAM, ANORECTAL	\$ 341.00
46020	46020	PLACEMENT OF SETON	\$ 754.00
46030	46030	REMOVE RECTAL MARKER	\$ 378.00
46040	46040	INCISION OF RECTAL ABSCESS	\$ 1,386.00
46045	46045	INCISION OF RECTAL ABSCESS	\$ 1,125.00
46050	46050	INCISION OF ANAL ABSCESS	\$ 523.00
46060	46060	INCISION OF RECTAL ABSCESS	\$ 1,431.00
46070	46070	INCISION OF ANAL SEPTUM	\$ 660.00
46080	46080	INCISION OF ANAL SPHINCTER	\$ 655.00
46083	46083	INCISE EXTERNAL HEMORRHOID	\$ 454.00
46200	46200	REMOVAL OF ANAL FISSURE	\$ 1,029.00
46220	46220	REMOVAL OF ANAL TAB	\$ 502.00
46221	46221	LIGATION OF HEMORRHOID(S)	\$ 658.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
46230	46230	REMOVAL OF ANAL TABS	\$ 679.00
46250	46250	HEMORRHOIDECTOMY	\$ 1,021.00
46255	46255	HEMORRHOIDECTOMY	\$ 1,243.00
46257	46257	REMOVE HEMORRHOIDS & FISSURE	\$ 1,146.00
46258	46258	REMOVE HEMORRHOIDS & FISTULA	\$ 1,309.00
46260	46260	HEMORRHOIDECTOMY	\$ 1,426.00
46261	46261	NEMOVE HEMORRHOIDS & FISSURE	\$ 1,551.00
46262	46262	REMOVE HEMORRHOIDS & FISTULA	\$ 1,606.00
46270	46270	REMOVAL OF ANAL FISTULA	\$ 1,234.00
46275	46275	REMOVAL OF ANAL FISTULA	\$ 1,414.00
46280	46280	REMOVAL OF ANAL FISTULA	\$ 1,480.00
46285	46285	REMOVAL OF ANAL FISTULA	\$ 1,367.00
46288	46288	REPAIR ANAL FISTULA	\$ 1,671.00
46320	46320	REMOVAL OF HEMORRHOID CLOT	\$ 487.00
46500	46500	INJECTION INTO HEMORRHOIDS	\$ 569.00
46505	46505	CHEMODENERVATION ANAL MUSC	\$ 796.00
46600	46600	DIAGNOSTIC ANOSCOPY	\$ 243.00
46601	46601	DIAGNOSTIC ANOSCOPY	\$ 447.00
46604	46604	ANOSCOPY AND DILATION	\$ 1,212.00
46606	46606	ANOSCOPY AND BIOPSY	\$ 616.00
46607	46607	DIAGNOSTIC ANOSCOPY & BIOPSY	\$ 694.00
46608	46608	ANOSCOPY/REMOVE FOR BODY	\$ 637.00
46610	46610	ANOSCOPY/REMOVE LESION	\$ 520.00
46611	46611	ANOSCOPY	\$ 427.00
46612	46612	ANOSCOPY/REMOVE LESIONS	\$ 622.00
46614	46614	ANOSCOPY/CONTROL BLEEDING	\$ 496.00
46615	46615	ANOSCOPY	\$ 438.00
46700	46700	REPAIR OF ANAL STRICTURE	\$ 1,892.00
46705	46705	REPAIR OF ANAL STRICTURE	\$ 1,484.00
46706	46706	REPR OF ANAL FISTULA W/GLUE	\$ 508.00
46707	46707	REPAIR ANORECTAL FIST W/PLUG	\$ 1,365.00
46710	46710	REPR PER/VAG POUCH SNGL PROC	\$ 2,984.00
46712	46712	REPR PER/VAG POUCH DBL PROC	\$ 6,020.00
46715	46715	REP PERF ANOPER FISTU	\$ 1,544.00
46716	46716	REP PERF ANOPER/VESTIB FISTU	\$ 3,330.00
46730	46730	CONSTRUCTION OF ABSENT ANUS	\$ 5,075.00
46735	46735	CONSTRUCTION OF ABSENT ANUS	\$ 6,028.00
46740	46740	CONSTRUCTION OF ABSENT ANUS	\$ 5,799.00
46742	46742	REPAIR OF IMPERFORATED ANUS	\$ 7,009.00
46744	46744	REPAIR OF CLOACAL ANOMALY	\$ 8,807.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
46746	46746	REPAIR OF CLOACAL ANOMALY	\$ 9,745.00
46748	46748	REPAIR OF CLOACAL ANOMALY	\$ 10,609.00
46750	46750	REPAIR OF ANAL SPHINCTER	\$ 2,093.00
46751	46751	REPAIR OF ANAL SPHINCTER	\$ 1,841.00
46753	46753	RECONSTRUCTION OF ANUS	\$ 1,543.00
46754	46754	REMOVAL OF SUTURE FROM ANUS	\$ 684.00
46760	46760	REPAIR OF ANAL SPHINCTER	\$ 2,632.00
46761	46761	REPAIR OF ANAL SPHINCTER	\$ 2,564.00
46900	46900	DESTRUCTION, ANAL LESION(S)	\$ 569.00
46910	46910	DESTRUCTION, ANAL LESION(S)	\$ 634.00
46916	46916	CRYOSURGERY, ANAL LESION(S)	\$ 524.00
46917	46917	LASER SURGERY, ANAL LESIONS	\$ 971.00
46922	46922	EXCISION OF ANAL LESION(S)	\$ 665.00
46924	46924	DESTRUCTION, ANAL LESION(S)	\$ 1,250.00
46930	46930	DESTROY INTERNAL HEMORRHOIDS	\$ 545.00
46940	46940	TREATMENT OF ANAL FISSURE	\$ 675.00
46942	46942	TREATMENT OF ANAL FISSURE	\$ 667.00
46945	46945	LIGATION OF HEMORRHOIDS	\$ 733.00
46946	46946	LIGATION OF HEMORRHOIDS	\$ 787.00
46947	46947	HEMORRHOIDOPEXY BY STAPLING	\$ 1,039.00
46948	46948	INT HRHC TRANAL DARTIZJ 2+	\$ 1,258.00
47000	47000	MD BIOPSY LIVER, PERCUTANEOUS	\$ 567.00
47001	47001	NEEDLE BIOPSY LIVER ADD-ON	\$ 338.00
47010	47010	OPEN DRAINAGE, LIVER LESION	\$ 3,300.00
47015	47015	INJECT/ASPIRATE LIVER CYST	\$ 3,199.00
47100	47100	WEDGE BIOPSY OF LIVER	\$ 2,442.00
47120	47120	PARTIAL REMOVAL OF LIVER	\$ 7,316.00
47122	47122	EXTENSIVE REMOVAL OF LIVER	\$ 11,517.00
47125	47125	PARTIAL REMOVAL OF LIVER	\$ 10,016.00
47130	47130	PARTIAL REMOVAL OF LIVER	\$ 10,474.00
47133	47133	REMOVAL OF DONOR LIVER	\$ 8,971.00
47135	47135	TRANSPLANTATION OF LIVER	\$ 26,980.00
47140	47140	PARTIAL REMOVAL, DONOR LIVER	\$ 16,239.00
47141	47141	PARTIAL REMOVAL, DONOR LIVER	\$ 19,433.00
47142	47142	PARTIAL REMOVAL, DONOR LIVER	\$ 20,072.00
47143	47143	PREP DONOR LIVER WHOLE	\$ 2,244.00
47146	47146	PREP DONOR LIVER/VENOUS	\$ 1,237.00
47147	47147	PREP DONOR LIVER/ARTERIAL	\$ 1,566.00
47300	47300	SURGERY FOR LIVER LESION	\$ 3,277.00
47350	47350	REPAIR LIVER WOUND	\$ 4,003.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
47360	47360	REPAIR LIVER WOUND	\$ 5,433.00
47361	47361	REPAIR LIVER WOUND	\$ 8,835.00
47362	47362	REPAIR LIVER WOUND	\$ 4,289.00
47370	47370	LAPARO ABLATE LIVER TUMOR RF	\$ 3,830.00
47371	47371	LAPARO ABLATE LIVER CRYOSURG	\$ 3,835.00
47380	47380	OPEN ABLATE LIVER TUMOR RF	\$ 4,433.00
47381	47381	OPEN ABLATE LIVER TUMOR CRYO	\$ 4,439.00
47382	47382	PERCUT ABLATE LIVER RF	\$ 3,546.00
47383	47383	MD ABLATION OPEN 1 OR MORE LIV	\$ 1,954.00
47400	47400	INCISION OF LIVER DUCT	\$ 6,450.00
47420	47420	INCISION OF BILE DUCT	\$ 4,020.00
47425	47425	INCISION OF BILE DUCT	\$ 4,171.00
47460	47460	INCISE BILE DUCT SPHINCTER	\$ 3,709.00
47480	47480	INCISION OF GALLBLADDER	\$ 2,386.00
47490	47490	PERCUTANEOUS CHOLECYSTOSTOMY	\$ 1,490.00
47531	47531	INJECTION FOR CHOLANGIOGRAM	\$ 393.00
47532	47532	INJECTION FOR CHOLANGIOGRAM	\$ 889.00
47533	47533	PLMT BILIARY DRAINAGE CATH	\$ 1,208.00
47534	47534	MD PLCMT BILI DRN INT/EXT CATH	\$ 1,784.00
47535	47535	MD CNVT EXT BILI DRN CATH TO I	\$ 1,013.00
47536	47536	EXCHANGE BILIARY DRG CATH	\$ 685.00
47537	47537	MD RMV BILI DRN CATH W/IMG	\$ 434.00
47538	47538	PERQ PLMT BILE DUCT STENT	\$ 1,403.00
47539	47539	MD PLCMNT BILE DUCT STNT W/IMG	\$ 1,807.00
47540	47540	PERQ PLMT BILE DUCT STENT	\$ 1,962.00
47541	47541	PLMT ACCESS BIL TREE SM BWL	\$ 1,391.00
47542	47542	MD BALLOON DILATION BILIARY DU	\$ 606.00
47543	47543	MD ENDOLUMINAL BIOPSY BILIARY	\$ 685.00
47544	47544	EXTRACT BILIARY DUCT STONE	\$ 835.00
47550	47550	BILE DUCT ENDOSCOPY ADD-ON	\$ 536.00
47552	47552	BILIARY ENDOSCOPY THRU SKIN	\$ 1,124.00
47553	47553	BILIARY ENDOSCOPY THRU SKIN	\$ 1,063.00
47554	47554	BILIARY ENDOSCOPY THRU SKIN	\$ 1,725.00
47555	47555	BILIARY ENDOSCOPY THRU SKIN	\$ 1,318.00
47556	47556	BILIARY ENDOSCOPY THRU SKIN	\$ 1,339.00
47562	47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$ 2,285.00
47563	47563	LAPARO CHOLECYSTECTOMY/GRAPH	\$ 2,428.00
47564	47564	LAPARO CHOLECYSTECTOMY/EXPLR	\$ 3,200.00
47570	47570	LAPARO CHOLECYSTOENTEROSTOMY	\$ 2,461.00
47600	47600	REMOVAL OF GALLBLADDER	\$ 3,130.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
47605	47605	REMOVAL OF GALLBLADDER	\$ 3,040.00
47610	47610	REMOVAL OF GALLBLADDER	\$ 3,663.00
47612	47612	REMOVAL OF GALLBLADDER	\$ 3,651.00
47620	47620	REMOVAL OF GALLBLADDER	\$ 4,082.00
47700	47700	EXPLORATION OF BILE DUCTS	\$ 3,052.00
47701	47701	BILE DUCT REVISION	\$ 5,005.00
47711	47711	EXCISION OF BILE DUCT TUMOR	\$ 4,994.00
47712	47712	EXCISION OF BILE DUCT TUMOR	\$ 6,499.00
47715	47715	EXCISION OF BILE DUCT CYST	\$ 4,184.00
47720	47720	FUSION GALLBLADDER & BOWEL	\$ 3,027.00
47721	47721	FUSION UPPER GI STRUCTURES	\$ 3,550.00
47740	47740	FUSION GALLBLADDER & BOWEL	\$ 3,443.00
47741	47741	FUSION GALLBLADDER & BOWEL	\$ 4,063.00
47760	47760	FUSE BILE DUCTS AND BOWEL	\$ 6,714.00
47765	47765	FUSE LIVER DUCTS AND BOWEL	\$ 8,215.00
47780	47780	FUSE BILE DUCTS AND BOWEL	\$ 7,437.00
47785	47785	FUSE BILE DUCTS AND BOWEL	\$ 10,593.00
47800	47800	RECONSTRUCTION OF BILE DUCTS	\$ 5,665.00
47801	47801	PLACEMENT, BILE DUCT SUPPORT	\$ 3,309.00
47802	47802	FUSE LIVER DUCT & INTESTINE	\$ 4,704.00
47900	47900	SUTURE BILIARY DUCT INJURY	\$ 4,189.00
48000	48000	DRAINAGE OF ABDOMEN	\$ 5,052.00
48001	48001	PLACEMENT OF DRAIN, PANCREAS	\$ 6,150.00
48020	48020	REMOVAL OF PANCREATIC STONE	\$ 3,299.00
48100	48100	BIOPSY OF PANCREAS, OPEN	\$ 2,702.00
48102	48102	MD BIOPSY PANCREAS (PERCUTANEO	\$ 1,020.00
48105	48105	RESECT/DEBRIDE PANCREAS	\$ 8,349.00
48120	48120	REMOVAL OF PANCREAS LESION	\$ 3,539.00
48140	48140	PARTIAL REMOVAL OF PANCREAS	\$ 5,006.00
48145	48145	PARTIAL REMOVAL OF PANCREAS	\$ 5,250.00
48146	48146	PANCREATECTOMY	\$ 5,599.00
48148	48148	REMOVAL OF PANCREATIC DUCT	\$ 3,844.00
48150	48150	PARTIAL REMOVAL OF PANCREAS	\$ 10,080.00
48152	48152	PANCREATECTOMY	\$ 8,708.00
48153	48153	PANCREATECTOMY	\$ 10,189.00
48154	48154	PANCREATECTOMY	\$ 9,023.00
48155	48155	REMOVAL OF PANCREAS	\$ 6,293.00
48160	48160	PANCREAS REMOVAL/TRANSPLANT	\$ 12,787.00
48400	48400	INJECTION INTRAOP ADD-ON	\$ 354.00
48500	48500	SURGERY OF PANCREATIC CYST	\$ 3,516.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
48510	48510	DRAIN PANCREATIC PSEUDOCYST	\$ 3,391.00
48520	48520	FUSE PANCREAS CYST AND BOWEL	\$ 3,160.00
48540	48540	FUSE PANCREAS CYST AND BOWEL	\$ 3,841.00
48545	48545	PANCREATORRHAPHY	\$ 3,860.00
48547	48547	DUODENAL EXCLUSION	\$ 5,126.00
48548	48548	FUSE PANCREAS AND BOWEL	\$ 5,259.00
48551	48551	PREP DONOR PANCREAS	\$ 1,582.00
48552	48552	PREP DONOR PANCREAS/VENOUS	\$ 892.00
48554	48554	TRANSPL ALLOGRAFT PANCREAS	\$ 9,371.00
48556	48556	REMOVAL, ALLOGRAFT PANCREAS	\$ 4,284.00
49000	49000	EXPLORATION BEHIND ABDOMEN	\$ 2,405.00
49002	49002	REOPENING OF ABDOMEN	\$ 3,156.00
49010	49010	EXPLORATION BEHIND ABDOMEN	\$ 2,953.00
49013	49013	PRPERTL PEL PACK HEMRRG TRMA	\$ 1,286.00
49014	49014	PEEXPLORATION PELVIC WOUND	\$ 1,085.00
49020	49020	DRAIN ABDOMINAL ABSCESS	\$ 4,583.00
49040	49040	DRAIN, OPEN, ABDOM ABSCESS	\$ 2,649.00
49060	49060	DRAIN, OPEN, RETROP ABSCESS	\$ 3,128.00
49062	49062	DRAIN TO PERITONEAL CAVITY	\$ 2,378.00
49082	49082	ABD PARACENTESIS	\$ 472.00
49083	49083	ABD PARACENTESIS W/IMAGING	\$ 499.00
49084	49084	PERITONEAL LAVAGE	\$ 324.00
49180	49180	BIOPSY, ABDOMINAL MASS	\$ 496.00
49185	49185	SCLEROTX FLUID COLLECTION	\$ 640.00
49203	49203	EXC ABD TUM 5 CM OR LESS	\$ 3,727.00
49204	49204	EXC ABD TUM OVER 5 CM	\$ 4,806.00
49205	49205	EXC ABD TUM OVER 10 CM	\$ 5,630.00
49215	49215	EXCISE SACRAL SPINE TUMOR	\$ 7,041.00
49250	49250	EXCISION OF UMBILICUS	\$ 1,656.00
49255	49255	REMOVAL OF OMENTUM	\$ 2,145.00
49320	49320	DIAG LAPARO SEPARATE PROC	\$ 1,112.00
49321	49321	LAPAROSCOPY, BIOPSY	\$ 1,178.00
49322	49322	LAPAROSCOPY, ASPIRATION	\$ 1,243.00
49323	49323	LAPARO DRAIN LYMPHOCELE	\$ 2,026.00
49324	49324	LAP INSERTION PERM IP CATH	\$ 1,167.00
49325	49325	LAP REVISION PERM IP CATH	\$ 1,223.00
49326	49326	LAP W/OMENTOPEXY ADD-ON	\$ 573.00
49327	49327	LAP INS DEVICE FOR RT	\$ 423.00
49400	49400	AIR INJECTION INTO ABDOMEN	\$ 405.00
49402	49402	REMOVE FOREIGN BODY, ABDOMEN	\$ 2,419.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
49405	49405	MD DRAINAGE VISCERAL (LUNG,LIV	\$ 966.00
49406	49406	MD DRAINAGE PERITONEAL/RETROPE	\$ 1,031.00
49407	49407	MD DRAINAGE PERITONEAL/RETROPE	\$ 1,039.00
49411	49411	INS MARK ABD/PEL FOR RT PERG	\$ 1,015.00
49412	49412	INS DEVISE FOR RT GUIDE OPEN	\$ 275.00
49418	49418	INSERT TUN IP CATH PERC	\$ 1,117.00
49419	49419	INSRT ABDOM CATH FOR CHEMOTX	\$ 1,348.00
49421	49421	INSERT ABDOMINAL DRAIN	\$ 877.00
49422	49422	REMOVE PERM CANNULA/CATHETER	\$ 1,136.00
49423	49423	MD EXCHANGE OF PREVIOUS ABSCES	\$ 518.00
49424	49424	ASSESS CYST CONTRAST INJ	\$ 230.00
49425	49425	INSERT ABDOMEN-VENOUS DRAIN	\$ 2,526.00
49426	49426	REVISE ABDOMEN-VENOUS SHUNT	\$ 1,900.00
49427	49427	INJECTION ABDOMINAL SHUNT	\$ 172.00
49428	49428	LIGATION OF SHUNT	\$ 1,326.00
49429	49429	REMOVAL OF SHUNT	\$ 1,474.00
49435	49435	INSERT SUBQ EXTEN TO IP CATH	\$ 354.00
49436	49436	EMBEDDED IP CATH EXIT-SITE	\$ 556.00
49440	49440	MD INSERTION OF GASTROSTOMY TU	\$ 1,259.00
49441	49441	PLACE DUOD/JEJ TUBE PERC	\$ 1,450.00
49442	49442	PLACE CECOSTOMY TUBE PERC	\$ 1,215.00
49446	49446	CHANGE G-TUBE TO G-J PERC	\$ 923.00
49450	49450	REPLACE G/C TUBE PERC	\$ 390.00
49451	49451	REPLACE DUOD/JEJ TUBE PERC	\$ 506.00
49452	49452	MD REPLACEMENT OF GASTRO-JEJUN	\$ 787.00
49460	49460	MD MECHANICAL REMOVAL OBSTRUCT	\$ 245.00
49465	49465	FLUORO EXAM OF G/COLON TUBE	\$ 169.00
49491	49491	RPR HERN PREMIE REUDC	\$ 2,397.00
49492	49492	RPR ING HERN PREMIE, BLOCKED	\$ 2,880.00
49495	49495	RPR ING HERNIA BABY, REDUC	\$ 1,226.00
49496	49496	RPR ING HERNIA BABY, BLOCKED	\$ 1,849.00
49500	49500	RPR ING HERNIA, INIT, REDUCE	\$ 1,265.00
49501	49501	RPR ING HERNIA, INIT BLOCKED	\$ 1,822.00
49505	49505	RPR I/HERN INIT REDUC >5 YR	\$ 1,581.00
49507	49507	RPR I/HERN INIT BLOCK >5 YR	\$ 1,824.00
49520	49520	REREPAIR ING HERNIA, REDUCE	\$ 1,854.00
49521	49521	REREPAIR ING HERNIA, BLOCKED	\$ 2,126.00
49525	49525	REPAIR ING HERNIA, SLIDING	\$ 1,704.00
49540	49540	REPAIR LUMBAR HERNIA	\$ 1,938.00
49550	49550	RPR FEM HERNIA, INIT REDUCE	\$ 1,636.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
49553	49553	RPR FEM HERNIA, INIT BLOCKED	\$ 1,860.00
49555	49555	REREPAIR FEM HERNIA, REDUCE	\$ 1,713.00
49557	49557	REREPAIR FEM HERNIA, BLOCKED	\$ 2,011.00
49600	49600	REPAIR UMBILICAL LESION	\$ 2,227.00
49605	49605	REPAIR UMBILICAL LESION	\$ 16,911.00
49606	49606	REPAIR UMBILICAL LESION	\$ 3,524.00
49610	49610	REPAIR UMBILICAL LESION	\$ 2,165.00
49611	49611	REPAIR UMBILICAL LESION	\$ 1,909.00
49650	49650	LAPARO HERNIA REPAIR INITIAL	\$ 1,349.00
49651	49651	LAPARO HERNIA REPAIR RECUR	\$ 1,743.00
49900	49900	REPAIR OF ABDOMINAL WALL	\$ 2,294.00
49904	49904	OMENTAL FLAP, EXTRA-ABDOM	\$ 5,001.00
49905	49905	OMENTAL FLAP	\$ 1,188.00
49906	49906	FREE OMENTAL FLAP, MICROVASC	\$ 6,333.00
50010	50010	EXPLORATION OF KIDNEY	\$ 2,419.00
50020	50020	RENAL ABSCESS, OPEN DRAIN	\$ 3,082.00
50040	50040	DRAINAGE OF KIDNEY	\$ 2,957.00
50045	50045	EXPLORATION OF KIDNEY	\$ 2,946.00
50060	50060	REMOVAL OF KIDNEY STONE	\$ 3,519.00
50065	50065	INCISION OF KIDNEY	\$ 3,606.00
50070	50070	INCISION OF KIDNEY	\$ 3,499.00
50075	50075	REMOVAL OF KIDNEY STONE	\$ 4,349.00
50080	50080	REMOVAL OF KIDNEY STONE	\$ 2,975.00
50081	50081	REMOVAL OF KIDNEY STONE	\$ 4,076.00
50100	50100	REVISE KIDNEY BLOOD VESSELS	\$ 3,433.00
50120	50120	EXPLORATION OF KIDNEY	\$ 3,104.00
50125	50125	EXPLORE AND DRAIN KIDNEY	\$ 3,295.00
50130	50130	REMOVAL OF KIDNEY STONE	\$ 2,847.00
50135	50135	EXPLORATION OF KIDNEY	\$ 3,111.00
50200	50200	BIOPSY OF KIDNEY	\$ 778.00
50205	50205	BIOPSY OF KIDNEY	\$ 2,704.00
50220	50220	REMOVE KIDNEY, OPEN	\$ 3,544.00
50225	50225	REMOVE KIDNEY OPEN, COMPLEX	\$ 4,167.00
50230	50230	REMOVE KIDNEY OPEN, RADICAL	\$ 4,179.00
50234	50234	REMOVAL OF KIDNEY & URETER	\$ 4,459.00
50236	50236	REMOVAL OF KIDNEY & URETER	\$ 4,643.00
50240	50240	PARTIAL REMOVAL OF KIDNEY	\$ 4,402.00
50250	50250	CRYOABLATE RENAL MASS OPEN	\$ 4,008.00
50280	50280	REMOVAL OF KIDNEY LESION	\$ 3,127.00
50290	50290	REMOVAL OF KIDNEY LESION	\$ 2,876.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
50300	50300	REMOVE CADAVER DONOR KIDNEY	\$ 4,985.00
50320	50320	REMOVE KIDNEY, LIVING DONOR	\$ 5,220.00
50323	50323	PREP CADAVER RENAL ALLOGRAFT	\$ 1,253.00
50325	50325	PREP DONOR RENAL GRAFT	\$ 1,062.00
50327	50327	PREP RENAL GRAFT/VENOUS	\$ 844.00
50328	50328	PREP RENAL GRAFT/ARTERIAL	\$ 694.00
50329	50329	PREP RENAL GRAFT/URETERAL	\$ 606.00
50340	50340	REMOVAL OF KIDNEY	\$ 2,969.00
50360	50360	TRANSPLANTATION OF KIDNEY	\$ 9,054.00
50365	50365	TRANSPLANTATION OF KIDNEY	\$ 9,804.00
50370	50370	REMOVE TRANSPLANTED KIDNEY	\$ 3,984.00
50380	50380	REIMPLANTATION OF KIDNEY	\$ 6,707.00
50382	50382	MD REMOVAL/REPLACEMENT OF URET	\$ 1,145.00
50384	50384	MD REMOVAL INDWELLING URETERAL	\$ 1,493.00
50385	50385	MD REMOVAL/REPLACEMENT URETERA	\$ 1,538.00
50386	50386	MD REMOVAL INTERNAL DWELLING U	\$ 969.00
50387	50387	MD REMOVAL/REPLACEMENT OF EXTE	\$ 591.00
50389	50389	MD REMOVAL OF NEPHROSTOMY TUBE	\$ 376.00
50390	50390	MD ASPIRATION AND OR INJECTION	\$ 416.00
50391	50391	INSTLL RX AGNT INTO RNAL TUB	\$ 441.00
50396	50396	MEASURE KIDNEY PRESSURE	\$ 496.00
50400	50400	REVISION OF KIDNEY/URETER	\$ 3,837.00
50405	50405	REVISION OF KIDNEY/URETER	\$ 4,562.00
50430	50430	MD INJECTION ANTEGRADE NEPHROS	\$ 710.00
50431	50431	MD INJECTION FOR ANTEGRADE NEP	\$ 324.00
50432	50432	MD PLACEMENT OF NEPHROSTOMY CA	\$ 1,023.00
50433	50433	MD PLACEMENT NEPHRURETERAL CAT	\$ 1,194.00
50434	50434	CONVERT NEPHROSTOMY TUBE	\$ 954.00
50435	50435	EXCHANGE NEPHROSTOMY CATH	\$ 512.00
50436	50436	DILAT XST TRC NDURLGC PX	\$ 837.00
50437	50437	DILAT XST TRC NEW ACCESS RCS	\$ 1,397.00
50500	50500	REPAIR OF KIDNEY WOUND	\$ 4,006.00
50520	50520	CLOSE KIDNEY-SKIN FISTULA	\$ 3,650.00
50525	50525	REPAIR RENAL-ABDOMEN FISTULA	\$ 4,645.00
50526	50526	REPAIR RENAL-ABDOMEN FISTULA	\$ 4,962.00
50540	50540	REVISION OF HORSESHOE KIDNEY	\$ 3,520.00
50541	50541	LAPARO ABLATE RENAL CYST	\$ 2,779.00
50542	50542	LAPARO ABLATE RENAL MASS	\$ 3,348.00
50543	50543	LAPARO PARTIAL NEPHRECTOMY	\$ 4,694.00
50544	50544	LAPAROSCOPY, PYELOPLASTY	\$ 3,915.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
50545	50545	LAPARO RADICAL NEPHRECTOMY	\$ 4,344.00
50546	50546	LAPAROSCOPIC NEPHRECTOMY	\$ 3,908.00
50547	50547	LAPARO REMOVAL DONOR KIDNEY	\$ 6,701.00
50548	50548	LAPARO REMOVE W/URETER	\$ 4,390.00
50551	50551	KIDNEY ENDOSCOPY	\$ 1,114.00
50553	50553	KIDNEY ENDOSCOPY	\$ 1,247.00
50555	50555	KIDNEY ENDOSCOPY & BIOPSY	\$ 1,361.00
50557	50557	KIDNEY ENDOSCOPY & TREATMENT	\$ 1,462.00
50561	50561	KIDNEY ENDOSCOPY & TREATMENT	\$ 1,609.00
50562	50562	RENAL SCOPE W/TUMOR RESECT	\$ 2,094.00
50570	50570	KIDNEY ENDOSCOPY	\$ 1,599.00
50572	50572	KIDNEY ENDOSCOPY	\$ 1,615.00
50574	50574	KIDNEY ENDOSCOPY & BIOPSY	\$ 1,885.00
50575	50575	KIDNEY ENDOSCOPY	\$ 2,285.00
50576	50576	KIDNEY ENDOSCOPY & TREATMENT	\$ 1,899.00
50580	50580	KIDNEY ENDOSCOPY & TREATMENT	\$ 1,860.00
50590	50590	FRAGMENTING OF KIDNEY STONE	\$ 2,200.00
50592	50592	PERC RF ABLATE RENAL TUMOR	\$ 1,620.00
50593	50593	PERC CRYO ABLATE RENAL TUM	\$ 2,070.00
50600	50600	EXPLORATION OF URETER	\$ 2,886.00
50605	50605	INSERT URETERAL SUPPORT	\$ 3,199.00
50606	50606	MD BIOPSY ENDOLUMINAL/RENAL PE	\$ 655.00
50610	50610	REMOVAL OF URETER STONE	\$ 2,912.00
50620	50620	REMOVAL OF URETER STONE	\$ 2,726.00
50630	50630	REMOVAL OF URETER STONE	\$ 2,720.00
50650	50650	REMOVAL OF URETER	\$ 3,277.00
50660	50660	REMOVAL OF URETER	\$ 3,516.00
50684	50684	INJECTION FOR URETER X-RAY	\$ 347.00
50688	50688	CHANGE OF URETER TUBE	\$ 308.00
50690	50690	INJECTION FOR URETER X-RAY	\$ 276.00
50693	50693	MD PLACEMENT URETERAL STENT, P	\$ 941.00
50694	50694	MD NEW PLACEMENT URETERAL STEN	\$ 1,130.00
50695	50695	MD NEW PLACEMENT URETERAL STEN	\$ 1,497.00
50700	50700	REVISION OF URETER	\$ 3,132.00
50705	50705	URETERAL EMBOLIZATION/OCCL	\$ 863.00
50706	50706	MD BALLOON DILATION URETERAL S	\$ 860.00
50715	50715	RELEASE OF URETER	\$ 4,298.00
50722	50722	RELEASE OF URETER	\$ 3,415.00
50725	50725	RELEASE/REVISE URETER	\$ 3,426.00
50727	50727	REVISE URETER	\$ 1,778.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
50728	50728	REVISE URETER	\$ 2,582.00
50740	50740	FUSION OF URETER & KIDNEY	\$ 3,833.00
50750	50750	FUSION OF URETER & KIDNEY	\$ 3,711.00
50760	50760	FUSION OF URETERS	\$ 3,644.00
50770	50770	SPLICING OF URETERS	\$ 3,645.00
50780	50780	REIMPLANT URETER IN BLADDER	\$ 3,783.00
50782	50782	REIMPLANT URETER IN BLADDER	\$ 3,865.00
50783	50783	REIMPLANT URETER IN BLADDER	\$ 3,739.00
50785	50785	REIMPLANT URETER IN BLADDER	\$ 4,074.00
50800	50800	IMPLANT URETER IN BOWEL	\$ 3,346.00
50810	50810	FUSION OF URETER & BOWEL	\$ 4,770.00
50815	50815	URINE SHUNT TO INTESTINE	\$ 3,950.00
50820	50820	CONSTRUCT BOWEL BLADDER	\$ 4,410.00
50825	50825	CONSTRUCT BOWEL BLADDER	\$ 6,225.00
50830	50830	REVISE URINE FLOW	\$ 6,043.00
50840	50840	REPLACE URETER BY BOWEL	\$ 4,578.00
50845	50845	APPENDICO-VESICOSTOMY	\$ 4,384.00
50860	50860	TRANSPLANT URETER TO SKIN	\$ 3,225.00
50900	50900	REPAIR OF URETER	\$ 2,750.00
50920	50920	CLOSURE URETER/SKIN FISTULA	\$ 2,949.00
50930	50930	CLOSURE URETER/BOWEL FISTULA	\$ 3,574.00
50940	50940	RELEASE OF URETER	\$ 2,887.00
50945	50945	LAPAROSCOPY URETEROLITHOTOMY	\$ 3,133.00
50947	50947	LAPARO NEW URETER/BLADDER	\$ 4,357.00
50948	50948	LAPARO NEW URETER/BLADDER	\$ 3,997.00
50951	50951	ENDOSCOPY OF URETER	\$ 1,073.00
50953	50953	ENDOSCOPY OF URETER	\$ 1,166.00
50955	50955	URETER ENDOSCOPY & BIOPSY	\$ 1,286.00
50957	50957	URETER ENDOSCOPY & TREATMENT	\$ 1,259.00
50961	50961	URETER ENDOSCOPY & TREATMENT	\$ 1,178.00
50970	50970	URETER ENDOSCOPY	\$ 1,094.00
50972	50972	URETER ENDOSCOPY & CATHETER	\$ 1,054.00
50974	50974	URETER ENDOSCOPY & BIOPSY	\$ 1,408.00
50976	50976	URETER ENDOSCOPY & TREATMENT	\$ 1,378.00
50980	50980	URETER ENDOSCOPY & TREATMENT	\$ 1,031.00
51020	51020	INCISE & TREAT BLADDER	\$ 1,307.00
51030	51030	INCISE & TREAT BLADDER	\$ 1,330.00
51040	51040	INCISE & DRAIN BLADDER	\$ 971.00
51045	51045	INCISE BLADDER/DRAIN URETER	\$ 1,572.00
51050	51050	REMOVAL OF BLADDER STONE	\$ 1,534.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
51060	51060	REMOVAL OF URETER STONE	\$ 1,843.00
51065	51065	REMOVE URETER CALCULUS	\$ 1,867.00
51080	51080	DRAINAGE OF BLADDER ABSCESS	\$ 1,332.00
51100	51100	DRAIN BLADDER BY NEEDLE	\$ 173.00
51101	51101	DRAIN BLADDER BY TROCAR/CATH	\$ 314.00
51102	51102	MD ASPIRATION OF BLADDER, WITH	\$ 662.00
51500	51500	REMOVAL OF BLADDER CYST	\$ 1,894.00
51520	51520	REMOVAL OF BLADDER LESION	\$ 1,746.00
51525	51525	REMOVAL OF BLADDER LESION	\$ 2,687.00
51530	51530	REMOVAL OF BLADDER LESION	\$ 2,400.00
51535	51535	REPAIR OF URETER LESION	\$ 2,358.00
51550	51550	PARTIAL REMOVAL OF BLADDER	\$ 3,099.00
51555	51555	PARTIAL REMOVAL OF BLADDER	\$ 4,062.00
51565	51565	REVISE BLADDER & URETER(S)	\$ 4,035.00
51570	51570	REMOVAL OF BLADDER	\$ 4,802.00
51575	51575	REMOVAL OF BLADDER & NODES	\$ 5,604.00
51580	51580	REMOVE BLADDER/REVISE TRACT	\$ 5,763.00
51585	51585	REMOVAL OF BLADDER & NODES	\$ 6,908.00
51590	51590	REMOVE BLADDER/REVISE TRACT	\$ 6,587.00
51595	51595	REMOVE BLADDER/REVISE TRACT	\$ 7,778.00
51596	51596	REMOVE BLADDER/CREATE POUCH	\$ 8,313.00
51597	51597	REMOVAL OF PELVIC STRUCTURES	\$ 8,216.00
51600	51600	INJECTION FOR BLADDER X-RAY	\$ 618.00
51605	51605	PREPARATION FOR BLADDER XRAY	\$ 127.00
51610	51610	INJECTION FOR BLADDER X-RAY	\$ 423.00
51700	51700	IRRIGATION OF BLADDER	\$ 235.00
51701	51701	INSERT BLADDER CATHETER	\$ 162.00
51702	51702	INSERT TEMP BLADDER CATH	\$ 211.00
51703	51703	INSERT BLADDER CATH, COMPLEX	\$ 374.00
51705	51705	CHANGE OF BLADDER TUBE	\$ 280.00
51710	51710	CHANGE OF BLADDER TUBE	\$ 405.00
51715	51715	ENDOSCOPIC INJECTION/IMPLANT	\$ 875.00
51720	51720	TREATMENT OF BLADDER LESION	\$ 316.00
51725	51725	SIMPLE CYSTOMETROGRAM	\$ 195.00
51726	51726	COMPLEX CYSTOMETROGRAM	\$ 221.00
51727	51727	CYSTOMETROGRAM W/UP	\$ 238.00
51728	51728	CYSTOMETROGRAM W/VP	\$ 264.00
51729	51729	CYSTOMETROGRAM W/VP&UP	\$ 301.00
51736	51736	URINE FLOW MEASUREMENT	\$ 65.00
51741	51741	ELECTRO-UROFLOWMETRY, FIRST	\$ 171.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
51784	51784	ANAL/URINARY MUSCLE STUDY	\$ 288.00
51785	51785	ANAL/URINARY MUSCLE STUDY	\$ 136.00
51792	51792	URINARY REFLEX STUDY	\$ 121.00
51797	51797	INTRAABDOMINAL PRESSURE TEST	\$ 105.00
51798	51798	US URINE CAPACITY MEASURE	\$ 62.00
51800	51800	REVISION OF BLADDER/URETHRA	\$ 3,550.00
51820	51820	REVISION OF URINARY TRACT	\$ 3,769.00
51840	51840	ATTACH BLADDER/URETHRA	\$ 2,111.00
51841	51841	ATTACH BLADDER/URETHRA	\$ 2,210.00
51845	51845	REPAIR BLADDER NECK	\$ 1,956.00
51860	51860	REPAIR OF BLADDER WOUND	\$ 2,249.00
51865	51865	REPAIR OF BLADDER WOUND	\$ 2,913.00
51880	51880	REPAIR OF BLADDER OPENING	\$ 1,466.00
51900	51900	REPAIR BLADDER/VAGINA LESION	\$ 2,653.00
51920	51920	CLOSE BLADDER-UTERUS FISTULA	\$ 2,673.00
51925	51925	HYSTERECTOMY/BLADDER REPAIR	\$ 3,589.00
51940	51940	CORRECTION OF BLADDER DEFECT	\$ 5,301.00
51960	51960	REVISION OF BLADDER & BOWEL	\$ 5,151.00
51980	51980	CONSTRUCT BLADDER OPENING	\$ 2,264.00
51990	51990	LAPARO URETHRAL SUSPENSION	\$ 2,543.00
51992	51992	LAPARO SLING OPERATION	\$ 2,623.00
52000	52000	CYSTOSCOPY	\$ 584.00
52001	52001	CYSTOSCOPY, REMOVAL OF CLOTS	\$ 1,021.00
52005	52005	CYSTOSCOPY & URETER CATHETER	\$ 727.00
52007	52007	CYSTOSCOPY AND BIOPSY	\$ 1,181.00
52010	52010	CYSTOSCOPY & DUCT CATHETER	\$ 835.00
52204	52204	CYSTOSCOPY	\$ 1,033.00
52214	52214	CYSTOSCOPY AND TREATMENT	\$ 2,353.00
52224	52224	CYSTOSCOPY AND TREATMENT	\$ 2,354.00
52234	52234	CYSTOSCOPY AND TREATMENT	\$ 870.00
52235	52235	CYSTOSCOPY AND TREATMENT	\$ 1,052.00
52240	52240	CYSTOSCOPY AND TREATMENT	\$ 1,537.00
52250	52250	CYSTOSCOPY AND RADIOTRACER	\$ 722.00
52260	52260	CYSTOSCOPY AND TREATMENT	\$ 634.00
52265	52265	CYSTOSCOPY AND TREATMENT	\$ 933.00
52270	52270	CYSTOSCOPY & REVISE URETHRA	\$ 933.00
52275	52275	CYSTOSCOPY & REVISE URETHRA	\$ 1,292.00
52276	52276	CYSTOSCOPY AND TREATMENT	\$ 863.00
52277	52277	CYSTOSCOPY AND TREATMENT	\$ 940.00
52281	52281	CYSTOSCOPY AND TREATMENT	\$ 917.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
52282	52282	CYSTOSCOPY, IMPLANT STENT	\$ 1,096.00
52283	52283	CYSTOSCOPY AND TREATMENT	\$ 783.00
52285	52285	CYSTOSCOPY AND TREATMENT	\$ 748.00
52287	52287	CYSTOSCOPY CHEMODENERVATION	\$ 941.00
52290	52290	CYSTOSCOPY AND TREATMENT	\$ 783.00
52300	52300	CYSTOSCOPY AND TREATMENT	\$ 844.00
52301	52301	CYSTOSCOPY AND TREATMENT	\$ 857.00
52305	52305	CYSTOSCOPY AND TREATMENT	\$ 836.00
52310	52310	CYSTOSCOPY AND TREATMENT	\$ 804.00
52315	52315	CYSTOSCOPY AND TREATMENT	\$ 1,284.00
52317	52317	REMOVE BLADDER STONE	\$ 2,090.00
52318	52318	REMOVE BLADDER STONE	\$ 1,580.00
52320	52320	CYSTOSCOPY AND TREATMENT	\$ 853.00
52325	52325	CYSTOSCOPY, STONE REMOVAL	\$ 1,045.00
52327	52327	CYSTOSCOPY INJECT MATERIAL	\$ 979.00
52330	52330	CYSTOSCOPY AND TREATMENT	\$ 1,417.00
52332	52332	CYSTOSCOPY AND TREATMENT	\$ 1,223.00
52334	52334	CREATE PASSAGE TO KIDNEY	\$ 798.00
52341	52341	CYSTO W/URETER STRICTURE TX	\$ 871.00
52342	52342	CYSTO W/UP STRICTURE TX	\$ 918.00
52343	52343	CYSTO W/RENAL STRICTURE TX	\$ 1,083.00
52344	52344	CYSTO/URETERO, STRICTURE TX	\$ 1,178.00
52345	52345	CYSTO/URETERO W/UP STRICTURE	\$ 1,201.00
52346	52346	CYSTOURETERO W/RENAL STRICT	\$ 1,433.00
52351	52351	CYSTOURETERO & OR PYELOSCOPE	\$ 1,020.00
52352	52352	CYSTOURETERO W/STONE REMOVE	\$ 1,147.00
52353	52353	CYSTOURETERO W/LITHOTRIPSY	\$ 1,331.00
52354	52354	CYSTOURETERO W/BIOPSY	\$ 1,380.00
52355	52355	CYSTOURETERO W/EXCISE TUMOR	\$ 1,616.00
52356	52356	CUSCPY W/LTRPSY STNT	\$ 1,390.00
52400	52400	CYSTOURETERO W/CONGEN REPR	\$ 1,462.00
52402	52402	CYSTOURETHRO CUT EJACUL DUCT	\$ 777.00
52441	52441	CYSTOURETHRO W/IMPLANT	\$ 3,341.00
52442	52442	CYSTOURETHRO W/ADDL IMPLANT	\$ 2,690.00
52450	52450	INCISION OF PROSTATE	\$ 1,395.00
52500	52500	REVISION OF BLADDER NECK	\$ 1,512.00
52601	52601	PROSTATECTOMY (TURP)	\$ 2,390.00
52630	52630	REMOVE PROSTATE REGROWTH	\$ 1,434.00
52640	52640	RELIEVE BLADDER CONTRACTURE	\$ 1,002.00
52647	52647	LASER SURGERY OF PROSTATE	\$ 4,001.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
52648	52648	LASER SURGERY OF PROSTATE	\$ 4,070.00
52649	52649	PROSTATE LASER ENUCLEATION	\$ 2,832.00
52700	52700	DRAINAGE OF PROSTATE ABSCESS	\$ 1,228.00
53000	53000	INCISION OF URETHRA	\$ 479.00
53010	53010	INCISION OF URETHRA	\$ 998.00
53020	53020	INCISION OF URETHRA	\$ 329.00
53025	53025	INCISION OF URETHRA	\$ 229.00
53040	53040	DRAINAGE OF URETHRA ABSCESS	\$ 1,211.00
53060	53060	DRAINAGE OF URETHRA ABSCESS	\$ 554.00
53080	53080	DRAINAGE OF URINARY LEAKAGE	\$ 1,226.00
53085	53085	DRAINAGE OF URINARY LEAKAGE	\$ 1,892.00
53200	53200	BIOPSY OF URETHRA	\$ 502.00
53210	53210	REMOVAL OF URETHRA	\$ 2,668.00
53215	53215	REMOVAL OF URETHRA	\$ 3,132.00
53220	53220	TREATMENT OF URETHRA LESION	\$ 1,515.00
53230	53230	REMOVAL OF URETHRA LESION	\$ 1,996.00
53235	53235	REMOVAL OF URETHRA LESION	\$ 2,022.00
53240	53240	SURGERY FOR URETHRA POUCH	\$ 1,370.00
53250	53250	REMOVAL OF URETHRA GLAND	\$ 1,262.00
53260	53260	TREATMENT OF URETHRA LESION	\$ 631.00
53265	53265	TREATMENT OF URETHRA LESION	\$ 662.00
53270	53270	REMOVAL OF URETHRA GLAND	\$ 577.00
53275	53275	REPAIR OF URETHRA DEFECT	\$ 796.00
53400	53400	REVISE URETHRA, STAGE 1	\$ 2,563.00
53405	53405	REVISE URETHRA, STAGE 2	\$ 2,798.00
53410	53410	RECONSTRUCTION OF URETHRA	\$ 3,352.00
53415	53415	RECONSTRUCTION OF URETHRA	\$ 3,912.00
53420	53420	RECONSTRUCT URETHRA, STAGE 1	\$ 2,988.00
53425	53425	RECONSTRUCT URETHRA, STAGE 2	\$ 3,322.00
53430	53430	RECONSTRUCTION OF URETHRA	\$ 3,134.00
53431	53431	RECONSTRUCT URETHRA/BLADDER	\$ 3,798.00
53440	53440	CORRECTION BLADDER FUNCTION	\$ 2,648.00
53442	53442	REMOVE PERINEAL PROSTHESIS	\$ 2,419.00
53444	53444	INSERT TANDEM CUFF	\$ 2,403.00
53445	53445	CORRECT URINE FLOW CONTROL	\$ 3,178.00
53446	53446	REMOVE URO SPHINCTER	\$ 2,221.00
53447	53447	REMOVE/REPLACE UR SPHINCTER	\$ 2,784.00
53448	53448	REMOV/REPLC UR SPHINCTER COMP	\$ 4,056.00
53449	53449	REPAIR URO SPHINCTER	\$ 2,032.00
53450	53450	REVISION OF URETHRA	\$ 1,360.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
53460	53460	REVISION OF URETHRA	\$ 1,409.00
53500	53500	URETHRLYS, TRANVAG W/SCOPE	\$ 2,216.00
53502	53502	REPAIR OF URETHRA INJURY	\$ 1,533.00
53505	53505	REPAIR OF URETHRA INJURY	\$ 1,535.00
53510	53510	REPAIR OF URETHRA INJURY	\$ 2,221.00
53515	53515	REPAIR OF URETHRA INJURY	\$ 2,600.00
53520	53520	REPAIR OF URETHRA DEFECT	\$ 1,822.00
53600	53600	DILATE URETHRA STRICTURE	\$ 245.00
53601	53601	DILATE URETHRA STRICTURE	\$ 209.00
53605	53605	DILATE URETHRA STRICTURE	\$ 199.00
53620	53620	DILATE URETHRA STRICTURE	\$ 326.00
53621	53621	DILATE URETHRA STRICTURE	\$ 333.00
53660	53660	DILATION OF URETHRA	\$ 196.00
53661	53661	DILATION OF URETHRA	\$ 192.00
53665	53665	DILATION OF URETHRA	\$ 124.00
53850	53850	PROSTATIC MICROWAVE THERMOTX	\$ 6,264.00
53852	53852	PROSTATIC RF THERMOTX	\$ 6,158.00
53854	53854	TRURL DERTJ PRST8 TISS RF WV	\$ 7,243.00
53855	53855	INSERT PROST URETHRAL STENT	\$ 1,894.00
53860	53860	TRANSURETHRAL RF TREATMENT	\$ 4,571.00
54000	54000	SLITTING OF PREPUCE	\$ 403.00
54001	54001	SLITTING OF PREPUCE	\$ 520.00
54015	54015	DRAIN PENIS LESION	\$ 830.00
54050	54050	DESTRUCTION, PENIS LESION(S)	\$ 331.00
54055	54055	DESTRUCTION, PENIS LESION(S)	\$ 361.00
54056	54056	CRYOSURGERY, PENIS LESION(S)	\$ 313.00
54057	54057	LASER SURG, PENIS LESION(S)	\$ 405.00
54060	54060	EXCISION OF PENIS LESION(S)	\$ 508.00
54065	54065	DESTRUCTION, PENIS LESION(S)	\$ 576.00
54100	54100	BIOPSY OF PENIS	\$ 426.00
54105	54105	BIOPSY OF PENIS	\$ 772.00
54110	54110	TREATMENT OF PENIS LESION	\$ 1,803.00
54111	54111	TREAT PENIS LESION, GRAFT	\$ 2,475.00
54112	54112	TREAT PENIS LESION, GRAFT	\$ 2,908.00
54115	54115	TREATMENT OF PENIS LESION	\$ 1,339.00
54120	54120	PARTIAL REMOVAL OF PENIS	\$ 1,999.00
54125	54125	REMOVAL OF PENIS	\$ 2,758.00
54130	54130	REMOVE PENIS & NODES	\$ 4,431.00
54135	54135	REMOVE PENIS & NODES	\$ 5,210.00
54150	54150	CIRCUMCISION	\$ 436.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
54160	54160	CIRCUMCISION	\$ 562.00
54161	54161	CIRCUMCISION	\$ 604.00
54162	54162	LYSIS PENIL CIRCUMIC LESION	\$ 708.00
54163	54163	REPAIR OF CIRCUMCISION	\$ 647.00
54164	54164	FRENULOTOMY OF PENIS	\$ 543.00
54200	54200	TREATMENT OF PENIS LESION	\$ 316.00
54205	54205	TREATMENT OF PENIS LESION	\$ 1,473.00
54220	54220	TREATMENT OF PENIS LESION	\$ 618.00
54230	54230	PREPARE PENIS STUDY	\$ 295.00
54231	54231	DYNAMIC CAVERNOSOMETRY	\$ 432.00
54235	54235	PENILE INJECTION	\$ 262.00
54240	54240	PENIS STUDY	\$ 200.00
54250	54250	PENIS STUDY	\$ 315.00
54300	54300	REVISION OF PENIS	\$ 2,000.00
54304	54304	REVISION OF PENIS	\$ 2,148.00
54308	54308	RECONSTRUCTION OF URETHRA	\$ 2,026.00
54312	54312	RECONSTRUCTION OF URETHRA	\$ 2,426.00
54316	54316	RECONSTRUCTION OF URETHRA	\$ 2,958.00
54318	54318	RECONSTRUCTION OF URETHRA	\$ 2,095.00
54322	54322	RECONSTRUCTION OF URETHRA	\$ 2,357.00
54324	54324	RECONSTRUCTION OF URETHRA	\$ 3,034.00
54326	54326	RECONSTRUCTION OF URETHRA	\$ 2,852.00
54328	54328	REVISE PENIS/URETHRA	\$ 2,886.00
54332	54332	REVISE PENIS/URETHRA	\$ 3,130.00
54336	54336	REVISE PENIS/URETHRA	\$ 3,587.00
54340	54340	SECONDARY URETHRAL SURGERY	\$ 1,716.00
54344	54344	SECONDARY URETHRAL SURGERY	\$ 2,853.00
54348	54348	SECONDARY URETHRAL SURGERY	\$ 3,051.00
54352	54352	RECONSTRUCT URETHRA/PENIS	\$ 4,271.00
54360	54360	PENIS PLASTIC SURGERY	\$ 2,367.00
54380	54380	REPAIR PENIS	\$ 2,628.00
54385	54385	REPAIR PENIS	\$ 3,055.00
54390	54390	REPAIR PENIS AND BLADDER	\$ 4,081.00
54400	54400	INSERT SEMI-RIGID PROSTHESIS	\$ 1,842.00
54401	54401	INSERT SELF-CONTD PROSTHESIS	\$ 2,224.00
54405	54405	INSERT MULTI-COMP PENIS PROS	\$ 2,841.00
54406	54406	REMOVE MUTI-COMP PENIS PROS	\$ 2,199.00
54408	54408	REPAIR MULTI-COMP PENIS PROS	\$ 2,434.00
54410	54410	REMOVE/REPLACE PENIS PROSTH	\$ 2,779.00
54411	54411	REMOV/REPLAC PENIS PROS, COMP	\$ 3,170.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
54415	54415	REMOVE SELF-CONTD PENIS PROS	\$ 1,653.00
54416	54416	REMV/REPL PENIS CONTAIN PROS	\$ 2,088.00
54417	54417	REMV/REPLC PENIS PROS, COMPL	\$ 2,678.00
54420	54420	REVISION OF PENIS	\$ 2,272.00
54430	54430	REVISION OF PENIS	\$ 2,050.00
54435	54435	REVISION OF PENIS	\$ 1,184.00
54437	54437	REPAIR CORPOREAL TEAR	\$ 2,001.00
54438	54438	REPLANTATION OF PENIS	\$ 4,077.00
54440	54440	REPAIR OF PENIS	\$ 2,245.00
54450	54450	PREPUTIAL STRETCHING	\$ 204.00
54500	54500	BIOPSY OF TESTIS	\$ 264.00
54505	54505	BIOPSY OF TESTIS	\$ 663.00
54512	54512	EXCISE LESION TESTIS	\$ 1,592.00
54520	54520	REMOVAL OF TESTIS	\$ 988.00
54522	54522	ORCHIECTOMY, PARTIAL	\$ 1,694.00
54530	54530	REMOVAL OF TESTIS	\$ 1,740.00
54535	54535	EXTENSIVE TESTIS SURGERY	\$ 2,401.00
54550	54550	EXPLORATION FOR TESTIS	\$ 1,476.00
54560	54560	EXPLORATION FOR TESTIS	\$ 2,059.00
54600	54600	REDUCE TESTIS TORSION	\$ 1,325.00
54620	54620	SUSPENSION OF TESTIS	\$ 854.00
54640	54640	SUSPENSION OF TESTIS	\$ 1,474.00
54650	54650	ORCHIOPEXY (FOWLERS-STEPHENS)	\$ 2,275.00
54660	54660	REVISION OF TESTIS	\$ 1,216.00
54670	54670	REPAIR TESTIS INJURY	\$ 1,239.00
54680	54680	RELOCATION OF TESTIS(ES)	\$ 2,557.00
54690	54690	LAPAROSCOPY, ORCHIECTOMY	\$ 2,137.00
54692	54692	LAPAROSCOPY, ORCHIOPEXY	\$ 2,420.00
54700	54700	DRAINAGE OF SCROTUM	\$ 683.00
54800	54800	BIOPSY OF EPIDIDYMIS	\$ 386.00
54830	54830	REMOVE EPIDIDYMIS LESION	\$ 1,042.00
54840	54840	REMOVE EPIDIDYMIS LESION	\$ 990.00
54860	54860	REMOVAL OF EPIDIDYMIS	\$ 1,202.00
54861	54861	REMOVAL OF EPIDIDYMIS	\$ 1,642.00
54865	54865	EXPLORE EPIDIDYMIS	\$ 1,003.00
54900	54900	FUSION OF SPERMATIC DUCTS	\$ 2,365.00
54901	54901	FUSION OF SPERMATIC DUCTS	\$ 3,114.00
55000	55000	DRAINAGE OF HYDROCELE	\$ 336.00
55040	55040	REMOVAL OF HYDROCELE	\$ 1,066.00
55041	55041	REMOVAL OF HYDROCELES	\$ 1,620.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
55060	55060	REPAIR OF HYDROCELE	\$ 1,128.00
55100	55100	DRAINAGE OF SCROTUM ABSCESS	\$ 656.00
55110	55110	EXPLORE SCROTUM	\$ 1,093.00
55120	55120	REMOVAL OF SCROTUM LESION	\$ 963.00
55150	55150	REMOVAL OF SCROTUM	\$ 1,514.00
55175	55175	REVISION OF SCROTUM	\$ 1,159.00
55180	55180	REVISION OF SCROTUM	\$ 2,192.00
55200	55200	INCISION OF SPERM DUCT	\$ 1,232.00
55250	55250	REMOVAL OF SPERM DUCT(S)	\$ 1,119.00
55300	55300	PREPARE SPERM DUCT X-RAY	\$ 607.00
55500	55500	REMOVAL OF HYDROCELE	\$ 1,179.00
55520	55520	REMOVAL OF SPERM CORD LESION	\$ 1,271.00
55530	55530	REVISE SPERMATIC CORD VEINS	\$ 1,118.00
55535	55535	REVISE SPERMATIC CORD VEINS	\$ 1,356.00
55540	55540	REVISE HERNIA & SPERM VEINS	\$ 1,577.00
55550	55550	LAPARO LIGATE SPERMATIC VEIN	\$ 1,410.00
55600	55600	INCISE SPERM DUCT POUCH	\$ 1,232.00
55605	55605	INCISE SPERM DUCT POUCH	\$ 1,529.00
55650	55650	REMOVE SPERM DUCT POUCH	\$ 2,088.00
55680	55680	REMOVE SPERM POUCH LESION	\$ 1,183.00
55700	55700	BIOPSY OF PROSTATE	\$ 645.00
55705	55705	BIOPSY, PROSTATE (NEEDLE/PUNCH	\$ 744.00
55706	55706	PROSTAE SATURATION SAMPLING	\$ 1,132.00
55720	55720	DRAINAGE OF PROSTATE ABSCESS	\$ 1,391.00
55725	55725	DRAINAGE OF PROSTATE ABSCESS	\$ 1,817.00
55801	55801	REMOVAL OF PROSTATE	\$ 3,551.00
55810	55810	EXTENSIVE PROSTATE SURGERY	\$ 3,895.00
55812	55812	EXTENSIVE PROSTATE SURGERY	\$ 5,109.00
55815	55815	EXTENSIVE PROSTATE SURGERY	\$ 5,499.00
55821	55821	REMOVAL OF PROSTATE	\$ 2,845.00
55831	55831	REMOVAL OF PROSTATE	\$ 2,981.00
55840	55840	EXTENSIVE PROSTATE SURGERY	\$ 4,291.00
55842	55842	EXTENSIVE PROSTATE SURGERY	\$ 4,053.00
55845	55845	EXTENSIVE PROSTATE SURGERY	\$ 4,728.00
55860	55860	SURGICAL EXPOSURE, PROSTATE	\$ 2,691.00
55862	55862	EXTENSIVE PROSTATE SURGERY	\$ 3,364.00
55865	55865	EXTENSIVE PROSTATE SURGERY	\$ 4,079.00
55866	55866	LAPARO RADICAL PROSTATECTOMY	\$ 5,369.00
55870	55870	ELECTROEJACULATION	\$ 545.00
55873	55873	CRYOABLATE PROSTATE	\$ 4,553.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
55875	55875	TRANSPERI NEEDLE PLACE, PROS	\$ 2,492.00
55876	55876	PLACE RT DEVICE/MARKER, PROS	\$ 446.00
55880	55880	ABLTJ MAL PRST8 TISS HIFU	\$ 3,354.00
55920	55920	PLACE NEEDLES PELVIC FOR RT	\$ 1,611.00
56405	56405	I & D OF VULVA/PERINEUM	\$ 354.00
56420	56420	DRAINAGE OF GLAND ABSCESS	\$ 421.00
56440	56440	SURGERY FOR VULVA LESION	\$ 580.00
56441	56441	LYSIS OF LABIAL LESION(S)	\$ 438.00
56442	56442	HYMENOTOMY	\$ 149.00
56501	56501	DESTROY, VULVA LESIONS, SIMP	\$ 347.00
56515	56515	DESTROY VULVA LESION/S COMPL	\$ 649.00
56605	56605	BIOPSY OF VULVA/PERINEUM	\$ 245.00
56606	56606	BIOPSY OF VULVA/PERINEUM	\$ 125.00
56620	56620	PARTIAL REMOVAL OF VULVA	\$ 1,810.00
56625	56625	COMPLETE REMOVAL OF VULVA	\$ 2,071.00
56630	56630	EXTENSIVE VULVA SURGERY	\$ 3,363.00
56631	56631	EXTENSIVE VULVA SURGERY	\$ 3,834.00
56632	56632	EXTENSIVE VULVA SURGERY	\$ 4,601.00
56633	56633	EXTENSIVE VULVA SURGERY	\$ 3,923.00
56634	56634	EXTENSIVE VULVA SURGERY	\$ 4,201.00
56637	56637	EXTENSIVE VULVA SURGERY	\$ 4,811.00
56640	56640	EXTENSIVE VULVA SURGERY	\$ 4,893.00
56700	56700	PARTIAL REMOVAL OF HYMEN	\$ 613.00
56740	56740	REMOVE VAGINA GLAND LESION	\$ 908.00
56800	56800	REPAIR OF VAGINA	\$ 741.00
56805	56805	REPAIR CLITORIS	\$ 4,126.00
56810	56810	REPAIR OF PERINEUM	\$ 875.00
56820	56820	EXAM OF VULVA W/SCOPE	\$ 354.00
56821	56821	EXAM/BIOPSY OF VULVA W/SCOPE	\$ 446.00
57000	57000	EXPLORATION OF VAGINA	\$ 573.00
57010	57010	DRAINAGE OF PELVIC ABSCESS	\$ 1,297.00
57020	57020	DRAINAGE OF PELVIC FLUID	\$ 275.00
57022	57022	I & D VAGINAL HEMATOMA, PP	\$ 442.00
57023	57023	I & D VAG HEMATOMA, NON-OB	\$ 806.00
57061	57061	DESTROY VAG LESIONS, SIMPLE	\$ 374.00
57065	57065	DESTROY VAG LESIONS, COMPLEX	\$ 630.00
57100	57100	BIOPSY OF VAGINA	\$ 274.00
57105	57105	BIOPSY OF VAGINA	\$ 452.00
57106	57106	REMOVE VAGINA WALL, PARTIAL	\$ 1,592.00
57107	57107	REMOVE VAGINA TISSUE, PART	\$ 4,292.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
57109	57109	VAGINECTOMY PARTIAL W/NODES	\$ 4,848.00
57110	57110	REMOVE VAGINA WALL, COMPLETE	\$ 2,819.00
57111	57111	REMOVE VAGINA TISSUE, COMPL	\$ 4,993.00
57120	57120	CLOSURE OF VAGINA	\$ 1,618.00
57130	57130	REMOVE VAGINA LESION	\$ 637.00
57135	57135	REMOVE VAGINA LESION	\$ 649.00
57150	57150	TREAT VAGINA INFECTION	\$ 136.00
57155	57155	INSERT UTERI TANDEM/OVOIDS	\$ 1,309.00
57156	57156	INS BAG BRACHYTX DEVICE	\$ 560.00
57160	57160	INSERT PESSARY/OTHER DEVICE	\$ 195.00
57170	57170	FITTING OF DIAPHRAGM/CAP	\$ 183.00
57180	57180	TREAT VAGINAL BLEEDING	\$ 443.00
57200	57200	REPAIR OF VAGINA	\$ 919.00
57210	57210	REPAIR VAGINA/PERINEUM	\$ 1,091.00
57220	57220	REVISION OF URETHRA	\$ 968.00
57230	57230	REPAIR OF URETHRAL LESION	\$ 1,155.00
57240	57240	REPAIR BLADDER & VAGINA	\$ 1,747.00
57250	57250	REPAIR RECTUM & VAGINA	\$ 1,830.00
57260	57260	REPAIR OF VAGINA	\$ 2,303.00
57265	57265	EXTENSIVE REPAIR OF VAGINA	\$ 2,730.00
57267	57267	INSERT MESH/PELVIC FLR ADDON	\$ 755.00
57268	57268	REPAIR OF BOWEL BULGE	\$ 1,556.00
57270	57270	REPAIR OF BOWEL POUCH	\$ 2,182.00
57280	57280	SUSPENSION OF VAGINA	\$ 2,726.00
57282	57282	REPAIR OF VAGINAL PROLAPSE	\$ 1,612.00
57283	57283	COLPOPEXY, INTRAPERITONEAL	\$ 2,066.00
57284	57284	REPAIR PARAVAGINAL DEFECT	\$ 2,438.00
57285	57285	REPAIR PARAVAG DEFECT, VAG	\$ 1,921.00
57287	57287	REVISE/REMOVE SLING REPAIR	\$ 2,079.00
57288	57288	REPAIR BLADDER DEFECT	\$ 2,263.00
57289	57289	REPAIR BLADDER & VAGINA	\$ 2,216.00
57291	57291	CONSTRUCTION OF VAGINA	\$ 1,862.00
57292	57292	CONSTRUCT VAGINA WITH GRAFT	\$ 2,990.00
57295	57295	REVISE VAG GRAFT VIA VAGINA	\$ 1,495.00
57296	57296	REVISE GRAFT, OPEN ABD	\$ 2,866.00
57300	57300	REPAIR RECTUM-VAGINA FISTULA	\$ 1,830.00
57305	57305	REPAIR RECTUM-VAGINA FISTULA	\$ 2,903.00
57307	57307	FISTULA REPAIR & COLOSTOMY	\$ 3,149.00
57308	57308	FISTULA REPAIR, TRANSPERINE	\$ 2,077.00
57310	57310	REPAIR URETHROVAGINAL LESION	\$ 1,460.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
57311	57311	REPAIR URETHROVAGINAL LESION	\$ 1,875.00
57320	57320	REPAIR BLADDER-VAGINA LESION	\$ 1,857.00
57330	57330	REPAIR BLADDER-VAGINA LESION	\$ 2,480.00
57335	57335	REPAIR VAGINA	\$ 4,044.00
57400	57400	DILATION OF VAGINA	\$ 409.00
57410	57410	PELVIC EXAMINATION	\$ 340.00
57415	57415	REMOVE VAGINAL FOREIGN BODY	\$ 473.00
57420	57420	EXAM OF VAGINA W/SCOPE	\$ 357.00
57421	57421	EXAM/BIOPSY OF VAGINA W/SCOPE	\$ 462.00
57423	57423	REPAIR PARAVAG DEFECT, LAP	\$ 2,617.00
57425	57425	LAPAROSCOPY, SURG, COLPOPEXY	\$ 2,798.00
57426	57426	REVISE PROSTH VAG GRAFT LAP	\$ 2,471.00
57452	57452	EXAMINATION OF VAGINA	\$ 324.00
57454	57454	BX/CURETT OF CERVIX W/SCOPE	\$ 435.00
57455	57455	BIOPSY OF CERVIX W/SCOPE	\$ 423.00
57456	57456	ENDOCERV CURETTAGE W/SCOPE	\$ 404.00
57460	57460	CERVIX EXCISION	\$ 854.00
57461	57461	CONZ OF CERVIX W/SCOPE, LEEP	\$ 1,007.00
57465	57465	CAM CERVIX UTERI DRG COLP	\$ 156.00
57500	57500	BIOPSY OF CERVIX	\$ 374.00
57505	57505	ENDOCERVICAL CURETTAGE	\$ 325.00
57510	57510	CAUTERIZATION OF CERVIX	\$ 367.00
57511	57511	CRYOCAUTERY OF CERVIX	\$ 365.00
57513	57513	LASER SURGERY OF CERVIX	\$ 530.00
57520	57520	CONIZATION OF CERVIX	\$ 1,011.00
57522	57522	CONIZATION OF CERVIX	\$ 968.00
57530	57530	REMOVAL OF CERVIX	\$ 1,094.00
57531	57531	REMOVAL OF CERVIX, RADICAL	\$ 5,881.00
57540	57540	REMOVAL OF RESIDUAL CERVIX	\$ 2,563.00
57545	57545	REMOVE CERVIX/REPAIR PELVIS	\$ 2,705.00
57550	57550	REMOVAL OF RESIDUAL CERVIX	\$ 1,343.00
57555	57555	REMOVE CERVIX/REPAIR VAGINA	\$ 1,960.00
57556	57556	REMOVE CERVIX, REPAIR BOWEL	\$ 1,854.00
57558	57558	D&C OF CERVICAL STUMP	\$ 393.00
57700	57700	REVISION OF CERVIX	\$ 922.00
57720	57720	REVISION OF CERVIX	\$ 900.00
57800	57800	DILATION OF CERVICAL CANAL	\$ 207.00
58100	58100	BIOPSY OF UTERUS LINING	\$ 313.00
58110	58110	BX DONE W/COLPOSCOPY ADD-ON	\$ 170.00
58120	58120	DILATION AND CURETTAGE	\$ 835.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
58140	58140	REMOVAL OF UTERUS LESION	\$ 2,821.00
58145	58145	REMOVAL OF UTERUS LESION	\$ 1,681.00
58146	58146	MYOMECTOMY ABDOM COMPLEX	\$ 3,626.00
58150	58150	TOTAL HYSTERECTOMY	\$ 3,323.00
58152	58152	TOTAL HYSTERECTOMY	\$ 3,834.00
58180	58180	PARTIAL HYSTERECTOMY	\$ 3,092.00
58200	58200	EXTENSIVE HYSTERECTOMY	\$ 4,346.00
58210	58210	EXTENSIVE HYSTERECTOMY	\$ 5,907.00
58240	58240	REMOVAL OF PELVIS CONTENTS	\$ 9,103.00
58260	58260	VAGINAL HYSTERECTOMY	\$ 2,626.00
58262	58262	VAG HYST INCLUDING T/O	\$ 2,928.00
58263	58263	VAGINAL HYSTERECTOMY	\$ 3,060.00
58267	58267	HYSTERECTOMY & VAGINA REPAIR	\$ 3,509.00
58270	58270	HYSTERECTOMY & VAGINA REPAIR	\$ 2,901.00
58275	58275	HYSTERECTOMY/REVISE VAGINA	\$ 3,100.00
58280	58280	HYSTERECTOMY/REVISE VAGINA	\$ 3,241.00
58285	58285	EXTENSIVE HYSTERECTOMY	\$ 4,344.00
58290	58290	VAG HYST COMPLEX	\$ 3,450.00
58291	58291	VAG HYST INCL T/O, COMPLEX	\$ 3,707.00
58292	58292	VAG HYST T/O & REPAIR, COMPL	\$ 3,935.00
58294	58294	VAG HYST W/ENTEROCELE, COMPL	\$ 3,566.00
58300	58300	INSERT INTRAUTERINE DEVICE	\$ 266.00
58301	58301	REMOVE INTRAUTERINE DEVICE	\$ 289.00
58321	58321	ARTIFICIAL INSEMINATION	\$ 251.00
58322	58322	ARTIFICIAL INSEMINATION	\$ 281.00
58323	58323	SPERM WASHING	\$ 137.00
58340	58340	CATHETER FOR HYSTEROGRAPHY	\$ 529.00
58345	58345	REOPEN FALLOPIAN TUBE	\$ 851.00
58346	58346	INSERT HEYMAN UTERI CAPSULE	\$ 1,462.00
58350	58350	REOPEN FALLOPIAN TUBE	\$ 293.00
58353	58353	ENDOMETR ABLATE, THERMAL	\$ 2,553.00
58356	58356	ENDOMETRIAL CRYOABLATION	\$ 5,043.00
58400	58400	SUSPENSION OF UTERUS	\$ 1,545.00
58410	58410	SUSPENSION OF UTERUS	\$ 2,731.00
58520	58520	REPAIR OF RUPTURED UTERUS	\$ 2,442.00
58540	58540	REVISION OF UTERUS	\$ 2,828.00
58541	58541	LSH, UTERUS 250 G OR LESS	\$ 2,476.00
58542	58542	LSH W/T/O UT 250 G OR LESS	\$ 2,799.00
58543	58543	LSH UTERUS ABOVE 250 G	\$ 3,076.00
58544	58544	LSH W/T/O UTERUS ABOVE 250	\$ 3,233.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
58545	58545	LAPAROSCOPIC MYOMECTOMY	\$ 2,915.00
58546	58546	LAPARO-MYOMECTOMY, COMPLEX	\$ 3,493.00
58548	58548	LAP RADICAL HYST	\$ 5,885.00
58550	58550	LAPARO-ASST VAG HYSTERECTOMY	\$ 2,821.00
58552	58552	LAPARO-VAG HYST INCL T/O	\$ 3,055.00
58553	58553	LAPARO-VAG HYST, COMPLEX	\$ 3,376.00
58554	58554	LAPARO-VAG HYST W/T/O, COMPL	\$ 4,047.00
58555	58555	HYSTEROSCOPY, DX, SEP PROC	\$ 1,026.00
58558	58558	HYSTEROSCOPY, BIOPSY	\$ 1,712.00
58559	58559	HYSTEROSCOPY, LYSIS	\$ 1,196.00
58560	58560	HYSTEROSCOPY, RESECT SEPTUM	\$ 1,335.00
58561	58561	HYSTEROSCOPY, REMOVE MYOMA	\$ 1,769.00
58562	58562	HYSTEROSCOPY, REMOVE FB	\$ 1,134.00
58563	58563	HYSTEROSCOPY, ABLATION	\$ 3,446.00
58565	58565	HYSTEROSCOPY, STERILIZATION	\$ 4,039.00
58570	58570	TLH, UTERUS 250 G OR LESS	\$ 2,811.00
58571	58571	TLH W/T/O 250 G OR LESS	\$ 3,254.00
58572	58572	TLH, UTERUS OVER 250 G	\$ 3,332.00
58573	58573	TLH W/T/O UTERUS OVER 250 G	\$ 4,031.00
58575	58575	LAPS TOT HYST RESEC MALIGNANCY	\$ 6,361.00
58600	58600	DIVISION OF FALLOPIAN TUBE	\$ 1,110.00
58605	58605	DIVISION OF FALLOPIAN TUBE	\$ 1,175.00
58611	58611	LIGATE OVIDUCT(S) ADD-ON	\$ 401.00
58615	58615	OCCLUDE FALLOPIAN TUBE(S)	\$ 894.00
58660	58660	LAPAROSCOPY, LYSIS	\$ 1,929.00
58661	58661	LAPAROSCOPY, REMOVE ADNEXA	\$ 2,210.00
58662	58662	LAPAROSCOPY, EXCISE LESIONS	\$ 2,153.00
58670	58670	LAPAROSCOPY, TUBAL CAUTERY	\$ 1,196.00
58671	58671	LAPAROSCOPY, TUBAL BLOCK	\$ 1,256.00
58672	58672	LAPAROSCOPY, FIMBRIOPLASTY	\$ 2,315.00
58673	58673	LAPAROSCOPY, SALPINGOSTOMY	\$ 2,550.00
58700	58700	REMOVAL OF FALLOPIAN TUBE	\$ 2,373.00
58720	58720	REMOVAL OF OVARY/TUBE(S)	\$ 2,291.00
58740	58740	ADHESIOLYSIS TUBE OVARY	\$ 2,413.00
58750	58750	REPAIR OVIDUCT(S)	\$ 2,751.00
58752	58752	REVISE OVARIAN TUBE(S)	\$ 2,663.00
58800	58800	DRAINAGE OF OVARIAN CYST(S)	\$ 884.00
58805	58805	DRAINAGE OF OVARIAN CYST(S)	\$ 1,248.00
58820	58820	DRAIN OVARY ABSCESS, OPEN	\$ 983.00
58822	58822	DRAIN OVARY ABSCESS, PERCUT	\$ 2,165.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
58825	58825	TRANSPOSITION, OVARY(S)	\$ 2,256.00
58900	58900	BIOPSY OF OVARY(S)	\$ 1,367.00
58920	58920	PARTIAL REMOVAL OF OVARY(S)	\$ 2,090.00
58925	58925	REMOVAL OF OVARIAN CYST(S)	\$ 2,215.00
58940	58940	REMOVAL OF OVARY(S)	\$ 1,682.00
58943	58943	REMOVAL OF OVARY(S)	\$ 3,746.00
58950	58950	RESECT OVARIAN MALIGNANCY	\$ 3,729.00
58951	58951	RESECT OVARIAN MALIGNANCY	\$ 5,216.00
58952	58952	RESECT OVARIAN MALIGNANCY	\$ 5,656.00
58953	58953	TAH, RAD DISSECT FOR DEBULK	\$ 6,603.00
58954	58954	TAH RAD DEBULK/LYMPH REMOVE	\$ 7,229.00
58956	58956	BSO, OMENTECTOMY W/TAH	\$ 4,598.00
58957	58957	RESECT RECURRENT GYN MAL	\$ 5,119.00
58958	58958	RESECT RECUR GYN MAL W/LYM	\$ 5,589.00
58960	58960	EXPLORATION OF ABDOMEN	\$ 3,238.00
58970	58970	RETRIEVAL OF OOCYTE	\$ 1,416.00
59000	59000	AMNIOCENTESIS DIAGNOSTIC	\$ 420.00
59001	59001	AMNIOCENTESIS, THERAPEUTIC	\$ 567.00
59012	59012	FETAL CORD PUNCTURE PRENATAL	\$ 651.00
59015	59015	CHORION BIOPSY	\$ 538.00
59020	59020	FETAL CONTRACT STRESS TEST	\$ 119.00
59025	59025	FETAL NON-STRESS TEST	\$ 92.00
59030	59030	FETAL SCALP BLOOD SAMPLE	\$ 350.00
59050	59050	FETAL MONITOR W/REPORT	\$ 148.00
59051	59051	FETAL MONITOR/INTERPRET ONLY	\$ 121.00
59070	59070	TRANSABDOM AMNIOINFUS W/US	\$ 1,223.00
59072	59072	UMBILICAL CORD OCCLUD W/US	\$ 1,589.00
59074	59074	FETAL FLUID DRAINAGE W/US	\$ 1,179.00
59076	59076	FETAL SHUNT PLACEMENT, W/US	\$ 1,606.00
59100	59100	REMOVE UTERUS LESION	\$ 2,579.00
59120	59120	TREAT ECTOPIC PREGNANCY	\$ 2,228.00
59121	59121	TREAT ECTOPIC PREGNANCY	\$ 2,108.00
59130	59130	TREAT ECTOPIC PREGNANCY	\$ 2,489.00
59136	59136	TREAT ECTOPIC PREGNANCY	\$ 2,354.00
59140	59140	TREAT ECTOPIC PREGNANCY	\$ 1,077.00
59150	59150	TREAT ECTOPIC PREGNANCY	\$ 2,162.00
59151	59151	TREAT ECTOPIC PREGNANCY	\$ 2,316.00
59160	59160	D & C AFTER DELIVERY	\$ 634.00
59200	59200	INSERT CERVICAL DILATOR	\$ 246.00
59300	59300	EPISIOTOMY OR VAGINAL REPAIR	\$ 533.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
59320	59320	REVISION OF CERVIX	\$ 583.00
59325	59325	REVISION OF CERVIX	\$ 916.00
59350	59350	REPAIR OF UTERUS	\$ 1,090.00
59400	59400	OBSTETRICAL CARE	\$ 5,135.00
59409	59409	OBSTETRICAL CARE	\$ 2,434.00
59410	59410	OBSTETRICAL CARE	\$ 2,904.00
59412	59412	ANTEPARTUM MANIPULATION	\$ 393.00
59414	59414	DELIVER PLACENTA	\$ 330.00
59425	59425	ANTEPARTUM CARE ONLY	\$ 1,135.00
59426	59426	ANTEPARTUM CARE ONLY	\$ 2,229.00
59430	59430	CARE AFTER DELIVERY	\$ 426.00
59510	59510	CESAREAN DELIVERY	\$ 5,661.00
59514	59514	CESAREAN DELIVERY ONLY	\$ 2,755.00
59515	59515	CESAREAN DELIVERY	\$ 3,529.00
59525	59525	REMOVE UTERUS AFTER CESAREAN	\$ 1,403.00
59610	59610	VBAC DELIVERY	\$ 5,437.00
59612	59612	VBAC DELIVERY ONLY	\$ 2,904.00
59614	59614	VBAC CARE AFTER DELIVERY	\$ 3,165.00
59618	59618	ATTEMPTED VBAC DELIVERY	\$ 5,997.00
59620	59620	ATTEMPTED VBAC DELIVERY ONLY	\$ 2,914.00
59622	59622	ATTEMPTED VBAC AFTER CARE	\$ 3,955.00
59812	59812	TREATMENT OF MISCARRIAGE	\$ 962.00
59820	59820	CARE OF MISCARRIAGE	\$ 1,112.00
59821	59821	TREATMENT OF MISCARRIAGE	\$ 1,188.00
59830	59830	TREAT UTERUS INFECTION	\$ 1,291.00
59840	59840	ABORTION	\$ 836.00
59841	59841	ABORTION	\$ 1,374.00
59850	59850	ABORTION	\$ 1,253.00
59851	59851	ABORTION	\$ 1,438.00
59852	59852	ABORTION	\$ 1,879.00
59855	59855	ABORTION	\$ 1,346.00
59856	59856	ABORTION	\$ 1,573.00
59857	59857	ABORTION	\$ 1,837.00
59866	59866	ABORTION (MPR)	\$ 703.00
59870	59870	EVACUATE MOLE OF UTERUS	\$ 1,345.00
59871	59871	REMOVE CERCLAGE SUTURE	\$ 457.00
60000	60000	DRAIN THYROID/TONGUE CYST	\$ 410.00
60100	60100	MD BIOPSY THYROID (PERCUTANEOU	\$ 316.00
60200	60200	REMOVE THYROID LESION	\$ 2,033.00
60210	60210	PARTIAL THYROID EXCISION	\$ 2,178.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
60212	60212	PARTIAL THYROID EXCISION	\$ 3,132.00
60220	60220	PARTIAL REMOVAL OF THYROID	\$ 2,347.00
60225	60225	PARTIAL REMOVAL OF THYROID	\$ 2,850.00
60240	60240	REMOVAL OF THYROID	\$ 3,132.00
60252	60252	REMOVAL OF THYROID	\$ 4,478.00
60254	60254	EXTENSIVE THYROID SURGERY	\$ 5,367.00
60260	60260	REPEAT THYROID SURGERY	\$ 3,372.00
60270	60270	REMOVAL OF THYROID	\$ 4,393.00
60271	60271	REMOVAL OF THYROID	\$ 3,437.00
60280	60280	REMOVE THYROID DUCT LESION	\$ 1,579.00
60281	60281	REMOVE THYROID DUCT LESION	\$ 2,013.00
60300	60300	ASPIR/INJ THYROID CUST	\$ 334.00
60500	60500	EXPLORE PARATHYROID GLANDS	\$ 3,207.00
60502	60502	RE-EXPLORE PARATHYROID	\$ 4,380.00
60505	60505	EXPLORE PARATHYROID GLANDS	\$ 4,106.00
60512	60512	AUTOTRANSPLANT PARATHYROID	\$ 803.00
60520	60520	REMOVAL OF THYMUS GLAND	\$ 3,824.00
60521	60521	REMOVAL OF THYMUS GLAND	\$ 3,633.00
60522	60522	REMOVAL OF THYMUS GLAND	\$ 4,552.00
60540	60540	EXPLORE ADRENAL GLAND	\$ 3,496.00
60545	60545	EXPLORE ADRENAL GLAND	\$ 4,106.00
60600	60600	REMOVE CAROTID BODY LESION	\$ 4,175.00
60605	60605	REMOVE CAROTID BODY LESION	\$ 4,970.00
60650	60650	LAPAROSCOPY ADRENALECTOMY	\$ 3,865.00
61020	61020	REMOVE BRAIN CAVITY FLUID	\$ 520.00
61026	61026	INJECTION INTO BRAIN CANAL	\$ 475.00
61050	61050	REMOVE BRAIN CANAL FLUID	\$ 359.00
61055	61055	INJECTION INTO BRAIN CANAL	\$ 554.00
61070	61070	BRAIN CANAL SHUNT PROCEDURE	\$ 292.00
61105	61105	TWIST DRILL HOLE	\$ 1,797.00
61107	61107	DRILL SKULL FOR IMPLANTATION	\$ 1,484.00
61108	61108	DRILL SKULL FOR DRAINAGE	\$ 3,382.00
61120	61120	BURR HOLE FOR PUNCTURE	\$ 2,962.00
61140	61140	PIERCE SKULL FOR BIOPSY	\$ 4,685.00
61150	61150	PIERCE SKULL FOR DRAINAGE	\$ 4,740.00
61151	61151	PIERCE SKULL FOR DRAINAGE	\$ 3,319.00
61154	61154	PIERCE SKULL & REMOVE CLOT	\$ 4,534.00
61156	61156	PIERCE SKULL FOR DRAINAGE	\$ 4,372.00
61210	61210	PIERCE SKULL, IMPLANT DEVICE	\$ 1,667.00
61215	61215	INSERT BRAIN-FLUID DEVICE	\$ 2,161.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
61250	61250	PIERCE SKULL & EXPLORE	\$ 3,119.00
61253	61253	PIERCE SKULL & EXPLORE	\$ 3,556.00
61304	61304	OPEN SKULL FOR EXPLORATION	\$ 5,880.00
61305	61305	OPEN SKULL FOR EXPLORATION	\$ 7,935.00
61312	61312	OPEN SKULL FOR DRAINAGE	\$ 7,326.00
61313	61313	OPEN SKULL FOR DRAINAGE	\$ 7,173.00
61314	61314	OPEN SKULL FOR DRAINAGE	\$ 6,617.00
61315	61315	OPEN SKULL FOR DRAINAGE	\$ 7,472.00
61316	61316	IMPLT CRAN BONE FLAP TO ABDO	\$ 356.00
61320	61320	OPEN SKULL FOR DRAINAGE	\$ 7,058.00
61321	61321	OPEN SKULL FOR DRAINAGE	\$ 8,072.00
61322	61322	DECOMPRESSIVE CRANIOTOMY	\$ 8,323.00
61323	61323	DECOMPRESSIVE LOBECTOMY	\$ 8,464.00
61330	61330	DECOMPRESS EYE SOCKET	\$ 6,278.00
61333	61333	EXPLORE ORBIT/REMOVE LESION	\$ 7,093.00
61340	61340	RELIEVE CRANIAL PRESSURE	\$ 5,035.00
61343	61343	INCISE SKULL (PRESS RELIEF)	\$ 8,489.00
61345	61345	RELIEVE CRANIAL PRESSURE	\$ 7,517.00
61450	61450	INCISE SKULL FOR SURGERY	\$ 7,025.00
61458	61458	INCISE SKULL FOR BRAIN WOUND	\$ 7,745.00
61460	61460	INCISE SKULL FOR SURGERY	\$ 7,962.00
61500	61500	REMOVAL OF SKULL LESION	\$ 4,869.00
61501	61501	REMOVE INFECTED SKULL BONE	\$ 4,394.00
61510	61510	REMOVAL OF BRAIN LESION	\$ 8,510.00
61512	61512	REMOVE BRAIN LINING LESION	\$ 9,705.00
61514	61514	REMOVAL OF BRAIN ABSCESS	\$ 7,111.00
61516	61516	REMOVAL OF BRAIN LESION	\$ 7,200.00
61517	61517	IMPLT BRAIN CHEMOTX ADD-ON	\$ 329.00
61518	61518	REMOVAL OF BRAIN LESION	\$ 10,012.00
61519	61519	REMOVE BRAIN LINING LESION	\$ 10,520.00
61520	61520	REMOVAL OF BRAIN LESION	\$ 13,101.00
61521	61521	REMOVAL OF BRAIN LESION	\$ 12,003.00
61522	61522	REMOVAL OF BRAIN ABSCESS	\$ 7,753.00
61524	61524	REMOVAL OF BRAIN LESION	\$ 7,568.00
61526	61526	REMOVAL OF BRAIN LESION	\$ 12,790.00
61530	61530	REMOVAL OF BRAIN LESION	\$ 11,148.00
61531	61531	IMPLANT BRAIN ELECTRODES	\$ 4,761.00
61533	61533	IMPLANT BRAIN ELECTRODES	\$ 6,026.00
61534	61534	REMOVAL OF BRAIN LESION	\$ 6,478.00
61535	61535	REMOVE BRAIN ELECTRODES	\$ 3,867.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
61536	61536	REMOVAL OF BRAIN LESION	\$ 9,908.00
61537	61537	REMOVAL OF BRAIN TISSUE	\$ 9,490.00
61538	61538	REMOVAL OF BRAIN TISSUE	\$ 10,304.00
61539	61539	REMOVAL OF BRAIN TISSUE	\$ 9,169.00
61540	61540	REMOVAL OF BRAIN TISSUE	\$ 7,988.00
61541	61541	INCISION OF BRAIN TISSUE	\$ 8,030.00
61543	61543	REMOVAL OF BRAIN TISSUE	\$ 8,465.00
61544	61544	REMOVE & TREAT BRAIN LESION	\$ 7,068.00
61545	61545	EXCISION OF BRAIN TUMOR	\$ 11,897.00
61546	61546	REMOVAL OF PITUITARY GLAND	\$ 8,215.00
61548	61548	REMOVAL OF PITUITARY GLAND	\$ 6,264.00
61550	61550	RELEASE OF SKULL SEAMS	\$ 4,276.00
61552	61552	RELEASE OF SKULL SEAMS	\$ 5,507.00
61556	61556	INCISE SKULL/SUTURES	\$ 6,343.00
61557	61557	INCISE SKULL/SUTURES	\$ 6,253.00
61558	61558	EXCISION OF SKULL/SUTURES	\$ 6,854.00
61559	61559	EXCISION OF SKULL/SUTURES	\$ 8,706.00
61563	61563	EXCISION OF SKULL TUMOR	\$ 7,202.00
61564	61564	EXCISION OF SKULL TUMOR	\$ 8,734.00
61566	61566	REMOVAL OF BRAIN TISSUE	\$ 8,305.00
61567	61567	INCISION OF BRAIN TISSUE	\$ 9,274.00
61570	61570	REMOVE FOREIGN BODY,BRAIN	\$ 7,070.00
61571	61571	INCISE SKULL FOR BRAIN WOUND	\$ 7,418.00
61575	61575	SKULL BASE/BRAINSTEM SURGERY	\$ 9,089.00
61576	61576	SKULL BASE/BRAINSTEM SURGERY	\$ 12,064.00
61580	61580	CRANIOFACIAL APPROACH, SKULL	\$ 8,472.00
61581	61581	CRANIOFACIAL APPROACH, SKULL	\$ 9,338.00
61582	61582	CRANIOFACIAL APPROACH, SKULL	\$ 9,575.00
61583	61583	CRANIOFACIAL APPROACH, SKULL	\$ 11,300.00
61584	61584	ORBITCRANIAL APPROACH, SKULL	\$ 11,329.00
61585	61585	ORBITCRANIAL APPROACH, SKULL	\$ 12,247.00
61586	61586	RESECT, NASOPHARYNX/SKULL	\$ 8,267.00
61590	61590	INFRATEMPORAL APPROACH, SKULL	\$ 11,995.00
61591	61591	INFRATEMPORAL APPROACH, SKULL	\$ 11,375.00
61592	61592	ORBITCRANIAL APPROACH, SKULL	\$ 12,263.00
61595	61595	TRANSTEMPORAL APPROACH/SKULL	\$ 8,508.00
61596	61596	TRANSCOCHLEAR APPROACH/SKULL	\$ 8,558.00
61597	61597	TRANSCONDYLAR APPROACH/SKULL	\$ 11,944.00
61598	61598	TRANSPETROSAL APPROACH/SKULL	\$ 9,823.00
61600	61600	RESECT/EXCISE CRANIAL LESION	\$ 7,346.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
61601	61601	RESECT/EXCISE CRANIAL LESION	\$ 9,548.00
61605	61605	RESECT/EXCISE CRANIAL LESION	\$ 7,803.00
61606	61606	RESECT/EXCISE CRANIAL LESION	\$ 10,651.00
61607	61607	RESECT/EXCISE CRANIAL LESION	\$ 11,058.00
61608	61608	RESECT/EXCISE CRANIAL LESION	\$ 13,408.00
61611	61611	TRANSECT ARTERY, SINUS	\$ 1,574.00
61613	61613	REMOVE ANEURYSUM, SINUS	\$ 11,029.00
61615	61615	RESECT/EXCISE LESION, SKULL	\$ 8,941.00
61616	61616	RESECT/EXCISE LESION, SKULL	\$ 13,968.00
61618	61618	REPAIR DURA	\$ 4,664.00
61619	61619	REPAIR DURA	\$ 6,498.00
61623	61623	ENDOVASC TEMPORY VESSEL OCCL	\$ 2,329.00
61624	61624	OCCLUSION/EMBOLIZATION CATH	\$ 4,410.00
61626	61626	OCCLUSION/EMBOLIZATION CATH	\$ 3,351.00
61630	61630	INTRACRANIAL ANGIOPLASTY	\$ 4,694.00
61635	61635	INTRACRAN ANGIOPLASTY W/STENT	\$ 5,071.00
61640	61640	DILATE IC VASOSPASM INIT	\$ 2,507.00
61641	61641	DILATE IC VASOSPASM ADD-ON	\$ 849.00
61642	61642	DILATE IC VASOSPASM ADD-ON	\$ 1,615.00
61645	61645	PERQ ART M-THROMBECT &/NFS	\$ 2,956.00
61650	61650	EVASC PRLNG ADMN AGNT 1ST	\$ 1,931.00
61651	61651	EVASC PRLNG ADMN AGNT ADD	\$ 889.00
61680	61680	INTRACRANIAL VESSEL SURGERY	\$ 8,613.00
61682	61682	INTRACRANIAL VESSEL SURGERY	\$ 15,350.00
61684	61684	INTRACRANIAL VESSEL SURGERY	\$ 10,484.00
61686	61686	INTRACRANIAL VESSEL SURGERY	\$ 15,966.00
61690	61690	INTRACRANIAL VESSEL SURGERY	\$ 8,305.00
61692	61692	INTRACRANIAL VESSEL SURGERY	\$ 13,508.00
61697	61697	BRAIN ANEURYSM REPR, COMPLX	\$ 16,162.00
61698	61698	BRAIN ANEURYSM REPR, COMPLX	\$ 17,870.00
61700	61700	INNER SKULL VESSEL SURGERY	\$ 12,966.00
61702	61702	INNER SKULL VESSEL SURGERY	\$ 15,190.00
61703	61703	CLAMP NECK ARTERY	\$ 4,955.00
61705	61705	REVISE CIRCULATION TO HEAD	\$ 9,325.00
61708	61708	REVISE CIRCULATION TO HEAD	\$ 8,634.00
61710	61710	REVISE CIRCULATION TO HEAD	\$ 7,555.00
61711	61711	FUSION OF SKULL ARTERIES	\$ 11,014.00
61720	61720	INCISE SKULL/BRAIN SURGERY	\$ 5,238.00
61735	61735	INCISE SKULL/BRAIN SURGERY	\$ 6,986.00
61736	61736	LITT ICR 1 TRAJ 1 SMPL LES	\$ 3,167.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
61737	61737	LITT ICR MLT TRJ MLT/CPLX LS	\$ 4,025.00
61750	61750	INCISE SKULL/BRAIN BIOPSY	\$ 5,769.00
61751	61751	BRAIN BIOPSY W/ CT/MR GUIDE	\$ 5,691.00
61760	61760	IMPLANT BRAIN ELECTRODES	\$ 6,839.00
61770	61770	INCISE SKULL FOR TREATMENT	\$ 6,665.00
61781	61781	SCAN PROC CRANIAL INTRA	\$ 999.00
61782	61782	SCAN PROC CRANIAL EXTRA	\$ 649.00
61783	61783	SCAN PROC SPINAL	\$ 918.00
61790	61790	TREAT TRIGEMINAL NERVE	\$ 4,220.00
61791	61791	TREAT TRIGEMINAL TRACT	\$ 4,750.00
61796	61796	SRS, CRANIAL LESION SIMPLE	\$ 4,280.00
61797	61797	SRS, CRAN LES SIMPLE, ADDL	\$ 867.00
61798	61798	SRS, CRANIAL LESION COMPLEX	\$ 5,359.00
61799	61799	SRS, CRAN LES COMPLEX, ADDL	\$ 1,350.00
61800	61800	APPLY SRS HEADFRAME ADD-ON	\$ 706.00
61850	61850	IMPLANT NEUROELECTRODES	\$ 4,267.00
61860	61860	IMPLANT NEUROELECTRODES	\$ 6,530.00
61863	61863	IMPLANT NEUROELECTRODE	\$ 5,848.00
61864	61864	IMPLANT NEUROELECTRDE, ADDL	\$ 1,315.00
61867	61867	IMPLANT NEUROELECTRODE	\$ 8,770.00
61868	61868	IMPLANT NEUROELECTRDE, ADDL	\$ 2,048.00
61880	61880	REVISE/REMOVE NEUROELECTRODE	\$ 2,286.00
61885	61885	IMPLANT NEUROSTIM ONE ARRAY	\$ 1,899.00
61886	61886	IMPLANT NEUROSTIM ARRAYS	\$ 3,065.00
61888	61888	REVISE/REMOVE NEURORECEIVER	\$ 1,535.00
62000	62000	TREAT SKULL FRACTURE	\$ 3,582.00
62005	62005	TREAT SKULL FRACTURE	\$ 5,016.00
62010	62010	TREATMENT OF HEAD INJURY	\$ 5,525.00
62100	62100	REPAIR BRAIN FLUID LEAKAGE	\$ 6,154.00
62115	62115	REDUCTION OF SKULL DEFECT	\$ 6,079.00
62117	62117	REDUCTION OF SKULL DEFECT	\$ 7,005.00
62120	62120	REPAIR SKULL CAVITY LESION	\$ 6,217.00
62121	62121	INCISE SKULL REPAIR	\$ 5,815.00
62140	62140	REPAIR OF SKULL DEFECT	\$ 4,143.00
62141	62141	REPAIR OF SKULL DEFECT	\$ 4,579.00
62142	62142	REMOVE SKULL PLATE/FLAP	\$ 3,553.00
62143	62143	REPLACE SKULL PLATE/FLAP	\$ 4,118.00
62145	62145	REPAIR OF SKULL & BRAIN	\$ 6,475.00
62146	62146	REPAIR OF SKULL WITH GRAFT	\$ 4,217.00
62147	62147	REPAIR OF SKULL WITH GRAFT	\$ 5,502.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
62148	62148	RETR BONE FLAP TO FIX SKULL	\$ 425.00
62160	62160	NEUROENDOSCOPY ADD-ON	\$ 689.00
62161	62161	DISSECT BRAIN W/SCOPE	\$ 5,671.00
62162	62162	REMOVE COLLOID CYST W/SCOPE	\$ 6,746.00
62164	62164	REMOVE BRAIN TUMOR W/SCOPE	\$ 8,114.00
62165	62165	REMOVE PITUIT TUMOR W/SCOPE	\$ 5,476.00
62180	62180	ESTABLISH BRAIN CAVITY SHUNT	\$ 5,498.00
62190	62190	ESTABLISH BRAIN CAVITY SHUNT	\$ 3,849.00
62192	62192	ESTABLISH BRAIN CAVITY SHUNT	\$ 4,015.00
62194	62194	REPLACE/IRRIGATE CATHETER	\$ 1,498.00
62200	62200	ESTABLISH BRAIN CAVITY SHUNT	\$ 5,741.00
62201	62201	ESTABLISH BRAIN CAVITY SHUNT	\$ 5,095.00
62220	62220	ESTABLISH BRAIN CAVITY SHUNT	\$ 4,321.00
62223	62223	ESTABLISH BRAIN CAVITY SHUNT	\$ 4,375.00
62225	62225	REPLACE/IRRIGATE CATHETER	\$ 2,119.00
62230	62230	REPLACE/REVISE BRAIN SHUNT	\$ 3,525.00
62252	62252	CSF SHUNT REPROGRAM	\$ 170.00
62256	62256	REMOVE BRAIN CAVITY SHUNT	\$ 2,315.00
62258	62258	REPLACE BRAIN CAVITY SHUNT	\$ 4,440.00
62263	62263	LYSIS EPIDURAL ADHESIONS	\$ 1,566.00
62264	62264	EPIDURAL LYSIS ON SINGLE DAY	\$ 887.00
62267	62267	INTERDISCAL PERQ ASPIR DX	\$ 648.00
62268	62268	DRAIN SPINAL CORD CYST	\$ 971.00
62269	62269	NEEDLE BIOPSY, SPINAL CORD	\$ 988.00
62270	62270	MD SPINAL PUNCTURE, LUMBAR	\$ 453.00
62272	62272	DRAIN CEREBRO SPINAL FLUID	\$ 571.00
62273	62273	TREAT EPIDURAL SPINE LESION	\$ 575.00
62280	62280	TREAT SPINAL CORD LESION	\$ 794.00
62281	62281	TREAT SPINAL CORD LESION	\$ 662.00
62282	62282	TREAT SPINAL CANAL LESION	\$ 763.00
62284	62284	INJECTION FOR MYELOGRAM	\$ 476.00
62287	62287	PERCUTANEOUS DISKECTOMY	\$ 2,148.00
62290	62290	INJECT FPR SPINE DISK X-RAY	\$ 1,063.00
62291	62291	INJECT FPR SPINE DISK X-RAY	\$ 1,053.00
62292	62292	INJECTION INTO DISK LESION	\$ 1,596.00
62294	62294	INJECTION INTO SPINAL ARTERY	\$ 2,735.00
62302	62302	MYELOGRAPHY LUMBAR INJECTION	\$ 804.00
62303	62303	MYELOGRAPHY LUMBAR INJECTION	\$ 745.00
62304	62304	MYELOGRAPHY LUMBAR INJECTION	\$ 732.00
62305	62305	MYELOGRAPHY LUMBAR INJECTION	\$ 790.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
62320	62320	NJX INTERLAMINAR CRV/THRC	\$ 630.00
62321	62321	NJX INTERLAMINAR CRV/THRC	\$ 813.00
62322	62322	NJX INTERLAMINAR LMBR/SAC	\$ 683.00
62323	62323	NJX INTERLAMINAR LMBR/SAC	\$ 783.00
62324	62324	NJX INTERLAMINAR CRV/THRC	\$ 778.00
62325	62325	NJX INTERLAMINAR CRV/THRC	\$ 815.00
62326	62326	NJX INTERLAMINAR LMBR/SAC	\$ 730.00
62327	62327	NJX INTERLAMINAR LMBR/SAC	\$ 754.00
62328	62328	DX LMBR SPI PNXR W/FLUOR/CT	\$ 584.00
62329	62329	THER SPI PNXR CSF FLUOR/CT	\$ 746.00
62350	62350	IMPLANT SPINAL CANAL CATH	\$ 1,680.00
62351	62351	IMPLANT SPINAL CANAL CATH	\$ 3,252.00
62355	62355	REMOVE SPINAL CANAL CATHETER	\$ 1,172.00
62360	62360	INSERT SPINE INFUSION DEVICE	\$ 1,072.00
62361	62361	IMPLANT SPINE INFUSION PUMP	\$ 1,528.00
62362	62362	IMPLANT SPINE INFUSION PUMP	\$ 1,589.00
62365	62365	REMOVAL SPINE INFUSION DEVICE	\$ 1,208.00
62367	62367	ANALYZE SPINE INFUSION PUMP	\$ 141.00
62368	62368	ANALYZE SPINE INFUSION PUMP	\$ 197.00
62369	62369	ANAL SP INF PMP W/REPRG&FILL	\$ 386.00
62370	62370	ANL SP INF PMP W/MDREPRG&FIL	\$ 388.00
62380	62380	NDSC DCMPRN 1 NTRSPC LUMBAR	\$ 4,651.00
63001	63001	REMOVAL OF SPINAL LAMINA	\$ 4,840.00
63003	63003	REMOVAL OF SPINAL LAMINA	\$ 4,933.00
63005	63005	REMOVAL OF SPINAL LAMINA	\$ 4,377.00
63011	63011	REMOVAL OF SPINAL LAMINA	\$ 3,923.00
63012	63012	REMOVAL OF SPINAL LAMINA	\$ 4,471.00
63015	63015	REMOVAL OF SPINAL LAMINA	\$ 5,882.00
63016	63016	REMOVAL OF SPINAL LAMINA	\$ 6,018.00
63017	63017	REMOVAL OF SPINAL LAMINA	\$ 5,190.00
63020	63020	NECK SPINE DISK SURGERY	\$ 4,553.00
63030	63030	LOW BACK DISK SURGERY	\$ 4,141.00
63035	63035	SPINAL DISK SURGERY ADD-ON	\$ 1,036.00
63040	63040	NECK SPINE DISK SURGERY	\$ 5,586.00
63042	63042	LOW BACK DISK SURGERY	\$ 5,431.00
63043	63043	LAMINOTOMY, ADDL CERVICAL	\$ 1,885.00
63044	63044	LAMINOTOMY, ADDL LUMBAR	\$ 1,968.00
63045	63045	REMOVAL OF SPINAL LAMINA	\$ 5,367.00
63046	63046	REMOVAL OF SPINAL LAMINA	\$ 5,419.00
63047	63047	REMOVAL OF SPINAL LAMINA	\$ 5,032.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
63048	63048	REMOVE SPINAL LAMINA ADD-ON	\$ 1,054.00
63050	63050	CERVICAL LAMINOPLASTY	\$ 6,345.00
63051	63051	C-LAMINOPLASTY W/GRAFT/PLATE	\$ 7,308.00
63052	63052	LAM FACETC/FRMT ARTHRD LUM 1	\$ 1,147.00
63053	63053	LAM FACTC/FRMT ARTHRD LUM EA	\$ 926.00
63055	63055	DECOMPRESS SPINAL CORD	\$ 6,954.00
63056	63056	DECOMPRESS SPINAL CORD	\$ 5,713.00
63057	63057	DECOMPRESS SPINE CORD ADD-ON	\$ 1,612.00
63064	63064	DECOMPRESS SPINAL CORD	\$ 7,055.00
63066	63066	DECOMPRESS SPINE CORDADD-ON	\$ 889.00
63075	63075	NECK SPINE DISK SURGERY	\$ 5,895.00
63076	63076	NECK SPINE DISK SURGERY	\$ 1,335.00
63077	63077	SPINE DISK SURGERY, THORAX	\$ 5,751.00
63078	63078	SPINE DISK SURGERY, THORAX	\$ 912.00
63081	63081	REMOVAL OF VERTEBRAL BODY	\$ 6,695.00
63082	63082	REMOVE VERTEBRAL BODY ADD-ON	\$ 1,404.00
63085	63085	REMOVAL OF VERTEBRAL BODY	\$ 7,198.00
63086	63086	REMOVE VERTEBRAL BODY ADD-ON	\$ 926.00
63087	63087	REMOVAL OF VERTEBRAL BODY	\$ 8,840.00
63088	63088	REMOVE VERTEBRAL BODY ADD-ON	\$ 1,086.00
63090	63090	REMOVAL OF VERTEBRAL BODY	\$ 7,700.00
63091	63091	REMOVE VERTEBRAL BODY ADD-ON	\$ 982.00
63101	63101	REMOVAL OF VERTEBRAL BODY	\$ 9,593.00
63102	63102	REMOVAL OF VERTEBRAL BODY	\$ 8,974.00
63103	63103	REMOVE VERTEBRAL BODY ADD-ON	\$ 1,498.00
63170	63170	INCISE SPINAL CORD TRACT(S)	\$ 6,734.00
63172	63172	DRAINAGE OF SPINAL CYST	\$ 5,397.00
63173	63173	DRAINAGE OF SPINAL CYST	\$ 6,974.00
63185	63185	INCISE SPINAL COLUMN/NERVES	\$ 4,404.00
63190	63190	INCISE SPINAL COLUMN/NERVES	\$ 5,227.00
63191	63191	INCISE SPINAL COLUMN/NERVES	\$ 5,277.00
63197	63197	INCISE SPINAL COLUMN & CORD	\$ 6,522.00
63200	63200	RELEASE OF SPINAL CORD	\$ 5,889.00
63250	63250	REVISE SPINAL CORD VESSELS	\$ 10,740.00
63251	63251	REVISE SPINAL CORD VESSELS	\$ 12,476.00
63252	63252	REVISE SPINAL CORD VESSELS	\$ 12,289.00
63265	63265	EXCISE INTRASPINAL LESION	\$ 6,363.00
63266	63266	EXCISE INTRASPINAL LESION	\$ 6,070.00
63267	63267	EXCISE INTRASPINAL LESION	\$ 5,225.00
63268	63268	EXCISE INTRASPINAL LESION	\$ 5,043.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
63270	63270	EXCISE INTRASPINAL LESION	\$ 7,724.00
63271	63271	EXCISE INTRASPINAL LESION	\$ 7,615.00
63272	63272	EXCISE INTRASPINAL LESION	\$ 7,047.00
63273	63273	EXCISE INTRASPINAL LESION	\$ 6,972.00
63275	63275	BIOPSY/EXCISE SPINAL TUMOR	\$ 7,119.00
63276	63276	BIOPSY/EXCISE SPINAL TUMOR	\$ 6,823.00
63277	63277	BIOPSY/EXCISE SPINAL TUMOR	\$ 6,404.00
63278	63278	BIOPSY/EXCISE SPINAL TUMOR	\$ 6,533.00
63280	63280	BIOPSY/EXCISE SPINAL TUMOR	\$ 8,483.00
63281	63281	BIOPSY/EXCISE SPINAL TUMOR	\$ 8,104.00
63282	63282	BIOPSY/EXCISE SPINAL TUMOR	\$ 8,022.00
63283	63283	BIOPSY/EXCISE SPINAL TUMOR	\$ 6,877.00
63285	63285	BIOPSY/EXCISE SPINAL TUMOR	\$ 9,644.00
63286	63286	BIOPSY/EXCISE SPINAL TUMOR	\$ 9,624.00
63287	63287	BIOPSY/EXCISE SPINAL TUMOR	\$ 10,305.00
63290	63290	BIOPSY/EXCISE SPINAL TUMOR	\$ 10,158.00
63295	63295	REPAIR OF LAMINECTOMY DEFECT	\$ 1,391.00
63300	63300	REMOVAL OF VERTEBRAL BODY	\$ 7,061.00
63301	63301	REMOVAL OF VERTEBRAL BODY	\$ 7,971.00
63302	63302	REMOVAL OF VERTEBRAL BODY	\$ 7,721.00
63303	63303	REMOVAL OF VERTEBRAL BODY	\$ 7,483.00
63304	63304	REMOVAL OF VERTEBRAL BODY	\$ 7,640.00
63305	63305	REMOVAL OF VERTEBRAL BODY	\$ 8,094.00
63306	63306	REMOVAL OF VERTEBRAL BODY	\$ 7,911.00
63307	63307	REMOVAL OF VERTEBRAL BODY	\$ 7,770.00
63308	63308	REMOVE VERTEBRAL BODY ADD-ON	\$ 1,192.00
63600	63600	REMOVE SPINAL CORD LESION	\$ 3,094.00
63610	63610	STIMULATION OF SPINAL CORD	\$ 2,046.00
63620	63620	SRS, SPINAL LESION	\$ 4,421.00
63621	63621	SRS, SPINAL LESION, ADDL	\$ 1,026.00
63650	63650	IMPLANT NEUROELECTRODES	\$ 4,384.00
63655	63655	IMPLANT NEUROELECTRODES	\$ 3,245.00
63661	63661	REMOVE SPINE ELTRD PERQ ARAY	\$ 2,054.00
63662	63662	REMOVE SPINE ELTRD PLATE	\$ 2,809.00
63663	63663	REVISE SPINE ELTRD PERQ ARAY	\$ 2,455.00
63664	63664	REVISE SPINE ELTRD PLATE	\$ 2,868.00
63685	63685	IMPLANT NEURORECEIVER	\$ 1,665.00
63688	63688	REVISE/REMOVE NEURORECEIVER	\$ 1,583.00
63700	63700	REPAIR OF SPINAL HERNIATION	\$ 4,392.00
63702	63702	REPAIR OF SPINAL HERNIATION	\$ 4,683.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
63704	63704	REPAIR OF SPINAL HERNIATION	\$ 5,436.00
63706	63706	REPAIR OF SPINAL HERNIATION	\$ 6,049.00
63707	63707	REPAIR SPINAL FLUID LEAKAGE	\$ 3,676.00
63709	63709	REPAIR SPINAL FLUID LEAKAGE	\$ 4,214.00
63710	63710	GRAFT REPAIR OF SPINE DEFECT	\$ 4,123.00
63740	63740	INSTALL SPINAL SHUNT	\$ 4,149.00
63741	63741	INSTALL SPINAL SHUNT	\$ 2,699.00
63744	63744	REVISION OF SPINAL SHUNT	\$ 2,695.00
63746	63746	REMOVAL OF SPINAL SHUNT	\$ 2,412.00
64400	64400	INJECTION FOR NERVE BLOCK	\$ 385.00
64405	64405	INJECTION FOR NERVE BLOCK	\$ 304.00
64408	64408	INJECTION FOR NERVE BLOCK	\$ 375.00
64415	64415	INJECTION FOR NERVE BLOCK	\$ 614.00
64416	64416	N BLOCK CONT INFUSE, B PLEX	\$ 1,493.00
64417	64417	INJECTION FOR NERVE BLOCK	\$ 714.00
64418	64418	INJECTION FOR NERVE BLOCK	\$ 365.00
64420	64420	INJECTION FOR NERVE BLOCK	\$ 412.00
64421	64421	INJECTION FOR NERVE BLOCK	\$ 515.00
64425	64425	INJECTION FOR NERVE BLOCK	\$ 418.00
64430	64430	INJECTION FOR NERVE BLOCK	\$ 410.00
64435	64435	INJECTION FOR NERVE BLOCK	\$ 333.00
64445	64445	INJECTION FOR NERVE BLOCK	\$ 387.00
64446	64446	N BLK INJ, SCIATIC, CONT INF	\$ 1,045.00
64447	64447	N BLOCK INJ FEM, SINGLE	\$ 845.00
64448	64448	N BLOCK INJ FEM, CONT INF	\$ 1,446.00
64449	64449	N BLOCK INJ, LUMBAR PLEXUS	\$ 731.00
64450	64450	INJECTION FOR NERVE BLOCK	\$ 292.00
64451	64451	NJX AA&/STRD NRV NRVTG SI JT	\$ 595.00
64454	64454	NJX AA&/STRD GNCLR NRV BRNCH	\$ 626.00
64455	64455	N BLOCK INJ, PLANTAR DIGIT	\$ 131.00
64461	64461	PVB THORACIC SINGLE INJ SITE	\$ 646.00
64462	64462	PVB THORACIC 2ND+ INJ SITE	\$ 389.00
64463	64463	PVB THORACIC CONT INFUSION	\$ 694.00
64479	64479	INJ FORAMEN EPIDURAL C/T	\$ 836.00
64480	64480	INJ FORAMEN EPIDURAL ADD-ON	\$ 478.00
64483	64483	INJ FORAMEN EPIDURAL L/S	\$ 840.00
64484	64484	INJ FORAMEN EPIDURAL ADD-ON	\$ 438.00
64486	64486	TAP BLOCK UNIL BY INJECTION	\$ 611.00
64487	64487	TAP BLOCK UNI BY INFUSION	\$ 586.00
64488	64488	TAP BLOCK BI INJECTION	\$ 814.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
64489	64489	TAP BLOCK BI BY INFUSION	\$ 835.00
64490	64490	INJ PARAVERT F JNT C/T 1 LEV	\$ 664.00
64491	64491	INJ PARAVERT F JNT C/T 2 LEV	\$ 365.00
64492	64492	INJ PARAVERT F JNT C/T 3 LEV	\$ 355.00
64493	64493	INJ PARAVERT F JNT L/S 1 LEV	\$ 637.00
64494	64494	INJ PARAVERT F JNT L/S 2 LEV	\$ 352.00
64495	64495	INJ PARAVERT F JNT L/S 3 LEV	\$ 329.00
64505	64505	INJECTION FOR NERVE BLOCK	\$ 322.00
64510	64510	INJECTION FOR NERVE BLOCK	\$ 513.00
64517	64517	N BLOCK INJ, HYPOGAS PLXS	\$ 591.00
64520	64520	INJECTION FOR NERVE BLOCK	\$ 632.00
64530	64530	INJECTION FOR NERVE BLOCK	\$ 677.00
64553	64553	IMPLANT NEUROELECTRODES	\$ 1,518.00
64555	64555	IMPLANT NEUROELECTRODES	\$ 1,429.00
64561	64561	IMPLANT NEUROELECTRODES	\$ 2,436.00
64566	64566	NEUROELRD STIM POST TIBIAL	\$ 361.00
64568	64568	INC FOR VAGUS N ELECT IMPL	\$ 2,048.00
64569	64569	REVISE/REPL VAGUS N ELTRD	\$ 2,332.00
64570	64570	REMOVE VAGUS N ELTRD	\$ 2,238.00
64575	64575	IMPLANT NEUROELECTRODES	\$ 1,087.00
64580	64580	IMPLANT NEUROELECTRODES	\$ 1,257.00
64581	64581	IMPLANT NEUROELECTRODES	\$ 2,177.00
64582	64582	OPN MPLTJ HPGLSL NSTM ARY PG	\$ 2,488.00
64583	64583	REV/RPLCT HPGLSL NSTM ARY PG	\$ 2,269.00
64584	64584	RMVL HPGLSL NSTIM ARY PG	\$ 1,913.00
64585	64585	REVISE/REMOVE NEUROELECTRODE	\$ 727.00
64590	64590	IMPLANT NEURORECEIVER	\$ 730.00
64595	64595	REVISE/REMOVE NEURORECEIVER	\$ 677.00
64600	64600	INJECTION TREATMENT OF NERVE	\$ 1,090.00
64605	64605	INJECTION TREATMENT OF NERVE	\$ 1,631.00
64610	64610	INJECTION TREATMENT OF NERVE	\$ 2,326.00
64611	64611	CHEMODENERV SALIV GLANDS	\$ 357.00
64612	64612	DESTROY NERVE, FACE MUSCLE	\$ 399.00
64615	64615	CHEMODENERV MUSC MIGRAINE	\$ 446.00
64616	64616	CHDENERV NECK UNI	\$ 395.00
64617	64617	CHDENERV LARYNX UNI	\$ 522.00
64620	64620	INJECTION TREATMENT OF NERVE	\$ 696.00
64624	64624	DETRJ NULYT AGT GNCLR NRV	\$ 1,159.00
64625	64625	RF ABLTJ NRV NRVTG SI JT	\$ 1,348.00
64628	64628	THRMAL DESTR, 1ST 2 VERTBAL	\$ -

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
64629	64629	THRML DESCT,EACH ADDTL VRTB	\$ -
64630	64630	INJECTION TREATMENT OF NERVE	\$ 692.00
64632	64632	N BLOCK INJ, COMMON DIGIT	\$ 215.00
64633	64633	DESTROY CERV/THOR FACET JNT	\$ 1,308.00
64634	64634	DESTROY C/TH FACET JNT ADDL	\$ 662.00
64635	64635	DESTROY LUMB/SAC FACET JNT	\$ 1,259.00
64636	64636	DESTROY L/S FACET JNT ADDL	\$ 555.00
64640	64640	INJECTION TREATMENT OF NERVE	\$ 519.00
64642	64642	CHEMODENERV 1 EXTREMITY 1-4	\$ 454.00
64643	64643	CHEMODENERV 1 EXTREM 1-4 EA	\$ 287.00
64644	64644	CHEMODENERV 1 EXTREM 5/> MUS	\$ 481.00
64645	64645	CHEMODENERV 1 EXTREM 5/> EA	\$ 337.00
64646	64646	CHDENERV TRNK 1-5	\$ 428.00
64647	64647	CHDENERV TRNK 6+	\$ 500.00
64650	64650	CHEMODENERV ECCRINE GLANDS	\$ 234.00
64653	64653	CHEMODENERV ECCRINE GLANDS	\$ 281.00
64680	64680	INJECTION TREATMENT OF NERVE	\$ 887.00
64681	64681	INJECTION TREATMENT OF NERVE	\$ 1,402.00
64702	64702	REVISE FINGER/TOE NERVE	\$ 1,600.00
64704	64704	REVISE HAND/FOOT NERVE	\$ 1,038.00
64708	64708	REVISE ARM/LEG NERVE	\$ 1,714.00
64712	64712	REVISION OF SCIATIC NERVE	\$ 2,064.00
64713	64713	REVISION OF ARM NERVE(S)	\$ 3,027.00
64714	64714	REVISE LOW BACK NERVE(S)	\$ 2,271.00
64716	64716	REVISION OF CRANIAL NERVE	\$ 2,467.00
64718	64718	REVISE ULNAR NERVE AT ELBOW	\$ 2,015.00
64719	64719	REVISE ULNAR NERVE AT WRIST	\$ 1,395.00
64721	64721	CARPAL TUNNEL SURGERY	\$ 1,466.00
64722	64722	RELIEVE PRESSURE ON NERVE(S)	\$ 1,122.00
64726	64726	RELEASE FOOT/TOE NERVE	\$ 828.00
64727	64727	INTERNAL NERVE REVISION	\$ 843.00
64732	64732	INCISION OF BROW NERVE	\$ 1,346.00
64734	64734	INCISION OF CHEEK NERVE	\$ 1,519.00
64736	64736	INCISION OF CHIN NERVE	\$ 1,316.00
64738	64738	INCISION OF JAW NERVE	\$ 1,735.00
64740	64740	INCISION OF TONGUE NERVE	\$ 1,540.00
64742	64742	INCISION OF FACIAL NERVE	\$ 1,793.00
64744	64744	INCISE NERVE, BACK OF HEAD	\$ 1,802.00
64746	64746	INCISE DIAPHRAGM NERVE	\$ 1,405.00
64755	64755	INCISION OF STOMACH NERVES	\$ 3,084.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
64760	64760	INCISION OF VAGUS NERVE	\$ 1,663.00
64763	64763	INCISE HIP/THIGH NERVE	\$ 1,584.00
64766	64766	INCISE HIP/THIGH NERVE	\$ 1,962.00
64771	64771	SEVER CRANIAL NERVE	\$ 2,216.00
64772	64772	INCISION OF SPINAL NERVE	\$ 1,897.00
64774	64774	REMOVE SKIN NERVE LESION	\$ 1,311.00
64776	64776	REMOVE DIGIT NERVE LESION	\$ 1,210.00
64778	64778	DIGIT NERVE SURGERY ADD-ON	\$ 587.00
64782	64782	REMOVE LIMB NERVE LESION	\$ 1,275.00
64783	64783	LIMB NERVE SURGERY ADD-ON	\$ 677.00
64784	64784	REMOVE NERVE LESION	\$ 2,282.00
64786	64786	REMOVE SCIATIC NERVE LESION	\$ 3,759.00
64787	64787	IMPLANT NERVE END	\$ 916.00
64788	64788	REMOVE SKIN NERVE LESION	\$ 1,327.00
64790	64790	REMOVAL OF NERVE LESION	\$ 2,810.00
64792	64792	REMOVAL OF NERVE LESION	\$ 4,659.00
64795	64795	BIOPSY OF NERVE	\$ 675.00
64802	64802	REMOVE SYMPATHETIC NERVES	\$ 2,560.00
64804	64804	REMOVE SYMPATHETIC NERVES	\$ 3,819.00
64809	64809	REMOVE SYMPATHETIC NERVES	\$ 3,536.00
64818	64818	REMOVE SYMPATHETIC NERVES	\$ 2,205.00
64820	64820	REMOVE SYMPATHETIC NERVES	\$ 2,369.00
64821	64821	REMOVE SYMPATHETIC NERVES	\$ 2,315.00
64822	64822	REMOVE SYMPATHETIC NERVES	\$ 2,307.00
64823	64823	REMOVE SYMPATHETIC NERVES	\$ 2,690.00
64831	64831	REPAIR OF DIGIT NERVE	\$ 2,249.00
64832	64832	REPAIR NERVE ADD-ON	\$ 1,083.00
64834	64834	REPAIR OF HAND OR FOOT NERVE	\$ 2,433.00
64835	64835	REPAIR OF HAND OR FOOT NERVE	\$ 2,584.00
64836	64836	REPAIR OF HAND OR FOOT NERVE	\$ 2,568.00
64837	64837	REPAIR NERVE ADD-ON	\$ 1,195.00
64840	64840	REPAIR OF LEG NERVE	\$ 3,204.00
64856	64856	REPAIR/TRANSPOSE NERVE	\$ 3,492.00
64857	64857	REPAIR ARM/LEG NERVE	\$ 3,768.00
64858	64858	REPAIR SCIATIC NERVE	\$ 3,840.00
64859	64859	NERVE SURGERY	\$ 1,021.00
64861	64861	REPAIR OF ARM NERVES	\$ 5,050.00
64862	64862	REPAIR OF LOW BACK NERVES	\$ 4,629.00
64864	64864	REPAIR OF FACIAL NERVE	\$ 3,219.00
64865	64865	REPAIR OF FACIAL NERVE	\$ 4,087.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
64866	64866	FUSION OF FACIAL/OTHER NERVE	\$ 4,915.00
64868	64868	FUSION OF FACIAL/OTHER NERVE	\$ 3,979.00
64872	64872	SUBSEQUENT REPAIR OF NERVE	\$ 434.00
64874	64874	REPAIR & REVISE NERVE ADD-ON	\$ 666.00
64876	64876	REPAIR NERVE/SHORTEN BONE	\$ 715.00
64885	64885	NERVE GRAFT, HEAD OR NECK	\$ 4,055.00
64886	64886	NERVE GRAFT, HEAD OR NECK	\$ 5,632.00
64890	64890	NERVE GRAFT, HAND OR FOOT	\$ 3,795.00
64891	64891	NERVE GRAFT, HAND OR FOOT	\$ 4,077.00
64892	64892	NERVE GRAFT, ARM OR LEG	\$ 3,691.00
64893	64893	NERVE GRAFT, ARM OR LEG	\$ 4,352.00
64895	64895	NERVE GRAFT, HAND OR FOOT	\$ 4,712.00
64896	64896	NERVE GRAFT, HAND OR FOOT	\$ 5,012.00
64897	64897	NERVE GRAFT, ARM OR LEG	\$ 4,327.00
64898	64898	NERVE GRAFT, ARM OR LEG	\$ 5,033.00
64901	64901	NERVE GRAFT ADD-ON	\$ 2,205.00
64902	64902	NERVE GRAFT ADD-ON	\$ 2,489.00
64905	64905	NERVE PEDICLE TRANSFER	\$ 4,028.00
64907	64907	NERVE PEDICLE TRANSFER	\$ 4,603.00
64910	64910	NERVE REPAIR W/ALLOGRAFT	\$ 2,831.00
64911	64911	NEURORRAPHY W/VEIN AUTOGRAFT	\$ 3,238.00
64912	64912	NERVE RPR W/NERVE ALLOGRFT 1ST	\$ 2,900.00
64913	64913	NERVE RPR W/NRV ALGRFT EA ADDL	\$ 583.00
64999	64999	NERVOUS SYSTEM SURGERY	\$ 366.00
65091	65091	REVISE EYE	\$ 1,921.00
65093	65093	REVISE EYE WITH IMPLANT	\$ 1,984.00
65101	65101	REMOVAL OF EYE	\$ 2,179.00
65103	65103	REMOVE EYE/INSERT IMPLANT	\$ 2,280.00
65105	65105	REMOVE EYE/ATTACH IMPLANT	\$ 2,635.00
65110	65110	REMOVAL OF EYE	\$ 4,304.00
65112	65112	REMOVE EYE/REVISE SOCKET	\$ 4,426.00
65114	65114	REMOVE EYE/REVISE SOCKET	\$ 4,628.00
65125	65125	REVISE OCULAR IMPLANT	\$ 1,374.00
65130	65130	INSERT OCULAR IMPLANT	\$ 2,268.00
65135	65135	INSERT OCULAR IMPLANT	\$ 2,334.00
65140	65140	ATTACH OCULAR IMPLANT	\$ 2,452.00
65150	65150	REVISE OCULAR IMPLANT	\$ 1,828.00
65155	65155	REINSERT OCULAR IMPLANT	\$ 2,572.00
65175	65175	REMOVAL OF OCULAR IMPLANT	\$ 2,009.00
65205	65205	REMOVE FOREIGN BODY FROM EYE	\$ 133.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
65210	65210	REMOVE FOREIGN BODY FROM EYE	\$ 159.00
65220	65220	REMOVE FOREIGN BODY FROM EYE	\$ 204.00
65222	65222	REMOVE FOREIGN BODY FROM EYE	\$ 181.00
65235	65235	REMOVE FOREIGN BODY FROM EYE	\$ 1,753.00
65260	65260	REMOVE FOREIGN BODY FROM EYE	\$ 2,480.00
65265	65265	REMOVE FOREIGN BODY FROM EYE	\$ 2,463.00
65270	65270	REPAIR OF EYE WOUND	\$ 618.00
65272	65272	REPAIR OF EYE WOUND	\$ 1,077.00
65273	65273	REPAIR OF EYE WOUND	\$ 831.00
65275	65275	REPAIR OF EYE WOUND	\$ 1,290.00
65280	65280	REPAIR OF EYE WOUND	\$ 2,009.00
65285	65285	REPAIR OF EYE WOUND	\$ 3,157.00
65286	65286	REPAIR OF EYE WOUND	\$ 1,834.00
65290	65290	REPAIR OF EYE SOCKET WOUND	\$ 1,490.00
65400	65400	REMOVAL OF EYE LESION	\$ 1,566.00
65410	65410	BIOPSY OF CORNEA	\$ 394.00
65420	65420	REMOVAL OF EYE LESION	\$ 1,172.00
65426	65426	REMOVAL OF EYE LESION	\$ 1,566.00
65430	65430	CORNEAL SMEAR	\$ 353.00
65435	65435	CURETTE/TREAT CORNEA	\$ 171.00
65436	65436	CURETTE/TREAT CORNEA	\$ 919.00
65450	65450	TREATMENT OF CORNEAL LESION	\$ 1,037.00
65600	65600	REVISION OF CORNEA	\$ 936.00
65710	65710	CORNEAL TRANSPLANT	\$ 3,478.00
65730	65730	CORNEAL TRANSPLANT	\$ 4,213.00
65750	65750	CORNEAL TRANSPLANT	\$ 4,251.00
65755	65755	CORNEAL TRANSPLANT	\$ 4,087.00
65756	65756	CORNEAL TRNSPL, ENDOTHELIAL	\$ 3,732.00
65757	65757	PREP CORNEAL ENDO ALLOGRAFT	\$ 841.00
65760	65760	REVISION OF CORNEA	\$ 1,453.00
65770	65770	REVISE CORNEA WITH IMPLANT	\$ 4,981.00
65772	65772	CORRECTION OF ASTIGMATISM	\$ 1,065.00
65775	65775	CORRECTION OF ASTIGMATISM	\$ 1,320.00
65778	65778	COVER EYE W/MEMBRANE	\$ 2,475.00
65779	65779	COVER EYE W/MEMBRANE STENT	\$ 2,314.00
65780	65780	OCULAR RECONST, TRANSPLANT	\$ 2,214.00
65781	65781	OCULAR RECONST, TRANSPLANT	\$ 3,939.00
65782	65782	OCULAR RECONST, TRANSPLANT	\$ 3,083.00
65785	65785	IMPLTJ NTRSTRML CRNL RNG SEG	\$ 5,220.00
65800	65800	DRAINAGE OF EYE	\$ 365.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
65810	65810	DRAINAGE OF EYE	\$ 1,209.00
65815	65815	DRAINAGE OF EYE	\$ 1,480.00
65820	65820	RELIEVE INNER EYE PRESSURE	\$ 2,182.00
65850	65850	INCISION OF EYE	\$ 2,557.00
65855	65855	LASER SURGERY OF EYE	\$ 1,074.00
65860	65860	INCISE INNER EYE ADHESIONS	\$ 970.00
65865	65865	INCISE INNER EYE ADHESIONS	\$ 1,457.00
65870	65870	INCISE INNER EYE ADHESIONS	\$ 1,526.00
65875	65875	INCISE INNER EYE ADHESIONS	\$ 1,621.00
65880	65880	INCISE INNER EYE ADHESIONS	\$ 1,810.00
65900	65900	REMOVE EYE LESION	\$ 2,425.00
65920	65920	REMOVE IMPLANT FROM EYE	\$ 2,173.00
65930	65930	REMOVE BLOOD CLOT FROM EYE	\$ 1,590.00
66020	66020	INJECTION TREATMENT OF EYE	\$ 522.00
66030	66030	INJECTION TREATMENT OF EYE	\$ 389.00
66130	66130	REMOVE EYE LESION	\$ 1,603.00
66150	66150	GLAUCOMA SURGERY	\$ 2,204.00
66155	66155	GLAUCOMA SURGERY	\$ 2,203.00
66160	66160	GLAUCOMA SURGERY	\$ 2,572.00
66170	66170	GLAUCOMA SURGERY	\$ 3,236.00
66172	66172	INCISION OF EYE	\$ 3,477.00
66174	66174	TRANSLUM DIL EYE CANAL	\$ 2,802.00
66175	66175	TRNSLUM DIL EYE W/STNT	\$ 2,758.00
66179	66179	AQUEOUS SHUNT EYE W/O GRAFT	\$ 3,458.00
66180	66180	IMPLANT EYE SHUNT	\$ 3,524.00
66183	66183	INSERT ANT DRAINAGE DEVICE	\$ 2,908.00
66184	66184	REVISION OF AQUEOUS SHUNT	\$ 2,553.00
66185	66185	REVISE EYE SHUNT	\$ 2,506.00
66225	66225	REPAIR/GRAFT EYE LESION	\$ 2,517.00
66250	66250	FOLLOW-UP SURGERY OF EYE	\$ 1,829.00
66500	66500	INCISION OF IRIS	\$ 958.00
66505	66505	INCISION OF IRIS	\$ 921.00
66600	66600	REMOVE IRIS AND LESION	\$ 2,088.00
66605	66605	REMOVAL OF IRIS	\$ 2,564.00
66625	66625	REMOVAL OF IRIS	\$ 1,200.00
66630	66630	REMOVAL OF IRIS	\$ 1,660.00
66635	66635	REMOVAL OF IRIS	\$ 1,679.00
66680	66680	REPAIR IRIS & CILIARY BODY	\$ 1,574.00
66682	66682	REPAIR IRIS & CILIARY BODY	\$ 1,870.00
66700	66700	DESTRUCTION, CILIARY BODY	\$ 1,187.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
66710	66710	DESTRUCTION, CILIARY BODY	\$ 1,312.00
66711	66711	CILIARY ENDOSCOPIC ABLATION	\$ 1,775.00
66720	66720	DESTRUCTION, CILIARY BODY	\$ 1,303.00
66740	66740	DESTRUCTION, CILIARY BODY	\$ 1,389.00
66761	66761	REVISION OF IRIS	\$ 1,044.00
66762	66762	REVISION OF IRIS	\$ 1,169.00
66770	66770	REMOVAL OF INNER EYE LESION	\$ 1,447.00
66820	66820	INCISION, SECONDARY CATARACT	\$ 1,044.00
66821	66821	AFTER CATARACT LASER SURGERY	\$ 876.00
66825	66825	REPOSIITON INTRAOCULAR LENS	\$ 2,088.00
66830	66830	REMOVAL OF LENS LESION	\$ 1,711.00
66840	66840	REMOVAL OF LENS MATERIAL	\$ 1,801.00
66850	66850	REMOVAL OF LENS MATERIAL	\$ 2,113.00
66852	66852	REMOVAL OF LENS MATERIAL	\$ 2,541.00
66920	66920	EXTRACTION OF LENS	\$ 2,160.00
66930	66930	EXTRACTION OF LENS	\$ 2,619.00
66940	66940	EXTRACTION OF LENS	\$ 2,328.00
66982	66982	CATARACT SURGERY, COMPLEX	\$ 2,692.00
66983	66983	REMOVE CATARACT/INSERT LENS	\$ 2,684.00
66984	66984	REMOVE CATARACT/INSERT LENS	\$ 2,227.00
66985	66985	INSERT LENS PROSTHESIS	\$ 2,293.00
66986	66986	EXCHANGE LENS PROSTHESIS	\$ 2,621.00
66987	66987	XCAPSL CTRC RMVL CPLX W/ECP	\$ 3,028.00
66988	66988	XCAPSL CTRC RMVL W/ECP	\$ 2,699.00
66989	66989	XCPSL CTRC RMVL CPLX INSJ 1+	\$ 3,236.00
66990	66990	OPHTHALMIC ENDOSCOPE ADD-ON	\$ 318.00
66991	66991	XCAPSL CTRC RMVL INSJ 1+	\$ 2,536.00
67005	67005	PARTIAL REMOVAL OF EYE FLUID	\$ 1,531.00
67010	67010	PARTIAL REMOVAL OF EYE FLUID	\$ 1,889.00
67015	67015	RELEASE OF EYE FLUID	\$ 1,476.00
67025	67025	REPLACE EYE FLUID	\$ 1,762.00
67027	67027	IMPLANT EYE DRUG SYSTEM	\$ 2,961.00
67028	67028	INJECTION EYE DRUG	\$ 522.00
67030	67030	INCISE INNER EYE STRANDS	\$ 1,551.00
67031	67031	LASER SURGERY, EYE STRANDS	\$ 1,089.00
67036	67036	REMOVAL OF INNER EYE FLUID	\$ 3,232.00
67039	67039	LASER TREATMENT OF RETINA	\$ 3,510.00
67040	67040	LASER TREATMENT OF RETINA	\$ 3,801.00
67041	67041	VIT FOR MACULAR PUCKER	\$ 3,588.00
67042	67042	VIT FOR MACULAR HOLE	\$ 3,865.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
67043	67043	VIT MEMBRANE DISSECT	\$ 4,176.00
67101	67101	REPAIR DETACHED RETINA	\$ 1,902.00
67105	67105	REPAIR DETACHED RETINA	\$ 1,629.00
67107	67107	REPAIR DETACHED RETINA	\$ 3,449.00
67108	67108	REPAIR DETACHED RETINA	\$ 4,652.00
67110	67110	REPAIR DETACHED RETINA	\$ 2,401.00
67113	67113	REPAIR RETINAL DETACH, CPLX	\$ 4,687.00
67115	67115	RELEASE ENCIRCLING MATERIAL	\$ 1,354.00
67120	67120	REMOVE EYE IMPLANT MATERIAL	\$ 1,827.00
67121	67121	REMOVE EYE IMPLANT MATERIAL	\$ 2,406.00
67141	67141	TREATMENT OF RETINA	\$ 1,343.00
67145	67145	TREATMENT OF RETINA	\$ 1,425.00
67208	67208	TREATMENT OF RETINA LESION	\$ 1,818.00
67210	67210	TREATMENT OF RETINA LESION	\$ 1,610.00
67218	67218	TREATMENT OF RETINA LESION	\$ 4,381.00
67220	67220	TREATMENT OF CHOROID LESION	\$ 1,681.00
67221	67221	OCULAR PHOTODYNAMIC THER	\$ 972.00
67225	67225	EYE PHOTODYNAMIC THER ADD-ON	\$ 163.00
67227	67227	TREATMENT OF RETINA LESION	\$ 1,287.00
67228	67228	TREATMENT OF RETINA LESION	\$ 2,088.00
67229	67229	TR RETINAL LES PRETERM INF	\$ 2,771.00
67250	67250	REINFORCE EYE WALL	\$ 2,122.00
67255	67255	REINFORCE/GRAFT EYE WALL	\$ 2,292.00
67311	67311	REVISE EYE MUSCLE	\$ 2,007.00
67312	67312	REVISE TWO EYE MUSCLES	\$ 2,308.00
67314	67314	REVISE EYE MUSCLE	\$ 2,210.00
67316	67316	REVISE TWO EYE MUSCLES	\$ 2,751.00
67318	67318	REVISE EYE MUSCLE(S)	\$ 2,416.00
67320	67320	REVISE EYE MUSCLE(S) ADD-ON	\$ 1,586.00
67331	67331	EYE SURGERY FOLLOW-UP ADD-ON	\$ 1,244.00
67332	67332	REREVISE EYE MUSCLES ADD-ON	\$ 1,418.00
67334	67334	REVISE EYE MUSCLE W/SUTURE	\$ 1,245.00
67335	67335	EYE SUTURE DURING SURGERY	\$ 631.00
67340	67340	REVISE EYE MUSCLE ADD-ON	\$ 1,439.00
67343	67343	RELEASE EYE TISSUE	\$ 2,111.00
67345	67345	DESTROY NERVE OF EYE MUSCLE	\$ 760.00
67346	67346	BIOPSY EYE MUSCLE	\$ 621.00
67400	67400	EXPLORE/BIOPSY EYE SOCKET	\$ 3,046.00
67405	67405	EXPLORE/DRAIN EYE SOCKET	\$ 2,368.00
67412	67412	EXPLORE/TREAT EYE SOCKET	\$ 2,783.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
67413	67413	EXPLORE/TREAT EYE SOCKET	\$ 2,771.00
67414	67414	EXPLR/DECOMPRESS EYE SOCKET	\$ 4,100.00
67415	67415	ASPIRATION, ORBITAL CONTENTS	\$ 376.00
67420	67420	EXPLORE/TREAT EYE SOCKET	\$ 4,797.00
67430	67430	EXPLORE/TREAT EYE SOCKET	\$ 3,810.00
67440	67440	EXPLORE/DRAIN EYE SOCKET	\$ 3,915.00
67445	67445	EXPLR/DECOMPRESS EYE SOCKET	\$ 4,396.00
67450	67450	EXPLORE/BIOPSY EYE SOCKET	\$ 3,871.00
67500	67500	INJECT/TREAT EYE SOCKET	\$ 215.00
67505	67505	INJECT/TREAT EYE SOCKET	\$ 240.00
67515	67515	INJECT/TREAT EYE SOCKET	\$ 219.00
67550	67550	INSERT EYE SOCKET IMPLANT	\$ 2,768.00
67560	67560	REVISE EYE SOCKET IMPLANT	\$ 2,700.00
67570	67570	DECOMPRESS OPTIC NERVE	\$ 4,006.00
67700	67700	DRAINAGE OF EYELID ABSCESS	\$ 506.00
67710	67710	INCISION OF EYELID	\$ 525.00
67715	67715	INCISION OF EYELID FOLD	\$ 562.00
67800	67800	REMOVE EYELID LESION	\$ 287.00
67801	67801	REMOVE EYELID LESIONS	\$ 425.00
67805	67805	REMOVE EYELID LESIONS	\$ 498.00
67808	67808	REMOVE EYELID LESION(S)	\$ 868.00
67810	67810	BIOPSY OF EYELID	\$ 394.00
67820	67820	REVISE EYELASHES	\$ 120.00
67825	67825	REVISE EYELASHES	\$ 362.00
67830	67830	REVISE EYELASHES	\$ 728.00
67835	67835	REVISE EYELASHES	\$ 1,448.00
67840	67840	REMOVE EYELID LESION	\$ 595.00
67850	67850	TREAT EYELID LESION	\$ 454.00
67875	67875	CLOSURE OF EYELID BY SUTURE	\$ 532.00
67880	67880	REVISION OF EYELID	\$ 1,148.00
67882	67882	REVISION OF EYELID	\$ 1,503.00
67900	67900	REPAIR BROW DEFECT	\$ 1,801.00
67901	67901	REPAIR EYELID DEFECT	\$ 2,091.00
67902	67902	REPAIR EYELID DEFECT	\$ 2,042.00
67903	67903	REPAIR EYELID DEFECT	\$ 2,110.00
67904	67904	REPAIR EYELID DEFECT	\$ 2,270.00
67906	67906	REPAIR EYELID DEFECT	\$ 1,543.00
67908	67908	REPAIR EYELID DEFECT	\$ 1,670.00
67909	67909	REVISE EYELID DEFECT	\$ 1,447.00
67911	67911	REVISE EYELID DEFECT	\$ 2,053.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
67912	67912	CORRECTION EYELID W/IMPLANT	\$ 2,632.00
67914	67914	REPAIR EYELID DEFECT	\$ 1,242.00
67915	67915	REPAIR EYELID DEFECT	\$ 758.00
67916	67916	REPAIR EYELID DEFECT	\$ 1,433.00
67917	67917	REPAIR EYELID DEFECT	\$ 1,671.00
67921	67921	REPAIR EYELID DEFECT	\$ 987.00
67922	67922	REPAIR EYELID DEFECT	\$ 635.00
67923	67923	REPAIR EYELID DEFECT	\$ 1,357.00
67924	67924	REPAIR EYELID DEFECT	\$ 1,534.00
67930	67930	REPAIR EYELID WOUND	\$ 825.00
67935	67935	REPAIR EYELID WOUND	\$ 1,449.00
67938	67938	REMOVE EYELID FOREIGN BODY	\$ 462.00
67950	67950	REVISION OF EYELID	\$ 1,723.00
67961	67961	REVISION OF EYELID	\$ 1,573.00
67966	67966	REVISION OF EYELID	\$ 2,148.00
67971	67971	RECONSTRUCTION OF EYELID	\$ 2,254.00
67973	67973	RECONSTRUCTION OF EYELID	\$ 2,638.00
67974	67974	RECONSTRUCTION OF EYELID	\$ 3,050.00
67975	67975	RECONSTRUCTION OF EYELID	\$ 1,912.00
68020	68020	INCISE/DRAIN EYELID LINING	\$ 287.00
68040	68040	TREATMENT OF EYELID LESIONS	\$ 146.00
68100	68100	BIOPSY OF EYELID LINING	\$ 441.00
68110	68110	REMOVE EYELID LINING LESION	\$ 522.00
68115	68115	REMOVE EYELID LINING LESION	\$ 709.00
68130	68130	REMOVE EYELID LINING LESION	\$ 1,356.00
68135	68135	REMOVE EYELID LINING LESION	\$ 497.00
68200	68200	TREAT EYELID BY INJECTION	\$ 141.00
68320	68320	REVISE/GRAFT EYELID LINING	\$ 1,858.00
68325	68325	REVISE/GRAFT EYELID LINING	\$ 2,348.00
68326	68326	REVISE/GRAFT EYELID LINING	\$ 1,879.00
68328	68328	REVISE/GRAFT EYELID LINING	\$ 2,270.00
68330	68330	REVISE EYELID LINING	\$ 1,463.00
68335	68335	REVISE/GRAFT EYELID LINING	\$ 1,884.00
68340	68340	SEPARATE EYELID ADHESIONS	\$ 1,528.00
68360	68360	REVISE EYELID LINING	\$ 1,290.00
68362	68362	REVISE EYELID LINING	\$ 2,047.00
68371	68371	HARVEST EYE TISSUE, ALOGRAFT	\$ 1,161.00
68400	68400	INCISE/DRAIN TEAR GLAND	\$ 555.00
68420	68420	INCISE/DRAIN TEAR SAC	\$ 664.00
68440	68440	INCISE TEAR DUCT OPENING	\$ 326.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
68500	68500	REMOVAL OF TEAR GLAND	\$ 2,507.00
68505	68505	PARTIAL REMOVAL, TEAR GLAND	\$ 2,645.00
68510	68510	BIOPSY OF TEAR GLAND	\$ 1,086.00
68520	68520	REMOVAL OF TEAR SAC	\$ 2,045.00
68525	68525	BIOPSY OF TEAR SAC	\$ 783.00
68530	68530	CLEARANCE OF TEAR DUCT	\$ 1,021.00
68540	68540	REMOVE TEAR GLAND LESION	\$ 2,352.00
68550	68550	REMOVE TEAR GLAND LESION	\$ 2,690.00
68700	68700	REPAIR TEAR DUCTS	\$ 1,721.00
68705	68705	REVISE TEAR DUCT OPENING	\$ 523.00
68720	68720	CREATE TEAR SAC DRAIN	\$ 2,281.00
68745	68745	CREATE TEAR DUCT DRAIN	\$ 2,252.00
68750	68750	CREATE TEAR DUCT DRAIN	\$ 2,616.00
68760	68760	CLOSE TEAR DUCT OPENING	\$ 434.00
68761	68761	CLOSE TEAR DUCT OPENING	\$ 292.00
68770	68770	CLOSE TEAR SYSTEM FISTULA	\$ 1,406.00
68801	68801	DILATE TEAR DUCT OPENING	\$ 232.00
68810	68810	PROBE NASOLACRIMAL DUCT	\$ 437.00
68811	68811	PROBE NASOLACRIMAL DUCT	\$ 503.00
68815	68815	PROBE NASOLACRIMAL DUCT	\$ 1,075.00
68816	68816	PROBE NL DUCT W/BALLOON	\$ 1,381.00
68840	68840	EXPLORE/IRRIGATE TEAR DUCTS	\$ 329.00
68850	68850	INJECTION FOR TEAR SAC X-RAY	\$ 285.00
69000	69000	DRAIN EXTERNAL EAR LESION	\$ 442.00
69005	69005	DRAIN EXTERNAL EAR LESION	\$ 600.00
69020	69020	DRAIN OUTER EAR CANAL LESION	\$ 480.00
69090	69090	PIERCE EARLOBES	\$ 68.00
69100	69100	BIOPSY OF EXTERNAL EAR	\$ 209.00
69105	69105	BIOPSY OF EXTERNAL EAR CANAL	\$ 345.00
69110	69110	REMOVE EXTERNAL EAR, PARTIAL	\$ 1,054.00
69120	69120	REMOVAL OF EXTERNAL EAR	\$ 1,258.00
69140	69140	REMOVE EAR CANAL LESION(S)	\$ 2,582.00
69145	69145	REMOVE EAR CANAL LESION(S)	\$ 972.00
69150	69150	EXTENSIVE EAR CANAL SURGERY	\$ 3,128.00
69155	69155	EXTENSIVE EAR/NECK SURGERY	\$ 4,698.00
69200	69200	CLEAR OUTER EAR CANAL	\$ 270.00
69205	69205	CLEAR OUTER EAR CANAL	\$ 313.00
69209	69209	REMOVE IMPACTED EAR WAX INU	\$ 43.00
69210	69210	REMOVE IMPACTED EAR WAX	\$ 118.00
69220	69220	CLEAN OUT MASTOID CAVITY	\$ 279.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
69222	69222	CLEAN OUT MASTOID CAVITY	\$ 493.00
69300	69300	REVISE EXTERNAL EAR	\$ 2,163.00
69310	69310	REBUILD OUTER EAR CANAL	\$ 3,544.00
69320	69320	REBUILD OUTER EAR CANAL	\$ 4,720.00
69420	69420	INCISION OF EARDRUM	\$ 458.00
69421	69421	INCISION OF EARDRUM	\$ 438.00
69424	69424	REMOVE VENTILATING TUBE	\$ 311.00
69433	69433	CREATE EARDRUM OPENING	\$ 494.00
69436	69436	CREATE EARDRUM OPENING	\$ 496.00
69440	69440	EXPLORATION OF MIDDLE EAR	\$ 2,107.00
69450	69450	EARDRUM REVISION	\$ 1,566.00
69501	69501	MASTOIDECTOMY	\$ 2,377.00
69502	69502	MASTOIDECTOMY	\$ 3,398.00
69505	69505	REMOVE MASTOID STRUCTURES	\$ 3,796.00
69511	69511	EXTENSIVE MASTOID SURGERY	\$ 4,077.00
69530	69530	EXTENSIVE MASTOID SURGERY	\$ 5,291.00
69535	69535	REMOVE PART OF TEMPORAL BONE	\$ 8,519.00
69540	69540	REMOVE EAR LESION	\$ 470.00
69550	69550	REMOVE EAR LESION	\$ 3,327.00
69552	69552	REMOVE EAR LESION	\$ 4,951.00
69601	69601	MASTOID SURGERY REVISION	\$ 3,539.00
69602	69602	MASTOID SURGERY REVISION	\$ 3,421.00
69603	69603	MASTOID SURGERY REVISION	\$ 4,138.00
69604	69604	MASTOID SURGERY REVISION	\$ 3,691.00
69610	69610	REPAIR OF EARDRUM	\$ 912.00
69620	69620	REPAIR OF EARDRUM	\$ 1,852.00
69631	69631	REPAIR EARDRUM STRUCTURES	\$ 2,957.00
69632	69632	REBUILD EARDRUM STRUCTURES	\$ 3,442.00
69633	69633	REBUILD EARDRUM STRUCTURES	\$ 3,740.00
69635	69635	REPAIR EARDRUM STRUCTURES	\$ 3,910.00
69636	69636	REBUILD EARDRUM STRUCTURES	\$ 4,407.00
69637	69637	REBUILD EARDRUM STRUCTURES	\$ 4,415.00
69641	69641	REVISE MIDDLE EAR & MASTOID	\$ 3,422.00
69642	69642	REVISE MIDDLE EAR & MASTOID	\$ 4,471.00
69643	69643	REVISE MIDDLE EAR & MASTOID	\$ 4,131.00
69644	69644	REVISE MIDDLE EAR & MASTOID	\$ 4,843.00
69645	69645	REVISE MIDDLE EAR & MASTOID	\$ 4,526.00
69646	69646	REVISE MIDDLE EAR & MASTOID	\$ 5,074.00
69650	69650	RELEASE MIDDLE EAR BONE	\$ 2,641.00
69660	69660	REVISE MIDDLE EAR BONE	\$ 3,165.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
69661	69661	REVISE MIDDLE EAR BONE	\$ 4,003.00
69662	69662	REVISE MIDDLE EAR BONE	\$ 4,203.00
69666	69666	REPAIR MIDDLE EAR STRUCTURES	\$ 2,775.00
69667	69667	REPAIR MIDDLE EAR STRUCTURES	\$ 6,025.00
69670	69670	REMOVE MASTOID AIR CELLS	\$ 3,157.00
69676	69676	REMOVE MIDDLE EAR NERVE	\$ 2,413.00
69700	69700	CLOSE MASTOID FISTULA	\$ 2,007.00
69705	69705	NPS SURG DILAT EUST TUBE UNI	\$ 9,735.00
69706	69706	NPS SURG DILAT EUST TUBE BI	\$ 10,024.00
69710	69710	IMPLANT/REPLACE HEARING AID	\$ 2,310.00
69711	69711	REMOVE/REPAIR HEARING AID	\$ 2,819.00
69714	69714	IMPLANT TEMPLE BONE W/STIMUL	\$ 3,506.00
69716	69716	IMPL OI IMPLT SK TC ESP<100	\$ 2,060.00
69717	69717	TEMPLE BONE IMPLANT REVISION	\$ 3,392.00
69720	69720	RELEASE FACIAL NERVE	\$ 4,429.00
69725	69725	RELEASE FACIAL NERVE	\$ 6,799.00
69740	69740	REPAIR FACIAL NERVE	\$ 3,945.00
69745	69745	REPAIR FACIAL NERVE	\$ 3,939.00
69801	69801	INCISE INNER EAR	\$ 1,253.00
69805	69805	EXPLORE INNER EAR	\$ 3,432.00
69806	69806	EXPLORE INNER EAR	\$ 3,379.00
69905	69905	REMOVE INNER EAR	\$ 2,966.00
69910	69910	REMOVE INNER EAR & MASTOID	\$ 3,816.00
69915	69915	INCISE INNER EAR NERVE	\$ 5,111.00
69930	69930	IMPLANT COCHLEAR DEVICE	\$ 4,347.00
69955	69955	RELEASE FACIAL NERVE	\$ 6,107.00
69960	69960	RELEASE INNER EAR CANAL	\$ 7,264.00
69970	69970	REMOVE INNER EAR LESION	\$ 8,304.00
69990	69990	MICROSURGERY ADD-ON	\$ 1,029.00
70010	70010	MD MYELOGRAPHY, POSTERIOR FOSS	\$ 357.00
70015	70015	MD CISTERNOGRAPHY WITH CONTRAS	\$ 144.00
70030	70030	X-RAY EYE FOR FOREIGN BODY	\$ 29.00
70100	70100	X-RAY EXAM OF JAW < VIEWS	\$ 27.00
70110	70110	X-RAY EXAM OF JAW 4/> VIEWS	\$ 40.00
70120	70120	X-RAY EXAM OF MASTOIDS	\$ 24.00
70130	70130	X-RAY EXAM OF MASTOIDS	\$ 50.00
70134	70134	MD X-RAY INTERNAL AUDITORY MEA	\$ 46.00
70140	70140	X-RAY EXAM OF FACIAL BONES	\$ 34.00
70150	70150	MD X-RAY FACIAL BONES, COMPLE	\$ 43.00
70160	70160	X-RAY EXAM OF NASAL BONES	\$ 28.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
70170	70170	MD X-RAY NASOLACRIMAL DUCT	\$ 56.00
70190	70190	MD X-RAY OPTIC FORAMINA	\$ 30.00
70200	70200	MD X-RAY ORBITS, COMPLETE, MIN	\$ 41.00
70210	70210	MD X-RAY PARANASAL SINUSES, LE	\$ 25.00
70220	70220	MD X-RAY PARANASAL SINUSES, CO	\$ 39.00
70240	70240	MD X-RAY SELLA TURCICA	\$ 29.00
70250	70250	X-RAY EXAM OF SKULL	\$ 38.00
70260	70260	MD X-RAY SKULL, COMPLETE, MINI	\$ 56.00
70300	70300	MD X-RAY TEETH SINGLE VIEW	\$ 17.00
70310	70310	MD X-RAY TEETH, PARTIAL	\$ 17.00
70320	70320	FULL MOUTH X-RAY OF TEETH	\$ 31.00
70328	70328	MD X-RAY TEMPOMANDIBULAR JOINT	\$ 31.00
70330	70330	MD X-RAY TEMPOROMANDIBULAR JOI	\$ 39.00
70332	70332	MD X-RAY ARTHROGRAPHY, TEMPORO	\$ 87.00
70336	70336	MAGNETIC IMAGE JAW JOINT	\$ 408.00
70350	70350	MD CEPHALOGRAM, ORTHODONTIC	\$ 70.00
70355	70355	MD X-RAY ORTHOPANTOGRAM	\$ 70.00
70360	70360	MD X-RAY NECK, SOFT TISSUE	\$ 29.00
70370	70370	MD X-RAY PHARYNX OR LARYNX, WI	\$ 37.00
70371	70371	SPEECH EVALUATION COMPLEX	\$ 126.00
70380	70380	MD X-RAY SALIVARY GLAND FOR CA	\$ 24.00
70390	70390	MD SIALOGRAPHY, RAD S&I	\$ 47.00
70450	70450	CT HEAD/BRAIN W/O DYE	\$ 244.00
70460	70460	MD CT HEAD WITH CONTRAST	\$ 288.00
70470	70470	MD CT HEAD, WITHOUT AND WITH C	\$ 330.00
70480	70480	MD CT ORBITS/TEMPORAL BONES WI	\$ 316.00
70481	70481	MD CT ORBITS/TEMPORAL BONES WI	\$ 308.00
70482	70482	MD CT ORBITS/TEMPORAL BONES WI	\$ 332.00
70486	70486	CT MAXILLOFACIAL W/O DYE	\$ 213.00
70487	70487	MD CT FACIAL/SINUS/MANDIBLE WI	\$ 310.00
70488	70488	MD CT FACIAL/SINUS/MANDIBLE WI	\$ 331.00
70490	70490	CT SOFT TISSUE NECK W/O DYE	\$ 307.00
70491	70491	CT SOFT TISSUE NECK W/DYE	\$ 316.00
70492	70492	MD CT NECK (SOFT TISSUE) WITHO	\$ 375.00
70496	70496	CT ANGIOGRAPHY HEAD	\$ 422.00
70498	70498	CT ANGIOGRAPHY NECK	\$ 404.00
70540	70540	MD MRI ORBIT/FACIAL/ AND OR NE	\$ 402.00
70542	70542	MD MRI ORBIT/FACIAL/NECK WITH	\$ 445.00
70543	70543	MD MRI ORBIT/FACIAL/NECK WITHO	\$ 706.00
70544	70544	MR ANGIOGRAPHY HEAD W/O DYE	\$ 393.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
70545	70545	MR ANGIOGRAPHY HEAD W/DYE	\$ 406.00
70546	70546	MD MRA HEAD WITHOUT AND WITH C	\$ 493.00
70547	70547	MD MRA NECK WITHOUT CONTRAST	\$ 402.00
70548	70548	MD MRA NECK WITH CONTRAST	\$ 492.00
70549	70549	MD MRA NECK WITHOUT AND WITH C	\$ 569.00
70551	70551	MRI BRAIN STEM W/O DYE	\$ 499.00
70552	70552	MD MRI BRAIN WITH CONTRAST	\$ 515.00
70553	70553	MD MRI BRAIN WITHOUT AND WITH	\$ 764.00
70554	70554	MD MRI BRAIN, FUNCTIONAL TEST	\$ 476.00
70558	70558	MRI-BRAIN OPEN INTRACRANIAL	\$ 182.43
70559	70559	MRI BRAIN W/O & W/DYE	\$ 390.00
71045	71045	X-RAY EXAM CHEST 1 VIEW	\$ 35.00
71046	71046	X-RAY EXAM CHEST 2 VIEWS	\$ 35.00
71047	71047	MD X-RAY EXAM CHEST 3 VIEWS	\$ 46.00
71048	71048	MD X-RAY EXAM CHEST 4+ VIEWS	\$ 52.00
71100	71100	MD X-RAY RIBS, UNILATERAL, 2 V	\$ 34.00
71101	71101	MD X-RAY RIBS, UNILATERAL, INC	\$ 46.00
71110	71110	MD X-RAY RIBS, BILATERAL, THRE	\$ 49.00
71111	71111	MD X-RAY RIBS, BILATERAL, W/PA	\$ 54.00
71120	71120	MD X-RAY STERNUM, MINIMUM TWO	\$ 35.00
71130	71130	MD X-RAY STERNOCLAVICULAR JOIN	\$ 38.00
71250	71250	CT THORAX W/O DYE	\$ 287.00
71260	71260	CT THORAX W/DYE	\$ 306.00
71270	71270	MD CT CHEST, WITHOUT AND WITH	\$ 349.00
71271	71271	CT THORAX LUNG CANCER SCR C-	\$ 193.00
71275	71275	CT ANGIOGRAPHY CHEST	\$ 435.00
71550	71550	MD MRI CHEST	\$ 321.00
71551	71551	MRI CHEST W/DYE	\$ 365.00
71552	71552	MRI CHEST W/O&W/DYE	\$ 569.00
71555	71555	MD MRA CHEST EXCLUDING MYOCARD	\$ 487.00
72020	72020	MD SPINE SINGLE VIEW, SPECIFY	\$ 28.00
72040	72040	MD X-RAY SPINE, CERVICAL, 2 OR	\$ 35.00
72050	72050	MD X-RAY SPINE, CERVICAL, 4 OR	\$ 54.00
72052	72052	MD X-RAY SPINE, CERVICAL, 6 VW	\$ 62.00
72070	72070	MD X-RAY SPINE, THORACIC, 2 VI	\$ 38.00
72072	72072	MD X-RAY SPINE, THORACIC, 3 VW	\$ 40.00
72074	72074	MD X-RAY SPINE, THORACIC, MIN	\$ 42.00
72080	72080	MD X-RAY SPINE, THORACOLUMBAR,	\$ 40.00
72081	72081	MD X-RAY SPINE, 1VW ENTIRE	\$ 46.00
72082	72082	X-RAY SPINE ENTIRE SPI 2/3 VW	\$ 47.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
72083	72083	MD X-RAY SPINE, 4-5VWS	\$ 53.00
72084	72084	MD X-RAY SPINE, >6VWS	\$ 60.00
72100	72100	MD X-RAY SPINE, LUMBOSACRAL, T	\$ 38.00
72110	72110	X-RAY EXAM L-S SPINE 4/> VWS	\$ 53.00
72114	72114	MD X-RAY SPINE, LUMBOSACRAL, W	\$ 61.00
72120	72120	MD X-RAY SPINE, LUMBOSACRAL W/	\$ 43.00
72125	72125	CT NECK SPINE W/O DYE	\$ 300.00
72126	72126	MD CT C-SPINE WITH CONTRAST	\$ 347.00
72127	72127	MD CT C-SPINE WITHOUT AND WITH	\$ 361.00
72128	72128	CT CHEST SPINE W/O DYE	\$ 313.00
72129	72129	MD CT T-SPINE WITH CONTRAST	\$ 339.00
72130	72130	MD CT T-SPINE WITHOUT AND WITH	\$ 349.00
72131	72131	CT LUMBAR SPINE W/O DYE	\$ 301.00
72132	72132	MD CT L-SPINE WITH CONTRAST	\$ 342.00
72133	72133	MD CT L-SPINE WITHOUT AND WITH	\$ 353.00
72141	72141	MD MRI CERVICAL SPINE WITHOUT	\$ 533.00
72142	72142	MD MRI CERVICAL SPINE WITH CON	\$ 512.00
72146	72146	MD MRI T-SPINE WITHOUT CONTRAS	\$ 564.00
72147	72147	MD MRI T-SPINE WITH CONTRAST	\$ 519.00
72148	72148	MRI LUMBAR SPINE W/O DYE	\$ 562.00
72149	72149	MD MRI LUMBAR SPINE WITH CONTR	\$ 550.00
72156	72156	MD MRI CERVICAL SPINE WITHOUT	\$ 804.00
72157	72157	MD MRI THORACIC SPINE WITHOUT	\$ 777.00
72158	72158	MD MRI LUMBAR SPINE WITHOUT AN	\$ 786.00
72159	72159	MD MR ANGIOGRAPHY SPINAL CANAL	\$ 540.00
72170	72170	MD X-RAY PELVIS, ONE OR TWO VI	\$ 31.00
72190	72190	MD X-RAY PELVIS, COMPLETE, MIN	\$ 40.00
72191	72191	CT ANGIOGRAPH PELV W/O&W/DYE	\$ 416.00
72192	72192	CT PELVIS W/O DYE	\$ 302.00
72193	72193	MD CT PELVIS WITH CONTRAST	\$ 239.00
72194	72194	MD CT PELVIS WITHOUT AND WITH	\$ 247.00
72195	72195	MRI PELVIS W/O DYE	\$ 468.00
72196	72196	MRI PELVIS W/DYE	\$ 481.00
72197	72197	MRI PELVIS W/O & W/DYE	\$ 736.00
72198	72198	MD MR ANGIOGRAPHY WITHOUT AND	\$ 470.00
72200	72200	MD X-RAY SACROILIAC JOINTS, LE	\$ 29.00
72202	72202	MD X-RAY SACROILIAC JOINTS, TH	\$ 34.00
72220	72220	MD X-RAY SACRUM AND COCCYX, MI	\$ 31.00
72240	72240	MYELOGRAPHY NECK SPINE	\$ 219.00
72255	72255	MD MYELOGRAPHY, THORACIC, RAD	\$ 206.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
72265	72265	MYELOGRAPHY L-S SPINE	\$ 176.00
72270	72270	MYELOGRAPHY 2/> SPINE REGIONS	\$ 298.00
72285	72285	MD DISCOGRAPHY, CERVICAL OR TH	\$ 341.00
72295	72295	MD DISCOGRAPHY, LUMBAR, RAD S&	\$ 246.00
73000	73000	X-RAY EXAM OF COLLAR BONE	\$ 28.00
73010	73010	MD X-RAY SCAPULA, COMPLETE	\$ 39.00
73020	73020	MD X-RAY SHOULDER, SINGLE VIEW	\$ 29.00
73030	73030	X-RAY EXAM OF SHOULDER	\$ 34.00
73040	73040	MD ARTHROGRAPHY SHOULDER RAD	\$ 85.00
73050	73050	X-RAY EXAM OF SHOULDERS	\$ 40.00
73060	73060	MD X-RAY HUMERUS, MINIMUM TWO	\$ 28.00
73070	73070	X-RAY EXAM OF ELBOW	\$ 27.00
73080	73080	X-RAY EXAM OF ELBOW	\$ 30.00
73085	73085	MD ARTHROGRAPHY, ELBOW, RAD S&	\$ 79.00
73090	73090	X-RAY EXAM OF FOREARM	\$ 28.00
73092	73092	MD X-RAY UPPER EXTREMITY, INFA	\$ 26.00
73100	73100	X-RAY EXAM OF WRIST	\$ 25.00
73110	73110	MD X-RAY WRIST, COMPLETE, MINI	\$ 27.00
73115	73115	MD ARTHROGRAPHY, WRIST, RAD S&	\$ 78.00
73120	73120	MD X-RAY HAND, TWO VIEWS	\$ 25.00
73130	73130	X-RAY EXAM OF HAND	\$ 28.00
73140	73140	MD X-RAY FINGER(S), MINIMUM TW	\$ 20.00
73200	73200	CT UPPER EXTREMITY W/O DYE	\$ 231.00
73201	73201	MD CT UPPER EXTREMITY WITH CON	\$ 261.00
73202	73202	MD CT UPPER EXTREMITY WITHOUT	\$ 269.00
73206	73206	CT ANGIO UPR EXTRM W/O&W/DYE	\$ 370.00
73218	73218	MRI UPPER EXTREMITY W/O DYE	\$ 305.00
73219	73219	MRI UPPER EXTREMITY W/DYE	\$ 367.00
73220	73220	MD MRI UPPER EXTREMITY OTHER T	\$ 550.00
73221	73221	MRI JOINT UPR EXTREM W/O DYE	\$ 437.00
73222	73222	MRI JOINT UPR EXTREM W/DYE	\$ 437.00
73223	73223	MRI JOINT UPR EXTR W/O&W/DYE	\$ 596.00
73225	73225	MD MR ANGIOGRAPHY UPPER EXTREM	\$ 445.00
73501	73501	X-RAY EXAM HIP UNI 1 VIEW	\$ 30.00
73502	73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 33.00
73503	73503	MD HIP UNI W/PEL >4VWS	\$ 42.00
73521	73521	X-RAY EXAM HIPS BI 2 VIEWS	\$ 37.00
73522	73522	MD HIPS BIL W/PEL 3-4VWS	\$ 46.00
73523	73523	MD HIPS BIL W/PEL >5VWS	\$ 51.00
73525	73525	MD ARTHROGRAPHY, HIP, RAD S&I	\$ 88.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
73551	73551	MD X-RAY FEMUR 1VW	\$ 27.00
73552	73552	X-RAY EXAM OF FEMUR 2/>	\$ 29.00
73560	73560	MD X-RAY KNEE, ONE-TWO VIEWS	\$ 26.00
73562	73562	X-RAY EXAM OF KNEE 3	\$ 30.00
73564	73564	X-RAY EXAM OF KNEE OR MORE	\$ 37.00
73565	73565	X-RAY EXAM OF KNEES	\$ 27.00
73580	73580	CONTRAST X-RAY OF KNEE JOINT	\$ 85.00
73590	73590	X-RAY EXAM OF LOWER LEG	\$ 27.00
73592	73592	X-RAY EXAM OF LEG INFANT	\$ 27.00
73600	73600	X-RAY EXAM OF ANKLE	\$ 24.00
73610	73610	X-RAY EXAM OF ANKLE	\$ 28.00
73615	73615	MD ARTHROGRAPHY, ANKLE, RAD S&	\$ 68.00
73620	73620	X-RAY EXAM OF FOOT	\$ 21.00
73630	73630	X-RAY EXAM OF FOOT	\$ 25.00
73650	73650	MD X-RAY CALCANEOUS (HEEL), MI	\$ 25.00
73660	73660	MD X-RAY TOE(S), MINIMUM TWO V	\$ 20.00
73700	73700	CT LOWER EXTREMITY W/O DYE	\$ 267.00
73701	73701	CT LOWER EXTREMITY W/DYE	\$ 290.00
73702	73702	MD CT LOWER EXTREMITY WITHOUT	\$ 304.00
73706	73706	CT ANGIO LWR EXTR W/O&W/DYE	\$ 369.00
73718	73718	MRI LOWER EXTREMITY W/O DYE	\$ 403.00
73719	73719	MRI LOWER EXTREMITY W/DYE	\$ 482.00
73720	73720	MD MRI LOWER EXTREMITY OTHER T	\$ 681.00
73721	73721	MD MRI LOWER EXTREMITY ANY JOI	\$ 449.00
73722	73722	MRI JOINT OF LWR EXTR W/DYE	\$ 442.00
73723	73723	MRI JOINT LWR EXTR W/O&W/DYE	\$ 598.00
73725	73725	MD MR ANGIOGRAPHY LOWER EXTREM	\$ 414.00
74018	74018	X-RAY EXAM ABDOMEN 1 VIEW	\$ 29.00
74019	74019	MD X-RAY EXAM ABDOMEN 2 VIEWS	\$ 37.00
74021	74021	MD X-RAY EXAM ABDOMEN 3+ VIEWS	\$ 43.00
74022	74022	X-RAY EXAM SERIES ABDOMEN	\$ 51.00
74150	74150	MD CT ABDOMEN WITHOUT CONTRAST	\$ 308.00
74160	74160	CT ABDOMEN W/DYE	\$ 258.00
74170	74170	MD CT ABDOMEN WITHOUT AND WITH	\$ 319.00
74174	74174	CT ANGIO ABD/PELV W/O & W/DYE	\$ 477.00
74175	74175	CT ANGIO ABDOM W/O & W/DYE	\$ 370.00
74176	74176	CT ABD & PELVIS W/O CONTRAST	\$ 408.00
74177	74177	CT ABD & PELVIS W/ CONTRAST	\$ 388.00
74178	74178	CT ABD & PELV 1+ SECTION/REGNS	\$ 424.00
74181	74181	MRI ABDOMEN W/O DYE	\$ 484.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
74182	74182	MRI ABDOMEN W/DYE	\$ 427.00
74183	74183	MRI ABDOMEN W/O & W/DYE	\$ 733.00
74185	74185	MD MR ANGIOGRAPHY ABDOMEN WITH	\$ 426.00
74190	74190	MD PERITONEUM (AFTER INJECTION	\$ 85.00
74210	74210	CONTRST X-RAY EXAM OF THROAT	\$ 82.00
74220	74220	MD BARIUM SWALLOW AND ESOPHAGR	\$ 88.00
74221	74221	X-RAY XM ESOPHAGUS 2CNTRST	\$ 109.00
74230	74230	MD BARIUM SWALLOW (MODIFIED)/B	\$ 52.00
74235	74235	MD REMOVE FOREIGN BODY WITH BA	\$ 240.00
74240	74240	MD UGI WITHOUT KUB	\$ 86.00
74246	74246	MD UPPER GI WITH AIR CONTRAST,	\$ 120.00
74248	74248	X-RAY SM INT F-THRU STD	\$ 108.00
74250	74250	MD SMALL BOWEL FOLLOW THROUGH	\$ 105.00
74251	74251	MD SMALL BOWEL FOLLOW THROUGH	\$ 189.00
74261	74261	CT COLONOGRAPHY DX	\$ 308.00
74262	74262	CT COLONOGRAPHY DX W/DYE	\$ 352.00
74263	74263	CT COLONOGRAPHY SCREENING	\$ 295.00
74270	74270	CONTRAST X-RAY EXAM OF COLON	\$ 133.00
74280	74280	CONTRAST X-RAY EXAM OF COLON	\$ 162.00
74283	74283	MD ENEMA THERAPEUTIC, AIR CONT	\$ 226.00
74290	74290	CONTRAST X-RAY GALLBLADDER	\$ 38.00
74300	74300	X-RAY BILE DUCTS/PANCREAS	\$ 85.00
74301	74301	MD CHOLANGIO/PANCREATOGRAM, IN	\$ 55.00
74328	74328	MD ENDOSCOPIC CATHETER BILIARY	\$ 87.00
74330	74330	MD INTRO GASTRIC TUBE W/IMAGIN	\$ 123.00
74340	74340	MD ENTEROCLYSIS TUBE PLACEMENT	\$ 69.00
74355	74355	MD ENTEROCLYSIS TUBE PLACEMENT	\$ 188.00
74360	74360	MD INTRALUMINAL DILATATION, RA	\$ 86.00
74363	74363	MD DILATION BILIARY DUCT, TRAN	\$ 223.00
74400	74400	MD UROGRAPHY, INTRAVENOUS PYEL	\$ 76.00
74410	74410	MD UROGRAPHY, INFUSION, DRIP B	\$ 61.00
74415	74415	MD UROGRAPHY, INFUSION, DRIP B	\$ 63.00
74420	74420	MD UROGRAPHY, RETROGRADE WITHO	\$ 123.00
74425	74425	MD UROGRAPHY, ANTEGRADE PYELOG	\$ 71.00
74430	74430	CONTRAST X-RAY BLADDER	\$ 70.00
74440	74440	MD VASOGRAPHY, VESICULOGRAPHY	\$ 52.00
74445	74445	MD CORPORA CAVERNOSOGRAPHY RAD	\$ 265.00
74450	74450	MD URETHROCYSTOGRAPHY, RETROGR	\$ 93.00
74455	74455	MD URETHROCYSTOGRAPHY, VOIDING	\$ 57.00
74470	74470	MD RENAL CYST, TRANSLUMBAR, RA	\$ 80.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
74485	74485	MD DILATATION NEPHROSTOMY, URE	\$ 123.00
74712	74712	MRI FETAL SNGL/ 1ST GESTATION	\$ 732.00
74713	74713	MRI FETAL EA ADDL GESTATION	\$ 472.00
74740	74740	X-RAY FEMALE GENITAL TRACT	\$ 58.00
74742	74742	MD TRANSCERVICAL CATHETER OF F	\$ 138.00
74775	74775	MD PERINEOGRAM	\$ 141.00
75557	75557	CARDIAC MRI FOR MORPH	\$ 630.00
75559	75559	CARDIAC MRI W/STRESS IMG	\$ 748.00
75561	75561	CARDIAC MRI FOR MORPH W/DYE	\$ 812.00
75563	75563	CARD MRI W/STRESS IMG & DYE	\$ 955.00
75565	75565	CARD MRI VEL FLW MAP ADD-ON	\$ 86.00
75571	75571	MD CT HEART WITHOUT AND WITH C	\$ 77.00
75572	75572	MD CT HEART WITH CONTRAST AND	\$ 376.00
75573	75573	MD CT HEART 3D, CONGENITAL HEA	\$ 529.00
75574	75574	MD ANGIO HEART, 3D, CORONARY H	\$ 532.00
75600	75600	CONTRAST EXAM THORACIC AORTA	\$ 96.00
75605	75605	CONTRAST EXAM THORACIC AORTA	\$ 190.00
75625	75625	75625 AORTOGRAPHY, ABDOMINAL,	\$ 228.00
75630	75630	X-RAY AORTA LEG ARTERIES	\$ 312.00
75635	75635	CT ANGIO ABDOMINAL ARTERIES	\$ 448.00
75705	75705	75705 ANGIOGRAPHY, SPINAL, SEL	\$ 412.00
75710	75710	ARTERY X-RAYS ARM/LEG	\$ 315.00
75716	75716	75716 ANGIOGRAPHY, EXTREMITY,	\$ 333.00
75726	75726	75726 ANGIOGRAPHY, VISCERAL, S	\$ 336.00
75731	75731	75731 ANGIOGRAPHY, ADRENAL, UN	\$ 196.00
75733	75733	75733 ANGIOGRAPHY, ADRENAL, BI	\$ 215.00
75736	75736	75736 ANGIOGRAPHY, PELVIC, SEL	\$ 214.00
75741	75741	75741 ANGIOGRAPHY, PULMONARY,	\$ 274.00
75743	75743	75743 ANGIOGRAPHY, PULMONARY,	\$ 335.00
75746	75746	75746 ANGIOGRAPHY, PULMONARY,	\$ 246.00
75756	75756	75756 ANGIOGRAPHY, INTERNAL MA	\$ 268.00
75774	75774	75774 ANGIOGRAPHY, SELECTIVE,	\$ 158.00
75801	75801	LYMPH VESSEL X-RAY ARM/LEG	\$ 153.00
75803	75803	MD LYMPHANGIOGRAPHY, EXTREMITY	\$ 248.00
75805	75805	LYMPH VESSEL X-RAY TRUNK	\$ 172.00
75807	75807	LYMPH VESSEL X-RAY TRUNK	\$ 251.00
75809	75809	MD SHUNTOGRAM EVALUATION, NON-	\$ 85.00
75810	75810	MD SPLENOPTOGRAPHY, RAD S&I	\$ 274.00
75820	75820	VEIN X-RAY ARM/LEG	\$ 151.00
75822	75822	MD VENOGRAPHY, EXTREMITY, BILA	\$ 211.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
75825	75825	MD VENOGRAPHY, INFERIOR VENA C	\$ 200.00
75827	75827	VEIN X-RAY CHEST	\$ 188.00
75831	75831	VEIN X-RAY KIDNEY	\$ 212.00
75833	75833	VEIN X-RAYS KIDNES	\$ 242.00
75840	75840	MD VENOGRAPHY, ADRENAL, UNILAT	\$ 214.00
75842	75842	MD VENOGRAPHY, ADRENAL, BILAT,	\$ 300.00
75860	75860	MD VENOGRAPHY, VENOUS SINUS OR	\$ 239.00
75870	75870	MD VENOGRAPHY, SUPERIOR SAGITT	\$ 285.00
75872	75872	MD VENOGRAPHY, EPIDURAL, RAD S	\$ 246.00
75880	75880	MD VENOGRAPHY, ORBITAL, RAD S&	\$ 103.00
75885	75885	MD PORTOGRAPHY, PERCUTANEOUS,	\$ 312.00
75887	75887	MD PORTOGRAPHY PERCUTANEOUS, T	\$ 312.00
75889	75889	MD VENOGRAPHY, WEDGED/FREE W/H	\$ 754.00
75891	75891	MD VENOGRAPHY, HEPATIC WEDGED/	\$ 243.00
75893	75893	VENOUS SAMPLING BY CATHETER	\$ 149.00
75894	75894	MD TRANSCATHETER, EMBOLIZATION	\$ 187.00
75898	75898	MD ANGIOGRAPHY FOLLOW UP, THRU	\$ 209.00
75901	75901	MD MECHANICAL REMOVAL/PERICATH	\$ 66.00
75902	75902	MD MECHANICAL REMOVAL INTRALUM	\$ 53.00
75956	75956	X-RAY ENDOVASC THOR AO REPR	\$ 1,498.00
75957	75957	MD ENDOVASC REPAIR INFRARENAL	\$ 104.00
75958	75958	X-RAY ENDOVAS PROX EXT THOR AO	\$ 917.00
75959	75959	X-RAY ENDOVAS DIST EXT THOR AO	\$ 805.00
75970	75970	MD BIOPSY, TRANSCATHETER, RAD	\$ 207.00
75984	75984	X-RAY CONTROL CATHETER CHANGE	\$ 146.00
75989	75989	MD RADIOLOGICAL GUIDANCE FOR P	\$ 230.00
76000	76000	FLUOROSCOPE EXAMINATION	\$ 65.00
76010	76010	MD X-RAY NOSE TO RECTUM, FB, S	\$ 31.00
76080	76080	MD RADIOLOGICAL EXAMINATION, A	\$ 96.00
76098	76098	X-RAY EXAM BREAST SPECIMEN	\$ 33.00
76100	76100	MD X-RAY, SINGLE PLANE BODY SE	\$ 72.00
76120	76120	MD CINERADIOGRAPHY/VIDEORADIOG	\$ 40.00
76125	76125	MD CINERADIOGRAPHY/VIDEORADIOG	\$ 46.00
76140	76140	X-RAY CONSULTATION	\$ 153.00
76376	76376	3D RENDER W/O POSTPROCESS	\$ 127.00
76377	76377	3D RENDERING W/POSTPROCESS	\$ 204.00
76380	76380	MD CT LIMITED OR LOCALIZED FOL	\$ 156.00
76390	76390	MR SPECTROSCOPY	\$ 1,566.00
76391	76391	MR ELASTOGRAPHY	\$ 221.00
76499	76499	LARYNGOGRAM	\$ 78.75

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
76506	76506	MD US BRAIN	\$ 86.00
76510	76510	MD US OPHTHALMIC QUANTITATIVE	\$ 234.00
76511	76511	MD US OPHTHALMIC QUANTITATIVE	\$ 127.00
76512	76512	MD US OPHTHALMIC B-SCAN WITHOU	\$ 136.00
76513	76513	MD US OPHTHALMIC ANTERIOR SEGM	\$ 105.00
76514	76514	MD US CORNEAL PACHYMETRY, UNIL	\$ 31.00
76516	76516	MD US OPHTHALMIC BIOMETRY, A-S	\$ 84.00
76519	76519	MD US OPHTHALMIC BIOMETRY, A-S	\$ 93.00
76529	76529	MD US OPHTHALMIC FOREIGN BODY	\$ 82.00
76536	76536	MD US SOFT TISSUE HEAD/NECK	\$ 75.00
76604	76604	MD US CHEST (INCLUDING MEDIAST	\$ 119.00
76641	76641	ULTRASOUND BREAST COMPLETE	\$ 110.00
76642	76642	ULTRASOUND BREAST LIMITED	\$ 106.00
76700	76700	MD US ABDOMEN, COMPLETE	\$ 123.00
76705	76705	ECHO EXAM OF ABDOMEN	\$ 95.00
76706	76706	US ABDL AORTA SCREEN AAA	\$ 74.00
76770	76770	MD US AORTA/RENAL RETROPERITON	\$ 116.00
76775	76775	US EXAM ABDO BACK WALL LIM	\$ 131.00
76776	76776	MD US TRANSPLANTED KIDNEY W/DO	\$ 113.00
76800	76800	MD US SPINAL CANAL AND CONTENT	\$ 136.00
76801	76801	OB US < 14 WKS SINGLE FETUS	\$ 156.00
76802	76802	OB US < 14 WKS, ADD'L FETUS	\$ 147.00
76805	76805	MD US OB, 14 WEEKS OR GREATER,	\$ 142.00
76810	76810	OB US >= 14 WKS ADDL FETUS	\$ 173.00
76811	76811	MD US OB, DETAILED, SINGLE GES	\$ 334.00
76812	76812	MD US OB DETAILED, EACH ADDITI	\$ 259.00
76813	76813	OB US NUCHAL MEAS, 1 GEST	\$ 204.00
76814	76814	OB US NUCHAL MEAS, ADD-ON	\$ 190.00
76815	76815	OB US LIMITED FETUS(S)	\$ 106.00
76816	76816	MD US OB, FOLLOW UP (REEVALUAT	\$ 126.00
76817	76817	TRANSVAGINAL US OBSTETRIC	\$ 119.00
76818	76818	FETAL BIOPHYSICAL PROFILE	\$ 174.00
76819	76819	FETAL BIOPHYS PROFIL W/O NST	\$ 145.00
76820	76820	MD DOPPLER VELOCIMETRY, FETAL,	\$ 140.00
76821	76821	MD US DOPPLER FETAL VELOCIMETR	\$ 135.00
76825	76825	ECHO EXAM OF FETAL HEART	\$ 243.00
76826	76826	MD US FETAL HEART 2D, FOLLOW U	\$ 115.00
76827	76827	ECHO EXAM OF FETAL HEART	\$ 134.00
76828	76828	MD US DOPPLER FETAL HEART, FOL	\$ 147.00
76830	76830	TRANSVAGINAL US NON-OB	\$ 97.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
76831	76831	MD US UTERUS, DOPPLER, SALINE	\$ 113.00
76856	76856	MD US PELVIC, COMPLETE	\$ 103.00
76857	76857	MD US PELVIS, LIMITED	\$ 115.00
76870	76870	MD US SCROTUM	\$ 121.00
76872	76872	US TRANSRECTAL	\$ 102.00
76873	76873	MD US PROSTATE VOLUME STUDY FO	\$ 230.00
76881	76881	US XTR NON-VASC COMPLETE	\$ 172.00
76882	76882	US XTR NON-VASC LMTD	\$ 68.00
76885	76885	MD US INFANT HIPS, DYNAMIC (RE	\$ 100.00
76886	76886	MD US INFANT HIPS, STATIC, LIM	\$ 86.00
76932	76932	MD US GUIDANCE FOR ENDOMYOCARD	\$ 159.00
76936	76936	MD US GUIDED COMPRESSION REPAI	\$ 266.00
76937	76937	US GUIDE VASCULAR ACCESS	\$ 48.00
76940	76940	MD US GUIDANCE, TISSUE ABLATIO	\$ 224.00
76941	76941	MD US GUIDANCE FOR INTRAUTERIN	\$ 289.00
76942	76942	ECHO GUIDE FOR BIOPSY	\$ 209.00
76945	76945	MD US GUIDANCE FOR CHORIONIC V	\$ 131.00
76946	76946	MD US ULTRASOUND GUIDANCE FOR	\$ 131.00
76948	76948	ECHO GUIDE OVA ASPIRATION	\$ 142.00
76965	76965	MD US GUIDANCE FOR INTERSTITIA	\$ 319.00
76975	76975	MD US GASTROINTENSTINAL ENDOSC	\$ 180.00
76977	76977	US BONE DENSITY MEASURE	\$ 22.00
76978	76978	US TRGT DYN MBUBB 1ST LES	\$ 304.00
76981	76981	USE PARENCHYMA	\$ 103.00
76982	76982	USE 1ST TARGET LESION	\$ 101.00
76983	76983	USE EA ADDL TARGET LESION	\$ 88.00
76998	76998	US GUIDE INTRAOP	\$ 123.00
77001	77001	FLUOROGUIDE FOR VEIN DEVICE	\$ 56.00
77002	77002	MD FLUOROSCOPIC GUIDANCE FOR N	\$ 69.00
77003	77003	MD FLUOROSCOPIC GUIDANCE, NDLE	\$ 76.00
77011	77011	CT SCAN FOR FOR LOCALIZATION	\$ 302.00
77012	77012	CT SCAN FOR NEEDLE BIOPSY	\$ 322.00
77013	77013	CT GUIDE FOR TISSUE ABLATION	\$ 300.00
77014	77014	MD CT FOR THERAPY GUIDANCE	\$ 205.00
77021	77021	MR GUIDANCE FOR NEEDLE PLACE	\$ 215.00
77046	77046	MRI BREAST C- UNILATERAL	\$ 346.00
77047	77047	MRI BREAST C- BILATERAL	\$ 473.00
77048	77048	MRI BREAST C-+ W/CAD UNI	\$ 566.00
77049	77049	MRI BREAST C-+ W/CAD BI	\$ 557.00
77053	77053	MD MAMMARY DUCTOGRAM/GALACTOGR	\$ 86.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
77054	77054	MD MAMMARY DUCTOGRAM/GALACTOGR	\$ 121.00
77061	77061	BREAST TOMOSYNTHESIS UNI	\$ 244.00
77062	77062	BREAST TOMOSYNTHESIS BI	\$ 268.00
77063	77063	MD BREAST SCREENING DIGITAL TO	\$ 100.00
77065	77065	DX MAMMO INCL CAD UNI	\$ 120.00
77066	77066	DX MAMMO INCL CAD BI	\$ 142.00
77067	77067	SCREEN MAMMO BIL INCL CAD	\$ 118.00
77071	77071	X-RAY STRESS VIEW	\$ 156.00
77072	77072	X-RAYS FOR BONE AGE	\$ 35.00
77073	77073	X-RAYS BONE LENGHT STUDIES	\$ 49.00
77074	77074	MD PRO BONE SURVEY, LIMITED	\$ 71.00
77075	77075	X-RAYS BONE SURVEY COMPLETE	\$ 93.00
77076	77076	X-RAYS BONE SURVEY INFANT	\$ 109.00
77077	77077	JOINT SURVEY SINGLE VIEW	\$ 61.00
77078	77078	CT BONE DENSITY, AXIAL	\$ 41.00
77080	77080	MD DEXA BONE DENSITY STUDY, 1	\$ 68.00
77081	77081	MD DEXA BONE DENSITY, PERIPHER	\$ 34.00
77084	77084	MD MRI BONE MARROW BLOOD SUPPL	\$ 337.00
77085	77085	DXA BONE DENSITY STUDY	\$ 64.00
77086	77086	FRACTURE ASSESSMENT VIA DXA	\$ 27.00
77089	77089	TBS DXA CAL W/I&R FX RISK	\$ 114.00
77261	77261	MD THERAPEUTIC RADIOLOGY TREAT	\$ 252.00
77262	77262	MD THERAPEUTIC RADIOLOGY TREAT	\$ 388.00
77263	77263	MD THERAPEUTIC RADIOLOGY TREAT	\$ 625.00
77280	77280	MD THERAPEUTIC RADIOLOGY SIMUL	\$ 82.00
77285	77285	MD THERAPEUTIC RADIOLOGY SIMUL	\$ 114.00
77290	77290	MD THERAPEUTIC RADIOLOGY SIMUL	\$ 247.00
77293	77293	RESPIRATOR MOTION MGMT SIMUL	\$ 407.00
77295	77295	MD 3-DIMENSIONAL RADIOTHERAPY	\$ 1,290.00
77300	77300	RADIATION THERAPY DOSE PLAN	\$ 117.00
77301	77301	RADIOTHERAPY DOSE PLAN ,IMRT	\$ 1,499.00
77306	77306	TELE THX ISODOSE PLAN SIMPLE	\$ 285.00
77307	77307	TELETHX ISODOSE PLAN CPLXE	\$ 630.00
77316	77316	BRACHYTX ISODOSE PLAN SIMPLE	\$ 242.00
77317	77317	BRACHYTX ISODOSE PLAN INTERMED	\$ 298.00
77318	77318	BRACHYTX ISODOSE PLAN COMPLEX	\$ 492.00
77321	77321	RADIATION THERAPY PORT PLAN	\$ 306.00
77331	77331	SPECIAL RADIATION DOSIMETRY	\$ 177.00
77332	77332	RADIATION TREATMENT AID(S)	\$ 153.00
77333	77333	RADIATION TREATMENT AID(S)	\$ 143.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
77334	77334	RADIATION TREATMENT AID(S)	\$ 269.00
77336	77336	RADIATION PHYSICS CONSULT	\$ 292.00
77338	77338	DESIGN MLC DEVICE FOR IMRT	\$ 852.00
77370	77370	RADIATION PHYSICS CONSULT	\$ 444.00
77371	77371	SRS, MULTISOURCE	\$ 4,125.45
77372	77372	SRS, LINEAR BASED	\$ 4,582.00
77373	77373	SBRT DELIVERY	\$ 5,837.00
77385	77385	NTSTY MODUL RAD TX DLVR SMPL	\$ 1,864.00
77386	77386	NTSTY MODUL RAD TX DLVR CPLX	\$ 2,088.00
77387	77387	GUIDANCE FOR RADIAL TX DLVR	\$ 274.00
77401	77401	RADIATION TREATMENT DELIVERY	\$ 70.00
77402	77402	RADIATION TREATMENT DELIVERY	\$ 230.00
77407	77407	RADIATION TREATMENT DELIVERY	\$ 325.00
77412	77412	RADIATION TREATMENT DELIVERY	\$ 677.00
77417	77417	RADIOLOGY PORT FILM(S)	\$ 85.00
77423	77423	NEUTRON BEAM TX, COMPLEX	\$ 406.00
77427	77427	RADIATION TX MANAGEMENT, X5	\$ 679.00
77431	77431	RADIATION THERAPY MANAGEMENT	\$ 386.00
77432	77432	STEREOTACTIC RADIATION TRMT	\$ 1,691.00
77435	77435	SBRT MANAGEMENT	\$ 2,521.00
77469	77469	IO RADIATION TX MANAGEMENT	\$ 1,171.00
77470	77470	SPECIAL RADIATION TREATMENT	\$ 916.00
77520	77520	PROTON BEAM DELIVERY	\$ 4,363.00
77522	77522	PROTON TRMT SIMPLE W/COMP	\$ 4,907.00
77523	77523	PROTON TRMT INTERMEDIATE	\$ 4,933.00
77525	77525	PROTON TREATMENT COMPLEX	\$ 5,367.00
77600	77600	HYPERTHERMIA TREATMENT	\$ 160.00
77605	77605	HYPERTHERMIA TREATMENT	\$ 243.00
77610	77610	HYPERTHERMIA TREATMENT	\$ 259.00
77615	77615	HYPERTHERMIA TREATMENT	\$ 356.00
77620	77620	HYPERTHERMIA TREATMENT	\$ 206.00
77750	77750	INFUSE RADIOACTIVE MATERIALS	\$ 662.00
77761	77761	RADIOELEMENT APPLICATION	\$ 518.00
77762	77762	RADIOELEMENT APPLICATION	\$ 779.00
77763	77763	RADIOELEMENT APPLICATION	\$ 1,172.00
77767	77767	HDR RDNCL SKN SURF BRACHYTX	\$ 184.00
77768	77768	HDR RDNCL SKIN SURF BRACHYTX	\$ 241.00
77770	77770	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 358.00
77771	77771	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 659.00
77772	77772	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 1,035.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
77778	77778	RADIOELEMENT APPLICATION	\$ 1,464.00
77789	77789	RADIOELEMENT APPLICATION	\$ 175.00
77790	77790	RADIOELEMENT HANDLING	\$ 278.00
78012	78012	THYROID UPTAKE MEASUREMENT	\$ 31.00
78013	78013	THYROID IMAGING W/BLOOD FLOW	\$ 49.00
78014	78014	THYROID IMAGING W/BLOOD FLOW	\$ 82.00
78015	78015	THYROID MET IMAGING	\$ 88.00
78016	78016	THYROID MET IMAGING/STUDIES	\$ 99.00
78018	78018	THYROID MET IMAGING, BODY	\$ 120.00
78020	78020	THYROID MET UPTAKE	\$ 82.00
78070	78070	PARATHYROID NUCLEAR IMAGING	\$ 109.00
78071	78071	PARATHYRD PLANAR W/WO SUBTRJ	\$ 190.00
78072	78072	PARATHYROID PLANAR W/SPECT&CT	\$ 283.00
78075	78075	ADRENAL NUCLEAR IMAGING	\$ 87.00
78102	78102	BONE MARROW IMAGING, LTD	\$ 84.00
78103	78103	BONE MARROW IMAGING, MULT	\$ 94.00
78104	78104	BONE MARROW IMAGING, BODY	\$ 99.00
78110	78110	PLASMA VOLUME, SINGLE	\$ 25.00
78111	78111	PLASMA VOLUME, MULTIPLE	\$ 29.00
78120	78120	RED CELL MASS, SINGLE	\$ 32.00
78121	78121	RED CELL MASS, MULTIPLE	\$ 48.00
78122	78122	BLOOD VOLUME	\$ 67.00
78130	78130	RED CELL SURVIVAL STUDY	\$ 88.00
78140	78140	RED CELL SEQUESTRATION	\$ 88.00
78185	78185	SPLEEN IMAGING	\$ 56.00
78191	78191	PLATELET SURVIVAL	\$ 147.00
78195	78195	LYMPH SYSTEM IMAGING	\$ 170.00
78201	78201	LIVER IMAGING	\$ 58.00
78202	78202	LIVER IMAGING WITH FLOW	\$ 70.00
78215	78215	LIVER AND SPLEEN IMAGING	\$ 73.00
78216	78216	LIVER & SPLEEN IMAGE/FLOW	\$ 96.00
78226	78226	HEPATOBIILIARY SYSTEM IMAGING	\$ 127.00
78227	78227	HEPATOBIL SYST IMAGE W/DRUG	\$ 144.00
78230	78230	SALIVARY GLAND IMAGING	\$ 66.00
78231	78231	SERIAL SALIVARY IMAGING	\$ 64.00
78232	78232	SALIVARY GLAND FUNCTION EXAM	\$ 60.00
78258	78258	ESOPHAGEAL MOTILITY STUDY	\$ 104.00
78261	78261	GASTRIC MUCOSA IMAGING	\$ 93.00
78262	78262	GASTROESOPHAGEAL REFLUX EXAM	\$ 101.00
78264	78264	GASTRIC EMPTYING STUDY	\$ 110.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
78265	78265	GASTRIC EMPTYING IMAG STUDY	\$ 148.00
78266	78266	GASTRIC EMPTYING IMAG STUDY	\$ 142.00
78267	78267	BREATH TST ATTAIN/ANAL C-14	\$ 81.00
78268	78268	BREATH TEST ANALYSIS, C-14	\$ 242.00
78278	78278	ACUTE GI BLOOD LOSS IMAGING	\$ 123.00
78282	78282	GI PROTEIN LOSS EXAM	\$ 171.00
78290	78290	MD INTESTINE IMAGING (MECKEL'S	\$ 96.00
78291	78291	LEVEEN/SHUNT PATENCY EXAM	\$ 112.00
78300	78300	BONE IMAGING, LIMITED AREA	\$ 79.00
78305	78305	BONE IMAGING, MULTIPLE AREAS	\$ 95.00
78306	78306	BONE IMAGING, WHOLE BODY	\$ 117.00
78315	78315	BONE IMAGING, 3 PHASE	\$ 139.00
78350	78350	BONE MINERAL, SINGLE PHOTON	\$ 56.00
78351	78351	BONE MINERAL, DUAL PHOTON	\$ 319.46
78414	78414	NON-IMAGING HEART FUNCTION	\$ 71.00
78428	78428	CARDIAC SHUNT IMAGING	\$ 94.00
78445	78445	VASCULAR FLOW IMAGING	\$ 58.00
78451	78451	HT MUSCLE IMAGE SPECT SING	\$ 212.00
78452	78452	HT MUSCLE IMAGE SPECT MULT	\$ 250.00
78453	78453	HT MUSCLE IMAGE PLANAR SING	\$ 120.00
78454	78454	HT MUSC IMAGE PLANAR MULT	\$ 179.00
78456	78456	ACUTE VENOUS THROMBUS IMAGE	\$ 127.00
78457	78457	VENOUS THROMBOSIS IMAGING	\$ 99.00
78458	78458	VEN THROMBOSIS IMAGES BILAT	\$ 113.00
78459	78459	HEART MUSCLE IMAGING (PET)	\$ 262.00
78466	78466	HEART INFARCT IMAGE	\$ 85.00
78468	78468	HEART INFARCT IMAGE (EF)	\$ 99.00
78469	78469	HEART INFARCT IMAGE (3D)	\$ 123.00
78472	78472	GATED HEART PLANAR SINGLE	\$ 144.00
78473	78473	GATED HEART MULTIPLE	\$ 228.00
78481	78481	HEART FIRST PASS SINGLE	\$ 118.00
78483	78483	HEART FIRST PASS MULTIPLE	\$ 182.00
78491	78491	HEART IMAGE (PET), SINGLE	\$ 375.00
78492	78492	HEART IMAGE (PET), MULTIPLE	\$ 527.00
78494	78494	HEART IMAGE SPECT	\$ 213.00
78496	78496	HEART FIRST PASS ADD-ON	\$ 209.00
78579	78579	LUNG VENTILATION IMAGING	\$ 67.00
78580	78580	LUNG PERFUSION IMAGING	\$ 100.00
78582	78582	LUNG VENTILAT&PERFUS IMAGING	\$ 151.00
78597	78597	LUNG PERFUSION DIFFERENTIAL	\$ 110.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
78598	78598	LUNG PERF&VENTILAT DIFERENTL	\$ 129.00
78600	78600	BRAIN IMAGE < 4 VIEWS	\$ 84.00
78601	78601	BRAIN IMAGE W/FLOW < 4 VIEWS	\$ 69.00
78605	78605	BRAIN IMAGE 4+ VIEWS	\$ 75.00
78606	78606	BRAIN IMAGE W/FLOW 4+ VIEWS	\$ 88.00
78608	78608	BRAIN IMAGING (PET)	\$ 252.00
78609	78609	BRAIN IMAGING (PET)	\$ 315.00
78610	78610	BRAIN FLOW IMAGING ONLY	\$ 26.00
78630	78630	CEREBROSPINAL FLUID SCAN	\$ 81.00
78635	78635	CSF VENTRICULOGRAPHY	\$ 56.00
78645	78645	CSF SHUNT EVALUATION	\$ 69.00
78650	78650	CSF LEAKAGE IMAGING	\$ 71.00
78660	78660	NUCLEAR EXAM OF TEAR FLOW	\$ 63.00
78700	78700	KIDNEY IMAGING STATIC	\$ 60.00
78701	78701	KIDNEY IMAGING WITH FLOW	\$ 65.00
78707	78707	KIDNEY FLOW/FUNCTION IMAGE	\$ 145.00
78708	78708	KIDNEY FLOW/FUNCTION IMAGE	\$ 203.00
78709	78709	KIDNEY FLOW/FUNCTION IMAGE	\$ 203.00
78725	78725	KIDNEY FUNCTION STUDY	\$ 68.00
78730	78730	URINARY BLADDER RETENTION	\$ 21.00
78740	78740	URETERAL REFLUX STUDY	\$ 74.00
78761	78761	TESTICULAR IMAGING/FLOW	\$ 84.00
78800	78800	TUMOR IMAGING LIMITED AREA	\$ 79.00
78801	78801	TUMOR IMAGING MULT AREAS	\$ 101.00
78802	78802	TUMOR IMAGING WHOLE BODY	\$ 127.00
78803	78803	TUMOR IMAGING (3D)	\$ 153.00
78804	78804	TUMOR IMAGING WHOLE BODY	\$ 143.00
78808	78808	IV INJ RA DRUG DX STUDY	\$ 163.00
78811	78811	PET IMAGE LTD AREA	\$ 525.00
78812	78812	PET IMAGE SKULL THIGH	\$ 564.00
78813	78813	PET IMAGE FULL BODY	\$ 675.00
78814	78814	PET IMAGE W/ CT LMTD	\$ 626.00
78815	78815	PET IMAGE W/ CT SKULL-THIGH	\$ 664.00
78816	78816	PET IMAGE W/ CT FULL BODY	\$ 660.00
78830	78830	RP LOCLZJ TUM SPECT W/CT 1	\$ 219.00
78831	78831	RP LOCLZJ TUM SPECT 2 AREAS	\$ 256.00
78832	78832	RP LOCLZJ TUM SPECT W/CT 2	\$ 319.00
78835	78835	RP QUAN MEAS SINGLE AREA	\$ 67.00
79005	79005	NUCLEAR RX ORAL ADMIN	\$ 340.00
79101	79101	NUCLEAR RX IV ADMIN	\$ 331.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
79200	79200	INTRACAVITARY NUCLEAR TRTMT	\$ 284.00
79300	79300	INTERSTITIAL NUCLEAR THERAPY	\$ 429.00
79403	79403	HEMATOPOIETIC NUCLEAR TX	\$ 359.00
79440	79440	NUCLEAR RX INTRAARTICULAR	\$ 317.00
79445	79445	NUCLEAR RX INTRAARTERIAL	\$ 307.00
80047	80047	METABOLIC PANEL IONIZED CA	\$ 56.00
80048	80048	BASIC METABOLIC PANEL	\$ 45.00
80050	80050	GENERAL HEALTH PANEL	\$ 128.00
80051	80051	ELECTROLYTE PANEL	\$ 29.00
80053	80053	COMPREHEN METABOLIC PANEL	\$ 53.00
80055	80055	OBSTETRIC PANEL	\$ 227.00
80061	80061	LIPID PANEL	\$ 95.00
80069	80069	RENAL FUNCTION PANEL	\$ 47.00
80074	80074	ACUTE HEPATITIS PANEL	\$ 394.00
80076	80076	HEPATIC FUNCTION PANEL	\$ 44.00
80081	80081	OBSTETRIC PANEL	\$ 475.00
80150	80150	ASSAY OF AMIKACIN	\$ 101.00
80155	80155	DRUG ASSAY CAFFEINE	\$ 92.00
80156	80156	ASSAY, CARBAMAZEPINE, TOTAL	\$ 111.00
80157	80157	ASSAY, CARBAMAZEPINE, FREE	\$ 88.00
80158	80158	ASSAY OF CYCLOSPORINE	\$ 183.00
80159	80159	DRUG SCREEN QUANT CLOZAPINE	\$ 135.00
80162	80162	ASSAY OF DIGOXIN	\$ 96.00
80163	80163	ASSAY OF DIGOXIN FREE	\$ 94.00
80164	80164	ASSAY, DIPROPYLACETIC ACID	\$ 80.00
80165	80165	DIPROPYLACETIC ACID FREE	\$ 119.00
80168	80168	ASSAY OF ETHOSUXIMIDE	\$ 125.00
80169	80169	DRUG ASSAY EVEROLIMUS	\$ 198.00
80170	80170	ASSAY OF GENTAMICIN	\$ 94.00
80171	80171	DRUG SCREEN QUANT GABAPENTIN	\$ 114.00
80173	80173	ASSAY OF HALOPERIDOL	\$ 89.00
80175	80175	DRUG SREEN QUAN LAMOTRIGINE	\$ 126.00
80176	80176	ASSAY OF LIDOCAINE	\$ 48.00
80177	80177	DRUG SCR N QUAN LAVETIRACETAM	\$ 116.00
80178	80178	ASSAY OF LITHIUM	\$ 66.00
80180	80180	DRUG SCR N QUAN MYCOPHENOLATE	\$ 213.00
80183	80183	DRUG SCR N QUAN OXCARBAZEPIN	\$ 126.00
80184	80184	ASSAY OF PHENOBARBITAL	\$ 101.00
80185	80185	ASSAY OF PHENYTOIN, TOTAL	\$ 96.00
80186	80186	ASSAY OF PHENYTOIN, FREE	\$ 124.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
80188	80188	ASSAY OF PRIMIDONE	\$ 87.00
80190	80190	ASSAY OF PROCAINAMIDE	\$ 90.00
80192	80192	ASSAY OF PROCAINAMIDE	\$ 122.00
80194	80194	ASSAY OF QUINIDINE	\$ 117.00
80195	80195	ASSAY OF SIROLIMUS	\$ 193.00
80197	80197	ASSAY OF TACROLIMUS	\$ 210.00
80198	80198	ASSAY OF THEOPHYLLINE	\$ 105.00
80199	80199	DRUG SCREEN QUANT TIAGABINE	\$ 137.00
80200	80200	ASSAY OF TOBRAMYCIN	\$ 118.00
80201	80201	ASSAY OF TOPIRAMATE	\$ 114.00
80202	80202	ASSAY OF VANCOMYCIN	\$ 109.00
80203	80203	DRUG SCREEN QUANT ZONISAMIDE	\$ 148.00
80299	80299	QUANTITATIVE ASSAY, DRUG	\$ 114.00
80305	80305	DRUG TEST PRSMV DIR OPT OBS	\$ 55.00
80306	80306	DRUG TEST PRSMV INSTRMNT	\$ 61.00
80307	80307	DRUG TEST PRSMV CHEM ANLYZR	\$ 250.00
80320	80320	DRUG SCREEN QUANTALCOHOLS	\$ 66.00
80321	80321	ALCOHOLS BIOMARKERS 1 OR 2	\$ 95.00
80323	80323	ALKALOIDS NOS	\$ 105.00
80324	80324	DRUG SCREEN AMPHETAMINES 1/2	\$ 69.00
80325	80325	AMPHETAMINES 3 OR 4	\$ 119.00
80327	80327	ANABOLIC STEROID 1 OR 2	\$ 152.00
80329	80329	ANALGESICS NON-OPIOID 1 OR 2	\$ 116.00
80332	80332	ANTIDEPRESSANTS CLASS 1 OR 2	\$ 62.00
80333	80333	ANTIDEPRESSANTS CLASS 3-5	\$ 86.00
80335	80335	ANTIDEPRESSANT TRICYCLIC 1/2	\$ 101.00
80336	80336	ANTIDEPRESSANT TRICYCLIC 3-5	\$ 195.00
80337	80337	TICYCLIC & CYCLICALS 6/MORE	\$ 221.00
80338	80338	ANTIDEPRESSANT NOT SPECIFIED	\$ 55.00
80339	80339	ANTIEPILEPTICS NOS1-3	\$ 134.00
80342	80342	ANTIPSYCHOTICS 1-3	\$ 114.00
80345	80345	DRUG SCREENING BARBITURATES	\$ 62.00
80346	80346	BENZODIAZEPINES 1-12	\$ 92.00
80347	80347	BENZODIAZEPINES 13 OR MORE	\$ 207.00
80348	80348	DRUG SCREENING BUPRENORPINE	\$ 78.00
80349	80349	CANNABINOIDS NATURAL	\$ 78.00
80350	80350	CANNABINOIDS SYNTHETIC 1-3	\$ 74.00
80351	80351	CANNABINOIDS SYNTHETIC 4-6	\$ 93.00
80352	80352	CANNABINOID SYNTHETIC 7/MORE	\$ 185.00
80353	80353	DRUG SCREENING COCAINE	\$ 54.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
80354	80354	DRUG SCREENING FENTANYL	\$ 71.00
80355	80355	GABAPENTIN NON-BLODD	\$ 58.00
80356	80356	HEROIN METABOLITE	\$ 72.00
80357	80357	KETAMINE AND NORKETAMINE	\$ 52.00
80358	80358	DRUG SREENING METHADONE	\$ 66.00
80359	80359	METHYLENEDIOXYAMPHETAMINES	\$ 67.00
80360	80360	METHYLPHENIDATE	\$ 58.00
80361	80361	OPIATES 1 OR MORE	\$ 94.00
80362	80362	OPIOIDS & OPIATE ANALOGS 1/2	\$ 89.00
80363	80363	OPIOIDS & OPIATE ANALOGS 3/4	\$ 93.00
80364	80364	OPIOID & OPIATE ANALOG 5/MORE	\$ 105.00
80365	80365	DRUG SCREENING OXYCODONE	\$ 71.00
80366	80366	DRUG SCREENING PREGABALINE	\$ 54.00
80367	80367	DRUG SCREENING PROPOXYPHENE	\$ 65.00
80368	80368	SEDATIVE HYPNOTICS	\$ 61.00
80369	80369	SKELETAL MUSCLE RELAXANT 1/2	\$ 73.00
80370	80370	SKEL MUSC RELAXANT 3 OR MORE	\$ 79.00
80371	80371	STIMULANTS SYNTHETIC	\$ 52.00
80372	80372	DRUG SCREENING TAPENTADOL	\$ 75.00
80373	80373	DRUG SCREENING TRAMADOL	\$ 76.00
80375	80375	DRUG/SUBSTANCE NOS 1-3	\$ 70.00
80376	80376	DRUG/SUBSTANCE NOS 4-6	\$ 84.00
80377	80377	DRUG/SUBSTANCE NOS 7/MORE	\$ 96.00
80400	80400	ACTH STIMULATION PANEL	\$ 141.00
80414	80414	TESTOSTERONE RESPONSE	\$ 184.00
80415	80415	ESTRADIOL RESPONSE PANEL	\$ 184.80
80418	80418	PITUITARY EVALUATION PANEL	\$ 2,842.00
80438	80438	TRH STIMULATION PANEL	\$ 218.00
80439	80439	TRH STIMULATION PANEL	\$ 265.00
81000	81000	URINALYSIS, NONAUTO W/SCOPE	\$ 17.00
81001	81001	URINALYSIS, AUTO W/SCOPE	\$ 32.00
81002	81002	URINALYSIS, NONAUTO, W/O SCOPE	\$ 16.00
81003	81003	URINALYSIS, AUTO, W/O SCOPE	\$ 17.00
81005	81005	URINALYSIS, QUALI/SEMIQUANTI	\$ 13.00
81007	81007	URINALYSIS, NON-CULTURE	\$ 47.00
81015	81015	URINALYSIS, SCOPE ONLY	\$ 25.00
81020	81020	URINALYSIS, GLASS TEST	\$ 19.00
81025	81025	URINE PREGNANCY TEST	\$ 30.00
81050	81050	URINALYSIS, VOLUME MEASURE	\$ 21.00
81161	81161	DMD DUP/DELET ANALYSIS	\$ 1,140.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
81162	81162	BRCA 1&2 SEQ & FULL DUP/DEL	\$ 3,508.00
81170	81170	ABL1 GENE	\$ 688.00
81200	81200	ASPA GNE	\$ 199.00
81201	81201	APC GENE FULL SEQUENCE	\$ 1,342.00
81202	81202	APC GENE KNOWN FAM VARIANTS	\$ 496.00
81203	81203	APC GENE DUP/DELET VARIANTS	\$ 626.00
81205	81205	BCKDHB GENE	\$ 174.00
81206	81206	BCR/ABL1 GENE MAJOR BP	\$ 611.00
81207	81207	BCR/ABL1 GENE MINOR BP	\$ 418.00
81208	81208	BCR/ABL1 GENE OTHER BP	\$ 359.00
81209	81209	BLM GENE	\$ 185.00
81210	81210	BRAF 600 BY PCR	\$ 471.00
81212	81212	BRCA1&2 185&538&6174 VAR	\$ 762.00
81215	81215	BRCA1 GENE KNOWN FAM VARIANT	\$ 522.00
81217	81217	BRCA2 GENE KNOWN FAM VARIANT	\$ 496.00
81218	81218	CEBPA GENE FULL SEQUENCE	\$ 723.00
81219	81219	CALR GENE COM VARIANTS	\$ 469.00
81220	81220	CFTR GENE COM VARIANTS	\$ 1,096.00
81222	81222	CFTR GENE DUP/DELETE VARIANTS	\$ 683.00
81223	81223	CFTR GENE FULL SEQUENCE	\$ 2,070.00
81224	81224	CFTR GENE INTRON POL T	\$ 616.00
81225	81225	CYP2C19 GENE COM VARIANTS	\$ 628.00
81226	81226	CYP2D6 GENE COM VARIANTS	\$ 853.00
81227	81227	CYP2C9 GENE COM VARIANTS	\$ 387.00
81228	81228	CYTOGEN MICARRAY COPY NMBR	\$ 1,704.00
81229	81229	CYTOGEN M ARRAY COPY NO&SNP	\$ 2,791.00
81235	81235	EGFR VARIANTS BY PCR	\$ 921.00
81240	81240	F2 GEN	\$ 231.00
81241	81241	F5 GEN	\$ 260.00
81242	81242	FANCC GENE	\$ 138.00
81243	81243	FMR1 GENE DETECTION	\$ 408.00
81244	81244	FMR1 GENE CHARACTERIZATION	\$ 246.00
81245	81245	FLT3 GENE	\$ 438.00
81246	81246	FLT3 GENE ANALYSIS	\$ 269.00
81250	81250	G6PC GENE	\$ 261.00
81251	81251	GBA GENE	\$ 354.00
81252	81252	GJB2 GENE FULL SEQUENCE	\$ 258.00
81255	81255	HEXA GENE	\$ 480.00
81256	81256	HFE GENE	\$ 526.00
81257	81257	HBA1/HBA2 GENE	\$ 603.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
81260	81260	IKBKAP GENE	\$ 169.00
81261	81261	IGH GENE REARRANGE AMP METH	\$ 616.00
81263	81263	IGH VARI REGIONAL MUTATION	\$ 657.00
81264	81264	IGK REARRANGEABN CLONAL POP	\$ 566.00
81265	81265	STR MARKERS SPECIMEN ANAL	\$ 730.00
81267	81267	CHIMERISM ANAL NO CELL SELEC	\$ 777.00
81268	81268	CHIMERISM ANAL W/CELL SELECT	\$ 812.00
81270	81270	JAK2 GENE	\$ 474.00
81272	81272	KIT GENE TARGETED SEQ ANALYS	\$ 777.00
81273	81273	KIT GENE ANALYS D816 VARIANT	\$ 435.00
81275	81275	KRAS GENE VARIANTS EXON 2	\$ 550.00
81276	81276	KRAS GENE ADDL VARIANTS	\$ 576.00
81287	81287	MGMT GENE METHYLATION ANAL	\$ 680.00
81288	81288	MLH1 GENE	\$ 474.00
81290	81290	MCOLN1 GENE	\$ 196.00
81291	81291	MTHFR GENE	\$ 188.00
81292	81292	MLH1 GENE FULL SEQ	\$ 1,150.00
81293	81293	MH1 GENE KNOWN VARIANTS	\$ 446.00
81294	81294	MLH1 GENE DUP/DELETE VARIANT	\$ 522.00
81295	81295	MSH2 GENE FULL SEQ	\$ 634.00
81296	81296	MSH2 GENE KNOWN VARIANTS	\$ 515.00
81297	81297	MSH2 GENE DUP/DELETE VARIANT	\$ 414.00
81298	81298	MSH6 GENE FULL SEQ	\$ 939.00
81299	81299	MHS6 GENE KNOWN VARIANTS	\$ 509.00
81300	81300	MSH6 GENE DUP/DELETE VARIANT	\$ 352.00
81301	81301	MICROSATELLITE INSTABILITY	\$ 1,110.00
81302	81302	MECP2 GENE FULL SEQ	\$ 1,468.00
81310	81310	NMPI GENE	\$ 442.00
81311	81311	NRAS GENE VARIANTS EXON 2&3	\$ 608.00
81313	81313	PCA3/KLK3 ANTIGEN	\$ 595.00
81314	81314	PDGFRA GENE	\$ 525.00
81315	81315	PML RARALPHA COM BREAKPOINTS	\$ 587.00
81317	81317	PMS2 GENE FULL SEQ ANALYSIS	\$ 1,250.00
81318	81318	PMS2 KNOWN FAMILIAL VARIANTS	\$ 381.00
81319	81319	PMS2 GENE DUP/DELET VARIANTS	\$ 367.00
81321	81321	PTEN GENE FULL SEQUENCE	\$ 1,315.00
81323	81323	PTEN GENE DUP/DEDLET VARIANT	\$ 664.00
81324	81324	PMP22 GENE DUP/DELET	\$ 1,062.00
81325	81325	PMP22 GENE FULL SEQUENCE	\$ 1,339.00
81327	81327	SEPT9 GEN PRMTR MTHYLTN ALYS	\$ 427.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
81330	81330	SMPD1 GENE COMMON VARIANTS	\$ 192.00
81332	81332	SERPINAL GENE	\$ 375.00
81340	81340	TRB@ GENE REARRANGE AMPLIFY	\$ 599.00
81342	81342	TRG GENE REARRANGEMENT ANAL	\$ 574.00
81350	81350	UGT1A1 GENE	\$ 313.00
81355	81355	VKORCI GENE	\$ 230.00
81370	81370	HLA I & II TYPING LR	\$ 1,503.00
81372	81372	HLA I TYPING COMPLETE LR	\$ 589.00
81373	81373	HLA I TYPING 1 LOCUS LR	\$ 261.00
81374	81374	HLA I TYPING 1 ANTIGEN LR	\$ 227.00
81375	81375	HLA II TYPING AG EQUIV LR	\$ 610.00
81376	81376	HLA II TYPING 1 LOCUS LR	\$ 291.00
81377	81377	HLA 11 TYPE 1 AG EQUIV LR	\$ 414.00
81379	81379	HLA I TYPING COMPLETE HR	\$ 1,232.00
81380	81380	HLA I TYPING 1 LOCUS HR	\$ 470.00
81381	81381	HLA I TYPING 1 ALLELE HR	\$ 375.00
81382	81382	HLA II TYPING 1 LOC HR	\$ 280.00
81383	81383	HLA II TYPING 1 ALLELE HR	\$ 416.00
81400	81400	MOPATH PROCEDURE LEVEL 1	\$ 245.00
81401	81401	MOPATH PROCEDURE LEVEL 2	\$ 362.00
81402	81402	MONOPATH PROCEDURE LEVEL 3	\$ 536.00
81403	81403	MONOPATH PROCEDURE LEVEL 4	\$ 548.00
81404	81404	MOPATH PROCEDURE LEVEL 5	\$ 945.00
81405	81405	MOPATH PROCEDURE LEVEL 6	\$ 1,140.00
81406	81406	MOPATH PROCEDURE LEVEL 7	\$ 1,642.00
81407	81407	MOPATH PROCEDURE LEVEL 8	\$ 1,973.00
81408	81408	MOPATH PROCEDURE LEVEL 9	\$ 2,632.00
81410	81410	AORTIC DYSFUNCTION/DILATION	\$ 2,610.00
81411	81411	AORTIC DYSFUNCTION/DILATION	\$ 2,017.00
81412	81412	ASHKENAZI JEWISH ASSOC DIS	\$ 2,786.00
81415	81415	EXOME SEQUENCE ANALYSIS	\$ 10,407.00
81420	81420	FETAL CHRMOML ANEUPLOIDY	\$ 2,234.00
81432	81432	HRDTRY BRST CA-RLATD DSORDS	\$ 1,576.00
81433	81433	HRDTRY BRST CA-RLATD DSORDS	\$ 1,047.00
81435	81435	HEREDITARY COLAON CA DSORDRS	\$ 1,778.00
81445	81445	TARGETED GENOMIC SEQ ANALYS	\$ 2,506.00
81450	81450	TARGETED GENOMIC SEQ ANALYS	\$ 2,636.00
81455	81455	TARGETED GENOMIC SEQ ANALYS	\$ 4,842.00
81460	81460	WHOLE MITOCHONDRIAL GENOME	\$ 2,040.00
81503	81503	ONCO (OVAR) FIVE PROTEINS	\$ 1,321.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
81519	81519	ONCOLOGY BREAST MRNA	\$ 4,414.00
81528	81528	ONCOLOGY COLORECTAL SCR	\$ 711.00
81539	81539	ONCOLOGY PROSTATE PROB SCCORE	\$ 1,047.00
82009	82009	TEST FOR ACETONE/KETONES	\$ 15.00
82010	82010	ACETONE ASSAY	\$ 67.00
82013	82013	ACETYLCHOLINESTERASE ASSAY	\$ 69.00
82017	82017	ACYLCARNITINES, QUANT	\$ 226.00
82024	82024	ASSAY OF ACTH	\$ 187.00
82030	82030	ASSAY OF ADP & AMP	\$ 129.00
82040	82040	ASSAY OF SERUM ALBUMIN	\$ 22.00
82042	82042	ASSAY OF URINE ALBUMIN	\$ 29.00
82043	82043	MICROALBUMIN, QUANTITATIVE	\$ 72.00
82044	82044	MICROALBUMIN, SEMIQUANT	\$ 22.00
82045	82045	ALBUMIN ISCHEMIA MODIFIED	\$ 66.00
82075	82075	ASSAY OF BREATH ETHANOL	\$ 43.00
82085	82085	ASSAY OF ALDOLASE	\$ 81.00
82088	82088	ASSAY OF ALDOSTERONE	\$ 168.00
82103	82103	ALPHA-1-ANTITRYPSIN,TOTAL	\$ 100.00
82104	82104	ALPHA-1-ANTITRYPSIN,PHENO	\$ 123.00
82105	82105	ALPHA-FETOPROTEIN, SERUM	\$ 118.00
82106	82106	ALPHA-FETOPROTEIN, AMNIOTIC	\$ 81.00
82107	82107	ALPHA-FETOPROTEIN L3	\$ 210.00
82108	82108	ASSAY OF ALUMINUM	\$ 157.00
82120	82120	AMINES, VAGINAL FLUID QUAL	\$ 19.00
82127	82127	AMINO ACID, SINGLE QUAL	\$ 53.00
82131	82131	AMINO ACIDS, SINGLE QUANT	\$ 91.00
82135	82135	ASSAY, AMINOLEVULINIC ACID	\$ 151.00
82136	82136	AMINO ACIDS, QUANT, 2-5	\$ 126.00
82139	82139	AMINO ACIDS, QUANT, 6 OR MORE	\$ 127.00
82140	82140	ASSAY OF AMMONIA	\$ 106.00
82150	82150	ASSAY OF AMYLASE	\$ 45.00
82154	82154	ANDROSTANEDIOL GLUCORONIDE	\$ 233.00
82157	82157	ASSAY OF ANDROSTENEDIONE	\$ 187.00
82160	82160	ASSAY OF ANDROSTERONE	\$ 80.00
82163	82163	ASSAY OF ANGIOTENSIN II	\$ 134.00
82164	82164	ANGIOTENSIN I ENZYME TEST	\$ 115.00
82172	82172	ASSAY OF APOLIPOPROTEIN	\$ 65.00
82175	82175	ASSAY OF ARSENIC	\$ 155.00
82180	82180	ASSAY OF ASCORBIC ACID	\$ 94.00
82190	82190	ATOMIC ABSORPTION	\$ 96.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
82232	82232	ASSAY OF BETA-2-PROTEIN	\$ 128.00
82239	82239	BILE ACIDS, TOTAL	\$ 79.00
82240	82240	BILE ACIDS, CHOLYLGLYCINE	\$ 54.00
82247	82247	BILIRUBIN, TOTAL	\$ 23.00
82248	82248	BILIRUBIN, DIRECT	\$ 24.00
82261	82261	ASSAY OF BIOTINIDASE	\$ 103.00
82270	82270	OCCULT BLOOD, FECES	\$ 19.00
82271	82271	OCCULT BLOOD, OTHER SOURCES	\$ 20.00
82272	82272	OCCULT BLOOD, FECES, SINGLE	\$ 21.00
82274	82274	ASSAY TEST FOR BLOOD, FECAL	\$ 70.00
82300	82300	ASSAY OF CADMIUM	\$ 92.00
82306	82306	ASSAY OF VITAMIN D	\$ 236.00
82308	82308	ASSAY OF CALCITONIN	\$ 179.00
82310	82310	ASSAY OF CALCIUM	\$ 26.00
82330	82330	ASSAY OF CALCIUM	\$ 84.00
82331	82331	CALCIUM INFUSION TEST	\$ 28.00
82340	82340	ASSAY OF CALCIUM IN URINE	\$ 47.00
82355	82355	CALCULUS ANALYSIS, QUAL	\$ 46.00
82360	82360	CALCULUS ASSAY, QUANT	\$ 102.00
82365	82365	CALCULUS SPECTROSCOPY	\$ 102.00
82370	82370	X-RAY ASSAY, CALCULUS	\$ 104.00
82373	82373	ASSAY, C-D TRANSFER MEASURE	\$ 161.00
82374	82374	ASSAY, BLOOD CARBON DIOXIDE	\$ 21.00
82375	82375	ASSAY, BLOOD CARBON MONOXIDE	\$ 82.00
82376	82376	TEST FOR CARBON MONOXIDE	\$ 41.00
82378	82378	CARCINOEMBRYONIC ANTIGEN	\$ 109.00
82379	82379	ASSAY OF CARNITINE	\$ 33.00
82380	82380	ASSAY OF CAROTENE	\$ 97.00
82382	82382	ASSAY, URINE CATECHOLAMINES	\$ 101.00
82383	82383	ASSAY, BLOOD CATECHOLAMINES	\$ 164.00
82384	82384	ASSAY, THREE CATECHOLAMINES	\$ 211.00
82390	82390	ASSAY OF CERULOPLASMIN	\$ 85.00
82397	82397	CHEMILUMINESCENT ASSAY	\$ 142.00
82415	82415	ASSAY OF CHLORAMPHENICOL	\$ 89.00
82435	82435	ASSAY OF BLOOD CHLORIDE	\$ 16.00
82436	82436	ASSAY OF URINE CHLORIDE	\$ 35.00
82438	82438	ASSAY, OTHER FLUID CHLORIDES	\$ 67.00
82441	82441	TEST FOR CHLOROHYDROCARBONS	\$ 121.00
82465	82465	ASSAY, BLD/SERUM CHOLESTEROL	\$ 30.00
82480	82480	ASSAY, SERUM CHOLINESTERASE	\$ 79.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
82482	82482	ASSAY, RBC CHOLINESTERASE	\$ 68.00
82495	82495	ASSAY OF CHROMIUM	\$ 110.00
82507	82507	ASSAY OF CITRATE	\$ 122.00
82523	82523	COLLAGEN CROSSLINKS	\$ 193.00
82525	82525	ASSAY OF COPPER	\$ 96.00
82528	82528	ASSAY OF CORTICOSTERONE	\$ 140.00
82530	82530	CORTISOL, FREE	\$ 110.00
82533	82533	TOTAL CORTISOL	\$ 108.00
82540	82540	ASSAY OF CREATINE	\$ 41.00
82542	82542	COLUMN CHROMATOGRAPHY, QUANT	\$ 86.00
82550	82550	ASSAY OF CK (CPK)	\$ 40.00
82552	82552	ASSAY OF CPK IN BLOOD	\$ 70.00
82553	82553	CREATINE, MB FRACTION	\$ 68.00
82554	82554	CREATINE, ISOFORMS	\$ 63.00
82565	82565	ASSAY OF CREATININE	\$ 23.00
82570	82570	ASSAY OF URINE CREATININE	\$ 50.00
82575	82575	CREATININE CLEARANCE TEST	\$ 66.00
82585	82585	ASSAY OF CRYOFIBRINOGEN	\$ 65.00
82595	82595	ASSAY OF CRYOGLOBULIN	\$ 58.00
82600	82600	ASSAY OF CYANIDE	\$ 134.00
82607	82607	VITAMIN B-12	\$ 106.00
82608	82608	B-12 BINDING CAPACITY	\$ 96.00
82610	82610	CYSTATIN C	\$ 95.00
82615	82615	TEST FOR URINE CYSTINES	\$ 35.00
82626	82626	DEHYDROEPIANDROSTERONE	\$ 168.00
82627	82627	DEHYDROEPIANDROSTERONE	\$ 142.00
82633	82633	DESOXYCORTICOSTERONE	\$ 171.00
82634	82634	DEOXYCORTISOL	\$ 98.00
82638	82638	ASSAY OF DIBUCAINE NUMBER	\$ 73.00
82652	82652	ASSAY OF DIHYDROXYVITAMIN D	\$ 304.00
82656	82656	PANCREATIC ELASTASE, FECAL	\$ 155.00
82657	82657	ENZYME CELL ACTIVITY	\$ 220.00
82658	82658	ENZYME CELL ACTIVITY, RA	\$ 106.00
82664	82664	ELECTROPHORETIC TEST	\$ 161.00
82668	82668	ASSAY OF ERYTHROPOIETIN	\$ 147.00
82670	82670	ASSAY OF ESTRADIOL	\$ 177.00
82671	82671	ASSAY OF ESTROGENS	\$ 259.00
82672	82672	ASSAY OF ESTROGEN	\$ 175.00
82677	82677	ASSAY OF ESTRIOL	\$ 112.00
82679	82679	ASSAY OF ESTRONE	\$ 165.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
82693	82693	ASSAY OF ETHYLENE GLYCOL	\$ 144.00
82696	82696	ASSAY OF ETIOCHOLANOLONE	\$ 80.00
82705	82705	FATS/LIPIDS, FECES, QUAL	\$ 97.00
82710	82710	FATS/LIPIDS, FECES, QUANT	\$ 196.00
82715	82715	ASSAY OF FECAL FAT	\$ 63.00
82725	82725	ASSAY OF BLOOD FATTY ACIDS	\$ 56.00
82726	82726	LONG CHAIN FATTY ACIDS	\$ 81.00
82728	82728	ASSAY OF FERRITIN	\$ 86.00
82731	82731	ASSAY OF FETAL FIBRONECTIN	\$ 409.00
82735	82735	ASSAY OF FLUORIDE	\$ 121.00
82746	82746	BLOOD FOLIC ACID SERUM	\$ 102.00
82747	82747	ASSAY OF FOLIC ACID, RBC	\$ 143.00
82775	82775	ASSAY GALACTOSE TRANSFERASE	\$ 196.00
82777	82777	GALECTIN 3	\$ 89.00
82784	82784	ASSAY OF GAMMAGLOBULIN IGM	\$ 64.00
82785	82785	ASSAY OF GAMMAGLOBULIN IGE	\$ 96.00
82787	82787	IGG 1, 2, 3 OR 4, EACH	\$ 101.00
82800	82800	BLOOD PH	\$ 35.00
82803	82803	BLOOD GASES: PH, PO2 & PCO2	\$ 84.00
82805	82805	BLOOD GASES W/O2 SATURATION	\$ 129.00
82810	82810	BLOOD GASES, O2 SAT ONLY	\$ 40.00
82820	82820	HEMOGLOBIN-OXYGEN AFFINITY	\$ 61.00
82941	82941	ASSAY OF GASTRIN	\$ 113.00
82943	82943	ASSAY OF GLUCAGON	\$ 198.00
82945	82945	GLUCOSE OTHER FLUID	\$ 45.00
82946	82946	GLUCAGON TOLERANCE TEST	\$ 44.00
82947	82947	ASSAY, GLUCOSE, BLOOD QUANT	\$ 24.00
82948	82948	REAGENT STRIP/BLOOD GLUCOSE	\$ 17.00
82950	82950	GLUCOSE TEST	\$ 30.00
82951	82951	GLUCOSE TOLERANCE TEST (GTT)	\$ 89.00
82952	82952	GTT-ADDED SAMPLES	\$ 32.00
82955	82955	ASSAY OF G6PD ENZYME	\$ 89.00
82960	82960	TEST FOR G6PD ENZYME	\$ 35.00
82962	82962	GLUCOSE BLOOD TEST	\$ 16.00
82963	82963	ASSAY OF GLUCOSIDASE	\$ 180.00
82965	82965	ASSAY OF GDH ENZYME	\$ 52.00
82977	82977	ASSAY OF GGT	\$ 33.00
82978	82978	ASSAY OF GLUTATHIONE	\$ 45.00
82979	82979	ASSAY, RBC GLUTATHIONE	\$ 64.00
82985	82985	GLYCATED PROTEIN	\$ 66.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
83001	83001	GONADOTROPIN (FSH)	\$ 114.00
83002	83002	GONADOTROPIN (LH)	\$ 114.00
83003	83003	ASSAY, GROWTH HORMONE (HGH)	\$ 93.00
83006	83006	GROWTH STIMULATION GENE 2	\$ 185.00
83009	83009	H PYLORI (C-3) BLOOD	\$ 159.00
83010	83010	ASSAY OF HAPTOGLOBIN, QUANT	\$ 97.00
83012	83012	ASSAY OF HAPTOGLOBINS	\$ 101.00
83013	83013	H PYLORI (C-13), BREATH	\$ 256.00
83014	83014	H PYLORI DRUG ADMIN	\$ 44.00
83015	83015	HEAVY METAL SCREEN	\$ 69.00
83018	83018	QUANTITATIVE SCREEN, METALS	\$ 131.00
83021	83021	HEMOGLOBIN CHROMOTOGRAPHY	\$ 79.00
83026	83026	HEMOGLOBIN, COPPER SULFATE	\$ 16.00
83030	83030	FETAL HEMOGLOBIN, CHEMICAL	\$ 49.00
83033	83033	FETAL HEMOGLOBIN ASSAY, QUAL	\$ 39.00
83036	83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 68.00
83037	83037	GLYCOSYLATED HB, HOME DEVICE	\$ 39.00
83045	83045	BLOOD METHEMOGLOBIN TEST	\$ 31.00
83050	83050	BLOOD METHEMOGLOBIN ASSAY	\$ 47.00
83051	83051	ASSAY OF PLASMA HEMOGLOBIN	\$ 70.00
83060	83060	BLOOD SULFHEMOGLOBIN ASSAY	\$ 56.00
83065	83065	ASSAY OF HMOGLOBIN HEAT	\$ 41.00
83068	83068	HEMOGLOBIN STABILITY SCREEN	\$ 47.00
83069	83069	ASSAY OF URINE HEMOGLOBIN	\$ 63.00
83070	83070	ASSAY OF HEMOSIDERIN, QUAL	\$ 70.00
83080	83080	ASSAY OF B HEXOSAMINIDASE	\$ 159.00
83088	83088	ASSAY OF HISTAMINE	\$ 191.00
83090	83090	ASSAY OF HOMOCYSTINE	\$ 140.00
83150	83150	ASSAY OF FOR HVA	\$ 64.00
83491	83491	ASSAY OF CORTICOSTEROIDS	\$ 60.00
83497	83497	ASSAY OF 5-HIAA	\$ 73.00
83498	83498	ASSAY OF PROGESTERONE	\$ 166.00
83500	83500	ASSAY, FREE HYDROXYPROLINE	\$ 82.00
83505	83505	ASSAY, TOTAL HYDROXYPROLINE	\$ 153.00
83516	83516	IMMUNOASSAY, NONANTIBODY	\$ 120.00
83518	83518	IMMUNOASSAY, DIPSTICK	\$ 29.00
83519	83519	IMMUNOASSAY, NONANTIBODY	\$ 300.00
83520	83520	IMMUNOASSAY, RIA	\$ 136.00
83525	83525	ASSAY OF INSULIN	\$ 62.00
83527	83527	ASSAY OF INSULIN	\$ 100.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
83528	83528	ASSAY OF INTRINSIC FACTOR	\$ 94.00
83540	83540	ASSAY OF IRON	\$ 34.00
83550	83550	IRON BINDING TEST	\$ 45.00
83570	83570	ASSAY OF IDH ENZYME	\$ 56.00
83582	83582	ASSAY OF KETOGENIC STEROIDS	\$ 79.00
83586	83586	ASSAY OF 17-KETOSTEROIDS	\$ 105.00
83593	83593	FRACTIONATION, KETOSTEROIDS	\$ 90.00
83605	83605	ASSAY OF LACTIC ACID	\$ 63.00
83615	83615	LACTATE (LD) (LDH) ENZYME	\$ 33.00
83625	83625	ASSAY OF LDH ENZYMES	\$ 73.00
83630	83630	LACTOFERRIN, FECAL (QUAL)	\$ 111.00
83631	83631	LACTOFERRIN, FECAL (QUANT)	\$ 167.00
83632	83632	PLACENTAL LACTOGEN	\$ 125.00
83633	83633	TEST URINE FOR LACTOSE	\$ 38.00
83655	83655	ASSAY OF LEAD	\$ 94.00
83661	83661	L/S RATIO, FETAL LUNG	\$ 143.00
83662	83662	FOAM STABILITY, FETAL LUNG	\$ 82.00
83663	83663	FLUORO POLARIZE, FETAL LUNG	\$ 84.00
83664	83664	LAMELLAR BDY, FETAL LUNG	\$ 72.00
83670	83670	ASSAY OF LAP ENZYME	\$ 64.00
83690	83690	ASSAY OF LIPASE	\$ 53.00
83695	83695	ASSAY OF LIPOPROTEIN(A)	\$ 60.00
83698	83698	ASSAY LIPOPROTEIN PLA2	\$ 136.00
83700	83700	LIOPRO BLD, ELECTROPHORETIC	\$ 64.00
83701	83701	LIOPROTEIN BLD, HR FRACTION	\$ 166.00
83704	83704	LIOPRO, BLD, BY NMR	\$ 101.00
83718	83718	ASSAY OF LIPOPROTEIN	\$ 42.00
83719	83719	ASSAY OF BLOOD LIPOPROTEIN	\$ 39.00
83721	83721	ASSAY OF BLOOD LIPOPROTEIN	\$ 42.00
83727	83727	ASSAY OF LRH HORMONE	\$ 250.00
83735	83735	ASSAY OF MAGNESIUM	\$ 41.00
83775	83775	ASSAY OF MD ENZYME	\$ 44.00
83785	83785	ASSAY OF MANGANESE	\$ 80.00
83789	83789	MASS SPECTROMETRY QUANT	\$ 84.00
83825	83825	ASSAY OF MERCURY	\$ 137.00
83835	83835	ASSAY OF METANEPHRINES	\$ 261.00
83857	83857	ASSAY OF METHEMALBUMIN	\$ 62.00
83861	83861	MICROFLUID ANALY TEARS	\$ 47.00
83864	83864	MUCOPOLYSACCHARIDES	\$ 135.00
83872	83872	ASSAY SYNOVIAL FLUID MUCIN	\$ 53.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
83873	83873	ASSAY OF CSF PROTEIN	\$ 159.00
83874	83874	ASSAY OF MYOGLOBIN	\$ 80.00
83876	83876	ASSAY MYELOPEROXIDASE	\$ 161.00
83880	83880	NATRIURETIC PEPTIDE	\$ 182.00
83883	83883	ASSAY, NEPHELOMETRY NOT SPEC	\$ 200.00
83885	83885	ASSAY OF NICKEL	\$ 102.00
83915	83915	ASSAY OF NUCLEOTIDASE	\$ 80.00
83916	83916	OLIGOCLONAL BANDS	\$ 171.00
83918	83918	ORGANIC ACIDS, TOTAL, QUANT	\$ 167.00
83919	83919	ORGANIC ACIDS, QUAL, EACH	\$ 197.00
83921	83921	ORGANIC ACID, SINGLE, QUANT	\$ 239.00
83930	83930	ASSAY OF BLOOD OSMOLALITY	\$ 73.00
83935	83935	ASSAY OF URINE OSMOLALITY	\$ 84.00
83937	83937	ASSAY OF OSTEOCALCIN	\$ 166.00
83945	83945	ASSAY OF OXALATE	\$ 81.00
83950	83950	ONCOPROTEIN, HER-2/NEU	\$ 274.00
83951	83951	ONCOPROTEIN DCP	\$ 346.00
83970	83970	ASSAY OF PARATHORMONE	\$ 196.00
83986	83986	ASSAY OF BODY FLUID ACIDITY	\$ 18.00
83992	83992	ASSAY FOR PHENCYCLIDINE	\$ 74.00
83993	83993	ASSAY FOR CALPROTECTIN FECAL	\$ 204.00
84030	84030	ASSAY OF BLOOD PKU	\$ 90.00
84035	84035	ASSAY OF PHENYLKETONES	\$ 25.00
84060	84060	ASSAY ACID PHOSPHATASE	\$ 35.00
84066	84066	ASSAY PROSTATE PHOPHATASE	\$ 53.00
84075	84075	ASSAY ALKALINE PHOSPHATASE	\$ 21.00
84078	84078	ASSAY ALKALINE PHOSPHATASE	\$ 51.00
84080	84080	ASSAY ALKALINE PHOSPHATASES	\$ 88.00
84081	84081	AMNIOTIC FLUID ENZYME TEST	\$ 100.00
84085	84085	ASSAY OF RBC PG6D ENZYME	\$ 44.00
84087	84087	ASSAY PHOSPHOHEXOSE ENZYMES	\$ 211.00
84100	84100	ASSAY OF PHOPHOROUS	\$ 27.00
84105	84105	ASSAY OF URINE PHOPHOROUS	\$ 32.00
84106	84106	TEST FOR PORPHOBILINOGEN	\$ 29.00
84110	84110	ASSAY OF PHORPHOBILINOGEN	\$ 84.00
84112	84112	EVAL AMNIOTIC FLUID PROTEIN	\$ 196.00
84120	84120	ASSAY OF URINE PHORPHYRINS	\$ 134.00
84126	84126	ASSAY OF FECES PHORPHYRINS	\$ 121.00
84132	84132	ASSAY OF SERUM POTASSIUM	\$ 22.00
84133	84133	ASSAY OF URINE POTASSIUM	\$ 29.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
84134	84134	ASSAY OF PREALBUMIN	\$ 62.00
84135	84135	ASSAY OF PREGNANEDIOL	\$ 74.00
84138	84138	ASSAY OF PREGNANETRIOL	\$ 72.00
84140	84140	ASSAY OF PREGNENOLONE	\$ 138.00
84143	84143	ASSAY OF 17-HYDROXYPREGNENO	\$ 180.00
84144	84144	ASSAY OF PROGESTERONE	\$ 120.00
84145	84145	PROCALCITONIN (PCT)	\$ 279.00
84146	84146	ASSAY OF PROLACTIN	\$ 139.00
84150	84150	ASSAY OF PROSTAGLANDIN	\$ 286.00
84152	84152	ASSAY OF PSA, COMPLEXED	\$ 79.00
84153	84153	ASSAY OF PSA, TOTAL	\$ 109.00
84154	84154	ASSAY OF PSA, FREE	\$ 97.00
84155	84155	ASSAY OF PROTEIN, SERUM	\$ 22.00
84156	84156	ASSAY OF PROTEIN, URINE	\$ 39.00
84157	84157	ASSAY OF PROTEIN, OTHER	\$ 47.00
84160	84160	ASSAY OF PROTEIN, ANY SOURCE	\$ 30.00
84163	84163	PAPPA, SERUM	\$ 89.00
84202	84202	ASSAY RBC PROTOPORPHYRIN	\$ 95.00
84203	84203	TEST RBC PROTOPORPHYRIN	\$ 43.00
84206	84206	ASSAY OF PROINSULIN	\$ 161.00
84207	84207	ASSAY OF VITAMIN B-6	\$ 204.00
84210	84210	ASSAY OF PYRUVATE	\$ 39.00
84220	84220	ASSAY OF PYRUVATE KINASE	\$ 158.00
84228	84228	ASSAY OF QUININE	\$ 67.00
84233	84233	ASSAY OF ESTROGEN	\$ 224.00
84234	84234	ASSAY OF PROGESTERONE	\$ 141.00
84235	84235	ASSAY OF ENDOCRINE HORMONE	\$ 282.00
84238	84238	ASSAY, NONENDOCRINE RECEPTOR	\$ 193.00
84244	84244	ASSAY OF RENIN	\$ 136.00
84252	84252	ASSAY OF VITAMIN B-2	\$ 165.00
84255	84255	ASSAY OF SELENIUM	\$ 156.00
84260	84260	ASSAY OF SEROTONIN	\$ 293.00
84270	84270	ASSAY OF SEX HORMONE GLOBUL	\$ 111.00
84275	84275	ASSAY OF SIALIC ACID	\$ 103.00
84285	84285	ASSAY OF SILICA	\$ 128.00
84295	84295	ASSAY OF SERUM SODIUM	\$ 22.00
84300	84300	ASSAY OF URINE SODIUM	\$ 38.00
84302	84302	ASSAY OF SWEAT SODIUM	\$ 69.00
84305	84305	ASSAY OF SOMATOMEDIN	\$ 209.00
84307	84307	ASSAY OF SOMATOSTATIN	\$ 270.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
84311	84311	SPECTROPHOTOMETRY	\$ 35.00
84315	84315	BODY FLUID SPECIFIC GRAVITY	\$ 18.00
84375	84375	CHROMATOGRAM ASSAY, SUGARS	\$ 65.00
84376	84376	SUGARS, SINGLE, QUAL	\$ 104.00
84377	84377	SUGARS, MULTIPLE, QUAL	\$ 57.00
84378	84378	SUGARS, SINGLE, QUANT	\$ 87.00
84379	84379	SUGARS MULTIPLE QUANT	\$ 69.00
84392	84392	ASSAY OF URINE SULFATE	\$ 32.00
84402	84402	ASSAY OF TESTOSTERONE	\$ 156.00
84403	84403	ASSAY OF TOTAL TESTOSTERONE	\$ 166.00
84410	84410	TESTOSTERONE BIOAVAILABLE	\$ 380.00
84425	84425	ASSAY OF VITAMIN B-1	\$ 146.00
84430	84430	ASSAY OF THIOCYANATE	\$ 62.00
84431	84431	TROMBOXANE URINE	\$ 124.00
84432	84432	ASSAY OF THYROGLOBULIN	\$ 106.00
84436	84436	ASSAY OF TOTAL THYROXINE	\$ 47.00
84437	84437	ASSAY OF NEONATAL THYROXINE	\$ 38.00
84439	84439	ASSAY OF FREE THYROXINE	\$ 102.00
84442	84442	ASSAY OF THYROID ACTIVITY	\$ 88.00
84443	84443	ASSAY THYROID STIM HORMONE	\$ 105.00
84445	84445	ASSAY OF TSI	\$ 360.00
84446	84446	ASSAY OF VITAMIN E	\$ 118.00
84449	84449	ASSAY OF TRANSCORTIN	\$ 108.00
84450	84450	TRANSFERASE (AST) (SGOT)	\$ 22.00
84460	84460	ALANINE AMINO (ALT) (SGPT)	\$ 47.00
84466	84466	ASSAY OF TRANSFERRIN	\$ 68.00
84478	84478	ASSAY OF TRIGLYCERIDES	\$ 31.00
84479	84479	ASSAY OF THYROID (T3 OR T4)	\$ 44.00
84480	84480	ASSAY, THIIODOTHYRONINE (T3)	\$ 105.00
84481	84481	FREE ASSAY (FT-3)	\$ 164.00
84482	84482	T3 REVERSE	\$ 254.00
84484	84484	ASSAY OF TROPONIN, QUANT	\$ 104.00
84485	84485	ASSAY DUODENAL FLUID TRYPSIN	\$ 52.00
84488	84488	TEST FECES FOR TRYPSIN	\$ 51.00
84490	84490	ASSAY OF FECES FOR TRYPSIN	\$ 39.00
84510	84510	ASSAY OF TYROSINE	\$ 120.00
84512	84512	ASSAY OF TROPONIN, QUAL	\$ 70.00
84520	84520	ASSAY OF UREA NITROGEN	\$ 18.00
84525	84525	UREA NITROGEN SEMI-QUANT	\$ 23.00
84540	84540	ASSAY OF URINE/UREA-N	\$ 46.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
84545	84545	UREA-N CLEARANCE TEST	\$ 60.00
84550	84550	ASSAY OF BLOOD/URIC ACID	\$ 30.00
84560	84560	ASSAY OF URINE/URIC ACID	\$ 31.00
84577	84577	ASSAY OF FECES/UROBILINOGEN	\$ 62.00
84578	84578	TEST URINE UROBILINOGEN	\$ 21.00
84580	84580	ASSAY OF URINE UROBILINOGEN	\$ 39.00
84583	84583	ASSAY OF URINE UROBILINOGEN	\$ 24.00
84585	84585	ASSAY OF URINE VMA	\$ 64.00
84586	84586	ASSAY OF VIP	\$ 317.00
84588	84588	ASSAY OF VASOPRESSIN	\$ 295.00
84590	84590	ASSAY OF VITAMIN A	\$ 119.00
84591	84591	ASSAY OF NOS VITAMIN	\$ 199.00
84597	84597	ASSAY OF VITAMIN K	\$ 246.00
84600	84600	ASSAY OF VOLATILES	\$ 125.00
84620	84620	XYLOSE TOLERANCE TEST	\$ 99.00
84630	84630	ASSAY OF ZINC	\$ 95.00
84681	84681	ASSAY OF C-PEPTIDE	\$ 115.00
84702	84702	CHORIONIC GONADOTROPIN TEST	\$ 127.00
84703	84703	CHORIONIC GONADOTROPIN ASSAY	\$ 63.00
84704	84704	HCG FREE BETA CHAIN TEST	\$ 87.00
84830	84830	OVULATION TESTS	\$ 52.00
85002	85002	BLEEDING TIME TEST	\$ 31.00
85004	85004	AUTOMATED DIFF WBC COUNT	\$ 28.00
85007	85007	BL SMEAR W/DIFF WBC COUNT	\$ 20.00
85008	85008	BL SMEAR W/O DIFF WBC COUNT	\$ 22.00
85009	85009	MANUAL DIFF WBC COUNT B-COAT	\$ 26.00
85013	85013	SPUN MICROHEMATOCRIT	\$ 16.00
85014	85014	HEMATOCRIT	\$ 19.00
85018	85018	HEMOGLOBIN	\$ 19.00
85025	85025	COMPLETE CBC, W/AUTO DIFF WBC	\$ 37.00
85027	85027	COMPLETE CBC, AUTOMATED	\$ 34.00
85032	85032	MANUAL CELL COUNT, EACH	\$ 27.00
85041	85041	AUTOMATED RBC COUNT	\$ 20.00
85044	85044	MANUAL RETICULOCYTE COUNT	\$ 22.00
85045	85045	AUTOMATED RETICULOCYTE COUNT	\$ 39.00
85046	85046	RETICULOCYTE/HGB CONCENTRATE	\$ 38.00
85048	85048	AUTOMATED LEUKOCYTE COUNT	\$ 17.00
85049	85049	AUTOMATED PLATELET COUNT	\$ 28.00
85055	85055	RETICULATED PLATELET ASSAY	\$ 91.00
85060	85060	BLOOD SMEAR INTERPRETATION	\$ 84.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
85097	85097	BONE MARROW INTERPRETATION	\$ 236.00
85130	85130	CHROMOGENIC SUBSTRATE ASSAY	\$ 157.00
85170	85170	BLOOD CLOT RETRACTION	\$ 38.00
85175	85175	BLOOD CLOT LYSIS TIME	\$ 45.00
85210	85210	BLOOD CLOT FACTOR II TEST	\$ 183.00
85220	85220	BLOOD CLOT FACTOR V TEST	\$ 255.00
85230	85230	BLOOD CLOT FACTOR VII TEST	\$ 219.00
85240	85240	BLOOD CLOT FACTOR VIII TEST	\$ 211.00
85244	85244	BLOOD CLOT FACTOR VIII TEST	\$ 210.00
85245	85245	BLOOD CLOT FACTOR VIII TEST	\$ 184.00
85246	85246	BLOOD CLOT FACTOR VIII TEST	\$ 247.00
85247	85247	BLOOD CLOT FACTOR VIII TEST	\$ 304.00
85250	85250	BLOOD CLOT FACTOR IX TEST	\$ 208.00
85260	85260	BLOOD CLOT FACTOR X TEST	\$ 229.00
85270	85270	BLOOD CLOT FACTOR XI TEST	\$ 184.00
85280	85280	BLOOD CLOT FACTOR XII TEST	\$ 195.00
85290	85290	BLOOD CLOT FACTOR XIII TEST	\$ 183.00
85291	85291	BLOOD CLOT FACTOR XIII TEST	\$ 139.00
85292	85292	BLOOD CLOT FACTOR ASSAY	\$ 215.00
85293	85293	BLOOD CLOT FACTOR ASSAY	\$ 142.00
85300	85300	ANTITHROMBIN III TEST	\$ 226.00
85301	85301	ANTITHROMBIN III TEST	\$ 215.00
85302	85302	BLOOD CLOT INHIBITOR ANTIGEN	\$ 209.00
85303	85303	BLOOD CLOT INHIBITOR TEST	\$ 219.00
85305	85305	BLOOD CLOT INHIBITOR ASSAY	\$ 218.00
85306	85306	BLOOD CLOT INHIBITOR TEST	\$ 247.00
85307	85307	ASSAY ACTIVATED PROTEIN C	\$ 158.00
85335	85335	FACTOR INHIBITOR TEST	\$ 266.00
85337	85337	THROMBOMODULIN	\$ 77.00
85345	85345	COAGULATION TIME	\$ 42.00
85347	85347	COAGULATION TIME	\$ 20.00
85348	85348	COAGULATION TIME	\$ 28.00
85360	85360	EUGLOBULIN LYSIS	\$ 98.00
85362	85362	FIBRIN DEGRADATION PRODUCTS	\$ 99.00
85366	85366	FIBRINOGEN TEST	\$ 152.00
85370	85370	FIBRINOGEN TEST	\$ 64.00
85378	85378	FIBRIN DEGRADE, SEMIQUANT	\$ 55.00
85379	85379	FIBRIN DEGRADATION, QUANT	\$ 129.00
85380	85380	FIBRIN DEGRADATION, VTE	\$ 42.00
85384	85384	FIBRINOGEN	\$ 73.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
85385	85385	FIBRINOGEN	\$ 63.00
85396	85396	CLOTTING ASSAY, WHOLE BLOOD	\$ 104.00
85397	85397	CLOTTING FUNCT ACTIVITY	\$ 247.00
85410	85410	FIBRINOLYTIC ANTIPLASMIN	\$ 169.00
85415	85415	FIBRINOLYTIC PLASMINOGEN	\$ 198.00
85420	85420	FIBRINOLYTIC PLASMINOGEN	\$ 194.00
85421	85421	FIBRINOLYTIC PLASMINOGEN	\$ 188.00
85441	85441	HEINZ BODIES, DIRECT	\$ 60.00
85460	85460	HEMOGLOBIN, FETAL	\$ 51.00
85520	85520	HEPARIN ASSAY	\$ 229.00
85525	85525	HEPARIN NEUTRALIZATION	\$ 140.00
85530	85530	HEPARIN-PROTAMINE TOLERANCE	\$ 95.00
85536	85536	IRON STAIN PERIPHERAL BLOOD	\$ 35.00
85540	85540	WBC ALKALINE PHOSPHATASE	\$ 80.00
85547	85547	RBC MECHANICAL FRAGILITY	\$ 52.00
85549	85549	MURAMIDASE	\$ 129.00
85557	85557	RBC OSMOTIC FRAGILITY	\$ 94.00
85597	85597	PLATELET NEUTRALIZATION	\$ 144.00
85598	85598	HEXAGNAL PHOSPH PLTLT NEUTRL	\$ 159.00
85610	85610	PROTHROMBIN TIME	\$ 26.00
85611	85611	PROTHROMBIN TEST	\$ 30.00
85612	85612	VIPER VENOM PROTHROMBIN TIME	\$ 69.00
85613	85613	RUSSELL VIPER VENOM, DILUTED	\$ 98.00
85635	85635	REPTILASE TEST	\$ 137.00
85651	85651	RBC SED RATE, NONAUTOMATED	\$ 21.00
85652	85652	RBC SED RATE, AUTOMATED	\$ 38.00
85660	85660	RBC SICKLE CELL TEST	\$ 49.00
85670	85670	THROMBIN TIME, PLASMA	\$ 68.00
85675	85675	THROMBIN TIME, TITER	\$ 53.00
85705	85705	THROMBOPLASTIN INHIBITION	\$ 137.00
85730	85730	THROMBOPLASTIN TIME, PARTIAL	\$ 49.00
85732	85732	THROMBOPLASTIN TIME, PARTIAL	\$ 99.00
85810	85810	BLOOD VISCOSITY EXAMINATION	\$ 103.00
86000	86000	AGGLUTININS, FEBRILE	\$ 147.00
86001	86001	ALLERGEN SPECIFIC IGG	\$ 40.00
86003	86003	ALLERGEN SPECIFIC IGE	\$ 33.00
86005	86005	ALLERGEN SPECIFIC IGE	\$ 52.00
86021	86021	WBC ANTIBODY IDENTIFICATION	\$ 354.00
86022	86022	PLATELET ANTIBODIES	\$ 269.00
86023	86023	IMMUNOGLOBULIN ASSAY	\$ 276.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
86038	86038	ANTINUCLEAR ANTIBODIES	\$ 88.00
86039	86039	ANTINUCLEAR ANTIBODIES (ANA)	\$ 54.00
86060	86060	ANTISTREPTOLYSIN O, TITER	\$ 57.00
86063	86063	ANTISTREPTOLYSIN O, SCREEN	\$ 22.00
86077	86077	PHYSICIAN BLOOD BANK SERVICE	\$ 216.00
86078	86078	TRANSFUSION REACTION	\$ 172.00
86079	86079	PHYSICIAN BLOOD BANK SERVICE	\$ 197.00
86140	86140	C-REACTIVE PROTEIN	\$ 71.00
86141	86141	C-REACTIVE PROTEIN, HS	\$ 62.00
86146	86146	GLYCOPROTEIN ANTIBODY	\$ 92.00
86147	86147	CARDIOLIPIN ANTIBODY	\$ 98.00
86148	86148	PHOSPHOLIPID ANTIBODY	\$ 92.00
86152	86152	CELL ENUMERATION & ID	\$ 763.00
86156	86156	COLD AGGLUTININ, SCREEN	\$ 40.00
86157	86157	COLD AGGLUTININ, TITER	\$ 82.00
86160	86160	COMPLEMENT, ANTIGEN	\$ 92.00
86161	86161	COMPLEMENT/FUNCTION ACTIVITY	\$ 96.00
86162	86162	COMPLEMENT TOTAL (CH50)	\$ 161.00
86171	86171	COMPLEMENT FIXATION, EACH	\$ 41.00
86200	86200	CCP ANTIBODY	\$ 118.00
86215	86215	DEOXYRIBONUCLEASE, ANTIBODY	\$ 129.00
86225	86225	DNA ANTIBODY	\$ 108.00
86226	86226	DNA ANTIBODY, SINGLE STRAND	\$ 63.00
86235	86235	NUCLEAR ANTIGEN ANTIBODY	\$ 122.00
86255	86255	FLUORESCENT ANTIBODY, SCREEN	\$ 127.00
86256	86256	FLUORESCENT ANTIBODY, TITER	\$ 104.00
86277	86277	GROWTH HORMONE ANTIBODY	\$ 131.00
86280	86280	HEMAGGLUTINATION INHIBITION	\$ 56.00
86294	86294	IMMUNOASSAY, TUMOR, QUAL	\$ 63.00
86300	86300	IMMUNOASSAY, TUMOR, CA 15-3	\$ 138.00
86301	86301	IMMUNOASSAY, TUMOR, CA 19-9	\$ 138.00
86304	86304	IMMUNOASSAY, TUMOR, CA 125	\$ 146.00
86305	86305	HUMAN EPIDIDYMIS PROTEIN 4	\$ 289.00
86308	86308	HETEROPHILE ANTIBODIES	\$ 44.00
86309	86309	HETEROPHILE ANTIBODIES	\$ 52.00
86310	86310	HETEROPHILE ANTIBODIES	\$ 45.00
86316	86316	IMMUNOASSAY, TUMOR OTHER	\$ 171.00
86317	86317	IMMUNOASSAY, INFECTIOUS AGENT	\$ 70.00
86318	86318	IMMUNOASSAY, INFECTIOUS AGENT	\$ 48.00
86329	86329	IMMUNODIFFUSION	\$ 72.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
86331	86331	IMMUNODIFFUSION OUCHTERLONY	\$ 58.00
86332	86332	IMMUNE COMPLEX ASSAY	\$ 161.00
86336	86336	INHIBIN A	\$ 192.00
86337	86337	INSULIN ANTIBODIES	\$ 219.00
86340	86340	INTRINSIC FACTOR ANTIBODY	\$ 144.00
86341	86341	ISLET CELL ANTIBODY	\$ 180.00
86343	86343	LEUKOCYTE HISTAMINE RELEASE	\$ 208.00
86344	86344	LEUKOCYTE PHAGOCYTOSIS	\$ 70.00
86352	86352	CELL FUNCTION ASSAY W/STIM	\$ 354.00
86353	86353	LYMPHOCYTE TRANSFORMATION	\$ 199.00
86355	86355	B CELLS, TOTAL COUNT	\$ 147.00
86356	86356	MONONUCLEAR CELL ANTIGEN	\$ 87.00
86357	86357	NK CELLS, TOTAL COUNT	\$ 131.00
86359	86359	T CELLS, TOTAL COUNT	\$ 176.00
86360	86360	T CELL, ABSOLUTE COUNT/RATIO	\$ 264.00
86361	86361	T CELL, ABSOLUTE COUNT	\$ 173.00
86367	86367	STEM CELLS, TOTAL COUNT	\$ 200.00
86376	86376	MICROSOMAL ANTIBODY	\$ 103.00
86382	86382	NEUTRALIZATION TEST, VIRAL	\$ 173.00
86384	86384	NITROBLUE TETRAZOLIUM DYE	\$ 69.00
86386	86386	NUCLEAR MATRIX PROTEIN 22	\$ 58.00
86403	86403	PARTICLE AGGLUTINATION TEST	\$ 40.00
86406	86406	PARTICLE AGGLUTINATION TEST	\$ 112.00
86430	86430	RHEUMATOID FACTOR TEST	\$ 31.00
86431	86431	RHEUMATOID FACTOR, QUANT	\$ 49.00
86480	86480	TB TEST CELL IMMUN MEASURE	\$ 269.00
86481	86481	TB AG RESPONSE T-CELL SUSP	\$ 261.00
86485	86485	SKIN TEST, CANDIDA	\$ 37.00
86486	86486	SKIN TEST NOS ANTIGEN	\$ 24.00
86510	86510	HISTOPLASMOSIS SKIN TEST	\$ 26.00
86580	86580	TB INTRADERMAL TEST	\$ 26.00
86590	86590	STREPTOKINASE, ANTIBODY	\$ 43.00
86592	86592	BLOOD SEROLOGY, QUALITATIVE	\$ 41.00
86593	86593	BLOOD SEROLOGY, QUANTITATIVE	\$ 35.00
86602	86602	ANTINOMYCES ANTIBODY	\$ 73.00
86603	86603	ADENOVIRUS ANTIBODY	\$ 132.00
86606	86606	ASPERGILLUS ANTIBODY	\$ 96.00
86609	86609	BACTERIUM ANTIBODY	\$ 55.00
86611	86611	BARTONELLA ANTIBODY	\$ 73.00
86612	86612	BLASTOMYCES ANTIBODY	\$ 124.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
86615	86615	BORDETELLA ANTIBODY	\$ 150.00
86617	86617	LYME DISEASE ANTIBODY	\$ 101.00
86618	86618	LYME DISEASE ANTIBODY	\$ 146.00
86619	86619	BORRELIA ANTIBODY	\$ 133.00
86622	86622	BRUCELLA ANTIBODY	\$ 91.00
86625	86625	CAMPYLOBACTER ANTIBODY	\$ 111.00
86628	86628	CANDIDA ANTIBODY	\$ 74.00
86631	86631	CHLAMYDIA ANTIBODY	\$ 95.00
86632	86632	CHLAMYDIA IGM ANTIBODY	\$ 97.00
86635	86635	COCCIDIOIDES ANTIBODY	\$ 77.00
86638	86638	Q FEVER ANTIBODY	\$ 90.00
86641	86641	CRYPTOCOCCUS ANTIBODY	\$ 145.00
86644	86644	CMV ANTIBODY	\$ 117.00
86645	86645	CMV ANTIBODY, IGM	\$ 126.00
86648	86648	DIPHTHERIA ANTIBODY	\$ 138.00
86651	86651	ENCEPHALITIS ANTIBODY	\$ 113.00
86652	86652	ENCEPHALITIS ANTIBODY	\$ 114.00
86653	86653	ENCEPHALITIS ANTIBODY	\$ 113.00
86654	86654	ENCEPHALITIS ANTIBODY	\$ 120.00
86658	86658	ENTEROVIRUS ANTIBODY	\$ 54.00
86663	86663	EPSTEIN-BARR ANTIBODY	\$ 100.00
86664	86664	EPSTEIN-BARR ANTIBODY	\$ 108.00
86665	86665	EPSTEIN-BARR ANTIBODY	\$ 124.00
86666	86666	EHRlichia ANTIBODY	\$ 133.00
86668	86668	FRANCISELLA TULARENSIS	\$ 71.00
86671	86671	FUNGUS ANTIBODY	\$ 131.00
86674	86674	GIARDIA LAMBLIA ANTIBODY	\$ 118.00
86677	86677	HELICOBACTER PYLORI	\$ 97.00
86682	86682	HELMINTH ANTIBODY	\$ 166.00
86684	86684	HEMOPHILUS INFLUENZA	\$ 145.00
86687	86687	HTLV-I ANTIBODY	\$ 104.00
86688	86688	HTLV-II ANTIBODY	\$ 119.00
86689	86689	HTLV/HIV CONFIRMATORY TEST	\$ 147.00
86692	86692	HEPATITIS, DELTA AGENT	\$ 158.00
86694	86694	HERPES SIMPLEX TEST	\$ 102.00
86695	86695	HERPES SIMPLEX TEST	\$ 96.00
86696	86696	HERPES SIMPLEX TYPE 2	\$ 135.00
86698	86698	HISTOPLASMA	\$ 119.00
86701	86701	HIV-1	\$ 80.00
86702	86702	HIV-2	\$ 124.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
86703	86703	HIV-1/HIV-2, SINGLE ASSAY	\$ 109.00
86704	86704	HEP B CORE ANTIBODY, TOTAL	\$ 97.00
86705	86705	HEP B CORE ANTIBODY, IGM	\$ 101.00
86706	86706	HEP B SURFACE ANTIBODY	\$ 89.00
86707	86707	HEP BE ANTIBODY	\$ 91.00
86708	86708	HEP A ANTIBODY, TOTAL	\$ 99.00
86709	86709	HEP A ANTIBODY, IGM	\$ 87.00
86710	86710	INFLUENZA VIRUS ANTIBODY	\$ 89.00
86711	86711	JOHN CUNNINGHAM ANTIBODY	\$ 1,770.00
86713	86713	LEGIONELLA ANTIBODY	\$ 110.00
86717	86717	LEISHMANIA ANTIBODY	\$ 122.00
86720	86720	LEPTOSPIRA ANTIBODY	\$ 153.00
86723	86723	LISTERIA MONOCYTOGENES AB	\$ 134.00
86727	86727	LYMPH CHORIOMENINGITIS AB	\$ 102.00
86732	86732	MUCORMYCOSIS ANTIBODY	\$ 85.00
86735	86735	MUMPS ANTIBODY	\$ 113.00
86738	86738	MYCOPLASMA ANTIBODY	\$ 98.00
86741	86741	NEISSERIA MENINGITIDIS	\$ 131.00
86744	86744	NOCARDIA ANTIBODY	\$ 63.00
86747	86747	PARVOVIRUS ANTIBODY	\$ 118.00
86750	86750	MALARIA ANTIBODY	\$ 102.00
86753	86753	PROTOZOA ANTIBODY NOS	\$ 82.00
86756	86756	RESPIRATORY VIRUS ANTIBODY	\$ 129.00
86757	86757	RICKETTSIA ANTIBODY	\$ 147.00
86759	86759	ROTAVIRUS ANTIBODY	\$ 72.00
86762	86762	RUBELLA ANTIBODY	\$ 84.00
86765	86765	RUBEOLA ANTIBODY	\$ 118.00
86768	86768	SALMONELLA ANTIBODY	\$ 65.00
86771	86771	SHIGELLA ANTIBODY	\$ 91.00
86774	86774	TETANUS ANTIBODY	\$ 133.00
86777	86777	TOXOPLASMA ANTIBODY	\$ 109.00
86778	86778	TOXOPLASMA ANTIBODY, IGM	\$ 140.00
86780	86780	TREPONEMA PALLIDUM	\$ 85.00
86784	86784	TRICHINELLA ANTIBODY	\$ 129.00
86787	86787	VARICELLA-ZOSTER ANTIBODY	\$ 117.00
86788	86788	WEST NILE VIRUS AB IGM	\$ 97.00
86789	86789	WEST NILE VIRUS ANTIBODY	\$ 94.00
86790	86790	VIRUS ANTIBODY NOS	\$ 123.00
86793	86793	YERSINIA ANTIBODY	\$ 127.00
86800	86800	THYROGLOBULIN ANTIBODY	\$ 106.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
86803	86803	HEPATATIS C AB TEST	\$ 132.00
86804	86804	HEP C AB TEST, CONFIRM	\$ 315.00
86805	86805	LYMPHOCYTOTOXICITY ASSAY	\$ 328.00
86806	86806	LYMPHOCYTOTOXICITY ASSAY	\$ 235.00
86807	86807	CYTOTOXIC ANTIBODY SCREENING	\$ 198.00
86808	86808	CYTOTOXIC ANTIBODY SCREENING	\$ 215.00
86812	86812	HLD TYPING, A, B, OR C	\$ 196.00
86813	86813	HLD TYPING, A, B, OR C	\$ 286.00
86816	86816	HLD TYPING, DR/DQ	\$ 253.00
86817	86817	HLA TYPING, DR/DQ	\$ 498.00
86825	86825	HLA X-MATH NON-CYTOTOXIC	\$ 338.00
86828	86828	HLA CLASS I&II ANTIBODY QUAL	\$ 275.00
86830	86830	HLA CLASS I PHENOTYPE QUAL	\$ 250.00
86831	86831	HLA CLASS II PHENOTYPE QUAL	\$ 253.00
86832	86832	HLA CLASS I HIGH DEFIN QUAL	\$ 633.00
86833	86833	HLA CLASS II HIGH DEFIN QUAL	\$ 565.00
86850	86850	RBC ANTIBODY SCREEN	\$ 55.00
86860	86860	RBC ANTIBODY ELUTION	\$ 125.00
86870	86870	RBC ANTIBODY IDENTIFICATION	\$ 128.00
86880	86880	COOMBS TEST, DIRECT	\$ 47.00
86885	86885	COOMBS TEST, INDIRECT, QUAL	\$ 28.00
86886	86886	COOMBS TEST, INDIRECT, TITER	\$ 45.00
86900	86900	BLOOD TYPING, ABO	\$ 41.00
86901	86901	BLOOD TYPING, RH (D)	\$ 38.00
86902	86902	BLOOD TYPE ANTIGEN DONOR EA	\$ 40.00
86905	86905	BLOOD TYPING, RBC ANTIGENS	\$ 52.00
86906	86906	BLOOD TYPING, RH PHENOTYPE	\$ 68.00
86920	86920	COMPATIBILITY TEST, SPIN	\$ 151.00
86921	86921	COMPATIBILITY TEST, INCUBATE	\$ 67.00
86922	86922	COMPATIBILITY TEST, ANTIGLOB	\$ 105.00
86923	86923	COMPATIBILITY TEST, ELECTRIC	\$ 100.00
86940	86940	HEMOLYSINS/AGGLUTININS, AUTO	\$ 157.00
86941	86941	HEMOLYSINS/AGGLUTININS	\$ 125.00
86978	86978	RBC PRETREATMENT, SERUM	\$ 146.00
86985	86985	SPLIT BLOOD OR PRODUCTS	\$ 85.00
87015	87015	SPECIMEN CONCENTRATION	\$ 43.00
87040	87040	BLOOD CULTURE FOR BACTERIA	\$ 95.00
87045	87045	FECES CULTURE, BACTERIA	\$ 56.00
87046	87046	STOOL CULTR, BACTERIA, EA	\$ 73.00
87070	87070	CULTURE, BACTERIA, OTHER	\$ 86.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
87071	87071	CULTURE BACTERI AEROBIC OTHR	\$ 44.00
87073	87073	CULTURE BACTERIA ANAEROBIC	\$ 35.00
87075	87075	CULTR BACTERIA, EXCEPT BLOOD	\$ 120.00
87076	87076	CULTURE ANAEROBE IDENT, EACH	\$ 53.00
87077	87077	CULTURE AEROBIC IDENTIFY	\$ 34.00
87081	87081	CULTURE SCREEN ONLY	\$ 58.00
87084	87084	CULTURE OF SPECIMEN BY KIT	\$ 42.00
87086	87086	URINE CULTURE/COLONY COUNT	\$ 60.00
87088	87088	URINE BACTERIA CULTURE	\$ 34.00
87101	87101	SKIN FUNGI CULTURE	\$ 87.00
87102	87102	FUNGUS ISOLATION CULTURE	\$ 75.00
87103	87103	BLOOD FUNGUS CULTURE	\$ 95.00
87106	87106	FUNGI IDENTIFICATION, YEAST	\$ 63.00
87107	87107	FUNGI IDENTIFICATION, MOLD	\$ 80.00
87109	87109	MYCOPLASMA	\$ 158.00
87110	87110	CHLAMYDIA CULTURE	\$ 102.00
87116	87116	MYCOBACTERIA CULTURE	\$ 88.00
87118	87118	MYCOBACTERIC IDENTIFICATION	\$ 98.00
87140	87140	CULTURE TYPE IMMUNOFLUORESC	\$ 68.00
87143	87143	CULTURE TYPING, GLC/HPLC	\$ 116.00
87147	87147	CULTURE TYPE, IMMUNOLOGIC	\$ 34.00
87149	87149	CULTURE TYPE, NUCLEIC ACID	\$ 93.00
87150	87150	DNA/RNA AMPLIFIED PROBE	\$ 148.00
87153	87153	DNA/RNA SEQUENCING	\$ 313.00
87158	87158	CULTURE TYPING, ADDED METHOD	\$ 101.00
87168	87168	MACROSCOPIC EXAM ARTHROPOD	\$ 89.00
87169	87169	MACROSCOPIC EXAM PARASITE	\$ 61.00
87172	87172	PINWORM EXAM	\$ 43.00
87176	87176	TISSUE HOMOGENIZATION, CULTR	\$ 43.00
87177	87177	OVA AND PARASITES SMEARS	\$ 50.00
87181	87181	MICROBE SUSCEPTIBLE, DIFFUSE	\$ 35.00
87184	87184	MICROBE SUSCEPTIBLE, DISK	\$ 32.00
87185	87185	MICROBE SUSCEPTIBLE, ENZYME	\$ 40.00
87186	87186	MICROBE SUSCEPTIBLE, MIC	\$ 74.00
87187	87187	MICROBE SUSCEPTIBLE, MLC	\$ 63.00
87188	87188	MICROBE SUSCEPT, MACROBROTH	\$ 67.00
87190	87190	MICROBE SUSCEPT, MYCOBACTERI	\$ 56.00
87197	87197	BACTERICIDAL LEVEL, SERUM	\$ 71.00
87205	87205	SMEAR, GRAM STAIN	\$ 39.00
87206	87206	SMEAR, FLUORESCENT/ACID STAI	\$ 55.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
87209	87209	SMEAR, COMPLEX STAIN	\$ 97.00
87210	87210	SMEAR, WET MOUNT, SALINE/INK	\$ 24.00
87220	87220	TISSUE EXAM FOR FUNGI	\$ 28.00
87230	87230	ASSAY, TOXIN OR ANTITOXIN	\$ 161.00
87250	87250	VIRUS INOCULATE, EGGS/ANIMAL	\$ 87.00
87252	87252	VIRUS INOCULATION, TISSUE	\$ 217.00
87253	87253	VIRUS INOCULATE TISSUE, ADDL	\$ 96.00
87254	87254	VIRUS INOCULATION SHELL VIA	\$ 148.00
87255	87255	GENET VIRUS ISOLATE, HSV	\$ 146.00
87260	87260	ADENOVIRUS AG, IF	\$ 52.00
87265	87265	PERTUSSIS AG, IF	\$ 97.00
87267	87267	ENTEROVIRUS ANTIBODY, DFA	\$ 60.00
87269	87269	GIARDIA AG, IF	\$ 53.00
87270	87270	CHLAMYDIA TRACHOMATIS AG, IF	\$ 71.00
87271	87271	CRYPTOSPROIDIUM/GARDIA AG, IF	\$ 75.00
87272	87272	CRYPTOSPROIDIUM AG, IF	\$ 78.00
87273	87273	HERPES SIMPLEX 2, AG, IF	\$ 86.00
87274	87274	HERPES SIMPLEX 1, AG IF	\$ 73.00
87275	87275	INFLUENZA B, AG, IF	\$ 47.00
87276	87276	INFLUENZA A, AG, IF	\$ 49.00
87278	87278	LEGION PNEUMOPHILIA AG, IF	\$ 114.00
87279	87279	PARAINFLUENZA, AG, IF	\$ 71.00
87280	87280	RESPIRATORY SYNCYTIAL AG, IF	\$ 62.00
87281	87281	PNEUMOCYSTIS CARINII, AG, IF	\$ 113.00
87283	87283	RUBEOLA, AG, IF	\$ 75.00
87285	87285	TREPONEMA PALLIDUM, AG, IF	\$ 71.00
87290	87290	VARICELLA ZOSTER, AG, IF	\$ 94.00
87299	87299	ANTIBODY DETECTION, NOS, IF	\$ 66.00
87300	87300	AG DETECTION, POLYVAL, IF	\$ 76.00
87301	87301	ADENOVIRUS AG, EIA	\$ 104.00
87305	87305	ASPERGILLUS AG EIA	\$ 183.00
87320	87320	CHYLM D TRACH AG, EIA	\$ 60.00
87324	87324	CLOSTRIDIUM AG, EIA	\$ 135.00
87327	87327	CRYPTOCOCCUS NEOFORM AG, EIA	\$ 87.00
87328	87328	CRYPTOSPORIDIUM AG, EIA	\$ 78.00
87329	87329	GIARDIA AG, EIA	\$ 97.00
87332	87332	CYTOMEGALOVIRUS AG, EIA	\$ 68.00
87335	87335	E COLI 0157 AG, EIA	\$ 66.00
87336	87336	ENTAMOEB HIST DISPR, AG, EIA	\$ 52.00
87337	87337	ENTAMOEB HIST GROUP, AG, EIA	\$ 116.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
87338	87338	HPYLORI, STOOL, EIA	\$ 209.00
87339	87339	H PYLORI AG, EIA	\$ 43.00
87340	87340	HEPATITIS B SURFACE, AG, EIA	\$ 80.00
87341	87341	HEPATITIS B SURFACE, AG, EIA	\$ 74.00
87350	87350	HEPATITIS BE AG, EIA	\$ 91.00
87380	87380	HEPATITIS DELTA AG, EIA	\$ 224.00
87385	87385	HISTOPLASMA CAPSUL AG, EIA	\$ 162.00
87389	87389	HIV-1 AG W/HIV-1 & HIV-2 AB	\$ 119.00
87390	87390	HIV-1 AG, EIA	\$ 78.00
87391	87391	HIV-2 AG, EIA	\$ 68.00
87400	87400	INFLUENZA A/B, AG, EIA	\$ 45.00
87420	87420	RESP SYNCYTIAL AG, EIA	\$ 57.00
87425	87425	ROTAVIRUS AG, EIA	\$ 161.00
87427	87427	SHIGA-LIKE TOXIN AG, EIA	\$ 93.00
87430	87430	STREP A AG, EIA	\$ 39.00
87449	87449	AG DETECT NOS, EIA, MULT	\$ 115.00
87451	87451	AG DETECT POLYVAL, EIA, MULT	\$ 104.00
87471	87471	BARTONELLA, DNA, AMP PROBE	\$ 246.00
87472	87472	BARTONELLA, DNA, QUANT	\$ 254.00
87475	87475	LYME DIS, DNA, DIR PROBE	\$ 118.00
87476	87476	LYME DIS, DNA, AMP PROBE	\$ 275.00
87480	87480	CANDIDA, DNA, DIR PROBE	\$ 92.00
87481	87481	CANDIDA, DNA, AMP PROBE	\$ 108.00
87482	87482	CANDIDA, DNA, QUANT	\$ 121.00
87486	87486	CHYLM D PNEUM, DNA, AMP PROBE	\$ 98.00
87490	87490	CHYLM D TRACH, DNA, DIR PROBE	\$ 81.00
87491	87491	CHYLM D TRACH, DNA, AMP PROBE	\$ 109.00
87492	87492	CHYLM D TRACH, DNA, QUANT	\$ 148.00
87493	87493	C DIFF AMPLIFIED PROBE	\$ 141.00
87495	87495	CYTOMEG, DNA, DIR PROBE	\$ 103.00
87496	87496	CYTOMEG, DNA, AMP PROBE	\$ 210.00
87497	87497	CYTOMEG, DNA, QUANT	\$ 440.00
87498	87498	ENTEROVIRUS DNA AMP PROBE	\$ 148.00
87500	87500	VANOMYCIN DNA AMP PROBE	\$ 86.00
87501	87501	INFLUENZA DNA AMP PROBE 1+	\$ 160.00
87502	87502	INFLUENZA DNA AMP PROBE	\$ 228.00
87503	87503	INFLUENZA DNA AMP PROBE ADDL	\$ 74.00
87505	87505	NFCT AGENT DETECTION GI	\$ 459.00
87506	87506	IADNA-DNA/MA PROBE TQ 6-11	\$ 609.00
87507	87507	IADNA-DNA/MA PROBE TQ 12-25	\$ 1,227.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
87510	87510	GARDNER VAG, DNA, DIR PROBE	\$ 96.00
87511	87511	GARDNER VAG, DNA, AMP PROBE	\$ 141.00
87512	87512	GARDNER VAG, DNA, QUANT	\$ 95.00
87516	87516	HEPATITIS B, DNA, AMP PROBE	\$ 322.00
87517	87517	HEPATITIS B, DNA, QUANT	\$ 467.00
87520	87520	HEPATITIS C, RNA, DIR PROBE	\$ 94.00
87521	87521	HEPATITIS C, RNA, AMP PROBE	\$ 388.00
87522	87522	HEPATITIS C, RNA, QUANT	\$ 532.00
87525	87525	HEPATITIS G, DNA, DIR PROBE	\$ 114.00
87526	87526	HEPATITIS G, DNA, AMP PROBE	\$ 229.00
87527	87527	HEPATITIS G, DNA, QUANT	\$ 232.00
87528	87528	HSV, DNA, DIR PROBE	\$ 105.00
87529	87529	HSV, DNA, AMP PROBE	\$ 146.00
87530	87530	HSV, DNA, QUANT	\$ 189.00
87532	87532	HHV-6, DNA, AMP PROBE	\$ 198.00
87533	87533	HHV-6, DNA, QUANT	\$ 374.00
87534	87534	HIV-1, DNA, DIR PROBE	\$ 115.00
87535	87535	HIV-1, DNA, AMP PROBE	\$ 413.00
87536	87536	HIV-1, DNA, QUANT	\$ 437.00
87537	87537	HIV-2, DNA, DIR PROBE	\$ 106.00
87538	87538	HIV-2, DNA, AMP PROBE	\$ 250.00
87539	87539	HIV-2, DNA, QUANT	\$ 231.00
87540	87540	LEGION PNEUMO, DNA, DIR PROB	\$ 110.00
87541	87541	LEGION PNEUMO, DNA, AMP PROBE	\$ 138.00
87542	87542	LEGION PNEUMO, DNA, QUANT	\$ 211.00
87550	87550	MYCOBACTERIA, DNA, DIR PROBE	\$ 108.00
87551	87551	MYCOBACTERIA, DNA, AMP PROBE	\$ 150.00
87552	87552	MYCOBACTERIA, DNA, QUANT	\$ 239.00
87555	87555	M.TUBERCULO, DNA, DIR PROBE	\$ 122.00
87556	87556	M.TUBERCULO, DNA, AMP PROBE	\$ 251.00
87557	87557	M.TUBERCULO, DNA, QUANT	\$ 248.00
87560	87560	M.AVIUM-INTRA, DNA, DIR PROB	\$ 139.00
87561	87561	M.AVIUM-INTRA, DNA, AMP PROB	\$ 216.00
87562	87562	M.AVIUM-INTRA, DNA, QUANT	\$ 226.00
87580	87580	M.PNEUMON, DNA DIR PROBE	\$ 106.00
87581	87581	M.PNEUMON, DNA AMP PROBE	\$ 102.00
87590	87590	N.GONORRHOEAE, DNA, DIR PROBE	\$ 81.00
87591	87591	N.GONORRHOEAE, DNA, AMP PROBE	\$ 115.00
87592	87592	N.GONORRHOEAE, DNA, QUANT	\$ 151.00
87623	87623	HPV LOW-RISK TYPES	\$ 152.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
87624	87624	HPV HIGH-RISK TYPES	\$ 145.00
87625	87625	HPV TYPES 16 & 18 ONLY	\$ 143.00
87631	87631	RESP VIRUS 3-11 TARGETS	\$ 350.00
87632	87632	RESP VIRUS 6-11 TARGETS	\$ 745.00
87633	87633	RESP VIRUS 12-25 TARGETS	\$ 897.00
87640	87640	STAPH A DNA AMP PROBE	\$ 118.00
87641	87641	MR-STAPH DNA AMP PROBE	\$ 136.00
87650	87650	STREP A, DNA, DIR PROBE	\$ 92.00
87651	87651	STREP A, DNA, AMP PROBE	\$ 111.00
87652	87652	STREP A, DNA, QUANT	\$ 181.00
87653	87653	STREP B DNA AMP PROBE	\$ 104.00
87660	87660	TRICHOMONAS VAGIN, DIR PROBE	\$ 89.00
87661	87661	TRICHONAS VAGINALIS AMPLIF	\$ 139.00
87797	87797	DETECT AGENT NOS, DNA, DIR	\$ 84.00
87798	87798	DETECT AGENT NOS, DNA, AMP	\$ 102.00
87799	87799	DETECT AGENT NOS, DNA, QUANT	\$ 385.00
87800	87800	DETECT AGNT MULT, DNA, DIREC	\$ 144.00
87801	87801	DETECT AGNT MULT, DNA, AMPLI	\$ 292.00
87802	87802	STREP B ASSAY W/OPTIC	\$ 73.00
87803	87803	CLOSTRIDIUM TOXIN A W/OPTIC	\$ 53.00
87804	87804	INFLUENZA ASSAY W/OPTIC	\$ 44.00
87806	87806	HIV ANTIGEN W/HIV ANTIBODIES	\$ 80.00
87807	87807	RSV ASSAY W/OPTIC	\$ 56.00
87808	87808	TRICHOMONAS ASSAY W/ OPTIC	\$ 45.00
87809	87809	ADENOVIRUS ASSAY W/ OPTIC	\$ 39.00
87810	87810	CHYLM D TRACH ASSAY W/OPTIC	\$ 58.00
87850	87850	N. GONORRHOEAE ASSAY W/OPTIC	\$ 57.00
87880	87880	STREP A ASSAY W/OPTIC	\$ 45.00
87899	87899	AGENT NOS ASSAY W/OPTIC	\$ 58.00
87900	87900	PHENOTYPE INFECT AGENT DRUG	\$ 285.00
87901	87901	GENOTYPE, DNA, HIV REVERSE T	\$ 577.00
87902	87902	GENOTYPE, DNA, HEPATITIS C	\$ 753.00
87903	87903	PHENOTYPE, DNA HIV W/CULTURE	\$ 899.00
87904	87904	PHENOTYPE, DNA HIV W/CLT ADD	\$ 57.00
87905	87905	SIALIDASE ENZYME ASSAY	\$ 66.00
87906	87906	GENOTYPE DNA HIV REVERSE T	\$ 412.00
87910	87910	GENOTYPE CYTOMEGALOVIRUS	\$ 713.00
87912	87912	GENOTYPE DNA HEPATITIS B	\$ 549.00
88020	88020	AUTOPSY (NECROPSY), COMPLETE	\$ 1,322.00
88029	88029	AUTOPSY (NECROPSY), COMPLETE	\$ 1,224.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
88104	88104	CYTOPATHOLOGY, FLUIDS	\$ 119.00
88106	88106	CYTOPATHOLOGY, FLUIDS	\$ 55.00
88108	88108	CYTOPATH, CONCENTRATE TECH	\$ 82.00
88112	88112	CYTOPATH, CELL ENHANCE TECH	\$ 105.00
88120	88120	CYTP URNE 3-5 PROBES EA SPEC	\$ 157.00
88121	88121	CYTP URNE 3-5 PROBES CMPTR	\$ 132.00
88125	88125	FORENSIC CYTOPATHOLOGY	\$ 55.00
88130	88130	SEX CHROMATIN IDENTIFICATION	\$ 75.00
88140	88140	SEX CHROMATIN IDENTIFICATION	\$ 56.00
88141	88141	CYTOPATH C/V, INTERPRET	\$ 77.00
88142	88142	CYTOPATH C/V, THIN LAYER	\$ 87.00
88143	88143	CYTOPATH C/V THIN LAYER REDO	\$ 79.00
88147	88147	CYTOPATH C/V, AUTOMATED	\$ 75.00
88148	88148	CYTOPATH, C/V, AUTO RESCREEN	\$ 69.00
88150	88150	CYTOPATH C/V, MANUAL	\$ 46.00
88152	88152	CYTOPATH C/V, AUTO REDO	\$ 69.00
88153	88153	CYTOPATH, C/V, REDO	\$ 85.00
88155	88155	CYTOPATH C/V, INDEX ADD-ON	\$ 30.00
88160	88160	CYTOPATH SMEAR, OTHER SOURCE	\$ 57.00
88161	88161	CYTOPATH SMEAR, OTHER SOURCE	\$ 60.00
88162	88162	CYTOPATH SMEAR, OTHER SOURCE	\$ 71.00
88164	88164	CYTOPATH TBS C/V, MANUAL	\$ 54.00
88166	88166	CYTOPATH TBS C/V, AUTO REDO	\$ 54.00
88167	88167	CYTOPATH TBS C/V, SELECT	\$ 89.00
88172	88172	EVALUATION OF SMEAR	\$ 110.00
88173	88173	INTERPRETATION OF SMEAR	\$ 196.00
88174	88174	CYTOPATH, C/V AUTO, IN FLUID	\$ 76.00
88175	88175	CYTOPATH C/V AUTO FLUID REDO	\$ 101.00
88177	88177	CYTP C/V AUTO THIN LYR ADDL	\$ 75.00
88182	88182	CELL MARKER STUDY	\$ 61.00
88184	88184	FLOWCYTOMETRY/ TC, 1 MARKER	\$ 219.00
88185	88185	FLOWCYTOMETRY/TC, ADD-ON	\$ 113.00
88187	88187	FLOWCYTOMETRY/READ, 2-8	\$ 211.00
88188	88188	FLOWCYTOMETRY/READ, 9-15	\$ 307.00
88189	88189	FLOWCYTOMETRY/READ, 16 & >	\$ 350.00
88230	88230	TISSUE CULTURE, LYMPHOCYTE	\$ 427.00
88233	88233	TISSUE CULTURE, SKIN/BIOPSY	\$ 539.00
88235	88235	TISSUE CULTURE, PLACENTA	\$ 469.00
88237	88237	TISSUE CULTURE, BONE MARROW	\$ 484.00
88239	88239	TISSUE CULTURE, TUMOR	\$ 574.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
88240	88240	CELL CRYOPRESERVE/STORAGE	\$ 41.00
88245	88245	CHROMOSOME ANALYSIS, 20-25	\$ 622.00
88261	88261	CHROMOSOME ANALYSIS, 5	\$ 551.00
88262	88262	CHROMOSOME ANALYSIS, 15-20	\$ 588.00
88263	88263	CHROMOSOME ANALYSIS, 45	\$ 544.00
88264	88264	CHROMOSOME ANALYSIS, 20-25	\$ 545.00
88267	88267	CHROMOSOME ANALYS, PLACENTA	\$ 635.00
88269	88269	CHROMOSOME ANALYS, AMNIOTIC	\$ 783.00
88271	88271	CYTOGENETICS, DNA PROBE	\$ 111.00
88272	88272	CYTOGENETICS, 3-5	\$ 132.00
88273	88273	CYTOGENETICS, 10-30	\$ 223.00
88274	88274	CYTOGENETICS, 25-99	\$ 310.00
88275	88275	CYTOGENETICS, 100-300	\$ 278.00
88280	88280	CHROMOSOME KARYOTYPE STUDY	\$ 117.00
88283	88283	CHROMOSOME BANDING STUDY	\$ 140.00
88285	88285	CHROMOSOME COUNT, ADDITIONAL	\$ 93.00
88289	88289	CHROMOSOME STUDY, ADDITIONAL	\$ 165.00
88291	88291	CYTO/MOLECULAR REPORTY	\$ 113.00
88300	88300	SURGICAL PATH, GROSS	\$ 17.00
88302	88302	TISSUE EXAM BY PATHOLOGIST	\$ 28.00
88304	88304	TISSUE EXAM BY PATHOLOGIST	\$ 40.00
88305	88305	TISSUE EXAM BY PATHOLOGIST	\$ 116.00
88307	88307	TISSUE EXAM BY PATHOLOGIST	\$ 171.00
88309	88309	TISSUE EXAM BY PATHOLOGIST	\$ 266.00
88311	88311	DECALCIFY TISSUE	\$ 34.00
88312	88312	SPECIAL STAINS	\$ 54.00
88313	88313	SPECIAL STAINS	\$ 28.00
88314	88314	HISTOCHEMICAL STAIN	\$ 44.00
88319	88319	ENZYME HISTOCHEMISTRY	\$ 77.00
88321	88321	MICROSLIDE CONSULTATION	\$ 313.00
88323	88323	MICROSLIDE CONSULTATION	\$ 272.00
88325	88325	COMPREHENSIVE REVIEW OF DATA	\$ 454.00
88329	88329	PATHOLOGY CONSULT IN SURGERY	\$ 160.00
88331	88331	PATHOLOGY CONSULT IN SURGERY	\$ 131.00
88332	88332	PATHOLOGY CONSULT IN SURGERY	\$ 69.00
88333	88333	INTRAOP CYTO PATH CONSULT, 1	\$ 149.00
88334	88334	INTRAOP CYTO PATH CONSULT, 2	\$ 98.00
88341	88341	IMMUNOHISTO ANTB ADDL SLIDE	\$ 69.00
88342	88342	IMMUNOCYTOCHEMISTRY	\$ 80.00
88344	88344	IMMUNOHISTO ANTIBODY SLIDE	\$ 95.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
88346	88346	IMMUNOFLUORESCENT STUDY	\$ 73.00
88348	88348	ELECTRON MICROSCOPY	\$ 211.00
88350	88350	IMMUNOFLUOR ANTB ADDL STAIN	\$ 68.00
88356	88356	ANALYSIS, NERVE	\$ 262.00
88358	88358	ANALYSIS, TUMOR	\$ 115.00
88360	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	\$ 115.00
88361	88361	TUMOR IMMUNOHISTOCHEM/COMPUT	\$ 150.00
88362	88362	NERVE TEASING PREPARATIONS	\$ 300.00
88363	88363	XM ARCHIVE TISSUE MOLEC ANAL	\$ 88.00
88364	88364	INSITU HYBRIDIZATION (FISH)	\$ 88.00
88365	88365	TISSUE HYBRIDIZATION	\$ 91.00
88366	88366	INSITU HYBRIDIZATION (FISH)	\$ 234.00
88367	88367	INSITU HYBRIDIZATION, AUTO	\$ 156.00
88368	88368	INSITU HYBRIDIZATION, MANUAL	\$ 164.00
88369	88369	M/PHMTRC ALYSISHQUANT/SEMIQ	\$ 108.00
88373	88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 86.00
88374	88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 104.00
88377	88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 144.00
88380	88380	MICRODISSECTION LASER	\$ 180.00
88381	88381	MICRODISSECTION MANUAL	\$ 126.00
88387	88387	TISS EXAM MOLECULAR STUDY	\$ 72.00
88720	88720	BILIRUBIN TOTAL TRANSCUT	\$ 22.00
88738	88738	HGB QUANT TRANCUTANEOUS	\$ 22.00
88740	88740	TRANSCUTANEOUS CARBOXYHB	\$ 31.00
89050	89050	BODY FLUID CELL COUNT	\$ 41.00
89051	89051	BODY FLUID CELL COUNT	\$ 55.00
89055	89055	LEUKOCYTE ASSESSMENT, FECAL	\$ 63.00
89060	89060	EXAM, SYNOVIAL FLUID CRYSTALS	\$ 58.00
89125	89125	SPECIMEN FAT STAIN	\$ 31.00
89160	89160	EXAM FECES FOR MEAT FIBERS	\$ 32.00
89190	89190	NASAL SMEAR FOR EOSINOPHILS	\$ 22.00
89220	89220	SPUTUM SPECIMEN COLLECTION	\$ 40.00
89230	89230	COLLECT SWEAT FOR TEST	\$ 56.00
89261	89261	SPERM ISOLATION COMPLEX	\$ 277.00
89300	89300	SEMEN ANALYSIS W/HUHNER	\$ 78.00
89310	89310	SEMEN ANALYSIS W/COUNT	\$ 63.00
89320	89320	SEMEN ANAL VOL/COUNT/MOT	\$ 149.00
89321	89321	SEMEN ANAL, SPERM DETECTION	\$ 73.00
89322	89322	SEMEN ANAL STRICT CRITERIA	\$ 174.00
89325	89325	SPERM ANTIBODY TEST	\$ 148.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
89330	89330	EVALUATION, CERVICAL MUCUS	\$ 72.00
89331	89331	RETROGRADE EJACULATION ANAL	\$ 85.00
90104	G0104	CANCR SCR N FLEX SIGMOIDSCOPE	\$ 211.05
90105	G0105	COLORECTAL CANCR SCR N HI RISK	\$ 372.41
90121	G0121	COLORECTAL CANCR SCR NO HI RSK	\$ 372.62
90281	90281	HUMAN IG, IM	\$ 66.00
90283	90283	HUMAN IG, IV	\$ 89.00
90296	90296	DIPHTERIA ANTITOXIN	\$ 77.00
90371	90371	HEP B IG, IM	\$ 223.00
90375	90375	RABIES IG, IM/SC	\$ 722.00
90376	90376	RABIES IG, HEAT TREATED	\$ 571.00
90378	90378	RSV IG, IM, 50MG	\$ 1,877.00
90384	90384	RH IG, FULL-DOSE, IM	\$ 182.00
90385	90385	RH IG, MINIDOSE, IM	\$ 78.00
90389	90389	TETANUS IG, IM	\$ 79.00
90396	90396	VARICELLA-ZOSTER IG IM	\$ 243.00
90406	G0406	TH-FFUP IP CONSULT W/PT 15 MIN	\$ 74.30
90407	G0407	TH-FFUP IP CONSULT W/PT 25 MIN	\$ 138.34
90408	G0408	TH-FFUP IP CONSULT W/PT 35 MIN	\$ 198.10
90425	G0425	TH-INIT CONSULT W/PT 30 MIN	\$ 192.24
90426	G0426	TH-INIT CONSULT W/PT 50 MIN	\$ 261.24
90427	G0427	TH-INIT INPT CONSULT 70 MIN/>	\$ 385.84
90460	90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 44.00
90461	90461	IMADM ANY ROUTE ADD VAC/TOX	\$ 31.00
90471	90471	IMMUNIZATION ADMIN	\$ 47.00
90472	90472	IMMUNIZATION ADMIN, EACH ADD	\$ 31.00
90473	90473	IMMUNE ADMIN ORAL/NASAL	\$ 44.00
90474	90474	IMMUNE ADMIN ORAL/NASAL ADDL	\$ 31.00
90476	90476	ADENOVIRUS VACCINE TYPE 4	\$ 65.00
90477	90477	ADENOVIRUS VACCINE TYPE 7	\$ 73.00
90508	G0508	TH-INIT CONSULT CRITICAL 60MIN	\$ 403.42
90509	G0509	TH SBSQ CONSULT CRITICAL 50MIN	\$ 361.52
90585	90585	BCG VACCINE, PERCUT	\$ 189.00
90586	90586	BCG VACCINE, INTRAVESICAL	\$ 334.00
90611	90611	SMALLPOX&MONKEYPOX VAC 0.5ML	\$ 52.00
90619	90619	MENACWY-TT VACCINE IM	\$ 235.00
90620	90620	MENB RP W/OMV VACCINE IM	\$ 312.00
90621	90621	MENB-FHBP VACC 2/3 DOSE IM	\$ 250.00
90622	90622	VACCINIA VRS VAC 0.3 ML PERQ	\$ 70.00
90625	90625	CHOLERA VACCINE LIVE ORAL	\$ 340.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
90630	90630	FLU VACC IIV4 NO PRESERV ID	\$ 49.00
90632	90632	HEP A VACCINE, ADULT IM	\$ 126.00
90633	90633	HEP A VACC PED/ADOL, 2 DOSE	\$ 76.00
90634	90634	HEP A VACC PED/ADOL, 3 DOSE	\$ 131.00
90636	90636	HEP A/HEP B VACC, ADULT IM	\$ 191.00
90644	90644	HIB-MENCY VACC 6WK-18MO IM	\$ 88.00
90647	90647	HIB VACCINE, PRP-OMP, IM	\$ 67.00
90648	90648	HIB VACCINE, PRP-T, IM	\$ 66.00
90649	90649	H PAPILOMA VACC 3 DOSE IM	\$ 262.00
90650	90650	2VHPV VACCINE 3 DOSE IM	\$ 232.00
90651	90651	9VHPV VACCINE 3 DOSE IM	\$ 395.00
90653	90653	IIV ADJUVANT VACCINE IM	\$ 90.00
90654	90654	FLU VACCINE NO PRESERV ID	\$ 55.00
90655	90655	FLU VACCINE NO PRESERV 6-35M	\$ 47.00
90656	90656	FLU VACCINE NO PRESERV 3 & >	\$ 43.00
90657	90657	FLU VACCINE, 3 YRS, IM	\$ 39.00
90658	90658	FLU VACCINE, 3 YRS & >, IM	\$ 39.00
90660	90660	FLU VACCINE, NASAL	\$ 51.00
90661	90661	FLU VACC CELL CULT PRSV FREE	\$ 50.00
90662	90662	FLU VACC PRSV FREE INC ANTIG	\$ 99.00
90666	90666	FLU VAC PANDEM PRSRV FREE IM	\$ 81.00
90667	90667	IIV VACC PANDEMIC ADJUVT IM	\$ 132.00
90668	90668	FLU VAC PANDEMIC SPLIT IM	\$ 47.00
90670	90670	PNEUMOCOCCAL VACC 13 VAL IM	\$ 365.00
90671	90671	PCV15 VACCINE IM	\$ 362.00
90672	90672	FLU VACCINE 4 VALENT NASAL	\$ 49.00
90673	90673	RIV3 VACCINE NO PRESERV IV	\$ 66.00
90674	90674	CCII4 VAC NO PRSV 0.5ML IM	\$ 50.00
90675	90675	RABIES VACCINE, IM	\$ 485.00
90676	90676	RABIES VACCINE, ID	\$ 330.00
90677	90677	PCV20 VACCINE IM	\$ 468.00
90680	90680	ROTAVIRUS VACC 3 DOSE, ORAL	\$ 151.00
90681	90681	ROTAVIRUS VACC 2 DOSE, ORAL	\$ 188.00
90682	90682	RIV4 VACC RECOMBINANT DNA IM	\$ 94.00
90685	90685	FLU VAC NO PRCV 4 VAL 6-35 M	\$ 45.00
90686	90686	FLU VAC NO PRRV 4 VAL 3 YRS +	\$ 42.00
90687	90687	IIV4 VACCINE 6-35MONTHS IM	\$ 33.00
90688	90688	FLU VACC 4 VAL 3 YRS PLUS IM	\$ 42.00
90689	90689	VACC IIV4 NO PRSRV 0.25ML IM	\$ 44.00
90690	90690	TYPHOID VACCINE, ORAL	\$ 109.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
90691	90691	TYPHOID VACCINE, IM	\$ 170.00
90694	90694	VACC AIIV4 NO PRSRV 0.5ML IM	\$ 108.00
90696	90696	DTAP-IPV VACC 4-6 YR IM	\$ 111.00
90697	90697	DTAP-IPV-HIB-HEB VACCINE IM	\$ 120.00
90698	90698	DTAP-HIB-IP VACCINE IM	\$ 157.00
90700	90700	DTAP VACCINE, < 7 YRS, IM	\$ 63.00
90702	90702	DT VACCINE < 7, IM	\$ 68.00
90707	90707	MMR VACCINE, SC	\$ 131.00
90710	90710	MMRV VACCINE, SC	\$ 300.00
90713	90713	POLIOVIRUS, IPV, SC/IM	\$ 78.00
90714	90714	TD VACCINE NO PRSRV >= 7 IM	\$ 52.00
90715	90715	TDAP VACCINE > 7 IM	\$ 78.00
90716	90716	CHICKEN POX VACCINE, SC	\$ 197.00
90717	90717	YELLOW FEVER VACCINE, SC	\$ 240.00
90723	90723	DTAP-HEP B-IPV VACCINE, IM	\$ 152.00
90732	90732	PNEUMOCOCCAL VACCINE	\$ 208.00
90733	90733	MENINGOCOCCAL VACCINE, SC	\$ 241.00
90734	90734	MENINGOCOCCAL VACCINE, IM	\$ 220.00
90736	90736	ZOSTER VACC, SC	\$ 308.00
90738	90738	INACTIVATED JE VACC IM	\$ 432.00
90739	90739	HEPB VACC 2 DOSE ADULT IM	\$ 230.00
90740	90740	HEPB VACC, ILL PAT 3 DOSE IM	\$ 254.00
90743	90743	HEP B VACC ADOL, 2 DOSE IM	\$ 93.00
90744	90744	HEPB VACC PED/ADOL 3 DOSE IM	\$ 80.00
90746	90746	HEP B VACCINE, ADULT, IM	\$ 134.00
90747	90747	HEP VACC, ILL PAT 4 DOSE IM	\$ 271.00
90748	90748	HEP B/HIB VACCINE, IM	\$ 108.00
90750	90750	HZV VACC REBOMBINANT IM	\$ 242.00
90756	90756	CCIIV4 VACC ABX FREE IM	\$ 47.00
90785	90785	PSYTX COMPLEX INTERACTIVE	\$ 42.00
90791	90791	PSYCH DIAGNOSTIC EVALUATION	\$ 261.00
90792	90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 339.00
90832	90832	PSYTX PT &/FAMILY 30 MINUTES	\$ 118.00
90833	90833	PSYTX PT &/FAM W/E&M 30 MIN	\$ 125.00
90834	90834	PSYTX PT &/FAMILY 45 MINUTES	\$ 157.00
90836	90836	PSYTX PT &/FAM W/E&M 45 MIN	\$ 157.00
90837	90837	PSYTX PT &/FAMILY 60 MINUTES	\$ 188.00
90838	90838	PSYTX PT &/FAM W/E&M 60 MIN	\$ 209.00
90839	90839	PSYTY CRISIS INITIAL 60 MIN	\$ 261.00
90840	90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 131.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
90845	90845	PSYCHOANALYSIS	\$ 207.00
90846	90846	FAMILY PSYTX W/O PATIENT	\$ 175.00
90847	90847	FAMILY PSYTX W/ PATIENT	\$ 177.00
90849	90849	MULTIPLE FAMILY GROUP PSYTX	\$ 126.00
90853	90853	GROUP PSYCHOTHERAPY	\$ 71.00
90863	90863	PHARMACOLOGIC MGMT W/PSYTX	\$ 95.00
90865	90865	NARCOSYNTHESIS	\$ 456.00
90867	90867	TCRANIAL MAGN STIM TX PLAN	\$ 777.00
90868	90868	TCRANIAL MAGN STIM TX DELI	\$ 597.00
90869	90869	TCRAN MAGN STIM REDETERMINE	\$ 791.00
90870	90870	ELECTROCONVULSIVE THERAPY	\$ 377.00
90875	90875	PSYCHOPHYSIOLOGICAL THERAPY	\$ 146.00
90876	90876	PSYCHOPHYSIOLOGICAL THERAPY	\$ 188.00
90880	90880	HYPNOTHERAPY	\$ 189.00
90882	90882	ENVIRONMENTAL MANIPULATION	\$ 86.00
90885	90885	PSY EVALUATION OF RECORDS	\$ 123.00
90887	90887	CONSULTATION WITH FAMILY	\$ 165.00
90889	90889	PREPARATION OF REPORT	\$ 140.00
90901	90901	BIOFEEDBACK TRAIN, ANY METH	\$ 87.00
90912	90912	BFB TRAINING 1ST 15 MIN	\$ 168.00
90913	90913	BFB TRAINING EA ADDL 15 MIN	\$ 90.00
90935	90935	HEMODIALYSIS, ONE EVALUATION	\$ 235.00
90937	90937	HEMODIALYSIS, REPEATED EVAL	\$ 342.00
90940	90940	HEMODIALYSIS ACCESS STUDY	\$ 87.00
90945	90945	DIALYSIS, ONE EVALUATION	\$ 270.00
90947	90947	DIALYSIS, REPEATED EVAL	\$ 403.00
90951	90951	ESRD SERV, 4 VISITS P MO, <2	\$ 3,150.00
90952	90952	ESRD SERV 2-3 VSTS P MO <2YR	\$ 1,272.00
90954	90954	ESRD SERV, 4 VSTS P MO, 2-11	\$ 3,018.00
90955	90955	ESRD SERV, 2-3 VSTS P MO 2-11	\$ 1,620.00
90956	90956	ESRD SRV, 1 VISIT P MO 2-11	\$ 1,078.00
90957	90957	ESRD SRV, 4 VSTS P MO, 12-19	\$ 2,030.00
90958	90958	ESRD SRV, 2-3 VSTS P MO, 12-19	\$ 1,387.00
90959	90959	ESRD SRV, 1 VST P MO, 12-19	\$ 955.00
90960	90960	ESRD SRV, 4 VSTS P MO, 20+	\$ 731.00
90961	90961	ESRD SRV, 2-3 VSTS P MO, 20+	\$ 612.00
90962	90962	ESRD SRV, 1 VISIT P MO 20+	\$ 465.00
90963	90963	ESRD HOME PT, SERV P MO, <2	\$ 1,765.00
90964	90964	ESRD HOME PT, SERV P MO, 2-11	\$ 1,665.00
90965	90965	ESRD HOME PT, SERV P MO, 12-19	\$ 1,339.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
90966	90966	ESRD HOME PT, SERV P MO, 20+	\$ 608.00
90967	90967	ESRD HOME PT, SERV P DAY, <2	\$ 63.00
90968	90968	ESRD HOME PT, SERV P DAY, 2-11	\$ 60.00
90969	90969	ESRD HOME PT, SERV P DAY, 12-1	\$ 53.00
90970	90970	ESRD HOME PT, SERV P DAY, 20+	\$ 26.00
90989	90989	DIALYSIS TRAINING, COMPLETE	\$ 936.00
90993	90993	DIALYSIS TRAINING, INCOMPL	\$ 158.00
90997	90997	HEMOPERFUSION	\$ 472.00
91010	91010	ESOPHAGUS MOTILITY STUDY	\$ 205.00
91013	91013	ESOPHGL MOTIL W/STIM/PERFUS	\$ 27.00
91020	91020	GASTRIC MOTILITY	\$ 181.00
91022	91022	DUODENAL MOTILITY STUDY	\$ 216.00
91030	91030	ACID PERFUSION OF ESOPHAGUS	\$ 114.00
91034	91034	GASTROESOPHAGEAL REFLUX TES	\$ 139.00
91035	91035	G-ESOPH REFLX TST W/ELECTRO	\$ 234.00
91037	91037	ESOPH IMPED FUNCTION TEST	\$ 157.00
91038	91038	ESOPH IMPED FUNCT TEST > 1H	\$ 192.00
91040	91040	ESOPH BALLOON DISTENTION TST	\$ 144.00
91065	91065	BREATH HYDROGEN TEST	\$ 32.00
91110	91110	GI TRACT CAPSULE ENDOSCOPY	\$ 356.00
91111	91111	ESOPHAGEAL CAPSULE ENDOSCOPY	\$ 129.00
91112	91112	GI WIRELESS CAPSULE MEASURE	\$ 261.00
91117	91117	COLON MOTILITY 6 HR STUDY	\$ 661.00
91120	91120	RECTAL SENSATION TEST	\$ 112.00
91122	91122	ANAL PRESSURE RECORD	\$ 222.00
91132	91132	ELECTROGASTROGRAPHY	\$ 53.00
91200	91200	LIVER ELASTOGRAPHY	\$ 53.00
91304	91304	SARSCOVID VAC 5MCG/0.5ML IM	\$ 37.00
92002	92002	EYE EXAM, NEW PATIENT	\$ 151.00
92004	92004	EYE EXAM, NEW PATIENT	\$ 235.00
92012	92012	EYE EXAM ESTABLISHED PAT	\$ 151.00
92014	92014	EYE EXAM & TREATMENT	\$ 204.00
92015	92015	REFRACTION	\$ 47.00
92018	92018	NEW EYE EXAM & TREATMENT	\$ 413.00
92019	92019	EYE EXAM & TREATMENT	\$ 197.00
92020	92020	SPECIAL EYE EVALUATION	\$ 63.00
92025	92025	CORNEAL TOPOGRAPHY	\$ 49.00
92060	92060	SPECIAL EYE EVALUATION	\$ 71.00
92065	92065	ORTHOPTIC/PLEOPTIC TRAINING	\$ 89.00
92071	92071	CONTACT LENS FITTING FOR TX	\$ 99.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
92072	92072	FIT CONTACT LENS FOR MANAGMT	\$ 385.00
92081	92081	VISUAL FIELD EXAMINATION(S)	\$ 42.00
92082	92082	VISUAL FIELD EXAMINATION(S)	\$ 45.00
92083	92083	VISUAL FIELD EXAMINATION(S)	\$ 62.00
92100	92100	SERIAL TONOMETRY EXAM(S)	\$ 134.00
92132	92132	CMPTR OPHTH DX IMG ANT SEGMT	\$ 49.00
92133	92133	CMPTR OPHTH IMG OPTIC NERVE	\$ 66.00
92134	92134	CPTR OPHTH DX POST SEGMT	\$ 69.00
92136	92136	OPHTHALMIC BIOMETRY	\$ 115.00
92145	92145	CORNEAL HYSTERESIS DETER	\$ 25.00
92201	92201	OPSCPY EXTND RTA DRAW UNI/BI	\$ 78.00
92202	92202	OPSCPY EXTND ON/MAC DRAW	\$ 66.00
92227	92227	REMOTE DX RETINAL IMAGING	\$ 46.00
92228	92228	REMOTE RETINAL IMAGING MGMT	\$ 51.00
92229	92229	IMG RTA DETC/MNTR DS POC ALY	\$ 161.00
92230	92230	EYE EXAM WITH PHOTOS	\$ 163.00
92235	92235	EYE EXAM WITH PHOTOS	\$ 133.00
92240	92240	ICG ANGIOGRAPHY	\$ 125.00
92242	92242	FLUORESCEIN ICG ANGIOGRAPHY	\$ 129.00
92250	92250	EYE EXAM WITH PHOTOS	\$ 66.00
92260	92260	OPHTHALMOSCOPY/DYNAMOMETRY	\$ 51.00
92265	92265	EYE MUSCLE EVALUATION	\$ 102.00
92270	92270	ELECTRO-OCULOGRAPHY	\$ 82.00
92273	92273	FULL FIELD ERG W/I&R	\$ 72.00
92274	92274	MULTIFOCAL ERG W/I&R	\$ 89.00
92283	92283	COLOR VISION EXAMINATION	\$ 16.00
92284	92284	DARK ADAPTATION EYE EXAM	\$ 94.00
92285	92285	EYE PHOTOGRAPHY	\$ 11.00
92286	92286	INTERNAL EYE PHOTOGRAPHY	\$ 118.00
92287	92287	INTERNAL EYE PHOTOGRAPHY	\$ 89.00
92310	92310	CONTACT LENS FITTING	\$ 86.00
92311	92311	CONTACT LENS FITTING	\$ 186.00
92312	92312	CONTACT LENS FITTING	\$ 195.00
92313	92313	CONTACT LENS FITTING	\$ 365.00
92314	92314	PRESCRIPTION OF CONTACT LENS	\$ 86.00
92315	92315	PRESCRIPTION OF CONTACT LENS	\$ 134.00
92316	92316	PRESCRIPTION OF CONTACT LENS	\$ 177.00
92317	92317	PRESCRIPTION OF CONTACT LENS	\$ 170.00
92325	92325	MODIFICATION OF CONTACT LENS	\$ 67.00
92326	92326	REPLACEMENT OF CONTACT LENS	\$ 92.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
92340	92340	FITTING OF SPECTACLES	\$ 67.00
92341	92341	FITTING OF SPECTACLES	\$ 66.00
92342	92342	FITTING OF SPECTACLES	\$ 69.00
92352	92352	SPECIAL SPECTACLES FITTING	\$ 71.00
92353	92353	SPECIAL SPECTACLES FITTING	\$ 81.00
92354	92354	SPECIAL SPECTACLES FITTING	\$ 98.00
92355	92355	SPECIAL SPECTACLES FITTING	\$ 79.00
92358	92358	EYE PROSTHESIS SERVICE	\$ 22.00
92370	92370	REPAIR & ADJUST SPECTACLES	\$ 47.00
92371	92371	REPAIR & ADJUST SPECTACLES	\$ 22.00
92502	92502	EAR AND THROAT EXAMINATION	\$ 294.00
92504	92504	EAR MICROSCOPY EXAMINATION	\$ 79.00
92507	92507	SPEECH/HEARING THERAPY	\$ 146.00
92508	92508	SPEECH/HEARING THERAPY	\$ 54.00
92511	92511	NASOPHARYNGOSCOPY	\$ 316.00
92512	92512	NASAL FUNCTION STUDIES	\$ 166.00
92516	92516	FACIAL NERVE FUNCTION TEST	\$ 206.00
92517	92517	VEMP TEST I&R CERVICAL	\$ 210.00
92518	92518	VEMP TEST I&R OCULAR	\$ 208.00
92519	92519	VEMP TST I&R CERVICAL&OCULAR	\$ 347.00
92520	92520	LARYNGEAL FUNCTION STUDIES	\$ 256.00
92521	92521	EVAL SPEECH FLUENCY	\$ 251.00
92522	92522	EVAL SPEECH SOUND	\$ 223.00
92523	92523	EVAL SPEECH SOUND W/COMPR	\$ 346.00
92524	92524	BEHAVRAL QUALIT ANALYS VOIVE	\$ 268.00
92526	92526	ORAL FUNCTION THERAPY	\$ 186.00
92531	92531	SPONTANEOUS NYSTAGMUS STUDY	\$ 63.00
92532	92532	POSITIONAL NYSTAGMUS TEST	\$ 68.00
92533	92533	CALORIC VESTIBULAR TEST	\$ 135.00
92534	92534	OPTOKINETIC NYSTAGMUS TEST	\$ 42.00
92537	92537	CALORIC VSTBLR TEST W/REC	\$ 101.00
92538	92538	CALORIC VSTBLR TEST W/REC	\$ 53.00
92540	92540	BASIC VESTIBULAR EVALUATION	\$ 210.00
92541	92541	SPONTANEOUS NYSTAGMUS TEST	\$ 103.00
92542	92542	POSITIONAL NYSTAGMUS TEST	\$ 100.00
92544	92544	OPTOKINETIC NYSTAGMUS TEST	\$ 88.00
92545	92545	OSCILLATING TRACKING TEST	\$ 93.00
92546	92546	TORSION SWING RECORDING	\$ 32.00
92547	92547	SUPPLEMENTAL ELECTRICAL TEST	\$ 29.00
92548	92548	POSTUROGRAPHY	\$ 144.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
92549	92549	VISUAL AUDIOMETRY (VRA)	\$ 190.00
92550	92550	TYMPANOMETRY & REFLEX THRESH	\$ 69.00
92551	92551	PURE TONE HEARING TEST, AIR	\$ 37.00
92552	92552	PURE TONE AUDIOMETRY, AIR	\$ 62.00
92553	92553	AUDIOMETRY, AIR & BONE	\$ 86.00
92555	92555	SPEECH THRESHOLD AUDIOMETRY	\$ 54.00
92556	92556	SPEECH AUDIOMETRY, COMPLETE	\$ 78.00
92557	92557	COMPREHENSIVE HEARING TEST	\$ 111.00
92558	92558	EVOKED AUDITORY TEST QUAL	\$ 95.00
92562	92562	LOUDNESS BALANCE TEST	\$ 78.00
92563	92563	TONE DECAY HEARING TEST	\$ 63.00
92565	92565	STENGER TEST, PURE TONE	\$ 45.00
92567	92567	TYMPANOMETRY	\$ 47.00
92568	92568	ACOUSTIC REFLEX TESTING	\$ 44.00
92570	92570	ACOUSTIC IMMITANCE TESTING	\$ 93.00
92571	92571	FILTERED SPEECH HEARING TEST	\$ 52.00
92572	92572	STAGGERED SPONDAIC WORD TEST	\$ 80.00
92575	92575	SENSORINEURAL ACUITY TEST	\$ 131.00
92576	92576	SYNTHETIC SENTENCE TEST	\$ 74.00
92577	92577	STENGER TEST, SPEECH	\$ 46.00
92579	92579	VISUAL AUDIOMETRY (VRA)	\$ 119.00
92582	92582	CONDITIONING PLAY AUDIOMETRY	\$ 174.00
92583	92583	SELECT PICTURE AUDIOMETRY	\$ 103.00
92584	92584	ELECTROCOCHLEOGRAPHY	\$ 232.00
92587	92587	EVOKED AUDITORY TEST	\$ 93.00
92588	92588	EVOKED AUDITORY TEST	\$ 135.00
92590	92590	HEARING AID EXAM, ONE EAR	\$ 160.00
92591	92591	HEARING AID EXAM, BOTH EARS	\$ 161.00
92592	92592	HEARING AID CHECK, ONE EAR	\$ 57.00
92593	92593	HEARING AID CHECK, BOTH EARS	\$ 76.00
92594	92594	ELECTRO HEARNG AID TEST, ONE	\$ 77.00
92595	92595	ELECTRO HEARNG AID TST, BOTH	\$ 110.00
92596	92596	EAR PROTECTOR EVALUATION	\$ 95.00
92597	92597	ORAL SPEECH DEVICE EVAL	\$ 314.00
92601	92601	COCHLEAR IMPLT F/UP EXAM < 7	\$ 346.00
92602	92602	REPROGRAM COCHLEAR IMPLT < 7	\$ 236.00
92603	92603	COCHLEAR IMPLT F/UP EXAM 7 <	\$ 365.00
92604	92604	REPROGRAM COCHLEAR IMPLT 7 >	\$ 232.00
92605	92605	EX FOR NONSPEECH DEVICE RX	\$ 245.00
92606	92606	NON-SPEECH DEVICE SERVICE	\$ 185.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
92607	92607	EX FOR SPEECH DEVICE RX, 1HR	\$ 295.00
92608	92608	EX FOR SPEECH DEVICE RX ADDL	\$ 114.00
92609	92609	USE OF SPEECH DEVICE SERVICE	\$ 182.00
92610	92610	EVALUATE SWALLOWING FUNCTION	\$ 245.00
92611	92611	MOTION FLUOROSCOPY/SWALLOW	\$ 301.00
92612	92612	ENDOSCOPY SWALLOW TST (FEES)	\$ 624.00
92613	92613	ENDOSCOPY SWALLOW TST (FEES)	\$ 177.00
92614	92614	LARYNGOSPIC SENSORY TEST	\$ 357.00
92615	92615	EVAL LARYNGOSCOPY SENSE TEST	\$ 96.00
92616	92616	FEES W/LARYNGEAL SENSE TEST	\$ 553.00
92617	92617	INTERPRT FEES/LARYNGEAL TEST	\$ 157.00
92618	92618	EX FOR NONSPEECH DEV RX ADD	\$ 88.00
92620	92620	AUDITORY FUNCTION, 60 MIN	\$ 238.00
92621	92621	AUDITORY FUNCTION, + 15 MIN	\$ 57.00
92625	92625	TINNITUS ASSESTMENT	\$ 166.00
92626	92626	EVAL AUD REHAB STATUS	\$ 213.00
92627	92627	EVAL AUD STATUS REHAB ADD-ON	\$ 79.00
92630	92630	AUD REHAB PRE-LING HEAR LOSS	\$ 171.00
92633	92633	AUD REHAB POSTLING HEAR LOSS	\$ 169.00
92640	92640	AUD BRAINSTEM IMPLT PROGRAMG	\$ 296.00
92650	92650	AEP SCR AUDITORY POTENTIAL	\$ 159.00
92651	92651	AEP HEARING STATUS DETER I&R	\$ 234.00
92652	92652	AEP THFSHLD EST MLT FREQ I&R	\$ 279.00
92653	92653	AEP NEURODIAGNOSTIC I&R	\$ 232.00
92920	92920	PRQ CARDIAC ANGIOPLAST 1 ART	\$ 1,566.00
92921	92921	PRQ CARDIAC ANGIO ADDL ART	\$ 831.00
92924	92924	PRQ CARD ANGIOPL/ATHRECT 1 ART	\$ 2,000.00
92925	92925	PERQ CARD ANGIO/ATHRECT ADDL	\$ 932.00
92928	92928	PRQ CARD STENT W/ANGIO 1 VSL	\$ 1,787.00
92929	92929	PRQ CARD STENT W/ANGIO ADDL	\$ 878.00
92933	92933	PRQ CARD STENT/ATH/ANGIO	\$ 2,028.00
92934	92934	PRQ CARD STENT/ATH/ANGIO	\$ 996.00
92937	92937	PRQ REVASC BYP GRAFT 1 VSL	\$ 1,758.00
92938	92938	PRQ REVASC BYP GRAFT ADDL	\$ 885.00
92941	92941	PRQ CARD REVASC MI 1 VSL	\$ 1,972.00
92943	92943	PRQ CARD REVASC CHRONIC 1 VSL	\$ 1,997.00
92944	92944	PRD CARD REVASC CHRONIC ADDL	\$ 1,067.00
92950	92950	HEART/LUNG RESUSCITATION CPR	\$ 1,122.00
92953	92953	TEMPORARY EXTERNAL PACING	\$ 44.00
92960	92960	CARDIOVERSION ELECTRIC, EXT	\$ 522.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
92961	92961	Cardio Version/Defibrillation	\$ 815.00
92970	92970	CARDIOASSIST, INTERNAL	\$ 550.00
92971	92971	CARDIOASSIST, EXTERNAL	\$ 347.00
92973	92973	PERCUT CORONARY THROMBECTOMY	\$ 502.00
92974	92974	CATH PLACE, CARDIO BRACHYTX	\$ 601.00
92975	92975	DISSOLVE CLOT, HEART VESSEL	\$ 1,054.00
92977	92977	DISSOLVE CLOT, HEART VESSEL	\$ 548.00
92978	92978	INTRAVASC US, HEART ADD-ON	\$ 209.00
92979	92979	INTRAVASC US, HEART ADD-ON	\$ 164.00
92986	92986	REVISION OF AORTIC VALVE	\$ 3,965.00
92987	92987	REVISION OF MITRAL VALVE	\$ 4,477.00
92990	92990	REVISION OF PULMONARY VALVE	\$ 4,079.00
92997	92997	PUL ART BALLOON REPR, PERCUT	\$ 2,579.00
92998	92998	PUL ART BALLOON REPR, PERCUT	\$ 1,363.00
93000	93000	ELECTROCARDIOGRAM, COMPLETE	\$ 66.00
93005	93005	ELECTROCARDIOGRAM, TRACING	\$ 42.00
93010	93010	ELECTROCARDIOGRAM REPORT	\$ 41.00
93015	93015	CARDIOVASCULAR STRESS TEST	\$ 280.00
93016	93016	CARDIOVASCULAR STRESS TEST	\$ 73.00
93017	93017	CARDIOVASCULAR STRESS TEST	\$ 151.00
93018	93018	CARDIOVASCULAR STRESS TEST	\$ 57.00
93024	93024	CARDIAC DRUG STRESS TEST	\$ 147.00
93025	93025	MICROVOLT T-WAVE ACCESS	\$ 161.00
93040	93040	RHYTHM ECG W/REPORT	\$ 38.00
93041	93041	RHYTHM ECG, TRACING	\$ 46.00
93042	93042	RHYTHM ECG, REPORT	\$ 44.00
93050	93050	ART PRESSURE WAVEFORM ANALYS	\$ 25.00
93224	93224	ECG MONITOR/REPORT, 24 HRS	\$ 330.00
93225	93225	ECG MONITOR/RECORD, 24 HRS	\$ 96.00
93226	93226	ECG MONITOR/REPORT, 24 HRS	\$ 467.00
93227	93227	ECG MONITOR/REVIEW, 24 HRS	\$ 91.00
93228	93228	REMOTE 30 DAY ECG REV/REPORT	\$ 78.00
93229	93229	REMOTE 30 DAY ECG TECH SUPP	\$ 5,427.00
93241	93241	EXT ECG>48HR<7D REC SCAN A/R	\$ 712.00
93242	93242	EXT ECG>48HR<7D RECORDING	\$ 47.00
93244	93244	EXT ECG>48HR<7D REV&INTERPJ	\$ 71.00
93245	93245	EXT ECG>7D<15D REC SCAN A/R	\$ 574.00
93246	93246	Ext ECG>7D<15D Recording	\$ 52.00
93248	93248	Ext ECG>7D<15D Recording REV &	\$ 82.00
93260	93260	PRGRMG DEV EVAL IMPLTBL SYS	\$ 147.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
93261	93261	INTERROGATE SUBQ DEFIB	\$ 122.00
93264	93264	REM MNTR WRLS P-ART PRS SNR	\$ 136.00
93268	93268	ECG RECORD/REVIEW	\$ 616.00
93270	93270	ECG RECORDING	\$ 106.00
93271	93271	ECG/MONITORING AND ANALYSIS	\$ 1,772.00
93272	93272	ECG/REVIEW, INTERPRET ONLY	\$ 88.00
93278	93278	ECG/SIGNAL-AVERAGED	\$ 52.00
93279	93279	PM DEVICE PROGR EVAL, SNGL	\$ 88.00
93280	93280	PM DEVICE PROGR EVAL, DUAL	\$ 102.00
93281	93281	PM DEVICE PROGR EVAL, MULTI	\$ 122.00
93282	93282	ICD DEVICE PROG EVAL, 1 SNGL	\$ 120.00
93283	93283	ICD DEVICE PROGR EVAL, DUAL	\$ 159.00
93284	93284	ICD DEVICE PROGR EVAL, MULTI	\$ 176.00
93285	93285	ILR DEVICE EVAL PROGR	\$ 72.00
93286	93286	PRE-OP PM DEVICE EVAL	\$ 35.00
93287	93287	PRE-OP ICD DEVICE EVAL	\$ 56.00
93288	93288	PM DEVICE EVAL IN PERSON	\$ 54.00
93289	93289	ICD DEVICE INTERROGATE	\$ 112.00
93290	93290	ICM DEVICE EVAL	\$ 49.00
93291	93291	ILR DEVICE INTERROGATE	\$ 53.00
93292	93292	WCD DEVICE INTERROGATE	\$ 57.00
93293	93293	PM PHONE R-STRIP DEVICE EVAL	\$ 46.00
93294	93294	PM DEVICE INTERROGATE REMOTE	\$ 97.00
93295	93295	ICD DEVICE INTERROGATE REMOTE	\$ 182.00
93296	93296	PM/ICD REMOTE TECH SERV	\$ 81.00
93297	93297	ICM DEVICE INTERROGATE REMOTE	\$ 70.00
93298	93298	ILR DEVICE INTERROGATE REMOTE	\$ 78.00
93303	93303	ECHO TRANSTHORACIC	\$ 211.00
93304	93304	ECHO TRANSTHORACIC	\$ 111.00
93306	93306	TTE, W/ DOPPLER, COMPLETE	\$ 241.00
93307	93307	ECHO EXAM OF HEART	\$ 149.00
93308	93308	ECHO EXAM OF HEART	\$ 89.00
93312	93312	ECHO EXAM OF HEART	\$ 296.00
93313	93313	ECHO EXAM OF HEART	\$ 302.00
93314	93314	ECHO EXAM OF HEART	\$ 243.00
93315	93315	ECHO TRANSESOPHAGEAL	\$ 354.00
93316	93316	ECHO TRANSESOPHAGEAL	\$ 242.00
93317	93317	ECHO TRANSESOPHAGEAL	\$ 236.00
93318	93318	ECHO TRANSESOPHAGEAL INTRAOP	\$ 325.00
93319	93319	3D ECHOCARDIOGRAPHIC IMAGING	\$ 172.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
93320	93320	DOPPLER ECHO EXAM, HEART	\$ 76.00
93321	93321	DOPPLER ECHO EXAM, HEART	\$ 37.00
93325	93325	DOPPLER COLOR FLOW ADD-ON	\$ 27.00
93350	93350	ECHO EXAM OF HEART	\$ 220.00
93351	93351	STRESS TTE COMPLETE	\$ 276.00
93352	93352	ADMIN ECG CONTRAST AGENT	\$ 112.00
93355	93355	ECHO TRANSESOPHAGEAL (TEE)	\$ 731.00
93356	93356	MYOCRD STRAIN IMG SPCKL TRCK	\$ 118.00
93451	93451	RIGHT HEART CATH	\$ 379.00
93452	93452	LEFT HRT W/VENTRCLGRPHY	\$ 545.00
93453	93453	R&L HRT CATH W/VENTRICLGRPHY	\$ 694.00
93454	93454	CORONARY ARTERY ANGIO S&I	\$ 533.00
93455	93455	CORONARY ART/GRFT ANGIO S&I	\$ 660.00
93456	93456	R HRT CORONARY ARTERY ANGIO	\$ 685.00
93457	93457	R HRT ART/GRFT ANGIO	\$ 848.00
93458	93458	L HRT ARTERY/VENTRICLE ANGIO	\$ 809.00
93459	93459	L HRT ART/GRFT ANGIO	\$ 853.00
93460	93460	R&L HRT ART/VENTRICLE ANGIO	\$ 1,055.00
93461	93461	R&L HRT ART/VENTRICLE ANGIO	\$ 1,137.00
93462	93462	L HEART CATH TRNSPL PUNCTURE	\$ 678.00
93463	93463	DRUG ADMIN & HEMODYNMIC MEAS	\$ 324.00
93464	93464	EXERCISE W/HEMODYNAMIC MEAS	\$ 285.00
93503	93503	INSERT/PLACE HEART CATHETER	\$ 1,128.00
93505	93505	BIOPSY OF HEART LINING	\$ 758.00
93563	93563	INJECT CONGENITAL CARD CATH	\$ 219.00
93564	93564	INJECT HRT CONGNT ART/GRAFT	\$ 194.00
93565	93565	INJECT L VENTR/ATRIAL ANGIO	\$ 168.00
93566	93566	INJECT R VENTR/ATRIAL ANGIO	\$ 419.00
93567	93567	INJECT SUPRVLV AORTOGRAPHY	\$ 309.00
93568	93568	INJECT PULM ART HRT CATH	\$ 342.00
93571	93571	HEART FLOW MEASURE RESERVE	\$ 119.00
93572	93572	HEART FLOW MEASURE RESERVE	\$ 102.00
93580	93580	TRANSCATH CLOSURE OF ASD	\$ 3,092.00
93581	93581	TRANSCATH CLOSURE OF VSD	\$ 4,729.00
93582	93582	PERCT TRANSCATH DCTS ARTS	\$ 2,344.00
93583	93583	PERCT TRANSCATH SEPT RDCT	\$ 2,521.00
93590	93590	PERQ TRANSCATH CLS MITRAL	\$ 3,739.00
93591	93591	PERQ TRANSCATH CLS AORTIC	\$ 3,179.00
93592	93592	PERQ TRANSCATH CLOSURE EACH	\$ 1,344.00
93600	93600	BUNDLE OF HIS RECORDING	\$ 271.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
93602	93602	INTRA-ATRIAL RECORDING	\$ 334.00
93603	93603	RIGHT VENTRICULAR RECORDING	\$ 338.00
93609	93609	MAP TACHYCARDIA, ADD-ON	\$ 898.00
93610	93610	INTRA-ATRIAL PACING	\$ 386.00
93612	93612	INTRAVENTRICULAR PACING	\$ 408.00
93613	93613	ELECTROPHYS MAP 3D, ADD-ON	\$ 1,183.00
93615	93615	ESOPHAGEAL RECORDING	\$ 137.00
93616	93616	ESOPHAGEAL RECORDING	\$ 238.00
93618	93618	HEART RHYTHM PACING	\$ 1,055.00
93619	93619	ELECTROPHYSIOLOGY EVALUATION	\$ 814.00
93620	93620	ELECTROPHYSIOLOGY EVALUATION	\$ 1,374.00
93621	93621	ELECTROPHYSIOLOGY EVALUATION	\$ 899.00
93622	93622	ELECTROPHYSIOLOGY EVALUATION	\$ 313.00
93623	93623	STIMULATION, PACING HEART	\$ 493.00
93624	93624	ELECTROPHYSIOLOGIC STUDY	\$ 878.00
93631	93631	HEART PACING, MAPPING	\$ 1,763.00
93640	93640	EVALUATION HEART DEVICE	\$ 646.00
93641	93641	ELECTROPHYSIOLOGY EVALUATION	\$ 774.00
93642	93642	ELECTROPHYSIOLOGY EVALUATION	\$ 885.00
93644	93644	ELECTROPHYSIOLOGY EVALUATION	\$ 727.00
93650	93650	ABLATE HEART DYSRHYTHM FOCUS	\$ 1,956.00
93653	93653	EP & ABLATE SUPRAVENT ARRHYT	\$ 2,703.00
93654	93654	EP & ABLATE VENTRIC TACHY	\$ 3,593.00
93655	93655	ABLATE ARRHYTHMIA ADD ON	\$ 1,281.00
93656	93656	TX ATRIAL FIB PULM VEIN ISOL	\$ 3,423.00
93657	93657	TX L/R ATRIAL FIB ADDL	\$ 1,253.00
93660	93660	TILT TABLE EVALUATION	\$ 254.00
93662	93662	INTRACARDIAC ECG (ICE)	\$ 330.00
93668	93668	PERIPHERAL VASCULAR REHAB	\$ 185.46
93701	93701	BIOIMPENDANCE, THORACIC	\$ 80.00
93702	93702	BIS XTRACELL FLUID ANALYSIS	\$ 355.00
93724	93724	ANALYZE PACEMAKER SYSTEM	\$ 630.00
93740	93740	TEMPERATURE GRADIENT STUDIES	\$ 68.00
93745	93745	SET-UP CARDIOVERT-DEFIBRILL	\$ 188.00
93750	93750	INTERROGATION VAD IN PERSON	\$ 176.00
93770	93770	MEASURE VENOUS PRESSURE	\$ 42.00
93784	93784	BP RECORDING	\$ 167.00
93786	93786	RECORD ONLY BP RECORDING	\$ 84.00
93788	93788	AMBULATORY BP ANALYSIS	\$ 37.00
93790	93790	REVIEW/REPORT BP RECORDING	\$ 68.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
93792	93792	PT/CAREGIVER TRAINJ HOME INR	\$ 183.00
93793	93793	ANTICOAG MGMT PT WARFARIN	\$ 41.00
93797	93797	CARDIAC REHAB	\$ 81.00
93798	93798	CARDIAC REHAB/MONITOR	\$ 99.00
93880	93880	EXTRACRANIAL STUDY	\$ 111.00
93882	93882	MD DUPLEX EXTRACRANIAL ARTERIE	\$ 70.00
93886	93886	INTRACRANIAL STUDY	\$ 103.00
93888	93888	INTRACRANIAL STUDY	\$ 63.00
93890	93890	TCD, VASOREACTIVITY STUDY	\$ 105.00
93892	93892	TCD, EMBOLI DETECT W/O INJ	\$ 104.00
93893	93893	TCD, EMBOLI DETECT W/INJ	\$ 118.00
93895	93895	CAROTID INTIMA ATHEROMA EVAL	\$ 315.00
93922	93922	EXTREMITY STUDY	\$ 39.00
93923	93923	EXTREMITY STUDY	\$ 63.00
93924	93924	EXTREMITY STUDY	\$ 68.00
93925	93925	LOWER EXTREMITY STUDY	\$ 92.00
93926	93926	LOWER EXTREMITY STUDY	\$ 71.00
93930	93930	UPPER EXTREMITY STUDY	\$ 101.00
93931	93931	UPPER EXTREMITY STUDY	\$ 74.00
93970	93970	EXTREMITY STUDY	\$ 100.00
93971	93971	EXTREMITY STUDY	\$ 72.00
93975	93975	VASCULAR STUDY	\$ 148.00
93976	93976	VASCULAR STUDY	\$ 124.00
93978	93978	VASCULAR STUDY	\$ 105.00
93979	93979	VASCULAR STUDY	\$ 75.00
93980	93980	PENILE VASCULAR STUDY	\$ 247.00
93981	93981	PENILE VASCULAR STUDY	\$ 94.00
93985	93985	DUP-SCAN HEMO COMPL BI STD	\$ 110.00
93986	93986	DUP-SCAN HEMO COMPL UNI STD	\$ 67.00
93990	93990	DOPPLER FLOW TESTING	\$ 71.00
94002	94002	VENT MGMT INPAT, INIT DAY	\$ 339.00
94003	94003	VENT MGMT INPAT, SUBQ DAY	\$ 220.00
94004	94004	VENT MGMT NF PER DAY	\$ 110.00
94005	94005	HOME VENT MGMT SUPERVISION	\$ 224.00
94010	94010	BREATHING CAPACITY TEST	\$ 27.00
94011	94011	SPIROMETRY UP TO 2 YRS OLD	\$ 181.00
94012	94012	SPIRMTRY W/BRNCHDIL INF-2 YR	\$ 304.00
94013	94013	MEAS LUNG VOL THRU 2 YRS	\$ 66.00
94014	94014	PATIENT RECORDED SPIROMETRY	\$ 105.00
94015	94015	PATIENT RECORDED SPIROMETRY	\$ 73.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
94016	94016	REVIEW PATIENT SPIROMETRY	\$ 61.00
94060	94060	EVALUATION OF WHEEZING	\$ 38.00
94070	94070	EVALUATION OF WHEEZING	\$ 88.00
94150	94150	VITAL CAPACITY TEST	\$ 8.00
94200	94200	LUNG FUNCTION TEST (MBC/MVV)	\$ 11.00
94375	94375	RESPIRATORY FLOW VOLUME LOOP	\$ 35.00
94450	94450	HYPOXIA RESPONSE CURVE	\$ 40.00
94452	94452	HAST W/REPORT	\$ 45.00
94453	94453	HAST W/OXYGEN TITRATE	\$ 62.00
94610	94610	SURFACTANT ADMIN THRU TUBE	\$ 132.00
94617	94617	EXERCISE TST BRNCSPSM	\$ 74.00
94618	94618	PULMONARY STRESS TESTING	\$ 73.00
94619	94619	EXERCISE TST BRNCSPSM WO ECG	\$ 57.00
94621	94621	PULM STRESS TEST/COMPLEX	\$ 175.00
94625	94625	PHY/QHP OP PULM RHB W/O MNTR	\$ 155.00
94626	94626	PHY/QHP OP PULM RHB W/MNTR	\$ 219.00
94640	94640	AIRWAY INHALATION TREATMENT	\$ 47.00
94642	94642	AIRWAY INHALATION TREATMENT	\$ 125.00
94644	94644	CBT, 1ST HOUR	\$ 98.00
94645	94645	CBT, EACH ADDL HOUR	\$ 50.00
94660	94660	POS AIRWAY PRESSURE, CPAP	\$ 142.00
94662	94662	NEG PRESS VENTILATION, CNP	\$ 97.00
94664	94664	AEROSOL OR VAPOR INHALATIONS	\$ 43.00
94667	94667	CHEST WALL MANIPULATION	\$ 52.00
94668	94668	CHEST WALL MANIPULATION	\$ 52.00
94669	94669	MECH CHST WALL OSC	\$ 72.00
94680	94680	EXHALED AIR ANALYSIS, O2	\$ 38.00
94681	94681	EXHALED AIR ANALYSIS, O2/CO2	\$ 24.00
94690	94690	EXHALED AIR ANALYSIS	\$ 15.00
94726	94726	PULM FUNCT TST PLETHYSMOGRAP	\$ 31.00
94727	94727	PULMONARY FUNCTION TEST BY GAS	\$ 32.00
94728	94728	PULM FUNCT TEST OSCILLOMETRY	\$ 28.00
94729	94729	CO2/MEMBRANE DIFFUSE CAPACITY	\$ 23.00
94760	94760	MEASURE BLOOD OXYGEN LEVEL	\$ 25.00
94761	94761	MEASURE BLOOD OXYGEN LEVEL	\$ 26.00
94762	94762	MEASURE BLOOD OXYGEN LEVEL	\$ 52.00
94772	94772	BREATH RECORDING, INFANT	\$ 108.27
94780	94780	CAR SEAT/BED TEST 60 MIN	\$ 122.00
95004	95004	ALLERGY SKIN TESTS	\$ 14.00
95012	95012	EXHALED NITRIC OXIDE MEAS	\$ 51.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
95017	95017	PERQ & ICUT ALLG TEST VENOMS	\$ 35.00
95018	95018	PERQ & ICUT ALLG TEST DRUGS/BI	\$ 49.00
95024	95024	ALLERGY SKIN TESTS	\$ 21.00
95027	95027	SKIN END POINT TITRATION	\$ 15.00
95028	95028	ALLERGY SKIN TESTS	\$ 38.00
95044	95044	ALLERGY PATCH TESTS	\$ 21.00
95052	95052	PHOTO PATCH TEST(S)	\$ 24.00
95056	95056	PHOTOSENSITIVITY TESTS	\$ 158.00
95060	95060	EYE ALLERGY TESTS	\$ 56.00
95065	95065	NOSE ALLERGY TEST	\$ 42.00
95070	95070	BRONCHIAL ALLERGY TESTS	\$ 133.00
95076	95076	INGEST CHALLENGE INI 120 MIN	\$ 272.00
95079	95079	INGEST CHALLENGE ADDL 60 MIN	\$ 185.00
95115	95115	IMMUNOTHERAPY, ONE INJECTION	\$ 26.00
95117	95117	IMMUNOTHERAPY INJECTIONS	\$ 33.00
95120	95120	IMMUNOTHERAPY, ONE INJECTION	\$ 47.00
95125	95125	IMMUNOTHERAPY, MANY ANTIGENS	\$ 77.00
95130	95130	IMMUNOTHERAPY, INSECT VENOM	\$ 63.00
95131	95131	IMMUNOTHERAPY, INSECT VENOMS	\$ 73.00
95132	95132	IMMUNOTHERAPY, INSECT VENOMS	\$ 89.00
95133	95133	IMMUNOTHERAPY, INSECT VENOMS	\$ 102.00
95134	95134	IMMUNOTHERAPY, INSECT VENOMS	\$ 138.00
95144	95144	ANTIGEN THERAPY SERVICES	\$ 37.00
95145	95145	ANTIGEN THERAPY SERVICES	\$ 46.00
95146	95146	ANTIGEN THERAPY SERVICES	\$ 87.00
95147	95147	ANTIGEN THERAPY SERVICES	\$ 96.00
95148	95148	ANTIGEN THERAPY SERVICES	\$ 148.00
95149	95149	ANTIGEN THERAPY SERVICES	\$ 204.00
95165	95165	ANTIGEN THERAPY SERVICES	\$ 25.00
95170	95170	ANTIGEN THERAPY SERVICES	\$ 26.00
95180	95180	RAPID DESENSITIZATION	\$ 308.00
95249	95249	CONT GLUC MNTR PT PROV EQP	\$ 134.00
95250	95250	GLUCOSE MONITORING, CONT	\$ 328.00
95251	95251	GLUC MONITOR, CONT, PHYS I&R	\$ 98.00
95700	95700	EEG CONT REC W/VID EEG TECH	\$ 737.00
95705	95705	EEG W/O VID 2-12 HR UNMNTR	\$ 507.00
95706	95706	EEG WO VID 2-12HR INTMT MNTR	\$ 1,148.00
95707	95707	EEG W/O VID 2-12HR CONT MNTR	\$ 1,044.00
95708	95708	EEG WO VID EA 12-26HR UNMNTR	\$ 757.00
95709	95709	EEG W/O VID EA 12-26HR INTMT	\$ 2,088.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
95710	95710	EEG W/O VID EA 12-26HR CONT	\$ 1,504.00
95711	95711	VEEG 2-12 HR UNMONITORED	\$ 799.00
95712	95712	VEEG 2-12 HR INTMT MNTR	\$ 1,508.00
95713	95713	VEEG 2-12 HR CONT MNTR	\$ 1,494.00
95714	95714	VEEG EA 12-26 HR UNMNTR	\$ 1,090.00
95715	95715	VEEG EA 12-26HR INTMT MNTR	\$ 3,132.00
95716	95716	VEEG EA 12-26HR CONT MNTR	\$ 3,837.00
95717	95717	EEG PHYS/QHP 2-12 HR W/O VID	\$ 347.00
95718	95718	EEG PHYS/QHP 2-12 HR W/VEEG	\$ 458.00
95719	95719	EEG PHYS/QHP EA INCR W/O VID	\$ 527.00
95720	95720	EEG PHY/QHP EA INCR W/VEEG	\$ 702.00
95721	95721	EEG PHY/QHP>36<60 HR W/O VID	\$ 745.00
95722	95722	EEG PHY/QHP>36<60 HR W/VEEG	\$ 848.00
95723	95723	EEG PHY/QHP>60<84 HR W/O VID	\$ 862.00
95724	95724	EEG PHY/QHP>60<84 HR W/VEEG	\$ 972.00
95725	95725	EEG PHY/QHP>84 HR W/O VID	\$ 769.00
95726	95726	EEG PHY/QHP>84 HR W/VEEG	\$ 1,249.00
95782	95782	POLYSOM 6YRS 4/> PARAMETERS	\$ 374.00
95783	95783	POLYSOM <6YRS CPAP/BILVL	\$ 417.00
95800	95800	SLP STDY UNATTENDED	\$ 138.00
95801	95801	SLP STDY UNATND W/ANAL	\$ 146.00
95803	95803	ACTIGRAPHY TESTING	\$ 121.00
95805	95805	MULTIPLE SLEEP LATENCY TEST	\$ 188.00
95806	95806	SLEEP STUDY, UNATTENDED	\$ 224.00
95807	95807	SLEEP STUDY, ATTENDED	\$ 156.00
95808	95808	POLYSOMNOGRAPHY, 1-3	\$ 229.00
95810	95810	POLYSOMNOGRAPHY, 4 OR MORE	\$ 380.00
95811	95811	POLYSOMNOGRAPHY W/ CPAP	\$ 408.00
95812	95812	ELECTROENCEPHALOGRAM (EEG)	\$ 142.00
95813	95813	ELECTROENCEPHALOGRAM (EEG)	\$ 206.00
95816	95816	ELECTROENCEPHALOGRAM (EEG)	\$ 117.00
95819	95819	ELECTROENCEPHALOGRAM (EEG)	\$ 114.00
95822	95822	SLEEP ELECTROENCEPHALOGRAM	\$ 106.00
95824	95824	ELECTROENCEPHALOGRAPHY	\$ 65.00
95829	95829	SURGERY ELECTROCORTICOGRAM	\$ 956.00
95830	95830	INSERT ELECTRODES FOR EEG	\$ 662.00
95836	95836	ECOG IMPLTD BRN NPGT <30 D	\$ 360.00
95851	95851	RANGE OF MOTION MEASUREMENTS	\$ 57.00
95852	95852	RANGE OF MOTION MEASUREMENTS	\$ 58.00
95857	95857	TENSILON TEST	\$ 151.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
95860	95860	MUSCLE TEST, ONE LIMB	\$ 145.00
95861	95861	MUSCLE TEST, TWO LIMBS	\$ 213.00
95863	95863	MUSCLE TEST, 3 LIMBS	\$ 258.00
95864	95864	MUSCLE TEST, 4 LIMBS	\$ 263.00
95865	95865	MUSCLE TEST, LARYNX	\$ 213.00
95866	95866	MUSCLE TEST, HEMIDIAPHRAGM	\$ 166.00
95867	95867	MUSCLE TEST, HEAD OR NECK	\$ 109.00
95868	95868	MUSCLE TEST, HEAD OR NECK	\$ 170.00
95869	95869	MUSCLE TEST, THOR PARASPINAL	\$ 48.00
95870	95870	MUSCLE TEST, NON-PARASPINAL	\$ 54.00
95872	95872	MUSCLE TEST, ONE FIBER	\$ 410.00
95873	95873	GUIDE NERVE DESTR, ELEC STIM	\$ 57.00
95874	95874	GUIDE NERVE DESTR, NEEDLE EMG	\$ 53.00
95875	95875	LIMB EXERCISE TEST	\$ 148.00
95885	95885	MUSC TST DONE W/NERV TST LIM	\$ 56.00
95886	95886	MUSC TEST DONE W/N TEST COMP	\$ 123.00
95887	95887	MUSC TST DONE W/N TST NONEXT	\$ 100.00
95905	95905	MOTOR/SENS NRVE CONDUCT TEST	\$ 13.00
95907	95907	MOTOR & SENS 1-2 NRV CNDJ TST	\$ 148.00
95908	95908	MOTOR & SENS 3-4 NRV CNDJ TST	\$ 196.00
95909	95909	MOTOR & SENS 5-6 NRV CNDJ TST	\$ 242.00
95910	95910	MOTOR & SENS 7-8 NRV CNDJ TST	\$ 317.00
95911	95911	MOTOR & SENS 9-10 NRV CNDJ TST	\$ 381.00
95912	95912	MOTOR & SENS 11-12 NRV CNDJ TS	\$ 441.00
95913	95913	MOTOR & SENS 13/> NRV CNDJ TST	\$ 568.00
95921	95921	AUTONOMIC NERV FUNCTION TEST	\$ 109.00
95922	95922	AUTONOMIC NERV FUNCTION TEST	\$ 119.00
95923	95923	AUTONOMIC NERV FUNCTION TEST	\$ 143.00
95924	95924	ANS PARASYMP & SYMP W/TILT	\$ 204.00
95925	95925	SOMATOSENSORY TESTING	\$ 74.00
95926	95926	SOMATOSENSORY TESTING	\$ 68.00
95927	95927	SOMATOSENSORY TESTING	\$ 53.00
95928	95928	C MOTOR EVOKED, UPPR LIMBS	\$ 153.00
95929	95929	C MOTOR EVOKED, LWR LIMBS	\$ 180.00
95930	95930	VISUAL EVOKED POTENTIAL TEST	\$ 64.00
95933	95933	BLINK REFLEX TEST	\$ 90.00
95937	95937	NEUROMUSCULAR JUNCTION TEST	\$ 81.00
95938	95938	SOMATOSENSORY TESTING	\$ 109.00
95939	95939	C MOTOR EVOKED UPR&WR LIMBS	\$ 272.00
95940	95940	IONM IN OPERATING ROOM 15 MIN	\$ 118.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
95941	95941	IONM REMOTE/> 1 PT OR PER HR	\$ 1,095.00
95954	95954	EEG MONITORING/GIVING DRUGS	\$ 227.00
95955	95955	EEG DURING SURGERY	\$ 190.00
95957	95957	EEG DIGITAL ANALYSIS	\$ 270.00
95958	95958	EEG MONITORING/FUNCTION TEST	\$ 564.00
95961	95961	ELECTRODE STIMULATION, BRAIN	\$ 428.00
95962	95962	ELECTRODE STIM, BRAIN ADD-ON	\$ 471.00
95970	95970	ANALYZE NEUROSTIM, NO PROG	\$ 172.00
95971	95971	ANALYZE NEUROSTIM, SIMPLE	\$ 168.00
95972	95972	ANALYZE NEUROSTIM, COMPLEX	\$ 267.00
95976	95976	ALYS SMPL CN NPGT PRGRMG	\$ 223.00
95977	95977	ALYS CPLX CN NPGT PRGRMG	\$ 296.00
95980	95980	IO ANAL GAST N-STIM INIT	\$ 153.00
95981	95981	IO ANAL GAST N-STIM SUBSQ	\$ 88.00
95982	95982	IO GA N-STIM SUBSQ W/REPROG	\$ 152.00
95983	95983	ALYS BRN NPGT PRGRMG 15 MIN	\$ 281.00
95984	95984	ALYS BRN NPGT PRGRMG ADDL 15	\$ 244.00
95990	95990	SPIN/BRAIN PUMP REFIL & MAIN	\$ 262.00
95991	95991	SPIN/BRAIN PUMP REFIL & MAIN	\$ 308.00
95992	95992	CANALITH REPOSITIONING PROC	\$ 103.00
96000	96000	MOTION ANALYSIS, VIDEO/3D	\$ 244.00
96001	96001	MOTION TEST W/FT PRESS MEAS	\$ 272.00
96002	96002	DYNAMIC SURFACE EMG	\$ 58.00
96003	96003	DYNAMIC FINE WIRE EMG	\$ 46.00
96004	96004	PHYS REVIEW OF MOTION TESTS	\$ 234.00
96020	96020	FUNCTIONAL BRAIN MAPPING	\$ 462.00
96040	96040	GENETIC COUNSELING, 30 MIN	\$ 162.00
96105	96105	ASSESSMENT OF APHASIA	\$ 251.00
96110	96110	DEVELOPMENTAL TEST, LIM	\$ 39.00
96112	96112	DEVEL TST PHYS/QHP 1ST HR	\$ 500.00
96113	96113	DEVEL TST PHYS/QHP EA ADDL	\$ 223.00
96116	96116	NEUROBEHAVORIAL STATUS EXAM	\$ 236.00
96121	96121	NUBHVL XM PHY/QHP EA ADDL HR	\$ 210.00
96125	96125	COGNITIVE TEST BY HC PRO	\$ 240.00
96127	96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 17.00
96130	96130	PSYCL TST EVAL PHYS/QHP 1ST	\$ 219.00
96131	96131	PSYCL TST EVAL PHYS/QHP EA	\$ 168.00
96132	96132	NRPSYC TST EVAL PHYS/QHP 1ST	\$ 279.00
96133	96133	NRPSYC TST EVAL PHYS/QHP EA	\$ 264.00
96136	96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$ 110.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
96137	96137	PSYCL/NRPSYC TST PHY/QHP EA	\$ 104.00
96138	96138	PSYCL/NRPSYC TECH 1ST	\$ 104.00
96139	96139	PSYCL/NRPSYC TST TECH EA	\$ 109.00
96146	96146	PSYCL/NRPSYC TST AUTO RESULT	\$ 64.00
96156	96156	HLTH BHV ASSMT/REASSESSMENT	\$ 228.00
96158	96158	HLTH BHV IVNTJ INDIV 1ST 30	\$ 157.00
96159	96159	HLTH BHV IVNTJ INDIV EA ADDL	\$ 72.00
96160	96160	PT-FOCUSED HLTH RISK ASSMT	\$ 27.00
96161	96161	CAREGIVER HEALTH RISK ASSMT	\$ 27.00
96164	96164	HLTH BHV IVNTJ GRP 1ST 30	\$ 30.00
96165	96165	HLTH BHV IVNTJ GRP EA ADDL	\$ 14.00
96167	96167	HLTH BHV IVNTJ FAM 1ST 30	\$ 188.00
96168	96168	HLTH BHV IVNTJ FAM EA ADDL	\$ 71.00
96170	96170	HLTH BHV IVNTJ FAM WO PT 1ST	\$ 188.00
96171	96171	HLTH BHV IVNTJ FAM W/O PT EA	\$ 91.00
96360	96360	HYDRATION IV INFUSION, INIT	\$ 170.00
96361	96361	HYDRATE IV INFUSION, ADD-ON	\$ 56.00
96365	96365	THER/PROPH/DIAG IV INF, INIT	\$ 206.00
96366	96366	THER/PROPH/DIAG IV INF, ADD-ON	\$ 84.00
96367	96367	TX/PROPH/DG ADD SEQ IV INF	\$ 109.00
96368	96368	THER/DIAG CONCURRENT INF	\$ 68.00
96369	96369	SC THER INFUSION, UP TO 1 HR	\$ 392.00
96370	96370	SC THER INFUSION, ADDL HR	\$ 50.00
96371	96371	SC THER INFUSION, RESET PUMP	\$ 158.00
96372	96372	THER/PROPH/DIAG INJ, SC/IM	\$ 52.00
96373	96373	THER/PROPH/DIAG INJ, IA	\$ 60.00
96374	96374	THER/PROPH/DIAG INJ IV PUSH	\$ 137.00
96375	96375	TX/PRO/DX INJ NEW DRUG ADDON	\$ 71.00
96376	96376	TX/PRO/DX INJ SAME DRUG ADDON	\$ 95.00
96377	96377	APPLICATION ON-BODY INJECTOR	\$ 81.00
96401	96401	CHEMO, ANTI-NEOPL, SQ/IM	\$ 197.00
96402	96402	CHEMO HORMON ANTINEOPL SQ/IM	\$ 104.00
96405	96405	INTRALESIONAL CHEMO ADMIN	\$ 207.00
96406	96406	INTRALESIONAL CHEMO ADMIN	\$ 308.00
96409	96409	CHEMO,IV PUSH, SNGL DRUG	\$ 346.00
96411	96411	CHEMO,IV PUSH, ADDL DRUG	\$ 209.00
96413	96413	CHEMO,IV INFUSION, 1 HR	\$ 438.00
96415	96415	CHEMO,IV INFUSION, ADDL HR	\$ 116.00
96416	96416	CHEMO PROLONG INFUSE W/PUMP	\$ 468.00
96417	96417	CHEMO IV INFUS EACH ADDL SEQ	\$ 231.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
96420	96420	CHEMOTHERAPY, PUSH TECHNIQUE	\$ 386.00
96422	96422	CHEMOTHERAPY, INFUSION METHOD	\$ 394.00
96423	96423	CHEMO, INFUSE METHOD ADD-ON	\$ 182.00
96425	96425	CHEMOTHERAPY, INFUSION METHOD	\$ 449.00
96440	96440	CHEMOTHERAPY, INTRACAVITARY	\$ 1,498.00
96446	96446	CHEMOTX ADMIN PRTL CAVITY	\$ 609.00
96450	96450	CHEMOTHERAPY, INTO CNS	\$ 596.00
96521	96521	REFILL/MAINT, PORTABLE PUMP	\$ 402.00
96522	96522	REFILL/MAINT PUMP/RESVR SYST	\$ 353.00
96523	96523	IRRIG DRUG DELIVERY DEVICE	\$ 87.00
96542	96542	CHEMOTHERAPY INJECTION	\$ 470.00
96567	96567	PHOTODYNAMIC TX, SKIN	\$ 289.00
96570	96570	PHOTODYNAMIC TX, 30 MIN	\$ 182.00
96571	96571	PHOTODYNAMIC TX, ADDL 15 MIN	\$ 80.00
96573	96573	PDT DSTR PRMLG LES PHYS/QHP	\$ 434.00
96574	96574	DBRDMT PRMLG LES W/PDT	\$ 560.00
96900	96900	ULTRAVIOLET LIGHT THERAPY	\$ 63.00
96902	96902	TRICHOGRAM	\$ 52.00
96904	96904	WHOLE BODY PHOTOGRAHY	\$ 157.00
96910	96910	PHOTOCHEMOTHERAPY WITH UV-B	\$ 216.00
96912	96912	PHOTOCHEMOTHERAPY WITH UV-A	\$ 204.00
96913	96913	PHOTOCHEMOTHERAPY, UV-A OR B	\$ 236.00
96920	96920	LASER TX, SKIN < 250 SQ CM	\$ 350.00
96921	96921	LASER TX, SKIN 250-500 SQ CM	\$ 385.00
96922	96922	LASER TX, SKIN > 500 SQ CM	\$ 517.00
96931	96931	RCM CELULR SUBCELULR IMG SKIN	\$ 360.00
96932	96932	RCM CELULR SUBCELULR IMG SKN	\$ 310.00
96933	96933	RCM CELULR SUBCELULR IMG SKIN	\$ 160.00
96934	96934	RCM CELULR SUBCELULR IMG SKN	\$ 264.00
96936	96936	RCM CELULR SUBCELULR IMG SKN	\$ 128.00
97010	97010	HOT OR COLD PACKS THERAPY	\$ 26.00
97012	97012	MECHANICAL TRACTION THERAPY	\$ 33.00
97014	97014	ELECTRIC STIMULATION THERAPY	\$ 28.00
97016	97016	VASOPNEUMATIC DEVICE THERAPY	\$ 40.00
97018	97018	PARAFFIN BATH THERAPY	\$ 32.00
97022	97022	WHIRLPOOL THERAPY	\$ 46.00
97024	97024	DIATHERMY TREATMENT	\$ 31.00
97026	97026	INFRARED THERAPY	\$ 31.00
97028	97028	ULTRAVIOLET THERAPY	\$ 26.00
97032	97032	ELECTRICAL STIMULATION	\$ 40.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
97033	97033	ELECTRIC CURRENT THERAPY	\$ 54.00
97034	97034	CONTRAST BATH THERAPY	\$ 38.00
97035	97035	ULTRASOUND THERAPY	\$ 34.00
97036	97036	HYDROTHERAPY	\$ 58.00
97110	97110	THERAPEUTIC EXERCISES	\$ 63.00
97112	97112	NEUROMUSCULAR REEDUCATION	\$ 68.00
97113	97113	AQUATIC THERAPY/EXERCISES	\$ 68.00
97116	97116	GAIT TRAINING THERAPY	\$ 57.00
97124	97124	MASSAGE THERAPY	\$ 47.00
97129	97129	THER IVNTJ IST 15 MIN	\$ 52.00
97130	97130	THER IVNTJ EA ADDL 15 MIN	\$ 52.00
97140	97140	MANUAL THERAPY	\$ 64.00
97150	97150	GROUP THERAPEUTIC PROCEDURES	\$ 45.00
97151	97151	BHV ID ASSMT BY PHYS/QHP	\$ 68.00
97153	97153	ADAPTIVE BEHAVIOR TX BY TECH	\$ 301.00
97155	97155	ADAPT BEHAVIOR TX PHYS/QHP	\$ 375.00
97156	97156	FAM ADAPT BHV TX GDN PHY/QHP	\$ 408.00
97161	97161	PT EVAL LOW COMPLEX 20 MIN	\$ 176.00
97162	97162	PT EVAL MOD COMPLEX 30 MIN	\$ 175.00
97163	97163	PT EVAL HIGH COMPLEX 45 MIN	\$ 188.00
97164	97164	PT RE-EVAL EST PLAN CARE	\$ 115.00
97165	97165	OT EVAL LOW COMPLEX 30MIN	\$ 198.00
97166	97166	OT EVAL MOD COMPLEX 45 MIN	\$ 187.00
97167	97167	OT EVAL HIGH COMPLEX 60 MIN	\$ 183.00
97168	97168	OT RE-EVAL EST PLAN CARE	\$ 131.00
97169	97169	ATHLETIC TRN EVAL LOW Cmplx	\$ 71.00
97170	97170	ATHLETIC TRN EVAL MOD Cmplx	\$ 79.00
97530	97530	THERAPEUTIC ACTIVITES	\$ 73.00
97533	97533	SENSORY INTEGRATION	\$ 104.00
97535	97535	SELF CARE MNGMENT TRAINING	\$ 63.00
97537	97537	COMMUNITY/WORK REINTEGRATION	\$ 60.00
97542	97542	WHEELCHAIR MNGEMENT TRAINING	\$ 61.00
97545	97545	WORK HARDENING, 2 HOURS	\$ 265.00
97546	97546	WORK HARDENING ADD-ON	\$ 88.00
97597	97597	ACTIVE WOUND CARE/20CM OR	\$ 158.00
97598	97598	ACTIVE WOUND CARE > 20CM	\$ 99.00
97602	97602	WOUND(S) CARE NON SELECTIVE	\$ 106.00
97605	97605	NEG PRESS WOUND TX, < 50 CM	\$ 105.00
97606	97606	NEG PRESS WOUND TX, > 50 CM	\$ 138.00
97607	97607	NEG PRESS WND TX <=50 SQ CM	\$ 255.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
97608	97608	NEG PRESS WND TX > 50 CM	\$ 418.00
97610	97610	LOW FREQUENCY NON-THERMAL US	\$ 444.00
97750	97750	PHYSICAL PERFORMANCE TEST	\$ 70.00
97755	97755	ASSISTIVE TECHNOLOGY ASSESS	\$ 79.00
97760	97760	ORTHOTIC MGMT AND TRAINING	\$ 100.00
97761	97761	PROSTHETIC TRAINING	\$ 78.00
97763	97763	ORTHC/PROSTC MGMT SBSQ ENC	\$ 108.00
97802	97802	MEDICAL NUTRITION, INDIV, IN	\$ 69.00
97803	97803	MED NUTRITION, INDIV, SUBSEQ	\$ 67.00
97804	97804	MEDICAL NUTRITION, GROUP	\$ 42.00
97810	97810	ACUPUNCT W/O STIMUL 15 MIN	\$ 80.00
97811	97811	ACUPUNCT W/O STIMUL ADDL 15 MI	\$ 73.00
97813	97813	ACUPUNCT W/STIMUL 15 MIN	\$ 98.00
97814	97814	ACUPUNCT W/STIMUL ADDL 15 MIN	\$ 84.00
98925	98925	OSTEOPATHIC MANIPULATION	\$ 73.00
98926	98926	OSTEOPATHIC MANIPULATION	\$ 94.00
98927	98927	OSTEOPATHIC MANIPULATION	\$ 124.00
98928	98928	OSTEOPATHIC MANIPULATION	\$ 150.00
98929	98929	OSTEOPATHIC MANIPULATION	\$ 166.00
98940	98940	CHIROPRACTIC MANIPULATION	\$ 47.00
98941	98941	CHIROPRACTIC MANIPULATION	\$ 60.00
98942	98942	CHIROPRACTIC MANIPULATION	\$ 73.00
98943	98943	CHIROPRACTIC MANIPULATION	\$ 47.00
98960	98960	SELF-MGMT EDUC & TRAIN, 1 PT	\$ 63.00
98961	98961	SELF-MGMT EDUC & TRAIN, 2-4 PT	\$ 43.00
98962	98962	SELF-MGMT EDUC & TRAIN, 5-8 PT	\$ 31.00
98966	98966	HC PRO PHONE CALL 5-10 MIN	\$ 31.00
98967	98967	HC PRO PHONE CALL 11-20 MIN	\$ 71.00
98968	98968	HC PRO PHONE CALL 21-30 MIN	\$ 112.00
98970	98970	QNHP OL DIG ASSMT&MGMT 5-10	\$ 42.00
98971	98971	QNHP OL DIG ASSMT&MGMT 11-20	\$ 48.00
98972	98972	QNHP OL DIG ASSMT&MGMT 21+	\$ 81.00
98975	98975	REM THER MNTR 1ST SETUP&EDU	\$ 42.00
98976	98976	REM THER MNTR DEV SPLY RESP	\$ 116.00
98977	98977	REM THER MNTR DV SPLY MSCSKL	\$ 78.00
98980	98980	REM THER MNTR 1ST 20 MIN	\$ 78.00
98981	98981	REM THER MNTR EA ADDL 20 MIN	\$ 90.00
99000	99000	SPECIMEN HANDLING	\$ 22.00
99001	99001	SPECIMEN HANDLING	\$ 37.00
99002	99002	DEVICE HANDLING	\$ 32.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
99024	99024	POSTOP FOLLOW-UP VISIT	\$ 85.00
99026	99026	IN-HOSPITAL ON CALL SERVICE	\$ 82.00
99027	99027	OUT-OF-HOSP ON CALL SERVICE	\$ 57.00
99050	99050	MEDICAL SERVICES AFTER HRS	\$ 65.00
99051	99051	MED SERV, EVE/WKEND/HOLIDAY	\$ 52.00
99053	99053	MED SERV 10PM-8AM, 24 HR FAC	\$ 121.00
99056	99056	NON-OFFICE MEDICAL SERVICES	\$ 78.00
99058	99058	OFFICE EMERGENCY CARE	\$ 79.00
99060	99060	PATIENT EDUCATION MATERIALS	\$ 115.00
99070	99070	SPECIAL SUPPLIES	\$ 31.00
99071	99071	PATIENT EDUCATION MATERIALS	\$ 18.00
99072	99072	ADDL SUPL MATRL&STAF TM PHE	\$ 35.00
99075	99075	MEDICAL TESTIMONY	\$ 329.00
99078	99078	GROUP HEALTH EDUCATION	\$ 78.00
99080	99080	SPECIAL REPORTS OR FORMS	\$ 42.00
99082	99082	UNUSUAL PHYSICIAN TRAVEL	\$ 78.00
99091	99091	COLLECT/REVIEW DATA FROM PT	\$ 122.00
99100	99100	SPECIAL ANESTHESIA SERVICE	\$ 63.26
99116	99116	ANESTHESIA WITH HYPOTHERMIA	\$ 63.26
99135	99135	SPECIAL ANESTHESIA PROCEDURE	\$ 63.26
99140	99140	EMERGENCY ANESTHESIA	\$ 63.26
99151	99151	MOD SED SAME PHYS/QHP <5 YRS	\$ 199.00
99152	99152	MOD SED SAME PHYS/QHP 5/> YRS	\$ 157.00
99153	99153	MOD SED SAME PHYS /QHP EA	\$ 39.00
99155	99155	MOD SED OTH PHYS/QHP <5YRS	\$ 338.00
99156	99156	MOD SED OTH PHYS/QHP 5/>YRS	\$ 291.00
99157	99157	MOD SED OTHER PHYS/QHP EA	\$ 211.00
99170	99170	ANOGENITAL EXAM, CHILD	\$ 403.00
99172	99172	OCULAR FUNCTION SCREEN	\$ 52.00
99173	99173	VISUAL SCREENING TEST	\$ 27.00
99174	99174	OCULAR INSTRUMNT SCREEN BIL	\$ 53.00
99175	99175	INDUCTION OF VOMITING	\$ 101.00
99177	99177	OCULAR INSTRUMNT SCREEN BIL	\$ 47.00
99183	99183	HYPERBARIC OXYGEN THERAPY	\$ 366.00
99184	99184	HYPOTHERMIA ILL NEONATE	\$ 880.00
99188	99188	APP TOPICAL FLUORIDE VARNISH	\$ 39.00
99190	99190	SPECIAL PUMP SERVICES	\$ 939.75
99191	99191	SPECIAL PUMP SERVICES	\$ 822.00
99192	99192	SPECIAL PUMP SERVICES	\$ 475.65
99195	99195	PHLEBOTOMY	\$ 270.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
99202	99202	OFFICE/OUTPATIENT VISIT, NEW	\$ 161.00
99203	99203	OFFICE/OUTPATIENT VISIT, NEW	\$ 235.00
99204	99204	OFFICE/OUTPATIENT VISIT, NEW	\$ 365.00
99205	99205	OFFICE/OUTPATIENT VISIT, NEW	\$ 485.00
99211	99211	OFFICE/OUTPATIENT VISIT, EST	\$ 48.00
99212	99212	OFFICE/OUTPATIENT VISIT, EST	\$ 100.00
99213	99213	OFFICE/OUTPATIENT VISIT, EST	\$ 161.00
99214	99214	OFFICE/OUTPATIENT VISIT, EST	\$ 241.00
99215	99215	OFFICE/OUTPATIENT VISIT, EST	\$ 350.00
99221	99221	INITIAL HOSPITAL CARE	\$ 262.00
99222	99222	INITIAL HOSPITAL CARE	\$ 313.00
99223	99223	INITIAL HOSPITAL CARE	\$ 470.00
99231	99231	SUBSEQUENT HOSPITAL CARE	\$ 101.00
99232	99232	SUBSEQUENT HOSPITAL CARE	\$ 167.00
99233	99233	SUBSEQUENT HOSPITAL CARE	\$ 265.00
99234	99234	OBSERV/HOSP SAME DATE	\$ 343.00
99235	99235	OBSERV/HOSP SAME DATE	\$ 423.00
99236	99236	OBSERV/HOSP SAME DATE	\$ 626.00
99238	99238	HOSPITAL DISCHARGE DAY	\$ 183.00
99239	99239	HOSPITAL DISCHARGE DAY	\$ 284.00
99242	99242	OFFICE CONSULTATION >20minutes	\$ 209.00
99243	99243	OFFICE CONSULTATION >30minutes	\$ 313.00
99244	99244	OFFICE CONSULTATION >40minutes	\$ 437.00
99245	99245	OFFICE CONSULTATION >55minutes	\$ 522.00
99252	99252	INPATIENT CONSULT > 35 minutes	\$ 219.00
99253	99253	INPATIENT CONSULT > 45 minutes	\$ 346.00
99254	99254	INPATIENT CONSULT > 60 minutes	\$ 438.00
99255	99255	INPATIENT CONSULT > 80 minutes	\$ 564.00
99281	99281	EMERGENCY DEPT VISIT	\$ 139.00
99282	99282	EMERGENCY DEPT VISIT	\$ 179.00
99283	99283	EMERGENCY DEPT VISIT	\$ 444.00
99284	99284	EMERGENCY DEPT VISIT	\$ 763.00
99285	99285	EMERGENCY DEPT VISIT	\$ 1,294.00
99288	99288	DIRECT ADVANCED LIFE SUPPORT	\$ 238.00
99291	99291	CRITICAL CARE, FIRST HOUR	\$ 793.00
99292	99292	CRITICAL CARE, ADDL 30 MIN	\$ 400.00
99304	99304	NURSING FACILITY CARE, INIT	\$ 193.00
99305	99305	NURSING FACILITY CARE, INIT	\$ 261.00
99306	99306	NURSING FACILITY CARE, INIT	\$ 313.00
99307	99307	NURSING FAC CARE, SUBSEQ	\$ 88.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
99308	99308	NURSING FAC CARE, SUBSEQ	\$ 136.00
99309	99309	NURSING FAC CARE, SUBSEQ	\$ 183.00
99310	99310	NURSING FAC CARE, SUBSEQ	\$ 261.00
99315	99315	NURSING FAC DISCHARGE DAY	\$ 147.00
99316	99316	NURSING FAC DISCHARGE DAY	\$ 218.00
99341	99341	HOME VISIT, NEW PATIENT	\$ 110.00
99342	99342	HOME VISIT, NEW PATIENT	\$ 146.00
99344	99344	HOME VISIT, NEW PATIENT	\$ 292.00
99345	99345	HOME VISIT, NEW PATIENT	\$ 361.00
99347	99347	HOME VISIT, EST PATIENT	\$ 102.00
99348	99348	HOME VISIT, EST PATIENT	\$ 141.00
99349	99349	HOME VISIT, EST PATIENT	\$ 209.00
99350	99350	HOME VISIT, EST PATIENT	\$ 293.00
99358	99358	PROLONGED SERVICE, W/O CONTACT	\$ 232.00
99359	99359	PROLONGED SERVICE, W/O CONTACT	\$ 146.00
99360	99360	PHYSICIAN STANDBY SERVICES	\$ 222.00
99366	99366	TEAM CONF W/PAT BY HC PRO	\$ 126.00
99367	99367	TEAM CONF W/O PAT BY PHYS	\$ 157.00
99368	99368	TEAM CONF W/O PAT HC PRO	\$ 126.00
99374	99374	HOME HEALTH CARE SUPERVISION	\$ 144.00
99375	99375	HOME HEALTH CARE SUPERVISION	\$ 200.00
99377	99377	HOSPICE CARE SUPERVISION	\$ 158.00
99378	99378	HOSPICE CARE SUPERVISION	\$ 257.00
99379	99379	NURSING FAC CARE SUPERVISION	\$ 152.00
99380	99380	NURSING FAC CARE SUPERVISION	\$ 220.00
99381	99381	PREV VISIT, NEW INFANT	\$ 204.00
99382	99382	PREV VISIT, NEW, AGE 1-4	\$ 204.00
99383	99383	PREV VISIT, NEW, AGE 5-11	\$ 217.00
99384	99384	PREV VISIT, NEW, AGE 12-17	\$ 235.00
99385	99385	PREV VISIT, NEW, AGE 18-39	\$ 278.00
99386	99386	PREV VISIT, NEW, AGE 40-64	\$ 313.00
99387	99387	PREV VISIT, NEW, 65 & OVER	\$ 322.00
99391	99391	PREV VISIT, EST, INFANT	\$ 175.00
99392	99392	PREV VISIT, EST, AGE 1-4	\$ 188.00
99393	99393	PREV VISIT, EST, AGE 5-11	\$ 192.00
99394	99394	PREVENTIVE VISIT, EST, AGE 12-	\$ 213.00
99395	99395	PREV VISIT, EST, AGE 18-39	\$ 245.00
99396	99396	PREV VISIT, EST, AGE 40-64	\$ 261.00
99397	99397	PREV VISIT, EST, 65 & OVER	\$ 261.00
99401	99401	PREVENTIVE COUNSELING, INDIV	\$ 78.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
99402	99402	PREVENTIVE COUNSELING, INDIV	\$ 141.00
99403	99403	PREVENTIVE COUNSELING, INDIV	\$ 218.00
99404	99404	PREVENTIVE COUNSELING, INDIV	\$ 264.00
99406	99406	BEHAV CHNG SMOKING 3-10 MIN	\$ 32.00
99407	99407	BEHAV CHNG SMOKING < 10 MIN	\$ 63.00
99408	99408	AUDIT/DAST, 15-30 MIN	\$ 69.00
99409	99409	AUDIT/DAST, OVER 30 MIN	\$ 123.00
99411	99411	PREVENTIVE COUNSELING, GROUP	\$ 52.00
99412	99412	PREVENTIVE COUNSELING, GROUP	\$ 67.00
99415	99415	PROLONG CLINCL STAFF SVC	\$ 31.00
99416	99416	PROLONG CLINCL STAFF SVC ADD	\$ 22.00
99417	99417	PROLNG OP E/M EACH 15 MIN	\$ 73.00
99421	99421	OL DIG E/M SVC 5-10 MIN	\$ 41.00
99422	99422	OL DIG E/M SVC 11-20 MIN	\$ 78.00
99423	99423	OL DIG E/M SVC 21+ MIN	\$ 123.00
99424	99424	PRIN CARE MGMT PHYS 1ST 30	\$ 125.00
99426	99426	PRIN CARE MGMT STAFF 1ST 30	\$ 131.00
99427	99427	PRIN CARE MGMT STAFF EA ADDL	\$ 78.00
99437	99437	CHRNC CARE MGMT PHYS EA ADDL	\$ 99.00
99439	99439	CHRNC CARE MGMT STAF EA ADDL	\$ 80.00
99441	99441	PHONE E/M BY PHYS 5-10 MIN	\$ 104.00
99442	99442	PHONE E/M BY PHYS 11-20 MIN	\$ 157.00
99443	99443	PHONE E/M BY PHYS 21-30 MIN	\$ 236.00
99446	99446	INTERPROF PHONE/ONLINE 5-10	\$ 60.00
99447	99447	INTERPROF PHONE/ONLINE 11-20	\$ 116.00
99448	99448	INTERPROF PHONE/ONLINE 21-30	\$ 145.00
99449	99449	NTRPROF PH1/NTRNET/EH 31/>	\$ 185.00
99450	99450	LIFE/DISABILITY EVALUATION	\$ 151.00
99451	99451	TH-CONSULT MD REPORT 5 MIN/>	\$ 101.00
99452	99452	TH-REQUEST MD SERVICE 30 MIN	\$ 105.00
99453	99453	REM MNTR PHYSIOL PARAM SETUP	\$ 49.00
99454	99454	REM MNTR PHYSIOL PARAM DEV	\$ 125.00
99455	99455	DISABILITY EXAMINATION	\$ 157.00
99456	99456	DISABILITY EXAMINATION	\$ 576.00
99457	99457	REM PHYSIOL MNTR 1ST 20 MIN	\$ 104.00
99458	99458	REM PHYSIOL MNTR EA ADDL 20	\$ 89.00
99460	99460	INIT NB EM PER DAY, HOSP	\$ 223.00
99461	99461	INIT NB EM PER DAY, NON-FAC	\$ 282.00
99462	99462	SBSQ NB EM PER DAY, HOSP	\$ 113.00
99463	99463	SAME DAY NB DISCHARGE	\$ 284.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
99464	99464	ATTENDANCE AT DELIVERY	\$ 270.00
99465	99465	NB RESUSCITATION	\$ 522.00
99466	99466	PED CRIT CARE TRANSPORT	\$ 618.00
99467	99467	PED CRIT CARE TRANSPORT ADDL	\$ 282.00
99468	99468	NEONATE CRIT CARE, INITIAL	\$ 2,673.00
99469	99469	NEONATE CRIT CARE, SUBSQ	\$ 1,175.00
99471	99471	PED CRITICAL CARE, INITIAL	\$ 2,606.00
99472	99472	PED CRITICAL CARE, SUBSQ	\$ 1,463.00
99475	99475	PED CRIT CARE AGE 2-5, INIT	\$ 1,913.00
99476	99476	PED CRIT CARE AGE 2-5, SUBSQ	\$ 1,209.00
99477	99477	INIT DAY HOSP NEONATE CARE	\$ 1,190.00
99478	99478	IC, LBW INF < 1500 GM SUBSQ	\$ 494.00
99479	99479	IC, LBW INF 1500-2500 G SUBS	\$ 450.00
99480	99480	IC INF PBW 2501-5000 G SUBS	\$ 428.00
99483	99483	ASSMT & CARE PLN PT COG IMP	\$ 799.00
99484	99484	CARE MGMT SVC BHVL HLTH COND	\$ 161.00
99485	99485	SUPRV INTERFACILITY TRANSPORT	\$ 209.00
99486	99486	SUPRV INTERFAC TRNSPORT ADDL	\$ 177.00
99487	99487	COMPLX CHRON CARE W/O PT VISIT	\$ 159.00
99489	99489	COMPLX CHRON CARE ADDL 30 MIN	\$ 94.00
99490	99490	CHRON CARE MGMT SRVC 20 MIN	\$ 94.00
99491	99491	CHRNC CARE MGMT PHYS 1ST 30	\$ 144.00
99492	99492	1ST PSYC COLLAB CARE MGMT	\$ 340.00
99493	99493	SBSQ PSYC COLLAB CARE MGMT	\$ 280.00
99494	99494	1ST/SBSQ PSYC COLLAB CARE	\$ 159.00
99495	99495	TRANS CARE MGMT 14 DAY DISCH	\$ 365.00
99496	99496	TRANS CARE MGMT 7 DAY DISCH	\$ 479.00
99497	99497	ADVNC D CARE PLAN 30 MIN	\$ 166.00
99498	99498	ADVNC D CARE PLAN ADDL 30 MIN	\$ 161.00
99506	99506	HOME VISIT IM INJECTION	\$ 56.00
99601	99601	HOME INFUSION/VISIT 2 HRS	\$ 332.00
99602	99602	HOME INFUSION EACH ADDTL HR	\$ 201.00
99605	99605	MTMS BY PHARM NP 15 MIN	\$ 84.00
99606	99606	MTMS BY PHARM EST 15 MIH	\$ 79.00
99607	99607	MTMS BY PHARM ADDL 15 MIH	\$ 39.00
99608	G0296	Lung Cancer Screening	\$ 74.87
99702	99702	ADDTL SUPP,MATE AND CLINICAL	\$ -
900088		PHYSICAL EXAM-ANNUAL	\$ 138.27
2210004	10004	FNA BX W/O IMG GDN EA ADDL	\$ 176.00
2210005	10005	FNA BX W/US GDN 1ST LES	\$ 412.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2210006	10006	FNA BX W/US GDN EA ADDL	\$ 198.00
2210007	10007	FNA BX W/FLUOR GDN 1ST LES	\$ 957.00
2210008	10008	FNA BX W/FLUOR GDN EA ADDL	\$ 529.00
2210009	10009	FNA BX W/CT GDN 1ST LES	\$ 1,521.00
2210010	10010	FNA BX W/CT GDN EA ADDL	\$ 917.00
2210011	10011	FNA BX W/MR GDN 1ST LES	\$ 715.00
2210012	10012	FNA BX W/MR GDN EA ADDL	\$ 529.00
2210021	10021	FNA W/O IMAGE	\$ 330.00
2210030	10030	GUIDE CATHET FLUID DRAINAGE	\$ 753.00
2210160	10160	PUNCTURE DRAINAGE OF LESION	\$ 305.00
2215819	15819	PLASTIC SURGERY NECK	\$ 2,026.00
2219000	19000	DRAINAGE OF BREAST LESION	\$ 315.00
2219001	19001	MD PUNCTURE ASPIRATION OF CYST	\$ 102.00
2219030	19030	INJECTION FOR BREAST X-RAY	\$ 425.00
2219081	19081	BIOPS BREAST W/PLACM DEV W/STE	\$ 2,166.00
2219083	19083	BIPS BRST W/PLCM DEV W/ULTR FS	\$ 2,121.00
2219084	19084	MD BREAST BIOPSY WITH DEVICE P	\$ 1,702.00
2219281	19281	PLACM DEV W/MAM GUID FIRST	\$ 476.00
2219282	19282	PERQ DEVICE BREAST EA IMAG	\$ 310.00
2219285	19285	PLACEMENT DEVICE W/ULTRAS GUID	\$ 452.00
2219286	19286	PLACEMENT DEVICE W/ULTRAS GUID	\$ 240.00
2219287	19287	PLACEMENT DEVICE W/MR GUID FIR	\$ 893.00
2219288	19288	PLACEMENT DEVICE W/MR GUID ADD	\$ 434.00
2219294	19294	PREPJ TUM CAV IORT PRTL MAST	\$ 522.00
2220206	20206	NEEDLE BIOPSY MUSCLE	\$ 385.00
2220220	20220	BONE BIOPSY	\$ 437.00
2220225	20225	BONE BIOPSY	\$ 818.00
2220501	20501	INJECT SINUS TRACT FOR X-RAY	\$ 199.00
2220552	20552	20552 INJECTION TRIGGER POINT,	\$ 160.00
2220553	20553	INJECTION TRIGGER POINTS	\$ 194.00
2220560	20560	NDL INSJ W/O NJX 1 OR 2 MUSC	\$ 43.00
2220561	20561	NDL INSJ W/O NJX 3+ MUSC	\$ 65.00
2220604	20604	DRAIN/INJJOINT BURSA W/US	\$ 213.00
2220605	20605	DRAIN/INJ INTER JOINT/BURSA	\$ 151.00
2220606	20606	DRAIN/INJ JOINT/BURSA W/US	\$ 253.00
2220610	20610	DRAIN/INJ MAJOR JOINT/BURSA W/	\$ 200.00
2220611	20611	DRAIN/INJ JOINT/BURSA W/US	\$ 307.00
2220612	20612	ASPIRATE/INJ GANGLION CYST	\$ 161.00
2220615	20615	TREATMENT OF BONE CYST	\$ 515.00
2220939	20939	BONE MARROW ASPIR BONE GRFG	\$ 269.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2221116	21116	INJECTION JAW JOINT X-RAY	\$ 324.00
2222510	22510	PERQ CERVICOTHORACIC INJECT	\$ 2,008.00
2222586	22586	PRESCLR FUSE W/INSTR 15/S1	\$ 7,298.00
2223350	23350	INJECTION FOR SHOULDER X-RAY	\$ 512.00
2224220	24220	INJECTION FOR ELBOW X-RAY	\$ 540.00
2225246	25246	INJECTION FOR WRIST X-RAY	\$ 564.00
2226010	26010	DRAINAGE OF FINGER ABSCESS	\$ 723.00
2226011	26011	DRAINAGE OF FINGER ABSCESS	\$ 1,018.00
2226020	26020	DRAIN HAND TENDON SHEATH	\$ 1,458.00
2226025	26025	DRAIN OF PALM BURSA	\$ 1,365.00
2226030	26030	DRAINAGE OF PALM BURSAS	\$ 1,668.00
2226990	26990	DRAINAGE OF PELVIS LESION	\$ 1,943.00
2227093	27093	INJECTION FOR HIP X-RAY	\$ 705.00
2227095	27095	INJECTION FOR HIP X-RAY	\$ 824.00
2227096	27096	INJECT SACROILIAC JOINT	\$ 669.00
2227301	27301	DRAIN THIGH/KNEE LESION	\$ 1,834.00
2227369	27369	NJX CNTRST KNE ARTHG/CT/MRI	\$ 610.00
2227603	27603	DRAIN LOWER LEG LESION	\$ 1,383.00
2227648	27648	INJECTION FOR ANKLE X-RAY	\$ 479.00
2231298	31298	NSL/SINS NDSC SURG FRNT&SPHN	\$ 9,876.00
2232400	32400	NEEDLE BIOPSY CHEST LINING	\$ 422.00
2232408	32408	CORE NDL BX IMG/MED PERQ	\$ 478.00
2232550	32550	INSERT PLERAL CATH	\$ 1,286.00
2232551	32551	INSERTION OF CHEST TUBE	\$ 604.00
2232552	32552	MD REMOVAL TUNNELED PLEURAL CA	\$ 568.00
2232554	32554	ASPIRATE PLEURA W/O IMAGING	\$ 570.00
2232555	32555	ASPIRATE PLEURA W/ IMAGING	\$ 522.00
2232556	32556	MD DRAINAGE PLEURAL, W/ INSRTD	\$ 838.00
2232557	32557	INSERT CATH PLEURA W/ IMAGE	\$ 756.00
2232560	32560	MD PLEURODESIS INSTILLATION VI	\$ 516.00
2232561	32561	MD FIBRINOLYSIS INSTILLATION	\$ 288.00
2232562	32562	LYSE CHEST FIBRIN SUBSQ DAY	\$ 234.00
2233016	33016	PERICARDIOCENTESIS W/IMAGING	\$ 732.00
2233017	33017	PRCRD DRG 6YR+ W/O CGEN CAR	\$ 749.00
2233018	33018	PRCRD DRG 0-5YR OR W/ANOMLY	\$ 850.00
2233019	33019	PERQ PRCRD DRG INSJ CATH CT	\$ 775.00
2233267	33267	EXCL LAA OPEN ANY METHOD	\$ 3,012.00
2233268	33268	EXCL LAA OPN OTH PX ANY METH	\$ 414.00
2233269	33269	EXCL LAA THRSCP ANY METHOD	\$ 2,499.00
2233274	33274	TCAT INSJ/RPL PERM LDLS PM	\$ 1,444.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2233275	33275	TCAT RMVL PERM LDLS PM W/IMG	\$ 1,762.00
2233285	33285	INSJ SUBQ CAR RHYTHM MNTR	\$ 10,329.00
2233286	33286	RMVL SUBQ CAR RHYTHM MNTR	\$ 339.00
2233289	33289	TCAT IMPL WRLS P-ART PRS SNR	\$ 1,044.00
2233363	33363	REPLACE AORTIC VALVE OPEN	\$ 4,105.00
2233370	33370	TCAT PLMT&RMVL CEPD PERQ	\$ 420.00
2233509	33509	NDSC HRV UXTR ART 1 SGM CAB	\$ 501.00
2233866	33866	AORTIC HEMIARCH GRAFT	\$ 3,534.00
2233871	33871	TRANSVRS A-ARCH GRF HYPHRM	\$ 12,704.00
2233894	33894	EVASC ST RPR THRC/AA ACRS BR	\$ 3,622.00
2233895	33895	EVASC ST RPR THRC/AA X CRSG	\$ 2,825.00
2233897	33897	PERQ TRLUML ANGP NT/RECR COA	\$ 1,998.00
2234701	34701	EVASC RPR A-AO NDGFT	\$ 5,657.00
2234702	34702	EVASC RPR A-AO NDGFT RPT	\$ 8,450.00
2234703	34703	EVASC RPR A-UNILAC NDGFT	\$ 6,374.00
2234704	34704	EVASC RPR A-UNILAC NDGFT RPT	\$ 10,602.00
2234706	34706	EVASC RPR A-BILIAC RPT	\$ 10,569.00
2234707	34707	EVASC RPR ILIO -ILIAC NDGFT	\$ 5,275.00
2234708	34708	EVASC RPR ILIO -ILIAC RPT	\$ 8,490.00
2234709	34709	PLMT XTN PROSTH EVASC RPR	\$ 1,485.00
2234710	34710	DLYD PLMT XTN PROSTH 1ST VSL	\$ 3,682.00
2234711	34711	DLYD PLMT XTN PROSTH EA ADDL	\$ 1,371.00
2234712	34712	TCAT DLVR ENHNCD FIXJ DEV	\$ 2,015.00
2234713	34713	PERQ ACCESS & CLSR FEM ART	\$ 404.00
2234714	34714	OPN FEM ART EXPOS CNDT CRTJ	\$ 853.00
2234715	34715	OPN AX/SUBCLA ART EXPOS	\$ 998.00
2234716	34716	OPN AX/SUBCLA ART EXPOS CNDT	\$ 1,315.00
2235190	35190	REPAIR BLOOD VESSEL LESION	\$ 2,372.00
2235702	35702	EXPL N/FLWD SURG UXTR ART	\$ 1,231.00
2235703	35703	EXPL N/FLWD SURG LXTR ART	\$ 1,292.00
2236000	36000	PLACE NEEDLE IN VEIN	\$ 85.00
2236002	36002	PSEUDOANEURYSM INJECTION TRT	\$ 447.00
2236005	36005	INJECTION EXT VENOGRAPHY	\$ 365.00
2236010	36010	PLACE CATHETER IN VEIN	\$ 1,440.00
2236011	36011	MD CATH PLCMNT VENOUS 1ST ORDR	\$ 2,161.00
2236012	36012	PLACE CATHETER IN VEIN	\$ 2,546.00
2236013	36013	MD INTRO CATH RT HRT MAIN PU	\$ 709.00
2236014	36014	MD CATH PLCMNT RT/LT PULMON AR	\$ 785.00
2236015	36015	MD CATH PLCMNT PULMONARY ART	\$ 991.00
2236100	36100	MD INTRO NDL/CATH CAROTID/VER	\$ 970.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2236140	36140	ESTABLISH ACCESS TO ARTERY	\$ 599.00
2236200	36200	PLACE CATHETER IN AORTA	\$ 856.00
2236215	36215	PLACE CATHETER IN ARTERY	\$ 3,135.00
2236216	36216	ANGIO-THORACIC BRACHIO 2 ORDER	\$ 1,363.00
2236217	36217	ANGIO-THORACIC BRACHIO 3 ORDER	\$ 1,728.00
2236218	36218	MD THORACIC/BRACHI ANGIO ADDL	\$ 373.00
2236221	36221	MD XTRACRANIAL CAROTID/VERT/IN	\$ 1,240.00
2236222	36222	PLACE CATH CAROTID/INM ART	\$ 1,423.00
2236223	36223	MD IPSILAT INTRACRANIAL CAROTI	\$ 1,556.00
2236224	36224	MD IPSILAT INTRACRANIAL CAROTI	\$ 1,878.00
2236225	36225	MD IPSILAT VERT/CERVICOCEREBRA	\$ 1,442.00
2236226	36226	MD IPSILAT VERT/CERVICOCEREBRA	\$ 1,871.00
2236227	36227	MD IPSILAT EXT CAROTID ANGIO U	\$ 563.00
2236228	36228	MD SELECTD VESSEL ANGIO UNI I	\$ 1,150.00
2236245	36245	PLACE CATHETER IN ARTERY	\$ 1,195.00
2236246	36246	PLACE CATHETER IN ARTERY	\$ 1,276.00
2236247	36247	PLACE CATHETER IN ARTERY	\$ 1,641.00
2236248	36248	PLACE CATHETER IN ARTERY	\$ 283.00
2236251	36251	INS CATH REN ART 1ST UNILAT	\$ 1,355.00
2236252	36252	MD RENAL ANGIO 1ST ORDER BIL	\$ 1,588.00
2236253	36253	MD RENAL ANGIO 1+2+> UNI	\$ 1,661.00
2236254	36254	MD SUPER SEL CATH ARTERIAL 1	\$ 2,047.00
2236465	36465	NJX NONCMPND SCLRSNT 1 VEIN	\$ 3,716.00
2236466	36466	NJX NONCMPND SCLRSNT MLT VN	\$ 4,176.00
2236475	36475	ENDOVENOUS RF 1ST VEIN	\$ 4,690.00
2236476	36476	ENDOVENOUS RF VEIN ADD-ON	\$ 1,075.00
2236478	36478	ENDOVENOUS LASER IST VEIN	\$ 3,928.00
2236481	36481	INSERTION OF CATHETER VEIN	\$ 2,032.00
2236482	36482	ENDOVEN THER CHEM ADHES 1ST	\$ 4,888.00
2236483	36483	ENDOVEN THER CHEM ADHES SBSQ	\$ 466.00
2236500	36500	INSERTION OF CATHETER VEIN	\$ 648.00
2236555	36555	INSERT NON-TUNNEL CV CATH	\$ 699.00
2236556	36556	INSERT NON-TUNNEL CV CATH	\$ 626.00
2236557	36557	MD INSERT TUNNEL CVC WITHOUT	\$ 1,961.00
2236558	36558	INSERT TUNNELED CV CATH	\$ 1,423.00
2236560	36560	INSERT TUNNELED CV CATH	\$ 2,339.00
2236561	36561	MD INSERT TUNNEL CV WITH SUBC	\$ 1,942.00
2236563	36563	MD INSERTION OF TUNNELED CVC W	\$ 1,793.00
2236565	36565	MD INSERT CVC TUNNEL 2 CATHET	\$ 1,566.00
2236566	36566	MD INSERT TUNNEL CVC DEVICE 2	\$ 1,842.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2236568	36568	INSERT PICC CATH	\$ 616.00
2236569	36569	INSERT PICC CATH	\$ 570.00
2236570	36570	MD PICC INSERT WITH PORT YOUNG	\$ 1,849.00
2236571	36571	INSERT PICVAD CATH	\$ 2,356.00
2236572	36572	INSJ PICC RSI <5 YR	\$ 648.00
2236573	36573	INSJ PICC RSI 5 YR+	\$ 609.00
2236575	36575	MD PRO CV REPAIR NONTUNL/TUNNE	\$ 521.00
2236576	36576	MD REPAIR OF CENTRAL VENOUS AC	\$ 870.00
2236578	36578	REPLACE TUNNELED CV CATH	\$ 951.00
2236580	36580	REPLACE CVAD CATH	\$ 427.00
2236581	36581	REPLACWE TUNNELED CV CATH	\$ 1,038.00
2236582	36582	MD REPLACEMENT COMPLETE TUNNEL	\$ 1,600.00
2236583	36583	MD REPLACEMENT COMPLETE TUNNEL	\$ 1,535.00
2236584	36584	REPLACE PICC CATH	\$ 367.00
2236585	36585	MD REPLACEMENT PICC SAME SITE	\$ 1,769.00
2236589	36589	REMOVAL TUNNELED CV CATH	\$ 544.00
2236590	36590	MD REMOVAL OF TUNNEL DEVICE WI	\$ 798.00
2236593	36593	MD DECLEOTTING W/ THROMBOLYTIC	\$ 105.00
2236595	36595	MD MECH REMOV PERICATHETER	\$ 1,560.00
2236596	36596	MECH REMOV TUNNELED CV CATH	\$ 227.00
2236597	36597	MD CV CATHETER REPOSITION UNDE	\$ 270.00
2236598	36598	INJ W/FLUOR EVAL CV DEVICE	\$ 331.00
2236620	36620	INSERTION CATHETER ARTERY	\$ 338.00
2236861	36861	CANNULA DECLEOTTING	\$ 342.00
2236901	36901	INTRO CATH DIALYSIS CIRCUIT	\$ 1,790.00
2236902	36902	INTRO CATH DIALYSIS CIRCUIT	\$ 3,432.00
2236903	36903	INTRO CATH DIALYSIS CIRCUIT	\$ 14,941.00
2236904	36904	THRMBC/NFS DIALYSIS CIIRCUIT	\$ 4,622.00
2236905	36905	THRMBC/NFS DIALYSIS CIRCUIT	\$ 6,486.00
2236906	36906	THRMBC/NFS DIALYSIS CIRCUIT	\$ 19,851.00
2236907	36907	BALO ANGIOP CTR DIALYSIS SEG	\$ 2,176.00
2236908	36908	STENT PLMT CTR DIALYSIS SEG	\$ 6,663.00
2236909	36909	DIALYSIS CIRCUIT EMBOLJ	\$ 5,664.00
2237182	37182	MD INSRT HEPATIC SHUNT (TIPS)	\$ 3,397.00
2237183	37183	MD REVISE TIPS SHUNT W/IMAGING	\$ 1,828.00
2237184	37184	MD THROMBOECTOMY NONCORONARY	\$ 2,071.00
2237185	37185	MD THROMBOECTOMY ART 2ND/SUBS	\$ 783.00
2237186	37186	MD THROMBOECTOMY ART NONCORON	\$ 1,196.00
2237187	37187	MD THROMBECTOMY MECH THROMBO	\$ 1,729.00
2237188	37188	MD THROMBECTOMY MECH THROMBO	\$ 1,243.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2237191	37191	INS ENDOVAS VENA CAVA FILTR	\$ 1,260.00
2237192	37192	MD IVC FILTER REPOSITIONING	\$ 1,590.00
2237193	37193	REM ENDOVAS VENA CAVA FILTER	\$ 1,671.00
2237195	37195	MD THROMBOLYSIS CEREBRAL INT	\$ 1,395.00
2237197	37197	TRANSCATH RETRIEVAL FB PERC	\$ 1,761.00
2237200	37200	TRANSCATHETER BIOPSY	\$ 948.00
2237211	37211	THROMBOLYTIC ART THERAPY	\$ 1,257.00
2237212	37212	MD TRANSCATHETER THERAPY VENO	\$ 1,122.00
2237213	37213	MD TRANSCATHETER THERAPY ARTE	\$ 822.00
2237214	37214	MD TRANSCATHETER THERAPY CESS	\$ 431.00
2237215	37215	MD STNT PLCMNT CERVICAL ART	\$ 3,358.00
2237216	37216	MD STNT PLCMNT CERVICAL ART	\$ 3,432.00
2237217	37217	MD STNT PLACEMENT INTRAVASCULA	\$ 3,463.00
2237218	37218	STENT PLACEMT ANTE CAROTID	\$ 2,526.00
2237220	37220	ILIAC REVASC	\$ 7,481.00
2237221	37221	ILIAC REVASC W/STENT	\$ 11,124.00
2237222	37222	ILIAC REVASC ADD-ON	\$ 2,339.00
2237223	37223	ILIAC REVASC W/STENT ADD-ON	\$ 6,219.00
2237224	37224	FEM/POPL REVAS W/TLA	\$ 9,090.00
2237225	37225	FEM/POPL REVAS W/ATHER	\$ 27,094.00
2237226	37226	FEM/POPL REVASC W/STENT	\$ 22,912.00
2237227	37227	FEM/POPL REVASC STNT & ATHER	\$ 32,303.00
2237228	37228	TIB/PER REVASC W/TLA	\$ 13,415.00
2237229	37229	TIB/PER REVASC W/ATHER	\$ 26,835.00
2237230	37230	MD REVAS TIB/PER UNISTNT	\$ 21,850.00
2237231	37231	TIB/PER REVASC STENT & ATHER	\$ 35,946.00
2237232	37232	TIB/PER REVASC ADD-ON	\$ 3,553.00
2237233	37233	TIBPER REVASC W/ATHER ADD-ON	\$ 3,665.00
2237234	37234	REVSC OPN/PRQ TIB/PERO STENT	\$ 11,102.00
2237235	37235	TIB/PER REVASC STNT & ATHER	\$ 9,690.00
2237236	37236	MD STNT PLCMNT CERVICAL CAROTI	\$ 8,999.00
2237237	37237	MD STNT PLCMNT ADDL CERVICAL C	\$ 5,186.00
2237238	37238	MD TRANSCATH STNT PLCMNT INIT	\$ 12,051.00
2237239	37239	MD TRANSCATH STNT PLCMNT ADDL	\$ 5,378.00
2237241	37241	VASC EMBOLIZE/OCCLUDE VENOUS	\$ 10,995.00
2237242	37242	VASC EMBOLIZE/OCCLUDE ARTERY	\$ 21,428.00
2237243	37243	VASC EMBOLIZE/OCCLUDE ORGAN	\$ 27,570.00
2237244	37244	VASC EMBOLIZE/OCCLUDE BLEED	\$ 17,145.00
2237246	37246	TRLUML BALO ANGIOP 1ST ART	\$ 6,349.00
2237247	37247	TRLUML BALO ANGIOP ADDL ART	\$ 2,099.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2237248	37248	TRLUML BALO ANGIO 1ST VEIN	\$ 4,268.00
2237249	37249	TRLUML BALO ANGIOP ADDL VEIN	\$ 1,927.00
2237252	37252	MD US INTRAVAS NONCORONARY INI	\$ 3,352.00
2237253	37253	INTRAVASC US NONCORONARY ADDI	\$ 574.00
2237761	37761	LIGATE LEG VEINS OPEN	\$ 1,722.00
2238200	38200	INJECTION FOR SPLEEN X-RAY	\$ 425.00
2238220	38220	MD ASPIRATION ONLY BONE MARROW	\$ 461.00
2238221	38221	BONE MARROW BIOPSY	\$ 477.00
2238222	38222	DX BONE MARROW BX & ASPIR	\$ 504.00
2238500	38500	BIOPSY/REMOVAL LYMPH NODES	\$ 841.00
2238505	38505	NEEDLE BIOPSY LYMPH NODES	\$ 340.00
2238790	38790	INJECT FOR LYMPHATIC X-RAY	\$ 326.00
2238792	38792	IDENTIFY SENTINEL NODE	\$ 161.00
2242400	42400	BIOPSY OF SALIVARY GLAND	\$ 294.00
2242405	42405	BIOPSY OF SALIVARY GLAND	\$ 750.00
2242550	42550	INJECTION FOR SALIVARY X-RAY	\$ 338.00
2243123	43123	PARTIAL REMOVAL OF ESOPHAGUS	\$ 13,348.00
2243194	43194	ESPHG RGD DX BRSH/WASH W/REML	\$ 537.00
2243195	43195	ESPHG RGD DX BRSH/WASH W/DIAL	\$ 600.00
2243196	43196	ESPHG RGD DX BRSH/WASH W/WIR D	\$ 660.00
2243212	43212	ESPHG FLX TROR DX BRSH/WSH STN	\$ 675.00
2243214	43214	ESPHG FLX TRR DX BRSH/WSH DIL3	\$ 636.00
2243215	43215	ESOPHAGUS ENDOSCOPY	\$ 808.00
2243226	43226	ESOPH ENDOSCOPY DILATION	\$ 711.00
2243245	43245	OPERATIVE UPPER GI ENDOSCOPY	\$ 882.00
2243246	43246	PLACE GASTROSTOMY TUBE	\$ 831.00
2243247	43247	OPERATIVE UPPER GI ENDOSCOPY	\$ 825.00
2243248	43248	UPPR GI ENDOSCOPY/GUIDEWIRE	\$ 749.00
2243249	43249	ESOPH ENDOSCOPY DILATION	\$ 794.00
2243260	43260	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,161.00
2243262	43262	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,365.00
2243264	43264	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,613.00
2243265	43265	ENDO CHOLANGIOPANCREATOGRAPH	\$ 1,661.00
2243266	43266	ESOPHGASDUODSCPY W/STNT	\$ 826.00
2243274	43274	ERCP W/STENT BILI OR PANCR	\$ 1,610.00
2243275	43275	ERCP W/RMVL FORG OR STENT	\$ 1,280.00
2243276	43276	ERCP W/RMVL OR EXCH STENT	\$ 1,687.00
2243277	43277	ERCP W/DIAL EACH	\$ 1,254.00
2243453	43453	DILATE ESOPHAGUS	\$ 654.00
2243752	43752	NASAL/OROGASTRIC W/TUBE PLMT	\$ 161.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2243756	43756	DX DUOD INTUB W/ASP, W/IMAGE	\$ 647.00
2243761	43761	REPOSITION GASTROSTOMY TUBE	\$ 370.00
2243762	43762	RPLC GTUBE NO REVJ TRC	\$ 419.00
2243763	43763	RPLC GTUBE REVJ GSTRST TRC	\$ 543.00
2244381	44381	SMALL BOWEL ENDOSCOPY BR/WA	\$ 1,136.00
2244384	44384	SMALL BOWEL ENDOSCOPY	\$ 576.00
2244402	44402	COLONOSCOPY W/STENT PLCMT	\$ 877.00
2244405	44405	COLONOSCOPY W/DILATION	\$ 946.00
2244500	44500	INTRO GASTROINTESTINAL TUBE	\$ 100.00
2245303	45303	PROCTOSIGMOIDOSCOPY	\$ 1,831.00
2245332	45332	SIGMOIDOSCOPY W/FB REMOVAL	\$ 646.00
2245340	45340	SIG W/BALLOON DILATION	\$ 769.00
2245347	45347	SIGMOIDOSCOPY W/PLCMT STENT	\$ 578.00
2245379	45379	COLONOSCOPY W/ FB REMOVAL	\$ 1,242.00
2245386	45386	COLONOSCOPY DILATE STRICTURE	\$ 1,377.00
2245389	45389	COLONOSCOPY W/STNT PLCMT	\$ 1,061.00
2247000	47000	NEEDLE BIOPSY OF LIVER	\$ 567.00
2247001	47001	NEEDLE BIOPSY LIVER ADD-ON	\$ 338.00
2247380	47380	MD ABLATION OPEN 1 OR MORE LIV	\$ 4,433.00
2247381	47381	MD ABLATION OPEN 1 OR MORE LIV	\$ 4,439.00
2247382	47382	MD ABLATION OPEN 1 OR MORE LIV	\$ 3,546.00
2247383	47383	PERC ABLATE LIVER TUMOR, CRYO	\$ 1,954.00
2247490	47490	PERCUTANEOUS CHOLECYSTOSTOMY	\$ 1,490.00
2247531	47531	INJECTION FOR CHOLANGIOGRAM	\$ 393.00
2247532	47532	MD INJ CHOLANG W/IMAGING NEW	\$ 889.00
2247533	47533	MD PLCMT BILI DRN EXT CATH W/	\$ 1,208.00
2247534	47534	PLMT BILIARY DRAINAGE CATH	\$ 1,784.00
2247535	47535	MD CNVT EXT BILI DRN CATH TO I	\$ 1,013.00
2247536	47536	MD XCHG BILI DRN CATH W/IMG	\$ 685.00
2247537	47537	MD RMV BILI DRN CATH W/IMG	\$ 434.00
2247538	47538	PLCMT STNT BILE DUCT W/IMG	\$ 1,403.00
2247539	47539	MD PLCMNT BILE DUCT STNT W/IMG	\$ 1,807.00
2247540	47540	MD PLCMNT BILE DUCT STNT W/IM	\$ 1,962.00
2247541	47541	MD PLACEMENT NEW ACCESS THRU B	\$ 1,391.00
2247542	47542	DILATE BILIARY DUCT/AMPULLA	\$ 606.00
2247543	47543	ENDOLUMINAL BX BILIARY TREE	\$ 685.00
2247544	47544	MD RMV STONE/DEBIS BILI DUCT W	\$ 835.00
2247552	47552	MD BILIARY ENDOSCOPY PERQ VIA	\$ 1,124.00
2247553	47553	BILIARY ENDOSCOPY THRU SKIN	\$ 1,063.00
2247554	47554	BILIARY ENDOSCOPY THRU SKIN	\$ 1,725.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2247555	47555	BILIARY ENDOSCOPY THRU SKIN	\$ 1,318.00
2247556	47556	BILIARY ENDOSCOPY THRU SKIN	\$ 1,339.00
2247563	47563	LAPARO CHOLECYSTECTOMY/GRAPH	\$ 2,428.00
2248400	48400	MD INJECTION INTROPERATIVE PAN	\$ 354.00
2249082	49082	ABD PARACENTESIS	\$ 472.00
2249083	49083	ABD PARACENTESIS W/IMAGING	\$ 499.00
2249084	49084	PERITONEAL LAVAGE	\$ 324.00
2249180	49180	BIOPSY ABDOMINAL MASS	\$ 496.00
2249400	49400	AIR INJECTION INTO ABDOMEN	\$ 405.00
2249405	49405	IMAGE CATH FLUID COLLECT VISC	\$ 966.00
2249406	49406	IMAGE CATH FLUID PERI/RETRO	\$ 1,031.00
2249407	49407	IMAGE CATH FLUID TRNS/VGNL	\$ 1,039.00
2249418	49418	INSERT TUN IP CATH PERC	\$ 1,117.00
2249419	49419	INSRT ABDOM CATH FOR CHEMOTX	\$ 1,348.00
2249421	49421	INSERT ABDOMINAL DRAIN	\$ 877.00
2249422	49422	REMOVE PERM CANNULA/CATHETER	\$ 1,136.00
2249423	49423	EXCHANGE DRAINAGE CATHETER	\$ 518.00
2249424	49424	MD DRAINAGE CATHETER CONTRAST	\$ 230.00
2249427	49427	MD INJECTION PROCEDURE EVALUAT	\$ 172.00
2249440	49440	PLACE GASTROSTOMY TUBE PERC	\$ 1,259.00
2249441	49441	MD INSERTION DUODENOSTOMY/JEJU	\$ 1,450.00
2249442	49442	MD INSERTION OF CECOSTOMY OR O	\$ 1,215.00
2249446	49446	MD CONVERSION OF GASTROSTOMY T	\$ 923.00
2249450	49450	MD REPLACEMENT OF GASTROSTOMY	\$ 390.00
2249451	49451	MD REPLACEMENT OF DUODENOSOTMY	\$ 506.00
2249452	49452	REPLACE G-J TUBE PERC	\$ 787.00
2249460	49460	MD MECHANICAL REMOVAL OBSTRUCT	\$ 245.00
2249465	49465	MD CONTRAST INJECTION EXISTING	\$ 169.00
2250080	50080	REMOVAL OF KIDNEY STONE	\$ 2,975.00
2250081	50081	REMOVAL OF KIDNEY STONE	\$ 4,076.00
2250200	50200	BIOPSY OF KIDNEY	\$ 778.00
2250382	50382	CHANGE URETER STENT PERCUT	\$ 1,145.00
2250384	50384	REMOVE URETER STENT	\$ 1,493.00
2250386	50386	REMOVE STENT VIA TRANSURETH	\$ 969.00
2250387	50387	CHANGE NEPHOURETERAL CATH	\$ 591.00
2250389	50389	REMOVE RENAL TUBE W/FLUORO	\$ 376.00
2250390	50390	DRAINAGE OF KIDNEY LESION	\$ 416.00
2250396	50396	MD MANOMETRIC STUDIES THRU NEP	\$ 496.00
2250430	50430	NJX PX NFROSGRM &/URTRGRM	\$ 710.00
2250431	50431	NJX PX NFROSGRM &/URTRGRM	\$ 324.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2250432	50432	PLMT NEPHROSTOMY CATHETER	\$ 1,023.00
2250433	50433	PLMT NEPHROURETERL CATHETER	\$ 1,194.00
2250434	50434	CONVERT NEPHROSTOMY TUBEN	\$ 954.00
2250435	50435	EXCHANGE NEPHROSTOMY CATH	\$ 512.00
2250436	50436	DILAT XST TRC NDURLGC PX	\$ 837.00
2250437	50437	DILAT XST TRC NEW ACCESS RCS	\$ 1,397.00
2250592	50592	PERC RF ABLATE RENAL TUMOR	\$ 1,620.00
2250606	50606	ENDOLUMINAL BX URTR RNL PLVS	\$ 655.00
2250684	50684	INJECTION FOR URETER X-RAY	\$ 347.00
2250688	50688	CHANGE OF URETER TUBE	\$ 308.00
2250693	50693	PLMT URETERAL STENTPRQ	\$ 941.00
2250694	50694	PLMT URETERAL STENT PRQ	\$ 1,130.00
2250695	50695	PLMT URETERAL STENT PRQ	\$ 1,497.00
2250705	50705	URETERAL EMBOLIZATION/OCCL	\$ 863.00
2250706	50706	BALLOON DILATE URTRL STRICTURE	\$ 860.00
2251102	51102	DRAIN BL W/CATH INSERTION	\$ 662.00
2251600	51600	INJECTION FOR BLADDER X-RAY	\$ 618.00
2251605	51605	PREPARATION FOR BLADDER XRAY	\$ 127.00
2251610	51610	INJECTION FOR BLADDER X-RAY	\$ 423.00
2251705	51705	CHANGE OF BLADDER TUBE	\$ 280.00
2251710	51710	CHANGE OF BLADDER TUBE	\$ 405.00
2252310	52310	CYSTOSCOPY AND TREATMENT	\$ 804.00
2252332	52332	CYSTOSCOPY AND TREATMENT	\$ 1,223.00
2253854	53854	TRURL DERTJ PRST8 TISS RF WV	\$ 7,243.00
2255300	55300	PREPARE SPERM DUCT X-RAY	\$ 607.00
2255700	55700	BIOPSY OF PROSTATE	\$ 645.00
2258340	58340	CATHETER FOR HYSTEROGRAPHY	\$ 529.00
2258345	58345	REOPEN FALLOPIAN TUBE	\$ 851.00
2258970	58970	RETRIEVAL OF OOCYTE	\$ 1,416.00
2259000	59000	AMNIOCENTESIS DIAGNOSTIC	\$ 420.00
2259012	59012	FETAL CORD PUNCTURE PRENATAL	\$ 651.00
2259015	59015	CHORION BIOPSY	\$ 538.00
2260100	60100	BIOPSY OF THYROID	\$ 316.00
2260300	60300	MD ASPIRATION AND OR INJECTION	\$ 334.00
2261070	61070	BRAIN CANAL SHUNT PROCEDURE	\$ 292.00
2261623	61623	MD TMP BALN ART OCCLUSION HEAD	\$ 2,329.00
2261624	61624	MD PLCMT TRANSCATH OCCLUSION	\$ 4,410.00
2261626	61626	MD PLCMT TRANSCATH NON-CNS HE	\$ 3,351.00
2261630	61630	INTRACRANIAL ANGIOPLASTY	\$ 4,694.00
2261635	61635	MD TRANSCATHETER PLACEMENT OF	\$ 5,071.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2261640	61640	MD BALLOON DILATION INTRACRANI	\$ 2,507.00
2261641	61641	MD BALLOON DILATION INTRACRANI	\$ 849.00
2261642	61642	MD BALLOON DILATION INTRACRANI	\$ 1,615.00
2261645	61645	PERQ ART M-THROMBECT &/NFS	\$ 2,956.00
2261650	61650	EVASC PRLNG ADMN AGNT 1ST	\$ 1,931.00
2261651	61651	EVASC PRLNG ADMN AGNT ADD	\$ 889.00
2261736	61736	LITT ICR 1 TRAJ 1 SMPL LES	\$ 3,167.00
2261737	61737	LITT ICR MLT TRJ MLT/CPLX LS	\$ 4,025.00
2262267	62267	MD PERCUTANEOUS ASPIRATION NU	\$ 648.00
2262268	62268	MD ASPIRATION SPINAL CORD CY	\$ 971.00
2262270	62270	SPINAL FLUID TAP DIAGNOSTIC	\$ 453.00
2262281	62281	TREAT SPINAL CORD LESION	\$ 662.00
2262282	62282	TREAT SPINAL CANAL LESION	\$ 763.00
2262284	62284	INJECT MYELOGRAM/CT, LUMBAR	\$ 476.00
2262290	62290	INJECT FPR SPINE DISK X-RAY	\$ 1,063.00
2262291	62291	INJECT FPR SPINE DISK X-RAY	\$ 1,053.00
2262302	62302	MYELOG LUMBAR INJ CERVICAL	\$ 804.00
2262303	62303	MYELOG LUMBAR INJ THORACIC	\$ 745.00
2262304	62304	MYELOG LUMBAR INJ L-SACRAL	\$ 732.00
2262305	62305	MYELOG LUMBAR INJ >2 REGIONS	\$ 790.00
2262320	62320	INJ INTRLAM CRV/THR W/O GUIDE	\$ 630.00
2262321	62321	INJ INTRLAM CRV/THR W/GUIDE	\$ 813.00
2262322	62322	INJ INTRLAM LMB/SAC W/O GUIDE	\$ 683.00
2262323	62323	INJ INTRLAM LMB/SAC W/GUIDE	\$ 783.00
2262324	62324	INJBOL INTRL CRV/THR W/O GUIDE	\$ 778.00
2262325	62325	INJBOL INTRL CRV/THR W/GUIDE	\$ 815.00
2262326	62326	INJBOL INTRL LMB/SAC WO GUIDE	\$ 730.00
2262327	62327	INJBOL INTRL LMB/SAC W/GUIDE	\$ 754.00
2262328	62328	DX LMBR SPI PNXR W/FLUOR/CT	\$ 584.00
2262329	62329	THER SPI PNXR CSF FLUOR/CT	\$ 746.00
2262380	62380	NDSC DCMPRN 1 NTRSPC LUMBAR	\$ 4,651.00
2263052	63052	LAM FACETC/FRMT ARTHRD LUM 1	\$ 1,147.00
2263053	63053	LAM FACTC/FRMT ARTHRD LUM EA	\$ 926.00
2264451	64451	NJX AA&/STRD NRV NRVTG SI JT	\$ 595.00
2264454	64454	NJX AA&/STRD GNCLR NRV BRNCH	\$ 626.00
2264479	64479	INJ FORAMEN EPIDURAL C/T	\$ 836.00
2264480	64480	INJ FORAMEN EPIDURAL ADD-ON	\$ 478.00
2264483	64483	INJ FORAMEN EPIDURAL L/S	\$ 840.00
2264484	64484	INJ FORAMEN EPIDURAL ADD-ON	\$ 438.00
2274329	74329	X-RAY FOR PANCREAS ENDOSCOPY	\$ 92.00

CHARGE CODE	CPT/HCPCS CODE	DESCRIPTION	CHARGE RATE
2296374	96374	THER/PROPH/DIAG INJ IV PUSH	\$ 137.00
9399999	99024	POST-OP VISIT (PODIATRY)	\$ -